



March 19th, 2018

**Camden County Senate Bill 40 Board
(dba) Camden County Developmental
Disability Resources**

Open Session Board Meeting

Agenda

Camden County Senate Bill 40 Board
d/b/a Camden County Developmental Disability Resources
100 Third Street
Camdenton, MO 65020

Tentative Agenda for Open Session Board Meeting on March 19th, 2018, 4:00 PM

This Board Meeting will be held at:

255 Keystone Industrial Park Drive

Camdenton, MO 65020

Call to Order/Roll Call

Approval of Agenda

Approval of Open Session Board Meeting Minutes for February 26th, 2018

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Reports
- LAI Monthly Reports
- February 2018 Support Coordination Report
- February 2018 CARF Reports (Updates not Available Until December 2018)
- February 2018 Employment Report
- February 2018 Agency Economic Report
- January 2018 Credit Card Statement
- Resolutions 2018-13, 2018-14, & 2018-15

Speakers/Guests

- NONE

Monthly Reports

- Children's Learning Center (CLC)
- Lake Area Industries (LAI)

Old Business for Discussion

- Local Housing Initiative Updates/LRA Agreement
- Transportation Updates

New Business for Discussion

- MO ABLE Accounts
- HVP Guidelines and Participant Training

February Support Coordination Report

February CARF Reports

February Employment Report

February Agency Economic Report

January Credit Card Statement

Discussion & Conclusion of Resolution:

1. Resolution 2018-13: Approval of Targeted Case Management Contract
2. Resolution 2018-14: Approval of Amended Employee Manual
3. Resolution 2018-15: Approval of Amended Client-Family Handbook

Public Comment

Pursuant to **ARTICLE IV, "Meetings"**, Section 5. Public Comment:

"The Board values input from the public. There shall be opportunity for comment by the public during the portion of the Board agenda designated for "Public Comment". Public comment shall be limited to no more than 3 minutes per person to allow all who wish to participate to speak. It is the policy of the Board that the Board shall not respond to public comment at the Board meeting."

"Only comments related to agency-related matters will be received, however such comments need not be related to specific items of the Board's agenda for the meeting. The Board shall not receive comments related to specific client matters and/or personnel grievances, which are addressed separately per Board policies and procedures."

Adjournment

The news media may obtain copies of this notice by contacting:
Ed Thomas, CCDDR Executive Director
5816 Osage Beach Parkway, Suite 108, Osage Beach, MO 65065
Office: 573-693-1511 Fax: 573-693-1515 Email: director@ccddr.org

February 26th, 2018
Open Session Minutes

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
Open Session Minutes of February 26, 2018

Members Present Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey via telephone, Suzanne Perkins, Paul DiBello via telephone until 4:20 PM

Members Absent Angela Sellers

Others Present Ed Thomas, Executive Director

Guests Present Natalie Couch, Lillie Smith, (LAI)
Susan Daniels (CLC)
Marilyn Martin, Jennifer Campbell (LODC)
Jeanna Booth, Marcie Vansyoc, Myrna Blaine,
Rachel Baskerville, Linda Simms (CCDDR)

Approval of Agenda

Motion by Chris Bothwell, second Shanna Weber, to approve the agenda as presented.

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Approval of Open Session Board Minutes for January 22nd, 2018

Motion by Suzanne Perkins, second Shanna Weber, to approve the January 22nd, 2018 Open Session Board Meeting Minutes as presented.

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson,
Suzanne Perkins, Paul DiBello

NO: None

ABSTAIN: Brian Willey, because he was not present at the
January 22nd, 2018 board meeting.

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Reports
- LAI Monthly Reports
- January 2018 Support Coordination Report
- January 2018 CARF Reports
- December 2017 Employment Report
- January 2018 Agency Economic Report
- December 2017 Credit Card Statement
- Resolution 2018-8, 2018-9, 2018-10, 2018-11, 2018-12

Ed Thomas acknowledged that as LODC receives no funding from CCDDR that a monthly report from LODC is not necessary but certainly welcome at board meetings. Marilyn said LODC has a vested interest in what CCDDR does and LODC would attend the meetings occasionally.

Speakers/Guests

- None

Children's Learning Center (CLC) Susan Daniels

There is not a lot going on currently. Absenteeism has gone down from 25% to 15%. Enrollment is full. Waiting list for enrollment runs from 6-10. Pizza for a purpose will be March 2. 7 Springs Winery donated a \$100 gift card and tickets are being sold for \$5 each or 5 for \$20. Tickets can be purchased at CLC or night of the event. CLC is busy getting paperwork together to submit before June 1st for their accreditation this year.

Lake Area Industries (LAI) Natalie Couch

After adjustments, net income for January is \$8,000. All employees (10) who had been laid off were brought back to work on February 5. LAI is partnering with Laclede Industries, shuttling 11 of the Laclede Industries workshop employees back and forth daily to assist with LAI jobs. A new contract with FLEX USA located in Eldon has also been signed. The job consists of cleaning buckets so that the buckets can be recycled. Foam is not currently being processed due to cold weather. Shredding business is good. A part time helper for weekends was hired for the garden center which will open April 7th. A \$5,500 grant was received from District T to assist in purchase of trailers.

Old Business for Discussion

- **Local Housing Initiative**

A meeting will be held on 3/6/18 to finalize plans for a conference. Capstone is working with CCDDR to be lead referral agency for housing development. CCDDR is working through demographics to see if we have potential clients over the age of 55.

New Business for Discussion

- **New TCM Contract**

Val has returned to full-time director duties for the Division. A new TCM contract was received and is being reviewed. Passages were identified that were not in the original contract (4). Contract is for a 5-year period instead of annual. The contract has been sent to MACDDS attorney for review. Ongoing discussions will be held after attorney review. Hoping to have updates for the board at the March meeting.

January Support Coordination Report

At February's month end, CCDDR had 329 clients. Medicaid eligibility is creeping up slowly but not a big gain. Discrepancies between CIMOR and Set-Works numbers are apparent. Set-Works numbers appear to be more realistic. Rebilling is done periodically to pick up missed billing.

Motion by Paul DiBello, second Chris Bothwell, to approve the report as presented

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Board Member Paul DiBello entered the meeting 4:21 PM

January CARF Reports

New outcome measures have been established for CARF. Set-Works software is being configured to reflect the new outcomes.

Motion by Paul DiBello, second Chris Bothwell, to approve the report as presented.

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

January Employment Report

Month of January closed out almost identical to month of December with 26% working in community employment. State reports shows Camden County in 2nd place in Rolla region, right behind St Francois county.

Motion by Paul DiBello, second Chris Bothwell, to approve the report as presented

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

January Agency Economic Report

There were 3 billing periods in January showing income slightly higher than the projection. Expenses are close to amounts budgeted. MACDDS dues were paid in January instead of March.

Motion by Paul DiBello, second Chris Bothwell, to approve the report as presented

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

December 2017 Credit Card Statement

No Questions and a vote not necessary.

Discussion & Conclusion of Resolution:

Resolution 2018-8: Approval of Amended Policy #31

Procurement Policy - The procurement policy was thoroughly reviewed by CCDDR and their attorneys for clarity and to simplify procurement procedures. There are no requirements in statutes to procure services for legal or auditing services in specific timeline but can be reviewed if needed. Procurement for banking services is required every 4 years. Any purchase under \$4499.99 does not require 3 bids.

After presentation and further discussion of Resolution 2018-8:

Motion by Suzanne Perkins, second Brian Willey, to approve the resolution as presented.

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Resolution 2018-9: Approval of Amended Policy #17

Any asset over \$6000 requires board approval (through RFP) to purchase and board approval to dispose of. If item purchased is \$5,999.99 or less, it should not require board approval for purchase or disposal.

After presentation and further discussion of Resolution 2018-9:

Motion by Chris Bothwell, second Suzanne Perkins, to approve the resolution as presented.

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Resolution 2018-10: OATS Facility Use Agreement & Addendum

OATS lease at Keystone facility - OATS can use Keystone facility free of charge if providing transportation service for CCDDR clients. Electric, and gas will be billed to OATS monthly. CCDDR board meetings take precedence over any other meetings held at the Keystone facility.

After presentation and further discussion of Resolution 2018-10:

Motion by Paul DiBello, second Chris Bothwell, to approve the resolution as presented

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Resolution 2018-11: CLC Facility Use Agreement & Addendum

The CLC facility use agreement required updating due to the EDGE program discontinuing operations. Rental rate was reduced due to commercial market rate analysis. No rent to be collected if providing services to CCDDR clients – can be leveraged as in-kind for grant applications if needed.

After presentation and further discussion or Resolution 2018-11:

Motion by Suzanne Perkins, second Paul DiBello, to approve the resolution as presented

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Resolution 2018-12: LRA Agreement with Crescent Associates, LP

CCDDR would be the first entity (lead referral agency) to be contacted and fill available set-aside, accessible units for our clients if any would qualify.

After presentation and further discussion or Resolution 2018-12:

Motion by Chris Bothwell, second Paul DiBello, to approve the resolution as presented

AYE: Shanna Weber, Chris Bothwell, Lisa Jackson, Brian Willey,
Suzanne Perkins, Paul DiBello

NO: None

Ed announced that CCDDR will be hiring a new support coordinator. A degree in human services and 1 year working experience is required.

Adjournment:

Motion by Suzanne Perkins, second Chris Bothwell, to adjourn meeting.

Board Chairman

Secretary

CLC Monthly Report



**Monthly Supporting Documents
for
FEB 2018**

**Presented to CCDDR & SB40
MAR 2018**

CHILDREN'S LEARNING CENTER
Statement of Activity
February 2018

	First Steps	Step Ahead	Not Specified	TOTAL
Revenue				
40000 INCOME				0.00
41000 Contributions & Grants				0.00
41100 CACFP		882.34		882.34
41200 Camden County SB40	1,501.50	10,472.75		11,974.25
Total 41000 Contributions & Grants	\$ 1,501.50	\$ 11,355.09	\$ 0.00	\$ 12,856.59
42000 Program Services				0.00
Total 42100 First Steps	\$ 4,324.00	\$ 1,920.00	\$ 0.00	\$ 6,244.00
Total 42000 Program Services	\$ 4,324.00	\$ 1,920.00	\$ 0.00	\$ 6,244.00
43000 Tuition				0.00
43100 Dining				0.00
43120 Lunch		275.00		275.00
43130 Snack		55.00		55.00
Total 43100 Dining	\$ 0.00	\$ 330.00	\$ 0.00	\$ 330.00
43500 Tuition		3,302.60		3,302.60
43505 Subsidy Tuition		486.71		486.71
Total 43500 Tuition	\$ 0.00	\$ 3,789.31	\$ 0.00	\$ 3,789.31
Total 43000 Tuition	\$ 0.00	\$ 4,119.31	\$ 0.00	\$ 4,119.31
45000 Other Revenue				0.00
45200 Fundraising Income				0.00
45280 Pizza For A Purpose		700.00		700.00
Total 45200 Fundraising Income	\$ 0.00	\$ 700.00	\$ 0.00	\$ 700.00
45300 Miscellaneous Revenue				0.00
45310 Donations		75.00		75.00
45312 Community Rewards		207.12		207.12
Total 45310 Donations	\$ 0.00	\$ 282.12	\$ 0.00	\$ 282.12
Total 45300 Miscellaneous Revenue	\$ 0.00	\$ 282.12	\$ 0.00	\$ 282.12
Total 45000 Other Revenue	\$ 0.00	\$ 982.12	\$ 0.00	\$ 982.12
Total 40000 INCOME	\$ 5,825.50	\$ 18,376.52	\$ 0.00	\$ 24,202.02
Total Revenue	\$ 5,825.50	\$ 18,376.52	\$ 0.00	\$ 24,202.02
Gross Profit	\$ 5,825.50	\$ 18,376.52	\$ 0.00	\$ 24,202.02
Expenditures				
50000 EXPENDITURES				0.00
51000 Payroll Expenditures				0.00
Total 51100 Employee Salaries	\$ 0.00	\$ 16,941.85	\$ 0.00	\$ 16,941.85
Total 51500 Employee Taxes	\$ 0.00	\$ 1,594.14	\$ 0.00	\$ 1,594.14
Total 51600 Health Insurance	\$ 0.00	\$ 566.00	\$ 0.00	\$ 566.00
Total 51000 Payroll Expenditures	\$ 0.00	\$ 19,101.99	\$ 0.00	\$ 19,101.99
54000 Fundraising/Grants				0.00
54200 Summer Night Glow 5K		107.97		107.97
54700 Pizza For A Purpose		159.67		159.67
Total 54000 Fundraising/Grants	\$ 0.00	\$ 267.64	\$ 0.00	\$ 267.64

56000 Office Expenditures					0.00
56100 Copy Machine	110.65	258.19			368.84
56300 Office Supplies		512.62			512.62
Total 56000 Office Expenditures	\$ 110.65	\$ 770.81	\$ 0.00	\$	881.46
57000 Office/General Administrative Expenditures					0.00
57100 Accounting Fees					0.00
57150 Online Accounting Software Service		102.50			102.50
Total 57100 Accounting Fees	\$ 0.00	\$ 102.50	\$ 0.00	\$	102.50
57160 QuickBooks Payments Fees		0.50			0.50
57900 Seminars/Training		20.00			20.00
Total 57000 Office/General Administrative Expenditures	\$ 0.00	\$ 123.00	\$ 0.00	\$	123.00
58000 Operating Supplies		18.97			18.97
58100 Consumables		94.75			94.75
58200 Dining		848.26			848.26
Total 58000 Operating Supplies	\$ 0.00	\$ 961.98	\$ 0.00	\$	961.98
59000 Program Service Fees					0.00
Total 59170 Speech/Language Therapy	\$ 2,222.42	\$ 0.00	\$ 0.00	\$	2,222.42
Total 59100 First Steps	\$ 10,458.53	\$ 0.00	\$ 0.00	\$	10,458.53
Total 59000 Program Service Fees	\$ 10,458.53	\$ 0.00	\$ 0.00	\$	10,458.53
62000 Safety & Security	90.00	90.00			180.00
63000 Utilities					0.00
63200 Internet	18.16	41.99			60.15
63300 Telephone	38.66	90.23			128.89
63400 Trash Service		73.84			73.84
63500 Water Softener		30.87			30.87
Total 63000 Utilities	\$ 56.82	\$ 236.93	\$ 0.00	\$	293.75
Total 50000 EXPENDITURES	\$ 10,716.00	\$ 21,552.35	\$ 0.00	\$	32,268.35
Total Expenditures	\$ 10,716.00	\$ 21,552.35	\$ 0.00	\$	32,268.35
Net Operating Revenue	-\$ 4,890.50	-\$ 3,175.83	\$ 0.00	-\$	8,066.33
Net Revenue	-\$ 4,890.50	-\$ 3,175.83	\$ 0.00	-\$	8,066.33

CHILDREN'S LEARNING CENTER
Statement of Activity
January - February, 2018

	First Steps	Step Ahead	Not Specified	TOTAL
Revenue				
40000 INCOME				0.00
41000 Contributions & Grants	1,415.70	6,458.72		7,874.42
41100 CACFP		1,432.80		1,432.80
41200 Camden County SB40	1,501.50	10,472.75		11,974.25
41500 Misc. Grant Revenue		500.00		500.00
Total 41000 Contributions & Grants	\$ 2,917.20	\$ 18,864.27	\$ 0.00	\$ 21,781.47
42000 Program Services				0.00
Total 42100 First Steps	\$ 12,766.39	\$ 3,628.00	\$ 0.00	\$ 16,394.39
Total 42000 Program Services	\$ 12,766.39	\$ 3,628.00	\$ 0.00	\$ 16,394.39
43000 Tuition				0.00
43100 Dining				0.00
43120 Lunch		600.00		600.00
43130 Snack		120.00		120.00
Total 43100 Dining	\$ 0.00	\$ 720.00	\$ 0.00	\$ 720.00
43200 Enrollment Fees		70.00		70.00
43500 Tuition		6,745.20		6,745.20
43505 Subsidy Tuition		980.03		980.03
Total 43500 Tuition	\$ 0.00	\$ 7,725.23	\$ 0.00	\$ 7,725.23
Total 43000 Tuition	\$ 0.00	\$ 8,515.23	\$ 0.00	\$ 8,515.23
45000 Other Revenue				0.00
45200 Fundraising Income				0.00
45270 Frosty Float Fundraiser		2,150.00		2,150.00
45280 Pizza For A Purpose		2,270.00		2,270.00
Total 45200 Fundraising Income	\$ 0.00	\$ 4,420.00	\$ 0.00	\$ 4,420.00
45300 Miscellaneous Revenue		13.95		13.95
45310 Donations		150.00		150.00
45312 Community Rewards		207.12		207.12
Total 45310 Donations	\$ 0.00	\$ 357.12	\$ 0.00	\$ 357.12
Total 45300 Miscellaneous Revenue	\$ 0.00	\$ 371.07	\$ 0.00	\$ 371.07
Total 45000 Other Revenue	\$ 0.00	\$ 4,791.07	\$ 0.00	\$ 4,791.07
Total 40000 INCOME	\$ 15,683.59	\$ 35,798.57	\$ 0.00	\$ 51,482.16
Total Revenue	\$ 15,683.59	\$ 35,798.57	\$ 0.00	\$ 51,482.16
Gross Profit	\$ 15,683.59	\$ 35,798.57	\$ 0.00	\$ 51,482.16
Expenditures				
50000 EXPENDITURES				0.00
51000 Payroll Expenditures				0.00
Total 51100 Employee Salaries	\$ 0.00	\$ 24,927.00	\$ 0.00	\$ 24,927.00
Total 51500 Employee Taxes	\$ 0.00	\$ 2,345.28	\$ 0.00	\$ 2,345.28
Total 51600 Health Insurance	\$ 0.00	\$ 1,520.68	\$ 0.00	\$ 1,520.68
51900 Workermans Comp Insurance		1,897.00		1,897.00
Total 51000 Payroll Expenditures	\$ 0.00	\$ 30,689.96	\$ 0.00	\$ 30,689.96
53000 Equipment		119.99		119.99
54000 Fundraising/Grants				0.00
54200 Summer Night Glow 5K		120.47		120.47

54700 Pizza For A Purpose		238.67		238.67
Total 54000 Fundraising/Grants	\$ 0.00	\$ 359.14	\$ 0.00	\$ 359.14
55000 Insurance				0.00
55100 Brokerage/Other Fees		50.00		50.00
55200 Commercial General Liability		627.00		627.00
55300 Commercial Property		512.00		512.00
55400 Director's & Officers		478.00		478.00
55500 Hired & Non-Owned Auto		52.00		52.00
55600 Professional Liability		933.00		933.00
55700 Crime Policy		533.00		533.00
Total 55000 Insurance	\$ 0.00	\$ 3,185.00	\$ 0.00	\$ 3,185.00
56000 Office Expenditures				0.00
56100 Copy Machine	238.15	584.67		822.82
56200 Miscellaneous		2.97		2.97
56300 Office Supplies		679.58		679.58
Total 56000 Office Expenditures	\$ 238.15	\$ 1,267.22	\$ 0.00	\$ 1,505.37
57000 Office/General Administrative Expenditures		67.05		67.05
57100 Accounting Fees				0.00
57150 Online Accounting Software Service		356.60		356.60
Total 57100 Accounting Fees	\$ 0.00	\$ 356.60	\$ 0.00	\$ 356.60
57160 QuickBooks Payments Fees		34.42		34.42
57400 Child Management Software		35.00		35.00
57900 Seminars/Training		75.00		75.00
57960 Janitorial/Custodial		600.00		600.00
Total 57000 Office/General Administrative Expenditures	\$ 0.00	\$ 1,168.07	\$ 0.00	\$ 1,168.07
58000 Operating Supplies		62.74		62.74
58100 Consumables		170.49		170.49
58200 Dining		2,423.04		2,423.04
58400 Sanitizing		83.95		83.95
Total 58000 Operating Supplies	\$ 0.00	\$ 2,740.22	\$ 0.00	\$ 2,740.22
59000 Program Service Fees				0.00
Total 59100 First Steps	\$ 19,460.92	\$ 0.00	\$ 0.00	\$ 19,460.92
Total 59000 Program Service Fees	\$ 19,460.92	\$ 0.00	\$ 0.00	\$ 19,460.92
62000 Safety & Security	90.00	90.00		180.00
63000 Utilities				0.00
63100 Electric	247.55	577.63		825.18
63200 Internet	36.16	83.98		120.14
63300 Telephone	77.32	180.46		257.78
63400 Trash Service		110.76		110.76
63500 Water Softener		54.87		54.87
Total 63000 Utilities	\$ 361.03	\$ 1,007.70	\$ 0.00	\$ 1,368.73
Total 50000 EXPENDITURES	\$ 20,150.10	\$ 40,627.30	\$ 0.00	\$ 60,777.40
Reimbursements		21.10		21.10
Total Expenditures	\$ 20,150.10	\$ 40,648.40	\$ 0.00	\$ 60,798.50
Net Operating Revenue	-\$ 4,466.51	-\$ 4,849.83	\$ 0.00	-\$ 9,316.34
Net Revenue	-\$ 4,466.51	-\$ 4,849.83	\$ 0.00	-\$ 9,316.34

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
February 2018

	First Steps	Step Ahead	Not Specified	TOTAL
OPERATING ACTIVITIES				
Net Revenue	-4,890.50	-3,175.83		-8,066.33
Adjustments to reconcile Net Revenue to Net Cash provided by operations:				0.00
Accounts Receivable (A/R)			389.90	389.90
Cash Advance		-350.00		-350.00
Repayment:Cash Advance Repayment			350.00	350.00
Accounts Payable (A/P)			-3,143.98	-3,143.98
21000 CBOLO MasterCard -8027		-500.87	394.00	-106.87
21200 Kroger-DS1634 CLC		-1,545.12	920.88	-624.24
22100 Payroll Liabilities:Anthem			73.06	73.06
22200 Payroll Liabilities:Childcare Tuition			120.00	120.00
22300 Payroll Liabilities:Federal Taxes (941/944)			0.00	0.00
22400 Payroll Liabilities:MO Income Tax			238.00	238.00
22500 Payroll Liabilities:MO Unemployment Tax			303.64	303.64
Direct Deposit Payable			-691.86	-691.86
Payroll Liabilities:US Department of Education			42.10	42.10
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$ 0.00	-\$ 2,395.99	-\$ 1,004.26	-\$ 3,400.25
Net cash provided by operating activities	-\$ 4,890.50	-\$ 5,571.82	-\$ 1,004.26	-\$ 11,466.58
Net cash increase for period	-\$ 4,890.50	-\$ 5,571.82	-\$ 1,004.26	-\$ 11,466.58
Cash at beginning of period			19,965.19	19,965.19
Cash at end of period	-\$ 4,890.50	-\$ 5,571.82	\$ 18,960.93	\$ 8,498.61

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
January - February, 2018

	<u>First Steps</u>	<u>Step Ahead</u>	<u>Not Specified</u>
OPERATING ACTIVITIES			
Net Revenue	-4,466.51	-4,849.83	
Adjustments to reconcile Net Revenue to Net Cash provided by operations:			
Accounts Receivable (A/R)			607.30
Cash Advance		-350.00	
Repayment:Cash Advance Repayment			350.00
Accounts Payable (A/P)			0.00
21000 CBOLO MasterCard -8027		-1,467.47	1,226.11
21200 Kroger-DS1634 CLC		-2,466.83	2,466.00
22100 Payroll Liabilities:Anthem			109.59
22200 Payroll Liabilities:Childcare Tuition			180.00
22300 Payroll Liabilities:Federal Taxes (941/944)			-1,719.93
22400 Payroll Liabilities:MO Income Tax			-227.00
22500 Payroll Liabilities:MO Unemployment Tax			195.73
Direct Deposit Payable			-7,540.17
Payroll Liabilities:US Department of Education			63.15
Total Adjustments to reconcile Net Revenue to Net Cash provided by operations:	\$ 0.00	-\$ 4,284.30	-\$ 4,289.22
Net cash provided by operating activities	-\$ 4,466.51	-\$ 9,134.13	-\$ 4,289.22
Net cash increase for period	-\$ 4,466.51	-\$ 9,134.13	-\$ 4,289.22
Cash at beginning of period			26,388.47
Cash at end of period	-\$ 4,466.51	-\$ 9,134.13	\$ 22,099.25

CHILDREN'S LEARNING CENTER
Statement of Financial Position
As of February 28, 2018

	Jan - Feb, 2018
ASSETS	
Current Assets	
Bank Accounts	
11000 CBOLO Checking	8,498.61
Total Bank Accounts	\$ 8,498.61
Accounts Receivable	
Accounts Receivable (A/R)	389.45
Total Accounts Receivable	\$ 389.45
Other Current Assets	
14000 Undeposited Funds	0.00
Cash Advance	350.00
Prepaid Expenses	7,971.74
Repayment	
Cash Advance Repayment	-350.00
Total Repayment	-\$ 350.00
Total Other Current Assets	\$ 7,971.74
Total Current Assets	\$ 16,859.80
TOTAL ASSETS	\$ 16,859.80
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	0.00
Total Accounts Payable	\$ 0.00
Credit Cards	
21000 CBOLO MasterCard -8027	725.24
21200 Kroger-DS1634 CLC	920.88
Total Credit Cards	\$ 1,646.12
Other Current Liabilities	
22000 Payroll Liabilities	
22100 Anthem	2,118.57
22200 Childcare Tuition	2,361.44
22300 Federal Taxes (941/944)	-8,242.58
22400 MO Income Tax	-2,607.48
22500 MO Unemployment Tax	-577.56
22600 Primevest Financial	448.19
Health Care (United HealthCare)	776.25
US Department of Education	336.80
Total 22000 Payroll Liabilities	-\$ 5,386.37
Direct Deposit Payable	-7,540.17
Total Other Current Liabilities	-\$ 12,926.54
Total Current Liabilities	-\$ 11,280.42
Total Liabilities	-\$ 11,280.42
Equity	
30000 Opening Balance Equity	13,816.12
Retained Earnings	23,840.44
Net Revenue	-9,316.34
Total Equity	\$ 28,140.22
TOTAL LIABILITIES AND EQUITY	\$ 16,859.80

CHILDREN'S LEARNING CENTER
Accounts Receivable YTD by Class
February 2018

	<u>Date</u>	<u>Transacti on Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>	<u>Balance</u>
Step Ahead						
	02/01/2018	Pledge	1855		245.00	245.00
	02/01/2018	Pledge	1855		25.00	270.00
	02/01/2018	Pledge	1855		5.00	275.00
	02/01/2018	Pledge	1857		210.00	485.00
	02/01/2018	Pledge	1857		25.00	510.00
	02/01/2018	Pledge	1860		5.00	515.00
	02/01/2018	Pledge	1860		210.00	725.00
	02/01/2018	Pledge	1860		25.00	750.00
	02/01/2018	Pledge	1860		5.00	755.00
	02/01/2018	Pledge	1860		160.00	915.00
	02/01/2018	Pledge	1860		25.00	940.00
	02/01/2018	Pledge	1857		5.00	945.00
Total for Step Ahead					\$ 945.00	

CHILDREN'S LEARNING CENTER
AGENCY UPDATE/PROGRESS REPORT
FEBRUARY 2018

○ **CHILD COUNT/ATTENDANCE**

Step Ahead currently has 35 children enrolled
22 of the 35 with special needs/dd (6 one-on-ones)

○ **COMMUNITY EVENTS**

Attended:

2/12 - CLC Staff meeting
2/14 - CLC Board meeting

Current / Upcoming:

3/2 - Pizza For A Purpose @ RedHead Lakeside Grille
3/9 - Teacher Work Day (Easter Seals Training)
6/8 - Night GLOW 5K @ Camdenton High School
9/7 - Lip Sync Battle @ Inn at Grand Glaize

○ **GENERAL PROGRAM NEWS**

Accreditation Renewal submission due 6/2018
Notification to receive Community Foundation of the Lake grant - \$1,440 for 1 child's tuition

○ **FUNDRAISING/GRANTS**

Pizza For A Purpose

LAI Monthly Report



Monthly Financial Reports

Lake Area Industries, Inc.

February 31, 2018

Lake Area Industries, Inc.
Balance Sheet Comparison

	As of Feb 28, 2018	As of Feb 28, 2017 (PY)
ASSETS		
Current Assets		
Total Bank Accounts	164,390	7,250
Total Accounts Receivable	70,247	48,524
Other Current Assets		
INVENTORY	10,130	8,273
PETTY CASH	150	148
Undeposited Funds	204	0
Total Other Current Assets	10,483	8,421
Total Current Assets	245,121	64,195
Fixed Assets		
ACCUMULATED DEPRECIATION	(710,089)	(750,580)
AUTO AND TRUCK	217,090	217,090
BUILDING	366,571	366,571
FURN & FIX ORIGINAL VALUE	18,584	18,584
GH RETAIL STORE	16,505	16,505
GREENHOUSE EQUIPMENT	0	10,341
GREENHOUSE FACILITY	0	145,872
LAND	33,324	33,324
LAND IMPROVEMENT	25,502	25,502
MACHINERY & EQUIPMENT	206,905	206,905
OFFICE EQUIPMENT	11,563	11,563
SHREDDING EQUIPMENT	45,572	45,572
Total Fixed Assets	231,526	347,248
Other Assets		
CURRENT CAPITAL IMPROVEMENT	37,641	6,060
SALES TAX BOND	1,060	1,060
UTILITY DEPOSITS	845	845
Total Other Assets	39,546	7,965
TOTAL ASSETS	516,192	419,408
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable	9,235	21,124
Total Accounts Payable	9,235	21,124
Total Credit Cards	55	3,507
Other Current Liabilities		
AFLAC DEDUCTIONS PAYABLE	27	0
FIRST NATIONAL BANK CREDIT LINE-4096	48,786	86,310
Gift Certificate Payable	195	0
Total Other Current Liabilities	49,009	86,310
Total Current Liabilities	58,299	110,941
Total Liabilities	58,299	110,941
Equity		
Opening Balance Equity	524	
Unrestricted Net Assets	476,821	316,051
Net Income	(19,452)	(7,585)
Total Equity	457,893	308,467
TOTAL LIABILITIES AND EQUITY	516,192	419,408

Lake Area Industries, Inc.
Profit and Loss

	Feb 2018	Jan - Feb, 2018 (YTD)
Income		
CONTRACT PACKAGING	30,444	52,866
GREENHOUSE SALES		16
SECURE DOCUMENT SHREDDING	3,301	5,002
Total Income	33,745	57,884
Cost of Goods Sold		
CONTRACT LABOR	3,629	3,629
Cost of Goods Sold	3,462	4,488
WAGES-EMPLOYEES	17,829	33,783
Total Cost of Goods Sold	24,919	41,900
Gross Profit	8,826	15,985
Expenses		
ALL OTHER EXPENSES	454	1,548
EQUIP. PURCHASES & MAINTENANCE	1,639	2,305
INSURANCE	1,402	2,804
NON MANUFACTURING SUPPLIES		33
PAYROLL	19,503	31,771
PAYROLL EXP & BENEFITS	5,813	9,980
PROFESSIONAL SERVICES	1,366	2,083
UTILITIES	2,970	3,461
Total Expenses	33,146	53,984
Net Operating Income	(24,319)	(37,999)
Other Income		
Gain/Loss on Disposal of Assets		(100,733)
INTEREST INCOME	12	12
OTHER CONTRIBUTIONS	600	615
SB-40 REVENUE	11,760	91,431
STATE AID	13,209	27,223
Total Other Income	25,581	18,547
Other Expenses		
ALLOCATION NON OPERATING EXPENSES	0	0
Total Other Expenses	0	0
Net Other Income	25,581	18,547
Net Income	1,262	(19,452)

Lake Area Industries, Inc.
Budget vs. Actuals
MTD and YTD

	Feb 2018			Total		
	Actual	Budget	over Budget	Actual	Budget	over Budget
Income						
CONTRACT PACKAGING	30,444	33,912	(3,468)	57,719	429,988	(372,269)
FOAM RECYCLING		417	(417)	0	5,004	(5,004)
GREENHOUSE SALES		0	0	16	55,654	(55,638)
SECURE DOCUMENT SHREDDING	3,301	2,400	901	5,049	28,800	(23,751)
Total Income	33,745	36,729	(2,984)	62,784	519,446	(456,661)
Cost of Goods Sold						
CONTRACT LABOR	3,629		3,629	3,629	0	3,629
Cost of Goods Sold	3,462	3,200	262	4,488	38,400	(33,912)
GG PLANTS & SUPPLIES		0	0	0	33,216	(33,216)
SHIPPING AND DELIVERY		115	(115)	0	3,754	(3,754)
WAGES-EMPLOYEES	17,829	21,417	(3,588)	33,783	261,908	(228,125)
Total Cost of Goods Sold	24,919	24,732	187	41,900	337,278	(295,379)
Gross Profit	8,826	11,997	(3,170)	20,885	182,167	(161,282)
Expenses						
ACCTG. & AUDIT FEES		0	0	0	8,185	(8,185)
ALL OTHER EXPENSES	454	4,850	(4,396)	1,598	60,482	(58,883)
EQUIP. PURCHASES & MAINTENANCE	1,639	4,295	(2,656)	2,340	52,487	(50,147)
INSURANCE	1,402	1,330	72	2,804	16,760	(13,957)
NON MANUFACTURING SUPPLIES			0	33	0	33
PAYROLL	19,503	27,390	(7,887)	31,771	333,479	(301,708)
PAYROLL EXP & BENEFITS	5,813	8,278	(2,465)	9,980	99,961	(89,981)
PROFESSIONAL SERVICES	1,366	3,315	(1,950)	2,083	40,415	(38,333)
UTILITIES	2,970	1,886	1,084	3,461	22,632	(19,171)
Total Expenses	33,146	51,344	(18,199)	54,069	634,401	(580,333)
Net Operating Income	(24,319)	(39,347)	15,028	(33,184)	(452,234)	419,050
Other Income						
Gain/Loss on Disposal of Assets			0	(100,733)	0	(100,733)
INTEREST INCOME	12	6	6	12	72	(60)
OTHER CONTRIBUTIONS	600		600	615	0	615
SB-40 REVENUE	11,760	16,289	(4,529)	91,431	195,472	(104,042)
STATE AID	13,209	16,836	(3,627)	27,223	206,241	(179,018)
Total Other Income	25,581	33,131	(7,550)	18,547	401,785	(383,238)
Other Expenses						
ALLOCATION NON OPERATING EXPENSES	0	(0)	0	0	0	0
Total Other Expenses	0	(0)	0	0	0	0
Net Other Income	25,581	33,131	(7,550)	18,547	401,785	(383,238)
Net Income	1,262	(6,216)	7,478	(14,637)	(50,449)	35,812

Lake Area Industries, Inc.
Statement of Cash Flows
February 2018

	Total
OPERATING ACTIVITIES	
Net Income	\$1,262
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	(\$10,292)
INVENTORY:RAW MATERIAL INVENTORY	(\$331)
Accounts Payable	\$7,134
CBOLO CC - 5203 Lillie	(\$259)
CBOLO CC - 5229 Kevin	(\$145)
CBOLO CC - 5237 Natalie	(\$111)
AFLAC DEDUCTIONS PAYABLE	\$0
FIRST NATIONAL BANK CREDIT LINE-4096	(\$1,300)
Gift Certificate Payable	\$50
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	(\$5,254)
Net cash provided by operating activities	(\$3,992)
Net cash increase for period	(\$3,992)
Cash at beginning of period	\$168,586
Cash at end of period	\$164,594

Lake Area Industries, Inc.						
A/P Aging Summary						
As of February 28, 2018						
	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$6,082	\$3,153	\$0	\$0	\$0	\$9,235

Lake Area Industries, Inc.						
A/R Aging Summary						
As of February 28, 2018						
	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
TOTAL	\$ 51,049	\$ 9,425	\$ 35	\$ 5,226	\$ 4,513	\$ 70,247

Lake Area Industries, Inc.
Statement of Cash Flows
January - February, 2018

	Total
OPERATING ACTIVITIES	
Net Income	-\$19,452
Adjustments to reconcile Net Income to Net Cash provided by operations:	
ACCOUNTS RECEIVABLE	\$5,421
INVENTORY:RAW MATERIAL INVENTORY	\$276
Accounts Payable	\$4,549
CBOLO CC - 5203 Lillie	-\$48
CBOLO CC - 5229 Kevin	-\$492
CBOLO CC - 5237 Natalie	-\$1,112
ACCRUED WAGES	-\$5,133
AFLAC DEDUCTIONS PAYABLE	\$27
FIRST NATIONAL BANK CREDIT LINE-4096	-\$37,524
Gift Certificate Payable	\$50
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-\$33,986
Net cash provided by operating activities	-\$53,438
INVESTING ACTIVITIES	
ACCUMULATED DEPRECIATION	-\$40,491
GREENHOUSE EQUIPMENT	\$10,341
GREENHOUSE FACILITY	\$145,872
Net cash provided by investing activities	\$115,723
Net cash increase for period	\$62,284
Cash at beginning of period	\$102,309
Cash at end of period	\$164,594

Support Coordination Report

February 2018

Client Caseloads

- Number of Caseloads as of February 28th, 2018: 331
- Budgeted Number of Caseloads: 320
- Pending Number of New Intakes: 7
- Medicaid Eligibility: 87.61%

Caseload Counts

Rachel Baskerville - 10

Cynthia Brown - 42

Lori Cornwell - 38

Dawn Evans - 37

Linda Gifford - 33

Sharla Jenks - 31

Ryan Johnson - 37

Jennifer Lyons - 38

Annie Meyer - 37

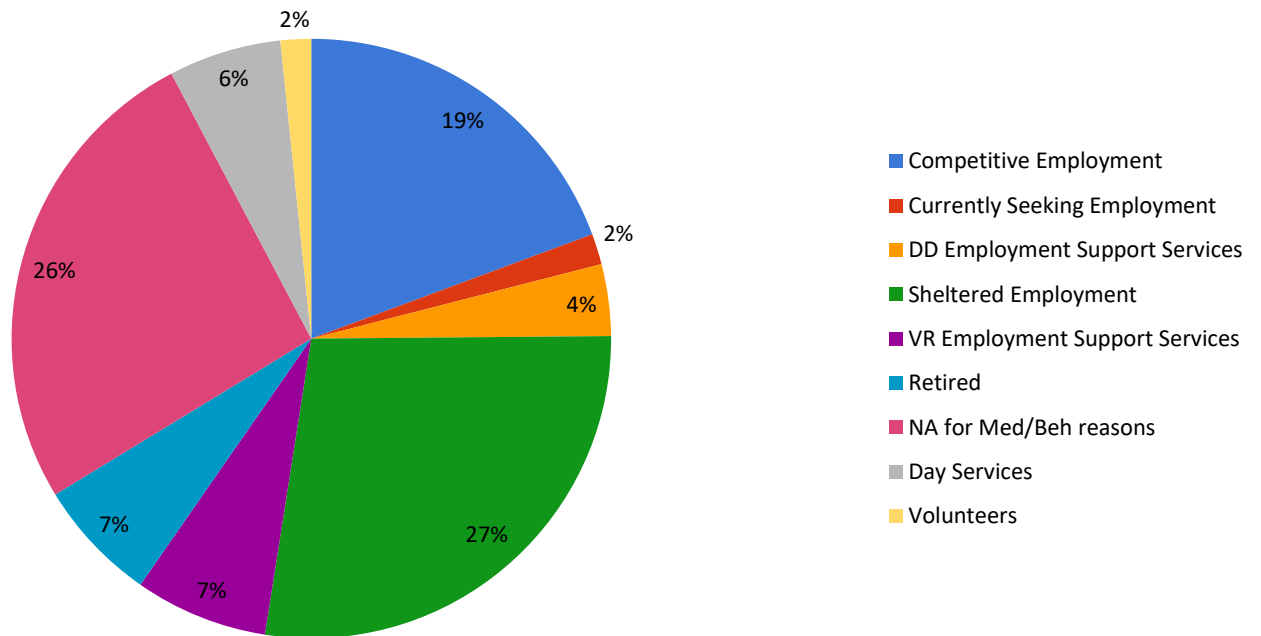
Nicole Whittle - 28

***CARF Reports are
Pending New
Outcomes &
Measures –
Estimated
Completion in
December 2018***

Employment Report

SC name	Competitive Employment	Currently Seeking Employment	DD Employment Support Services	Sheltered Employment	VR Employment Support Services	Retired	NA for Med/Beh reasons	Day Services	Volunteers
Agency Total	35	3	7	50	13	12	47	11	3
Percents from total of adult	19.34%	1.66%	3.87%	27.62%	7.18%	6.63%	25.97%	6.08%	1.66%
Baskerville	3	0	0	0	0	1	0	0	0
Brown	4	0	0	3	3	1	2	1	0
Lyon	3	0	1	8	2	2	7	0	0
Cornwell	5	0	1	8	2	0	6	2	0
Jenks	2	0	0	4	0	1	3	6	0
Johnson	2	1	0	4	3	2	5	0	2
Evans	4	0	0	5	1	1	7	0	0
Meyer	1	0	2	11	0	3	13	1	1
Whittle	3	0	3	2	2	0	3	1	0

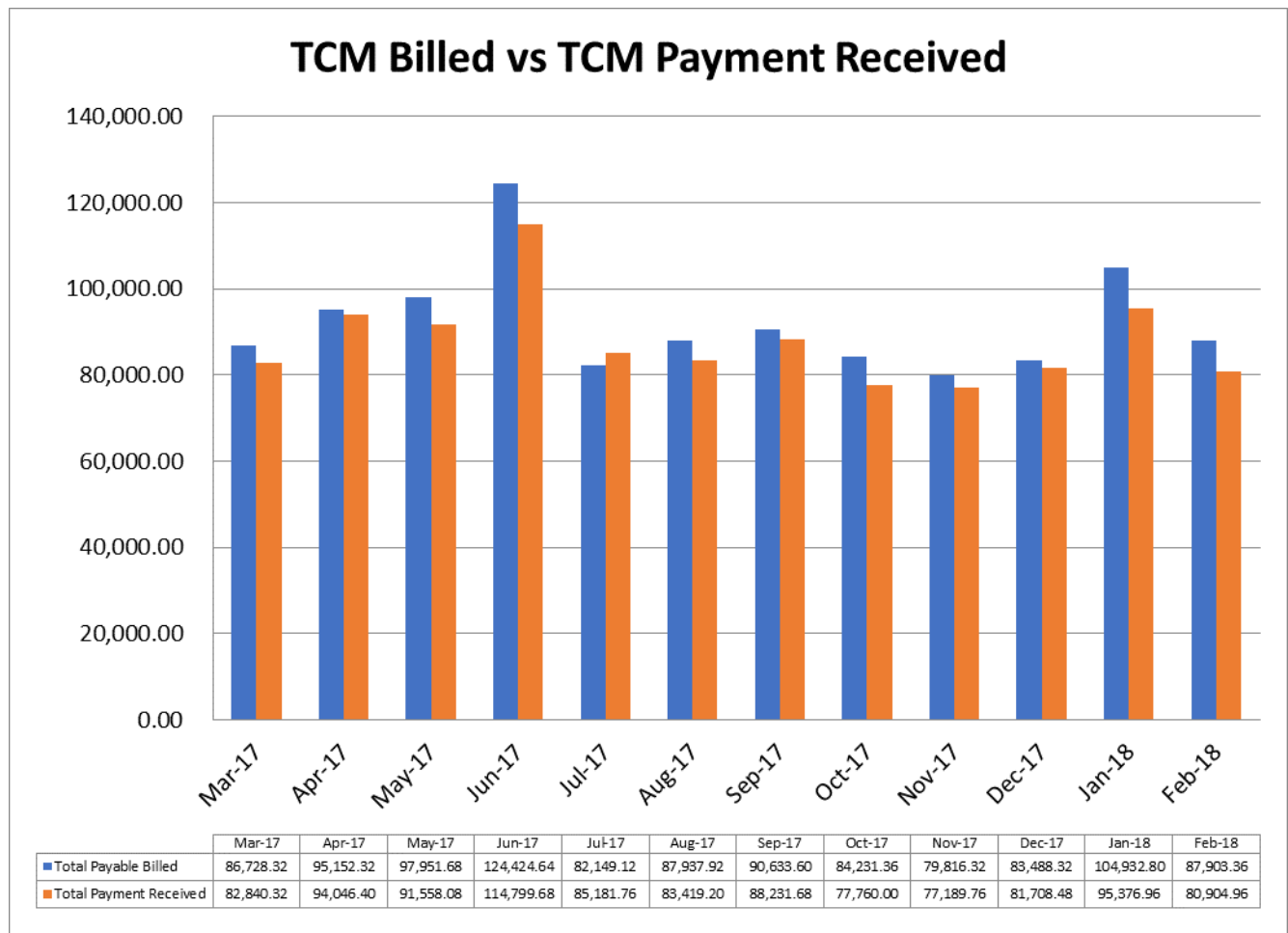
CCDDR Adults as of 2/28/2018



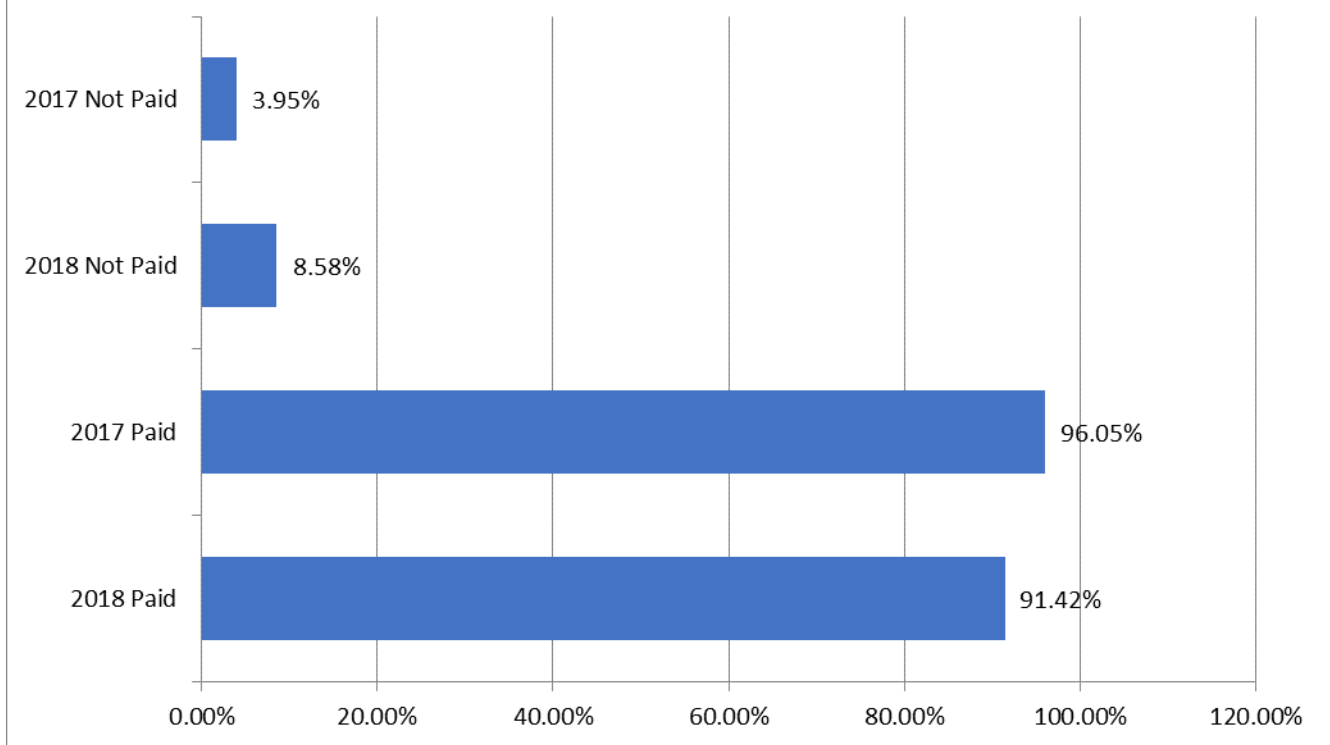
Agency Economic
Report
(Unaudited)

February 2018

Targeted Case Management Income



2018 vs 2017 Percentage Comparison Medicaid Billed vs Medicaid Paid



Budget vs. Actuals: FY 2018 - FY18 P&L Departments

February 2018

	SB 40 Tax			Services		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	16,970	23,840	(6,870)			0
4500 Services Income			0	91,390	92,310	(920)
Total Income	16,970	23,840	(6,870)	91,390	92,310	(920)
Gross Profit	16,970	23,840	(6,870)	91,390	92,310	(920)
Expenses						
5000 Payroll & Benefits			0	72,736	76,110	(3,374)
5100 Repairs & Maintenance			0	292	543	(251)
5500 Contracted Business Services			0	5,001	7,435	(2,434)
5600 Presentations/Public Meetings			0	161	893	(732)
5700 Office Expenses			0	1,669	2,207	(538)
5800 Other General & Administrative		800	(800)	1,111	1,754	(643)
5900 Utilities			0	2,894	1,400	1,494
6100 Insurance			0	1,290	1,346	(56)
6700 Partnership for Hope	161	2,390	(2,229)			0
6900 Direct Services	9,478	9,608	(130)			0
7100 Housing Programs	10,606	13,468	(2,862)			0
7200 CLC	11,974	13,459	(1,485)			0
7300 Sheltered Employment Programs	12,932	21,889	(8,957)			0
7500 Community Employment Programs		600	(600)			0
7900 Special/Additional Needs	6,017	8,864	(2,847)			0
Total Expenses	51,168	71,078	(19,910)	85,154	91,688	(6,534)
Net Operating Income	(34,198)	(47,238)	13,040	6,237	622	5,615
Other Expenses						
8500 Depreciation			0	2,562	2,650	(88)
Total Other Expenses	0	0	0	2,562	2,650	(88)
Net Other Income	0	0	0	(2,562)	(2,650)	88
Net Income	(34,198)	(47,238)	13,040	3,675	(2,028)	5,703

Budget Variance Report

Total Income: During February of 2018, SB 40 Tax Revenues were slightly lower than projected, and Services Program income was slightly lower than projected.

Total Expenses: During February of 2018, overall SB 40 Tax program expenses were lower than budgeted expectations with variances in all categories. Overall Services Program expenses were lower than budgeted expectations. Savings in Payroll and Contracted Business Services offset overages in Utilities.

Budget vs. Actuals: FY 2018 - FY18 P&L Departments

January - February, 2018

	SB 40 Tax			Services		
	Actual	Budget	Variance	Actual	Budget	Variance
Income						
4000 SB 40 Tax Income	857,833	845,867	11,966			0
4500 Services Income			0	201,301	184,620	16,681
Total Income	857,833	845,867	11,966	201,301	184,620	16,681
Gross Profit	857,833	845,867	11,966	201,301	184,620	16,681
Expenses						
5000 Payroll & Benefits			0	145,835	152,220	(6,385)
5100 Repairs & Maintenance			0	305	1,087	(782)
5500 Contracted Business Services			0	9,306	14,334	(5,028)
5600 Presentations/Public Meetings			0	246	1,786	(1,540)
5700 Office Expenses			0	6,542	4,415	2,127
5800 Other General & Administrative	453	1,600	(1,147)	7,000	3,773	3,227
5900 Utilities			0	3,493	2,800	693
6100 Insurance			0	2,580	2,692	(113)
6700 Partnership for Hope	161	2,390	(2,229)			0
6900 Direct Services	23,501	19,216	4,285			0
7100 Housing Programs	19,656	26,945	(7,289)			0
7200 CLC	19,849	26,918	(7,069)			0
7300 Sheltered Employment Programs	32,590	43,782	(11,192)			0
7500 Community Employment Programs	44	1,200	(1,156)			0
7900 Special/Additional Needs	11,216	17,728	(6,512)			0
Total Expenses	107,469	139,779	(32,310)	175,307	183,107	(7,800)
Net Operating Income	750,364	706,088	44,276	25,995	1,513	24,482
Other Expenses						
8500 Depreciation			0	5,124	5,300	(176)
Total Other Expenses	0	0	0	5,124	5,300	(176)
Net Other Income	0	0	0	(5,124)	(5,300)	176
Net Income	750,364	706,088	44,276	20,871	(3,787)	24,658

Budget Variance Report

Total Income: YTD SB 40 Tax Revenues were slightly higher than projected, and Services Program income was higher than projected. Services Program billing was budgeted to occur three times in December; however, there were only two billing cycles for that month. The additional billing cycle occurred in January; therefore, Services income reflects the additional billing period. The differences in billing period adjustments did not negatively impact variances on the final YTD budgeted net income versus the actual net income at YE 2017.

Total Expenses: YTD overall SB 40 Tax program expenses were lower than budgeted expectations with variances in all categories. CRC Direct Service billing was budgeted to occur three times December; however, there were only two billing cycles for that month. As a result, CRC Direct Service expenses are higher than budgeted. This overage was offset because all other categories were lower than budgeted. Overall Services Program expenses were lower than budgeted expectations. Savings in Payroll and Contracted Business Services offset overages in the Office, Other G&A and Utilities expenses.

Balance Sheet

As of February 28, 2018

	SB 40 Tax	Services
ASSETS		
Current Assets		
Bank Accounts		
1000 Bank Accounts		
1005 SB 40 Tax Bank Accounts		
1010 SB 40 Tax Account (County Tax Funds) - First Nat'l Bank	15,288	0
1015 SB 40 Tax Reserve Account (County Tax Funds) - Central Bank	229	
1020 SB 40 Tax Certificate of Deposit	0	
1025 SB 40 Tax - Bank of Sullivan	951,166	
1030 SB 40 Tax Reserve - Bank of Sullivan	229,470	
Total 1005 SB 40 Tax Bank Accounts	1,196,153	0
1050 Services Bank Accounts		
1055 Services Account - 1st Nat'l Bank	0	233,271
1060 Services Certificate of Deposit		0
Total 1050 Services Bank Accounts	0	233,271
Total 1000 Bank Accounts	1,196,153	233,271
Total Bank Accounts		
	1,196,153	233,271
Accounts Receivable		
1200 Services		
1210 Medicaid Direct Service		37,679
1215 Non-Medicaid Direct Service		23,501
Total 1200 Services	0	61,180
1300 Property Taxes		
1310 Property Tax Receivable	1,052,414	
1315 Allowance for Doubtful Accounts	(8,876)	
Total 1300 Property Taxes	1,043,538	0
1350 Allowance for Doubtful Accounts	0	
Total Accounts Receivable	1,043,538	61,180
Other Current Assets		
1389 TCM Claim Confirmations (A/R)	0	
1399 TCM Remittance Advices (In-Transit Payments)	0	0
1400 Other Current Assets		
1410 Other Deposits	0	
1430 Deferred Outflows Related to Pensions		60,875
1435 Net Pension Asset (Liability)		(21,526)
Total 1400 Other Current Assets	0	39,349
1450 Prepaid Expenses		0
1455 Prepaid-Insurance	0	14,842
Total 1450 Prepaid Expenses	0	14,842
Total Other Current Assets	0	54,191
Total Current Assets	2,239,691	348,642
Fixed Assets		
1500 Fixed Assets		

1510 100 Third Street Land		47,400
1511 Keystone Land		14,000
1520 100 Third Street Building		431,091
1521 Keystone		163,498
1525 Accumulated Depreciation - 100 Third Street		(136,997)
1526 Accumulated Depreciation - Keystone		(15,655)
1530 100 Third Street Remodeling		126,736
1531 Keystone Remodeling		52,005
1535 Acc Dep - Remodeling - 100 Third Street		(46,388)
1536 Acc Dep - Remodeling - Keystone		(2,721)
1540 Equipment		64,584
1545 Accumulated Depreciation - Equipment		(32,791)
1550 Vehicles		6,740
1555 Accumulated Depreciation - Vehicles		(6,740)
Total 1500 Fixed Assets	0	664,761
Total Fixed Assets	0	664,761
TOTAL ASSETS	2,239,691	1,013,404
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
1900 Accounts Payable	307	4,432
Total Accounts Payable	307	4,432
Other Current Liabilities		
2000 Current Liabilities		
2005 Accrued Accounts Payable	0	0
2006 DMH Payable	0	
2007 Non-Medicaid Payable	23,501	
2010 Accrued Payroll Expense	0	0
2015 Accrued Compensated Absences	0	0
2025 Prepaid Services	0	
2030 Deposits	0	17
2050 Prepaid Tax Revenue	0	
2055 Deferred Inflows - Property Taxes	913,718	
2060 Payroll Tax Payable		0
2061 Federal W / H Tax Payable	0	96
2062 Social Security Tax Payable	0	(73)
2063 Medicare Tax Payable	0	3
2064 MO State W / H Tax Payable	0	1,730
Total 2060 Payroll Tax Payable	0	1,755
2070 Payroll Clearing		
2071 AFLAC Pre-tax W / H	0	323
2072 AFLAC Post-tax W / H	0	(13)
2073 Vision Insurance W / H	0	(105)
2074 Health Insurance W / H	0	28
2075 Dental Insurance W / H	0	(126)
2076 Savings W / H		(100)

2078 Misc W / H		508
2079 Other W / H		100
Total 2070 Payroll Clearing	0	615
Total 2000 Current Liabilities	937,219	2,386
Total Other Current Liabilities	937,219	2,386
Total Current Liabilities	937,526	6,819
Total Liabilities	937,526	6,819
Equity		
3000 Restricted SB 40 Tax Fund Balances		
3001 Operational	0	
3005 Operational Reserves	229,317	
3010 Transportation	60,487	
3015 New Programs	10,030	
3030 Special Needs	0	
3040 Sheltered Workshop	115,520	
3045 Traditional Medicaid Match	0	
3050 Partnership for Hope Match	5,312	
3055 Building/Remodeling/Expansion	0	
3065 Legal	0	
3070 TCM	0	
3075 Community Resource	0	
Total 3000 Restricted SB 40 Tax Fund Balances	420,665	0
3500 Restricted Services Fund Balances		
3501 Operational		0
3505 Operational Reserves		200,000
3510 Transportation		0
3515 New Programs		0
3530 Special Needs		0
3550 Partnership for Hope Match		0
3555 Building/Remodeling/Expansion		60,809
3560 Sponsorships		0
3565 Legal		6,166
3599 Other		664,862
Total 3500 Restricted Services Fund Balances	0	931,837
3900 Unrestricted Fund Balances	1,653	(9,993)
3950 Prior Period Adjustment	0	0
3999 Clearing Account	91,801	101,552
Net Income	750,364	20,871
Total Equity	1,264,483	1,044,267
TOTAL LIABILITIES AND EQUITY	2,202,009	1,051,086

Statement of Cash Flows

February 2018

	SB 40 Tax	Services
OPERATING ACTIVITIES		
Net Income	(34,198)	3,675
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Services:Medicaid Direct Service		25,877
1215 Services:Non-Medicaid Direct Service		(9,478)
1455 Prepaid Expenses:Prepaid-Insurance		2,076
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		898
1526 Fixed Assets:Accumulated Depreciation - Keystone		341
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		528
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		199
1545 Fixed Assets:Accumulated Depreciation - Equipment		596
1900 Accounts Payable	307	3,250
2007 Current Liabilities:Non-Medicaid Payable	9,478	
2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable		0
2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable		0
2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable		0
2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable		(38)
2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H		(55)
2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H		(12)
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(9)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(34)
2076 Current Liabilities:Payroll Clearing:Savings W / H		0
2078 Current Liabilities:Payroll Clearing:Misc W / H		341
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	9,785	24,481
Net cash provided by operating activities	(24,413)	28,156
INVESTING ACTIVITIES		
1531 Fixed Assets:Keystone Remodeling		(1,836)
Net cash provided by investing activities	0	(1,836)
FINANCING ACTIVITIES		
3050 Restricted SB 40 Tax Fund Balances:Partnership for Hope Match	(2,422)	
3565 Restricted Services Fund Balances:Legal		(617)
Net cash provided by financing activities	(2,422)	(617)
Net cash increase for period	(26,835)	25,703
Cash at beginning of period	1,222,988	207,569
Cash at end of period	1,196,153	233,271

Statement of Cash Flows: January - February, 2018

	SB 40 Tax	Services
OPERATING ACTIVITIES		
Net Income	750,364	20,871
Adjustments to reconcile Net Income to Net Cash provided by operations:		
1210 Services:Medicaid Direct Service		11,076
1215 Services:Non-Medicaid Direct Service		(4,398)
1455 Prepaid Expenses:Prepaid-Insurance		3,793
1525 Fixed Assets:Accumulated Depreciation - 100 Third Street		1,796
1526 Fixed Assets:Accumulated Depreciation - Keystone		681
1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street		1,056
1536 Fixed Assets:Acc Dep - Remodeling - Keystone		398
1545 Fixed Assets:Accumulated Depreciation - Equipment		(1,620)
1900 Accounts Payable	(10,064)	(3,641)
2007 Current Liabilities:Non-Medicaid Payable	4,398	
2050 Current Liabilities:Prepaid Tax Revenue	(197,593)	
2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable		0
2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable		0
2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable		0
2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable		(1,063)
2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H		(110)
2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H		(23)
2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H		(24)
2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H		(67)
2076 Current Liabilities:Payroll Clearing:Savings W / H		0
2078 Current Liabilities:Payroll Clearing:Misc W / H		199
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	(203,259)	8,053
Net cash provided by operating activities	547,105	28,924
INVESTING ACTIVITIES		
1531 Fixed Assets:Keystone Remodeling		(1,836)
1540 Fixed Assets:Equipment		(375)
Net cash provided by investing activities	0	(2,211)
FINANCING ACTIVITIES		
3005 Restricted SB 40 Tax Fund Balances:Operational Reserves	906	
3010 Restricted SB 40 Tax Fund Balances:Transportation	27,196	
3015 Restricted SB 40 Tax Fund Balances:New Programs	10,030	
3030 Restricted SB 40 Tax Fund Balances:Special Needs	(2,207)	
3040 Restricted SB 40 Tax Fund Balances:Sheltered Workshop	(36,086)	
3045 Restricted SB 40 Tax Fund Balances:Traditional Medicaid Match	(790)	
3050 Restricted SB 40 Tax Fund Balances:Partnership for Hope Match	1,360	
3555 Restricted Services Fund Balances:Building/Remodeling/Expansion		9,081
3565 Restricted Services Fund Balances:Legal		6,166
3900 Unrestricted Fund Balances	(73,835)	(16,481)
Net cash provided by financing activities	(73,426)	(1,234)
Net cash increase for period	473,679	25,479
Cash at beginning of period	722,474	207,792
Cash at end of period	1,196,153	233,271

Check Detail

February 2018

1025 SB 40 Tax - Bank of Sullivan

Date	Transaction Type	Num	Name	Amount
02/01/2018	Bill Payment (Check)	4491	Rodeway Inn	(160.00)
02/02/2018	Bill Payment (Check)	4492	Lake Area Industries	(105.00)
02/05/2018	Bill Payment (Check)	4493	Rodeway Inn	(199.00)
02/09/2018	Bill Payment (Check)	4494	Lake Area Industries	(12,932.13)
02/12/2018	Bill Payment (Check)	4495	Rodeway Inn	(199.00)
02/15/2018	Bill Payment (Check)	4496	MO HealthNet	(4.00)
02/15/2018	Bill Payment (Check)	4497	DMH Local Tax Matching Fund	(2,582.80)
02/15/2018	Bill Payment (Check)	4498	Bridgeview Inc.	(650.00)
02/15/2018	Bill Payment (Check)	4499	Brookview Apartments of Camdenton	(100.00)
02/15/2018	Bill Payment (Check)	4500	Camden Manors, Inc.	(100.00)
02/15/2018	Bill Payment (Check)	4501	Camdenton Apartments dba Lauren's Place	(100.00)
02/15/2018	Bill Payment (Check)	4502	Clifford Smith	(861.00)
02/15/2018	Bill Payment (Check)	4503	Darryll Euler	(421.00)
02/15/2018	Bill Payment (Check)	4504	David A Schlenfort	(689.00)
02/15/2018	Bill Payment (Check)	4505	Glen Donnach, LLC	(250.00)
02/15/2018	Bill Payment (Check)	4506	Jacob and/or Lana Kentner	(1,269.00)
02/15/2018	Bill Payment (Check)	4507	Maryann VanCleave	(652.00)
02/15/2018	Bill Payment (Check)	4508	Missouri Ozarks Community Action, Inc.	(225.00)
02/15/2018	Bill Payment (Check)	4509	Revelation Construction & Development, LLC	(375.00)
02/15/2018	Bill Payment (Check)	4510	Steve Weisenfelder	(681.00)
02/15/2018	Bill Payment (Check)	4511	Twenter Properties	(100.00)
02/15/2018	Bill Payment (Check)	4512	MO HealthNet	(40.00)
02/15/2018	Bill Payment (Check)	4513	Camden Manors, Inc.	(100.00)
02/15/2018	Bill Payment (Check)	4514	Camdenton Apartments dba Lauren's Place	(226.00)
02/15/2018	Bill Payment (Check)	4515	Revelation Construction & Development, LLC	(849.00)
02/15/2018	Bill Payment (Check)	4516	Steve Weisenfelder	(1,028.00)
02/15/2018	Bill Payment (Check)	4517	MO HealthNet	(40.00)
02/15/2018	Bill Payment (Check)	4518	Revelation Construction & Development, LLC	(849.00)
02/15/2018	Bill Payment (Check)	4519	MO HealthNet	(216.00)
02/15/2018	Bill Payment (Check)	4520	MO HealthNet	(228.00)
02/15/2018	Bill Payment (Check)	4521	MO HealthNet	(246.00)
02/15/2018	Bill Payment (Check)	4522	MO HealthNet	(278.00)
02/15/2018	Bill Payment (Check)	4523	MO HealthNet	(642.00)
02/15/2018	Bill Payment (Check)	4524	MO HealthNet	(642.00)
02/15/2018	Bill Payment (Check)	4525	MO HealthNet	(682.00)
02/16/2018	Bill Payment (Check)	4526	MO HealthNet	(303.00)
02/16/2018	Bill Payment (Check)	4527	MO HealthNet	(504.00)
02/16/2018	Bill Payment (Check)	4528	MO HealthNet	(511.00)
02/20/2018	Bill Payment (Check)	4529	Rodeway Inn	(199.00)
02/23/2018	Bill Payment (Check)	4530	Childrens Learning Center	(11,974.25)
02/23/2018	Bill Payment (Check)	4531	Missouri Ozarks Community Action, Inc.	(125.00)
02/23/2018	Bill Payment (Check)	4532	MO HealthNet	(40.00)

02/23/2018	Bill Payment (Check)	4533	MO HealthNet	(333.00)
02/23/2018	Bill Payment (Check)	4534	MO HealthNet	(896.00)
02/26/2018	Bill Payment (Check)	4535	Rodeway Inn	(199.00)

1055 Services Account - 1st Nat'l Bank

Date	Transaction Type	Num	Name	Amount
02/01/2018	Expense	FEB ACH FEE	First National Bank	(24.95)
02/02/2018	Bill Payment (Check)	8012	Aflac	(869.66)
02/02/2018	Bill Payment (Check)	8013	Lake Area Industries	(50.00)
02/02/2018	Bill Payment (Check)	8014	MSW Interactive Designs LLC	(30.00)
02/02/2018	Bill Payment (Check)	8015	Republic Services #435	(114.69)
02/02/2018	Bill Payment (Check)	8016	Staples	(94.30)
02/02/2018	Bill Payment (Check)	8017	Summit Natural Gas of Missouri, Inc.	(831.88)
02/02/2018	Bill Payment (Check)	8018	TruClean	(175.00)
02/09/2018	Expense	152178	Connie L Baker	(1,046.42)
02/09/2018	Expense	152179	Rachel K Baskerville	(1,138.36)
02/09/2018	Expense	152180	Myrna Blaine	(1,484.16)
02/09/2018	Expense	152181	Jeanna K Booth	(1,006.08)
02/09/2018	Expense	152182	Cynthia Brown	(1,168.91)
02/09/2018	Expense	152183	Lori Cornwell	(894.28)
02/09/2018	Expense	152184	Dawn R Evans	(1,043.43)
02/09/2018	Expense	152185	Linda Gifford	(904.44)
02/09/2018	Expense	152186	Sharla Jenks	(913.08)
02/09/2018	Expense	152187	Ryan Johnson	(1,129.65)
02/09/2018	Expense	152188	Jennifer Lyon	(1,014.19)
02/09/2018	Expense	152189	Annie Meyer	(1,074.42)
02/09/2018	Expense	152190	Sylvia M Santon	(506.92)
02/09/2018	Expense	152191	Eddie L Thomas	(2,351.06)
02/09/2018	Expense	152192	Marcie L. Vansyoc	(1,423.93)
02/09/2018	Expense	152193	Nicole M Whittle	(949.60)
02/09/2018	Expense	02/09/2018	Internal Revenue Service	(5,950.41)
02/09/2018	Bill Payment (Check)	8020	Jeanna K Booth	0.00
02/09/2018	Bill Payment (Check)	8021	All American Termite & Pest Control	(75.00)
02/09/2018	Bill Payment (Check)	8022	AT&T	(82.32)
02/09/2018	Bill Payment (Check)	8023	Camden County PWSD #2	(55.31)
02/09/2018	Bill Payment (Check)	8024	Ezard's, Inc.	(169.04)
02/09/2018	Bill Payment (Check)	8025	Julie Williamson	(725.00)
02/09/2018	Bill Payment (Check)	8026	KMB Technical Group, Inc.	(360.00)
02/09/2018	Bill Payment (Check)	8027	LaCleda Electric Cooperative	(661.51)
02/09/2018	Bill Payment (Check)	8028	Staples Advantage	(214.10)
02/09/2018	Bill Payment (Check)	8029	TruClean	(55.00)
02/09/2018	Bill Payment (Check)	8030	All Seasons Services	(225.00)
02/09/2018	Bill Payment (Check)	8032	Linda Simms	(1,282.67)
02/09/2018	Expense	02/09/2018- EFT	Edward Jones	(100.00)
02/14/2018	Bill Payment (Check)	8037	Missouri Dept of Revenue	(1,769.00)
02/15/2018	Bill Payment (Check)	8038	Ameren Missouri	(612.60)

02/15/2018	Bill Payment (Check)	8039	Bankcard Center	(1,338.52)
02/15/2018	Bill Payment (Check)	8040	Direct Service Works	(795.00)
02/15/2018	Bill Payment (Check)	8041	AT&T TeleConference Services	(43.84)
02/15/2018	Bill Payment (Check)	8042	City Of Camdenton	(40.08)
02/15/2018	Bill Payment (Check)	8043	Scott's Heating & Air	(126.00)
02/15/2018	Bill Payment (Check)	8044	Ezard's, Inc.	(1,800.00)
02/16/2018	Bill Payment (Check)	8045	Cynthia Brown	(35.00)
02/23/2018	Expense	152195	Connie L Baker	(1,125.51)
02/23/2018	Expense	152196	Rachel K Baskerville	(1,159.89)
02/23/2018	Expense	152197	Myrna Blaine	(1,543.16)
02/23/2018	Expense	152198	Jeanna K Booth	(1,051.36)
02/23/2018	Expense	152199	Cynthia Brown	(1,121.66)
02/23/2018	Expense	152200	Lori Cornwell	(892.44)
02/23/2018	Expense	152201	Dawn R Evans	(978.26)
02/23/2018	Expense	152202	Linda Gifford	(914.26)
02/23/2018	Expense	152203	Sharla Jenks	(928.20)
02/23/2018	Expense	152204	Ryan Johnson	(1,101.72)
02/23/2018	Expense	152205	Jennifer Lyon	(1,037.19)
02/23/2018	Expense	152206	Annie Meyer	(994.38)
02/23/2018	Expense	152207	Sylvia M Santon	(507.92)
02/23/2018	Expense	152208	Eddie L Thomas	(2,414.06)
02/23/2018	Expense	152209	Marcie L. Vansyoc	(1,460.93)
02/23/2018	Expense	152210	Nicole M Whittle	(1,043.71)
02/23/2018	Bill Payment (Check)	8046	Sharla Jenks	(71.87)
02/23/2018	Bill Payment (Check)	8047	All Seasons Services	(150.00)
02/23/2018	Bill Payment (Check)	8048	TruClean	(230.00)
02/23/2018	Bill Payment (Check)	8049	Bryan Cave LLP	(815.00)
02/23/2018	Bill Payment (Check)	8050	Delta Dental of Missouri	(441.58)
02/23/2018	Bill Payment (Check)	8051	E-Z Disposal	(22.00)
02/23/2018	Bill Payment (Check)	8052	Lake Area Industries	(50.00)
02/23/2018	Bill Payment (Check)	8053	Lake Sun Leader	(89.00)
02/23/2018	Bill Payment (Check)	8054	Linda Simms	(1,336.35)
02/23/2018	Bill Payment (Check)	8055	Mo Consolidated Health Care	(12,151.36)
02/23/2018	Bill Payment (Check)	8056	Office Business Equipment	(51.67)
02/23/2018	Bill Payment (Check)	8057	Principal Life Ins	(241.28)
02/23/2018	Bill Payment (Check)	8058	Lagers	(3,646.50)
02/23/2018	Expense	02/23/2018	Internal Revenue Service	(5,547.54)
02/23/2018	Expense	02/23/2018	Edward Jones	(100.00)
02/26/2018	Bill Payment (Check)	8059	LaSella M Wynes	(71.52)
02/26/2018	Bill Payment (Check)	8060	Marcie L. Vansyoc	(47.75)
02/26/2018	Bill Payment (Check)	8061	LaSella M Wynes	(17.57)
02/26/2018	Bill Payment (Check)	8062	Marcie L. Vansyoc	(40.45)
02/26/2018	Bill Payment (Check)	8063	G G Maha	(63.28)
02/26/2018	Bill Payment (Check)	8064	Don Jackson	(724.00)
02/26/2018	Bill Payment (Check)	8065	Falcon Floor Covering, Inc.	(1,111.98)

January 2018
Credit Card Statement

CENTRAL BANK

BL ACCT 0000256-1000000
CAMDEN CO DD RES
Account Number: ##### 5386
Page 1 of 4



SCORECARD

Bonus Points Available
58,808

Account Summary

Billing Cycle		02/04/2018
Days In Billing Cycle		31
Previous Balance		\$524.76
Purchases	+	\$1,338.52
Cash	+	\$0.00
Special	+	\$0.00
Credits	-	\$0.00
Payments	-	\$524.76
Other Charges	+	\$0.00
Finance Charges	+	\$0.00

NEW BALANCE \$1,338.52

Account Inquiries



Call us at: (800) 445-9272
Lost or Stolen Card: (866) 839-3485



Go to www.bankcardcenter.net



Write us at PO BOX 779, JEFFERSON CTY, MO
65102-0779

Payment Summary

NEW BALANCE	\$1,338.52
MINIMUM PAYMENT	\$41.00
PAYMENT DUE DATE	03/02/2018

NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.

Credit Summary

Total Credit Line	\$10,000.00
Available Credit Line	\$8,661.48
Available Cash	\$6,000.00
Amount Over Credit Line	\$0.00
Amount Past Due	\$0.00
Disputed Amount	\$0.00

Corporate Activity

TOTAL CORPORATE ACTIVITY				\$524.76-
Trans Date	Post Date	Reference Number	Transaction Description	Amount
01/29	01/29	00401209	PAYMENT - THANK YOU	\$524.76-

Cardholder Account Summary

MYRNA BLAINE ##### 6176	Payments & Other Credits	Purchases & Other Charges	Cash Advances	Total Activity
	\$0.00	\$132.15	\$0.00	\$132.15

Cardholder Account Detail

Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/30	01/30	PBUS01	55432868030200243650811	NCS PEARSON 800-843-0019 MN	\$100.80
01/30	01/31	PBUS01	25483678030005826294315	PHILLIPS 66 - 54 QUICK LAKE OZARK MO	\$31.35

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

CENTRAL BANK
PO BOX 779
JEFFERSON CTY MO 65102-0779

Account Number

5386

Check box to indicate name/address change on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
02/04/18	\$1,338.52	\$41.00	03/02/18

\$

BL ACCT 0000256-1000000
CAMDEN CO DD RES
PO BOX 722
CAMDENTON MO 65020-0722



MAKE CHECK PAYABLE TO:

BANKCARD SERVICES
PO BOX 8000
JEFFERSON CTY MO 65102-8000

5475780000055386 00004100 00133852



Cardholder Account Summary					
EDDIE THOMAS ##### 0953	Payments & Other Credits \$0.00	Purchases & Other Charges \$149.00	Cash Advances \$0.00	Total Activity \$149.00	
Cardholder Account Detail					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/05	01/07	PBUS01	55432868005200171562062	INTUIT *QB ONLINE 800-286-6800 CA	\$50.00 X
01/18	01/19	PBUS01	7541823801804977506784	DROPBOX*X61F5W4T9GBY DB.TT/CHELP CA	\$99.00 X

Cardholder Account Summary					
LINDA SIMMS ##### 0961	Payments & Other Credits \$0.00	Purchases & Other Charges \$849.59	Cash Advances \$0.00	Total Activity \$849.59	
Cardholder Account Detail					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/08	01/09	PBUS01	55432868008200672067253	VISTAPR*VistaPrint.com 866-8936743 MA	\$16.98 X
01/08	01/09	PBUS01	55547428009207436800121	CARF INTERNATIONAL 05203251044 AZ	\$65.00 X
01/11	01/12	PBUS01	55483828012400004269819	WAL-MART #0089 CAMDENTON MO	\$15.68 X
01/12	01/14	PBUS01	05436848013000331436527	USPS PO 2860360829 OSAGE BEACH MO	\$73.40 X
01/14	01/15	PBUS01	55483828015400000048396	SAMSLUB #6505 JEFFERSON CIT MO	\$33.72 X
01/18	01/19	PBUS01	55500368018083157892171	WALMART.COM 08009666546 AR	\$109.98 X
01/18	01/21	PBUS01	05140488019710023858038	WOODS MARKET 2068 OSAGE BEACH MO	\$23.01 X
01/19	01/21	PBUS01	55483828020400008024038	WAL-MART #0089 CAMDENTON MO	\$21.41 X
01/22	01/23	PBUS01	05410198023255211080427	SUBWAY 00172569 OSAGE BEACH MO	\$29.94 X
01/22	01/24	PBUS01	05140488023710022845154	WOODS MARKET 2068 OSAGE BEACH MO	\$19.26 X
01/30	01/31	PBUS01	05436848031000328942303	USPS PO 2860360829 OSAGE BEACH MO	\$4.26 X
02/01	02/02	PBUS01	55432868032200691418438	GOOGLE *SVCSAPPS_ccaddr cc@google.com CA	\$220.00 X
02/02	02/04	PBUS01	55432868033200963044267	TCE*HRDIRECT/GNEIL 800-888-4040 FL	\$216.95 X

Cardholder Account Summary					
CONNIE L BAKER ##### 1859	Payments & Other Credits \$0.00	Purchases & Other Charges \$207.78	Cash Advances \$0.00	Total Activity \$207.78	
Cardholder Account Detail					
Trans Date	Post Date	Plan Name	Reference Number	Description	Amount
01/10	01/11	PBUS01	55309598011838002299944	MURPHY7182ATWALMART CAMDENTON MO	\$38.96 X
01/11	01/12	PBUS01	05436848012400033414569	WM SUPERCENTER #89 CAMDENTON MO	\$28.89 X
01/11	01/12	PBUS01	05436848012000341361351	USPS PO 2812420020 CAMDENTON MO	\$9.18 X
01/17	01/19	PBUS01	05436848018100053000991	DOLLAR-GENERAL #2611 CAMDENTON MO	\$17.90 X
01/19	01/21	PBUS01	05436848020000352021423	USPS PO 2812420020 CAMDENTON MO	\$53.30 X
02/01	02/02	PBUS01	55483828033400002510771	WAL-MART #0089 CAMDENTON MO	\$26.80 X
02/01	02/02	PBUS01	05436848033000348123130	USPS PO 2812420020 CAMDENTON MO	\$32.75 X

Additional Information About Your Account

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.BANKCARDCENTER.NET AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY. ENROLL TODAY!

ScoreCard Bonus Points Information as of 02/02/2018					
SCORECARD	Beginning Balance	Points Earned	Points Adjusted	Points Redeemed	Ending Balance
	57,851	957	0	0	58,808

INVOICE

INVOICE NUMBER: 11496876	
TAX I.D. NO.: 41-0850527	
DATE: 29-JAN-18	Page 1 of 1
CUSTOMER NO.: 1800889	CREDIT REF. NO.:

BILL TO:

ATTN: ACCOUNTS PAYABLE
 CAMDENTON COUNTY DD RESOURCES
 100 3RD ST
 CAMDENTON, MO 65020

LOCATED AT:

CAMDENTON COUNTY DD RESOURCES
 100 3RD ST
 CAMDENTON, MO 65020

Reference Number: -6511762

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER:		(MOST RECENT SHIPMENT)		TERMS: CREDIT CARD		
		SHIP DATE: 29-JAN-18		DUE DATE: 29-JAN-18		
		CARRIER: UPS Ground		CONTACT: credit@pearson.com		
		B/L NUMBER: 0		201-767-5029 (Fax)		
				800-843-0019 (Phone)		
DESCRIPTION	U/M	QTY	TAX	UNIT PRICE	EXTENDED PRICE	
31321 VINELAND-3 INTV FM W/ITEM LVL PRB (25)	Each	1	N	90.80	90.80	
FREIGHT SHIPPING CHARGES	Each	1	N	10.00	10.00	
INVOICE SUMMARY:						
TOTAL FOR ALL LINE ITEMS					100.80	
4.23% STATE TAX					0.00	
1.25% COUNTY TAX					0.00	
2.00% CITY TAX					0.00	
**** Credit card remittance of 100.80 processed on 29-JAN-18 ****					(100.80)	
<p>The Terms and Conditions of Sale and Use enclosed or at http://www.pearsonclinical.com/legal/termsofsale.html apply</p> <p>Register at https://ipay.pearson.com/OA_HTML/SelfRegistration.jsp for on-line access</p>						
SUBTOTAL				TAX	TOTAL	
100.80				0.00	(USD) 0.00	

Remit by Check to:
 NCS PEARSON, INC.
 13036 COLLECTION CENTER DRIVE
 CHICAGO, IL 60693
 Remit by Wire or ACH to:
 Bank of America - Account Name: NCS Pearson Inc.
 ACH: # 071-000-039 WIRE: #0260-0959-3
 Account No: 81881-05388 SWIFT: BOFAUS3N
 (Include invoice number in transmission)

ORIGINAL

100208

Myrna's
Card

WELCOME
10097285
54 QUICK STOP
10 LAKELAND DR
LAKE OZARK MO
65049

DATE 01/30/18 12:25
TRAN# 9028845
PUMP# 02
SERVICE LEVEL: SELF
PRODUCT: REGULAR
GALLONS: 13.403
PRICE/G: \$ 2.339
FUEL SALE \$ 31.35
CREDIT \$31.35

MASTERCARD
Acct: 6176
Term ID: 21
DEALER#: 10097285
10 LAKELAND DR
LAKE OZARK MO 65049
AUTH: 00-64168E
Batch: 68 Seq: 007
INVOICE: 122343
Tran: 1040752

DEALER#: 10097285
Term ID: 21
Your opinion
counts? Enter to
Win 1 of 50 \$25
gas gift cards!!!
Provide feedback
www.gasvisit.com
THANK YOU
HAVE A NICE DAY

- Company ID: 4642 4099 5
- QuickBooks Subscription status: Subscribed
-

Plan details: QuickBooks Plus:

\$50.00 / month

Acct.
5567

Next Charge: 10/04/2017

Payment method

MasterCard ending 0961 expires 11/18 Edit



Ed Thomas <director@ccddr.org>

Dropbox payment received, account upgraded

1 message

Dropbox <no-reply@dropbox.com>
To: director@ccddr.org

Thu, Jan 18, 2018 at 10:14 AM



Hi Ed,

Congratulations on upgrading your account to Dropbox Plus! This email serves as your receipt.

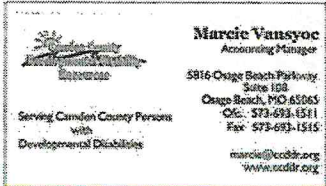
Ready to work smarter with your bigger, better Dropbox? Some key upgrades you gained include:

- **500x more space** to protect 40 days of home videos, 17,000 hours of music, and 310,000 photos - all without filling storage space on your device
- **Work beyond Wi-fi** by syncing entire folders on your mobile device to access files even without a connection
- **Control your privacy** with the power to delete data from a lost or stolen device without actually deleting your files from Dropbox

A detailed summary of your transactions with Dropbox can be found on your payments page, where you can view, download, and print your invoice.

You'll be charged \$99.00 plus applicable tax, (minus any applicable credits or promos) yearly until you cancel your subscription. Previous charges won't be refunded when you cancel unless it's legally required.

Email account: director@ccddr.org**Amount:** \$99.00



Standard Business Cards

Status: **Processing**

Qty 500

[Edit Your Design](#)

[Show Selected Options](#)

Item Total **\$9.99**

Order Total

Product Total

\$9.99

You Saved 50% (\$10.01)!

Shipping & Processing

Standard - Est. Arrival Jan 15

\$6.99

Sales Tax

\$0.00

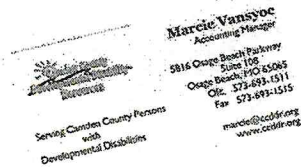
You Paid:

\$16.98

*BUSINESS CARDS
MARCIE*

Don't want to wait for your business cards to arrive?

Use them now by sharing your cards with our new app.



INTRODUCING



FREE to download and use - [Learn more](#)



Let Us Help

[Connect with us](#)

[Ideas & Advice](#)

What We Offer

[Refer a friend and get \\$10 OFF.](#)

Our Company

Our Policies

[Rely on Vistaprint](#)

[Absolutely Guaranteed](#)

Every time. Any reason. Or we'll make it right.



4.8 ★★★★★
Google
Customer Reviews



6951 E. Southpoint Road, Tucson, Arizona 85756-9407, USA
 Toll Free: (888) 281-6531 Fax: (520) 320-6581 www.carf.org

INVOICE
 Invoice # 233339
 Customer ID 218247
 Project/Survey # 99947
 InvoiceDate 1/8/2018
Balance Due PAID IN FULL

BILL TO:	SHIP TO:
Camden County Developmental Disability Resources Linda Simms PO Box 722 Camdenton, MO 65020	Camden County Developmental Disability Resources Linda Simms PO Box 722 Camdenton, MO 65020

PAGE 1

CUSTOMER P.O./ORDER #	PAYMENT TYPE	CUSTOMER SERVICE UNIT
55272	MasterCard 961	

DESCRIPTION	QUANTITY	UNITS	PRICE	EXTENDED PRICE
5173.26 Additional Accreditation Certificate	1.000	EACH	65.00	65.00

FAST, SECURE CREDIT CARD PAYMENT Visit www.carf.org/catalog Then click Pay Invoice on the left side of the storefront. If you have any questions, please contact us at (888) 281-6531 ext. 7130 or email us at bookstore@carf.org .	Sales Total	65.00
	Paid	65.00
	TOTAL DUE USD \$	0.00

Items purchased from CARF are refundable/exchangeable within 90 days of purchase as long as they are unused/undamaged. Shipping cost on returned/exchanged items are non-refundable.

See back of receipt for your chance
to win \$1000

ID #: 7M20L9Z53C

Walmart 
Save money. Live better.

(573) 346 - 3588

MANAGER PAUL GARDNER

94 CECIL ST

CAMDENTON MO 65020

ST# 00089 OP# 002431 TR# 05 TR# 08639

GV & EDY BIG 007874220846 4.97 0

BATH TISSUE .003040079000 5.74 0

GV & EDY BIG 007874220846 4.97 0

SUBTOTAL 15.68

TOTAL 15.68

MCARD TEND 15.68

MasterCard **** * I 22

APPROVAL # 61384C

REF # 801100426981

PAYMENT SERVICE - A

AID A0000000041010

TC 50D11D5F7D836067

TERMINAL # SC010407

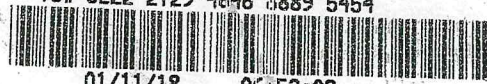
*NO SIGNATURE REQUIRED

01/11/18 06:51:46

CHANGE DUE 0.00

ITEMS SOLD 3

TC# 6222 2129 4846 8889 5454



01/11/18 06:52:02

CUSTOMER COPY

Use Walmart Pay to save your receipts.



OSAGE BEACH
5545 OSAGE BEACH PKWY
OSAGE BEACH
MO
65065-9998

01/12/2018 2860360829 (800)275-8777 4:10 PM

Product Description Sale Qty Final Price

US Flag Coil/1 1 \$49.00

00 (Unit Price:\$49.00)

\$1 Patriotic Wave 20 \$20.00

(Unit Price:\$1.00)

1c Tiffany Lamp 40 \$0.40

(Unit Price:\$0.01)

10c Am Clock 40 \$4.00

PSA (Unit Price:\$0.10)

Total \$73.40

Credit Card Remitd \$73.40

(Card Name:MasterCard)
(Account #:XXXXXXXXXX0961)
(Approval #:60512C)
(Transaction #:859)

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

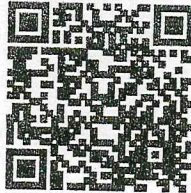
TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

Go to:

<https://postalexperience.com/Pos>

840-5630-0700-001-00021-46966-01

or scan this code with
your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Bill #: 840-56300700-1-2146966-1
Clerk: 04

STAMPS
O. B



CLUB MANAGER JEREMY JONES
 (573) 469 - 0917
 849 STONERIDGE PKWAY JEFFERSON CITY, MO
 CLUB HOURS 10:00 AM - 8:30 PM
 01/14/18 11:45 2466 06505 008 188

X MEMBER 101-*****3846

THANK YOU,

CAMDEN

980011295 9X12CLASPEN	9.58 E
980014414 HANGFOLDERG	8.98 E
980014408 HANILA FILE	7.58 E
980014408 HANILA FILE	7.58 E
SUBTOTAL	33.72

TOTAL 33.72
 MCARD TEND 33.72

MasterCard **** * 0961 1 22
 APPROVAL # 66255C

AID A000000041010
 TC A73436CEBF621909
 TERMINAL # SC010704
 *NO SIGNATURE REQUIRED

01/14/18 11:46:30 CHANGE DUE 0.00

DISTRIBUTOR NUMBER: 602

Visit samsclub.com to see your savings

ITEMS SOLD 4

3020 6360 8481 9485 9321



How to Help

Order ahead.
 in/club pickup
 11:46:43

*** COPY ***

OFFICE SMOOTHIES
 O.B.

Linda Siumms
P O Box 722 100 Third Street
Camdenton , MO 65020

Item	Qty	Total
Centon 8GB USB 2.0 Flash Drive, 10pk \$54.99	2	\$109.98

Items may arrive in multiple boxes on different days.

Order summary

Order subtotal:	\$109.98
Walmart shipping:	Free
Order total:	\$109.98

Billing information

Billing Address:

Camden Co DD Res Simms
PO Box 722
Camdenton, MO 65020

Payment Method(s):

MASTERCARD - 0961

Credit cards aren't charged until your order ships. If you see a pending charge on your account prior to shipping, this is an authorization hold to ensure the funds are available.

Helpful information

- Need to cancel? Click the **Request Cancellation** button in your account. Please act quickly — you can only cancel until your order starts processing.
- Need to return? Start a return for any Walmart or Marketplace item in your account.

Food for
1-18-18
SB40/LAT Joint Committee
meeting



OSAGE BEACH, MO 665065
(573) 348-2591
VISIT US AT
WOODSSUPERMARKET.COM
Store:2068

Cashier: CATHAY 154
01/18/18 15:26:19

BEGIN DUPLICATE RECEIPT
Store:2068

Cashier: CATHAY 154
01/18/18 15:24:51

Woods Reward Card 49663172269

GROCERY
Ozarka 24Pk 2259205302 4.99 TF

MEAT
Hm/Tky/Chs 3760028751 13.99 TF
=> 13.03 Reward Card Price -.96 TF

PRODUCE
Small Veggie T 70935188899 7.99 TF

COUPONS
Manufacture 81101003760008 MC -3.00TF
SUBTOTAL 23.01
TOTAL TAX .00

TOTAL 23.01
MasterCard TENDER 23.01
Acct:xxxxxxxxxxxx0961
APRVL CODE 66097E
Cash CHANGE .00

NUMBER OF ITEMS 3
EXEMPT TAX ID 123
T1 ITEM VALUE EXEMPTED 23.01
T1 TAX EXEMPTED 1.03
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
T4 ITEM VALUE EXEMPTED .00
T4 TAX EXEMPTED .00

Sale Savings .96
Manufacturer Coupons 3.00
You Saved a Total of: 3.96
That is a Savings of: 14%

Trx:242 Term:1 Store:2068 15:26:10

THANK YOU FOR SHOPPING AT WOODS!

DEVIN. STORE MANAGER
END DUPLICATE RECEIPT

See back of receipt for your chance to win \$1000

ID #: 7M21F3YFY



(573) 346 -- 3588
 MANAGER PAUL GARDNER
 94 CECIL ST
 CAMDENTON MO 65020
 ST# 00089 OP# 004112 TE# 05 TR# 02240
 MOUSE 009785508059 14.97 0
 PAPER 075959899804 6.44 0
 SUBTOTAL 21.41
 TOTAL 21.41
 MCARD TEND 21.41

MasterCard **** * 0961 1 22
 APPROVAL # 60175E
 REF # 801900802403
 PAYMENT SERVICE - A

AID A0000000041010
 TC 4A692DB3887C5FBC
 TERMINAL # SC010407
 *NO SIGNATURE REQUIRED

01/19/18 06:50:21
 CHANGE DUE 0.00
 # ITEMS SOLD 2
 TC# 3797 6975 7531 9164 595



01/19/18 06:50:34
 CUSTOMER COPY

Use Walmart Pay to save your receipts.



Food for
1-22-2018
Board Meeting

Subway#17256-0 Phone 573-302-7827
5896 highway 54 suite 4
osage beach, mo, 65065
Served by: Debra 1/22/2018 3:05:35 pm
Term ID-Trans# 1/A-94031

Qty	Size	Item	Price
2		W1 2018 FT Faves	9.98
2	12"	-Ham Sub	
2		W1 2018 FT Faves	9.98
2	12"	-Spicy Italian Sub	
2		W1 2018 FT Faves	9.98
2	12"	-Cold Cut Combo Sub	

Sub Total 29.94
Tax Exemptioncamden county senate bill 4
Total (Eat In) 29.94
Credit Card 29.94
Change 0.00

It's not right, I'll make it right.. Call
Deb 573-302-7827

Approval No: 65277E
Reference No: 802221108042
Card Issuer: Mastercard
Account No: *****0961
Acquired: Contact_EMV
Amount: \$29.94
Application: MasterCard
AID: A0000000041010
TVR: 8000008000
TSI: 6800
Date/Time: 1/22/2018 3:05:27 PM

Signature:

x _____
I agree to pay above total amount
according to the Card Issuer Agreement.

CUSTOMER COPY

Host Order ID: 683-390-700366

Thanks for visiting Subway. Please let
us know how we did today by taking our
1 minute survey at www.1minutesubway.com

Food for
1-22-2018
Board Meeting



OSAGE BEACH, MO 665065
(573) 348-2591
VISIT US AT
WOODSSUPERMARKET.COM
Store:2068

Cashier: CATHAY 154
01/22/18 14:33:01

BEGIN DUPLICATE RECEIPT
Store:2068

Cashier: CATHAY 154
01/22/18 14:32:13

GROCERY
Mist Twist 1200015005 1.99 TF
Wavy Ranch X1 L 2840020127 3.29 TF
PRODUCE
Veggie Tray 70935188878 9.99 TF
BAKERY
18Ct Choc Chp 23086000000 3.99 TF
SUBTOTAL 19.26
TOTAL TAX .00

TOTAL 19.26
MasterCard TENDER 19.26
Acct:xxxxxxxxxxxx0961
APPRVL CODE 63154E
Cash CHANGE .00

NUMBER OF ITEMS 4
EXEMPT TAX ID 123
T1 ITEM VALUE EXEMPTED 19.26
T1 TAX EXEMPTED .86
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
T4 ITEM VALUE EXEMPTED .00
T4 TAX EXEMPTED .00

Using Your Woods Reward Card,
Would Have Saved You Another: 2.53

Trx:87 Term:2 Store:2068 14:32:56

THANK YOU FOR SHOPPING AT WOODS!

DEVIN STORE MANAGER
END DUPLICATE RECEIPT

=====

OSAGE BEACH

5545 OSAGE BEACH PKWY

OSAGE BEACH

MO

65065-9998

2860360829

01/30/2018 (800)275-8777 3:31 PM

=====

TAX
FORMS

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (BRUMLEY, MO 65017) (Weight:0 Lb 0.70 Oz) (Estimated Delivery Date) (Thursday 02/01/2018)	1	\$1.00
First-Class Mail Large Envelope (Domestic) (KANSAS CITY, MO 64999) (Weight:0 Lb 3.40 Oz) (Estimated Delivery Date) (Thursday 02/01/2018)	1	\$1.63
First-Class Mail Large Envelope (Domestic) (JEFFERSON CITY, MO 65105) (Weight:0 Lb 3.60 Oz) (Estimated Delivery Date) (Thursday 02/01/2018)	1	\$1.63

Total \$4.26

Credit Card Remitd \$4.26
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXX0961)
 (Approval #:61327E)
 (Transaction #:557)

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE



Google LLC
 1600 Amphitheatre Pkwy
 Mountain View, CA 94043
 United States
 Federal Tax ID: 77-0493581

Invoice

Bill to

dba Camden Co Develpmntal Disability Resources
 Camden County Senate Bill 40 Board
 PO Box 722
 100 Third Street
 Camdenton, MO 65020
 United States

Details

Invoice number: 3418932100
 Issue date: Jan 31, 2018
 Payment terms: Due immediately
 Billing ID: 9176-0235-3316
 Billing Account Number: 3543-8551-1772-0210

Google Cloud - GSuite

Account ID: ccddr.org

Jan 1, 2018 - Jan 31, 2018

Description	Interval	Quantity	Amount (\$)
G Suite Business: Usage	Jan 1 - Jan 31	22	220.00
Subtotal in USD:			220.00
State sales tax (0%):			0.00
Amount due in USD:			220.00

Bill to: Camden County Senate Bill 40 Board
 Billing ID: 9176-0235-3316
 Invoice number: 3418932100

Amount due in USD:	\$220.00
---------------------------	-----------------

You will be automatically charged for the amount due. No action is required on your part.

INVOICE

Remit in US Funds to:
 P.O. Box 669390, Pompano Beach, FL 33066-9390
 Customer Service: 866-463-4574

INVOICE ACCOUNT NUMBER	CUSTOMER ACCOUNT NUMBER
A02517369	A02517369
SALES ORDER NUMBER	PURCHASE ORDER NUMBER
SO-7757529	

INVOICE NUMBER	INVOICE DATE
INV6062570	01/21/18
PAYMENT TERMS	ORDER PLACER
Net 30 Days	Auto Renewal
PHONE NUMBER	ORDER/RENEWAL DATE
	01/21/18

ATTN: ACCOUNTS PAYABLE

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
 5816 OSAGE BEACH PKWY, STE 106
 OSAGE BEACH, MO 65065-3065

SHIPPED TO:

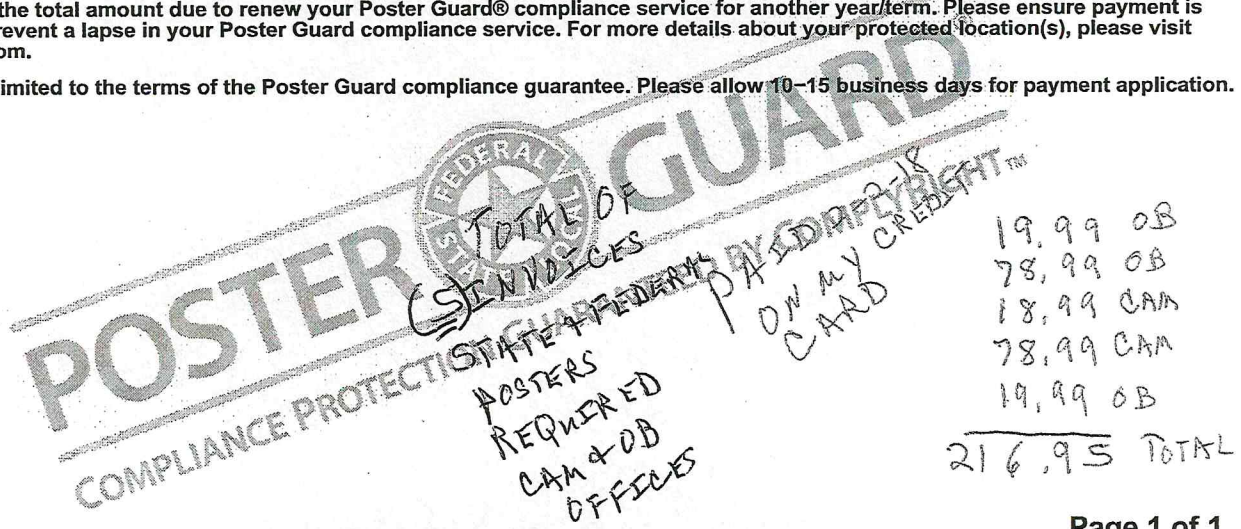
LINDA SIMMS
 CAMDEN COUNTY DEVELOPMENTAL DISABILITY
 5816 OSSAGE BEACH PKWY, STE. 108, OSAGE B

Qty	ITEM NUMBER	DESCRIPTION	CUSTOMER ID 1	CUSTOMER ID 2	SERVICE #	DISCOUNT	AMOUNT
1	UR1200FONLYAPP ENGLISH Poster NONE	Poster Guard 1 Year Applicant Area Only Renew / Poster\English\None			221091	0.00	19.99

MERCHANDISE	DELIVERY	MISC. CHARGES	SALES TAX	INVOICE TOTAL	AMOUNT APPLIED	TOTAL DUE
19.99	0.00	0.00	0.00	19.99	19.99	0.00

This invoice shows the total amount due to renew your Poster Guard® compliance service for another year/term. Please ensure payment is made promptly to prevent a lapse in your Poster Guard compliance service. For more details about your protected location(s), please visit www.posterguard.com.

Liability of seller is limited to the terms of the Poster Guard compliance guarantee. Please allow 10-15 business days for payment application.



Please cut at dotted line and return with your payment.

REMITTANCE COPY

INVOICE EMAIL ADDRESS: linda@ccddr.org

Is your invoice email address correct? YES NO

If NO, please update below:

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RES
 5816 OSAGE BEACH PKWY, STE 106
 OSAGE BEACH, MO 65065-3065

CHECK NUMBER: _____

DIRECT DEPOSIT - call 800-925-0083 for details

EASY PAY AUTO RENEW - call 866-463-4574 for details

PAY ONLINE AT www.hrdirect.com/invoice

CREDIT CARD: MC VISA AMEX DISCOVER

AUTHORIZED SIGNATURE: _____

CREDIT CARD #: _____ EXP. DATE: _____

--	--	--	--	--	--	--	--	--	--

INVOICE ACCOUNT #	CUSTOMER ACCOUNT #
A02517369	A02517369
INVOICE NUMBER	INVOICE DATE
INV6062570	01/21/18
TOTAL DUE	
0.00	

Remit in US Funds to:
P.O. Box 669390, Pompano Beach, FL 33066-9390
Customer Service: 866-463-4574

INVOICE

INVOICE ACCOUNT NUMBER	CUSTOMER ACCOUNT NUMBER
A02517369	A02517369
SALES ORDER NUMBER	PURCHASE ORDER NUMBER
SO-7757531	

INVOICE NUMBER	INVOICE DATE
INV6062572	01/21/18
PAYMENT TERMS	ORDER PLACER
Net 30 Days	Auto Renewal
PHONE NUMBER	ORDER/RENEWAL DATE
	01/21/18

ATTN: ACCOUNTS PAYABLE
CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
5816 OSAGE BEACH PKWY, STE 106
OSAGE BEACH, MO 65065-3065

SHIPPED TO: OK
LINDA SIMMS
CAMDEN COUNTY DEVELOPMENTAL DISABILITY
5816 OSSAGE BEACH PKWY, STE. 108, OSAGE B

Qty	ITEM NUMBER	DESCRIPTION	CUSTOMER ID 1	CUSTOMER ID 2	SERVICE #	DISCOUNT	AMOUNT
1	UR1200F English MO None	Poster Guard 1 Year State/Fed/Local Renewal / Missouri\English\None			221091	0.00	78.99

MERCHANDISE	DELIVERY	MISC. CHARGES	SALES TAX	INVOICE TOTAL	AMOUNT APPLIED	TOTAL DUE
78.99	0.00	0.00	0.00	78.99	78.99	0.00

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Please cut at dotted line and return with your payment.

REMITTANCE COPY

INVOICE EMAIL ADDRESS: linda@ccddr.org

Is your invoice email address correct? YES NO

If NO, please update below:

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RES
5816 OSAGE BEACH PKWY, STE 106
OSAGE BEACH, MO 65065-3065

CHECK NUMBER: _____

DIRECT DEPOSIT - call 800-925-0083 for details

EASY PAY AUTO RENEW - call 866-463-4574 for details

PAY ONLINE AT www.hrdirect.com/invoice

CREDIT CARD: MC VISA AMEX DISCOVER

AUTHORIZED SIGNATURE: _____

CREDIT CARD #:

--	--	--	--	--	--	--	--	--	--

EXP. DATE:

M	M	Y	Y
---	---	---	---



INVOICE ACCOUNT #	CUSTOMER ACCOUNT #
A02517369	A02517369
INVOICE NUMBER	INVOICE DATE
INV6062572	01/21/18
TOTAL DUE	
0.00	

Remit in US Funds to:
 P.O. Box 669390, Pompano Beach, FL 33066-9390
 Customer Service: 866-463-4574

INVOICE

INVOICE ACCOUNT NUMBER	CUSTOMER ACCOUNT NUMBER
A02517369	A02517369
SALES ORDER NUMBER	PURCHASE ORDER NUMBER
SO-7757525	

INVOICE NUMBER	INVOICE DATE
INV6062566	01/21/18
PAYMENT TERMS	ORDER PLACER
Net 30 Days	Auto Renewal
PHONE NUMBER	ORDER/RENEWAL DATE
	01/21/18

ATTN: ACCOUNTS PAYABLE
 CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
 5816 OSAGE BEACH PKWY, STE 106
 OSAGE BEACH, MO 65065-3065

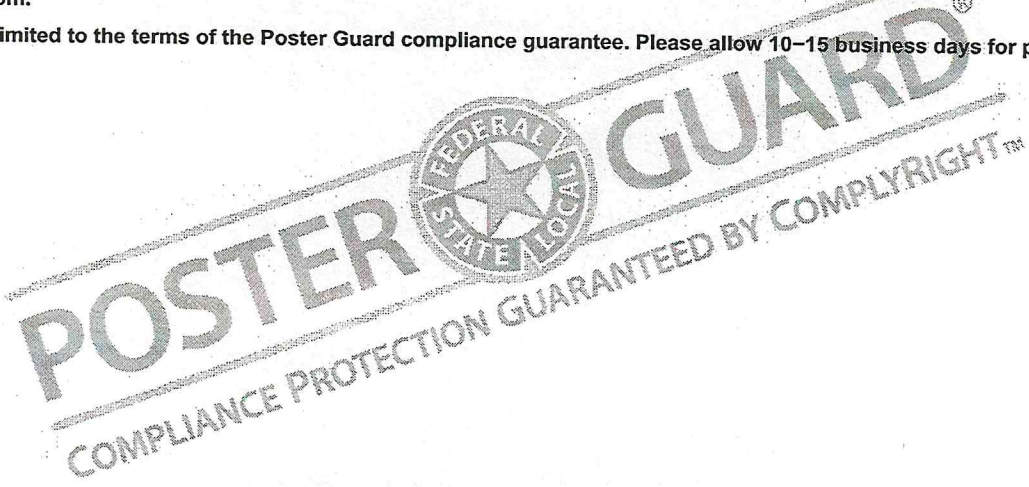
SHIPPED TO: *OK*
 GLENDA MAHA
 CAMDEN COUNTY DEVELOPMENTAL DISABILITY
 100 3RD STREET, CAMDENTON, MO, 65020
OSAGE BEACH

Qty	ITEM NUMBER	DESCRIPTION	CUSTOMER ID 1	CUSTOMER ID 2	SERVICE #	DISCOUNT	AMOUNT
1	UR0004S Bilingual	Right To Work/E-Verify Poster 1 Yr Service Renew / Bilingual	103		333895	0.00	18.99

MERCHANDISE	DELIVERY	MISC. CHARGES	SALES TAX	INVOICE TOTAL	AMOUNT APPLIED	TOTAL DUE
18.99	0.00	0.00	0.00	18.99	18.99	0.00

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Liability of seller is limited to the terms of the Poster Guard compliance guarantee. Please allow 10-15 business days for payment application.



Please cut at dotted line and return with your payment.

REMITTANCE COPY

INVOICE EMAIL ADDRESS: linda@ccddr.org

Is your invoice email address correct? YES NO

If NO, please update below:

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RES
 5816 OSAGE BEACH PKWY, STE 106
 OSAGE BEACH, MO 65065-3065

CHECK NUMBER: _____

DIRECT DEPOSIT - call 800-925-0083 for details

EASY PAY AUTO RENEW - call 866-463-4574 for details

PAY ONLINE AT www.hrdirect.com/invoice

CREDIT CARD: MC VISA AMEX DISCOVER

AUTHORIZED SIGNATURE: _____

CREDIT CARD #:

EXP. DATE:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--



INVOICE ACCOUNT #	CUSTOMER ACCOUNT #
A02517369	A02517369
INVOICE NUMBER	INVOICE DATE
INV6062566	01/21/18
TOTAL DUE	
0.00	

Hrdirect[®]

****NOTE: New Remittance Address****

Remit in US Funds to:
 P.O. Box 669390, Pompano Beach, FL 33066-9390
 Customer Service: 866-463-4574

INVOICE

INVOICE ACCOUNT NUMBER	CUSTOMER ACCOUNT NUMBER
A02517369	A02517369
SALES ORDER NUMBER	PURCHASE ORDER NUMBER
SO-7757543	

INVOICE NUMBER	INVOICE DATE
INV6062584	01/21/18
PAYMENT TERMS	ORDER PLACER
Net 30 Days	Auto Renewal
PHONE NUMBER	ORDER/RENEWAL DATE
	01/21/18

ATTN: ACCOUNTS PAYABLE

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
 5816 OSAGE BEACH PKWY, STE 106
 OSAGE BEACH, MO 65065-3065

SHIPPED TO:

LINDA SIMMS
 CAMDEN COUNTY DEVELOPMENTAL DISABILITY
 5816 OSSAGE BEACH PKWY, STE. 108, OSAGE B

CAMDENTON

Qty	ITEM NUMBER	DESCRIPTION	CUSTOMER ID 1	CUSTOMER ID 2	SERVICE #	DISCOUNT	AMOUNT
1	UR1200F English MO None	Poster Guard 1 Year State/Fed/Local Renewal / Missouri\English\None			145787	0.00	78.99

MERCHANDISE	DELIVERY	MISC. CHARGES	SALES TAX	INVOICE TOTAL	AMOUNT APPLIED	TOTAL DUE
78.99	0.00	0.00	0.00	78.99	78.99	0.00

This invoice shows the total amount due to renew your Poster Guard[®] compliance service for another year/term. Please ensure payment is made promptly to prevent a lapse in your Poster Guard compliance service. For more details about your protected location(s), please visit www.posterguard.com.

Liability of seller is limited to the terms of the Poster Guard compliance guarantee. Please allow 10-15 business days for payment application.



Please cut at dotted line and return with your payment.

REMITTANCE COPY

INVOICE EMAIL ADDRESS: linda@ccddr.org

Is your invoice email address correct? YES NO

If NO, please update below:

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RES
 5816 OSAGE BEACH PKWY, STE 106
 OSAGE BEACH, MO 65065-3065

CHECK NUMBER: _____

DIRECT DEPOSIT - call 800-925-0083 for details

EASY PAY AUTO RENEW - call 866-463-4574 for details

PAY ONLINE AT www.hrdirect.com/invoice

CREDIT CARD: MC VISA AMEX DISCOVER

AUTHORIZED SIGNATURE: _____

CREDIT CARD #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXP. DATE:

--	--	--	--	--	--



INVOICE ACCOUNT #	CUSTOMER ACCOUNT #
A02517369	A02517369
INVOICE NUMBER	INVOICE DATE
INV6062584	01/21/18
	TOTAL DUE
	0.00



****NOTE: New Remittance Address****

Remit in US Funds to:
P.O. Box 669390, Pompano Beach, FL 33066-9390
Customer Service: 866-463-4574

INVOICE

INVOICE ACCOUNT NUMBER	CUSTOMER ACCOUNT NUMBER
A02517369	A02517369
SALES ORDER NUMBER	PURCHASE ORDER NUMBER
SO-7757526	

INVOICE NUMBER	INVOICE DATE
INV6062567	01/21/18
PAYMENT TERMS	ORDER PLACER
Net 30 Days	Auto Renewal
PHONE NUMBER	ORDER/RENEWAL DATE
	01/21/18

ATTN: ACCOUNTS PAYABLE

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
5816 OSAGE BEACH PKWY, STE 106
OSAGE BEACH, MO 65065-3065

SHIPPED TO:

LINDA SIMMS
CAMDEN COUNTY DEVELOPMENTAL DISABILITY
5816 OSAGE BEACH PKWY, STE. 108, OSAGE B

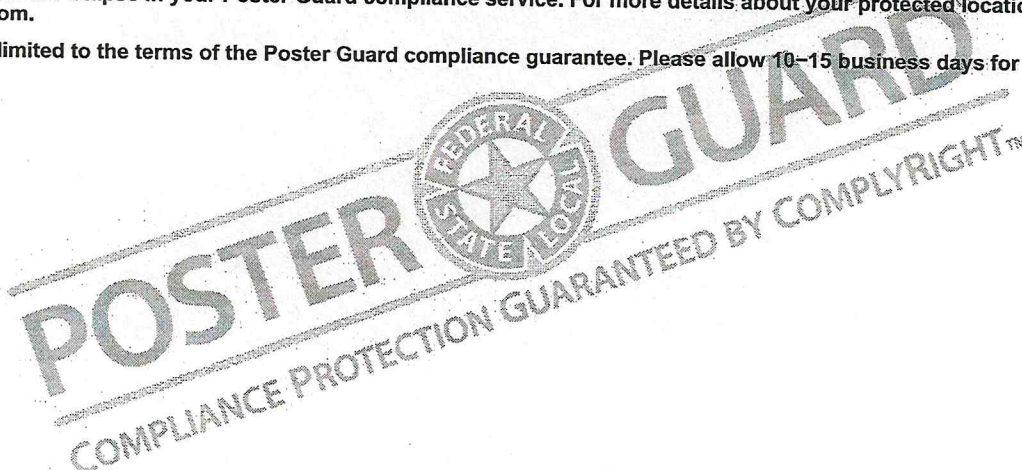
CAMDEN

Qty	ITEM NUMBER	DESCRIPTION	CUSTOMER ID 1	CUSTOMER ID 2	SERVICE #	DISCOUNT	AMOUNT
1	UR1200FONLYAPP ENGLISH Poster NONE	Poster Guard 1 Year Applicant Area Only Renew / Poster\English\None			221091	0.00	19.99

MERCHANDISE	DELIVERY	MISC. CHARGES	SALES TAX	INVOICE TOTAL	AMOUNT APPLIED	TOTAL DUE
19.99	0.00	0.00	0.00	19.99	19.99	0.00

This invoice shows the total amount due to renew your Poster Guard® compliance service for another year/term. Please ensure payment is made promptly to prevent a lapse in your Poster Guard compliance service. For more details about your protected location(s), please visit www.posterguard.com.

Liability of seller is limited to the terms of the Poster Guard compliance guarantee. Please allow 10-15 business days for payment application.



Please cut at dotted line and return with your payment.

REMITTANCE COPY

INVOICE EMAIL ADDRESS: linda@ccddr.org

Is your invoice email address correct? YES NO

If NO, please update below:

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RES
5816 OSAGE BEACH PKWY, STE 106
OSAGE BEACH, MO 65065-3065

CHECK NUMBER: _____

DIRECT DEPOSIT - call 800-925-0083 for details

EASY PAY AUTO RENEW - call 866-463-4574 for details

PAY ONLINE AT www.hrdirect.com/invoice

CREDIT CARD: MC VISA AMEX DISCOVER

AUTHORIZED SIGNATURE: _____

CREDIT CARD #: _____

EXP. DATE:

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M	M	Y	Y
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INVOICE ACCOUNT #	CUSTOMER ACCOUNT #
A02517369	A02517369
INVOICE NUMBER	INVOICE DATE
INV6062567	01/21/18
TOTAL DUE	0.00

DU 204

6/1/08

gas for van
On my mc.
C.L.B.

Murphy USA 7182
90 Cecil Street
Camdenton, MO 65020

01-10-18 12:22

SITE: 7182
TRACE: 1686
MerchMU29927390001
SALE
MasterCard
*****1859
Entry Method: S
Invoice#: 229994
Auth.#: 62229Z
CARD AMT: \$ 38.96
APPROVED 62229Z

PUMP: 3
PROD: UNLEAD
PRICE/GAL: \$2.159
NET/GAL: \$2.159
QTY(GAL): 18.045
FUEL TOTAL: \$38.96
NET TOTAL: \$38.96

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on the rise.
Get your ticket
today!!!

Save \$.05 per gallon
with your
MURPHY VISA CARD

FOR A CHANCE TO
WIN \$100 OF GAS
Go to:
tellmurphyusa.com

SURVEY CODE:
351 110 899 157

Connie

Office
supplies

See back of receipt for your chance
to win \$1000

ID #: 7M20MQYZZ7

Walmart 
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(573) 346 - 3588
MANAGER PAUL GARDNER
94 CECIL ST
CAMDENTON MO 65020

ST# 00089 OP# 009049 TE# 49 TR# 03706
SFTSP REFILL 007418226991 3.97 X
PTX LIV SM 007830006306 2.73 X
MS 11X17 FRM 064282821139 8.22 X
GV EDY 18 MG 007874220841 11.96 X
SUBTOTAL 26.88
TAX 1 7.475 % 2.01
TOTAL 28.89
MCARD TEND 28.89

— frame for CARF

MasterCard **** * 1859 1 21
APPROVAL # 62423Z
REF # 1042000314

AID A0000000041010
TC 8EDB553591D645E4
TERMINAL # SC010976
*NO SIGNATURE REQUIRED

01/11/18 08:42:49
CHANGE DUE 0.00
ITEMS SOLD 4
TC# 0788 7971 9645 3533 5939



01/11/18 08:42:49
CUSTOMER COPY

Use Walmart Pay to save your receipts.



Connie - mc
Chart to
Joplin

=====

CAMDENTON
625 W US HIGHWAY 54
CAMDENTON
MO
65020-9998
2812420020
01/11/2018 (800)275-8777 12:10 PM
=====

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (JOPLIN, MO 64804) (Weight:0 Lb 11.00 Oz) (Estimated Delivery Date) (Saturday 01/13/2018)	1	\$3.08
Certified Mail (USPS Certified Mail #) (70162070000031811098)	1	\$3.35
Return Receipt (USPS Return Receipt #) (9590940233127196264743)	1	\$2.75
Total		\$9.18

Credit Card Remitd **\$9.18**
(Card Name:MasterCard)
(Account #:XXXXXXXXXX1859)
(Approval #:604622)
(Transaction #:300)

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

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Refunds for guaranteed services only
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Go to:
<https://postalexperience.com/Pos>

840-5630-0916-002-00013-15811-02

or scan this code with
your mobile device:



or call 1-800-410-7420

YOUR OPINION COUNTS

9501 1099
7016 2070 0000 3181 1099

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JOPLIN, MO 64804

OFFICIAL USE

Certified Mail Fee	\$3.35	
Extra Services & Fees (check box, add fees as appropriate)	\$2.75	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$3.08	
Total Postage and Fees	\$9.18	

Sent To: [Redacted]
City, State, ZIP+4®: Joplin, MO 64804-2424

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here: CAMDENTON MO 65020
JAN 11 2018
01/13/2018

Connie
B-Day Cards

DOLLAR GENERAL STORE #02611
985 N BUSINESS ROUTE 5
PO BOX 3688
CAMDENTON, MD 65020-8829
(573) 346-3434

GREETING CARDS LAUGH 068981907886-140	2.00 S
2 1 EVERYDAY CARDS- 645416654272-140	0.50 S
2 1 EVERYDAY CARDS- 068981167228-140	0.50 S
2 1 EVERYDAY CARDS- 068981167259-140	0.50 S
2 1 EVERYDAY CARDS- 883515103967-140	0.50 S
2 1 EVERYDAY CARDS- 645416654036-140	0.50 S
2 1 GREETING CARD 067008714209-140	0.50 S
2 1 EVERYDAY CARDS- 068981729495-140	0.50 S
2 1 EVERYDAY CARDS- 068981729471-140	0.50 S
2 1 EVERYDAY CARDS- 068981681236-140	0.50 S
2 1 EVERYDAY CARDS- 068981990901-140	0.50 S
2 1 EVERYDAY CARDS- 068981729556-140	0.50 S
1 EVERYDAY CARDS AG 068981729167-140	1.00 S
1 EVERYDAY CARDS AG 645416653305-140	1.00 S
1 EVERYDAY CARDS AG 067008776252-140	1.00 S
1 EVERYDAY CARDS AG 645416657778-140	1.00 S
1 EVERYDAY CARDS AG 645416919821-140	1.00 S
1 EVERYDAY CARDS AG 645416919708-140	1.00 S
1 EVERYDAY CARDS AG 068981949848-140	1.00 S
1 EVERYDAY CARDS AG 645416064545-140	1.00 S
1 EVERYDAY CARDS AG 068981949886-140	1.00 S

SUBTOTAL	\$16.50
Tax1	\$1.40
TOTAL SALE	\$17.90
MASTERCARD	<u>\$17.90</u>
*****1859	
EXPIRY: **/** CHIP	
AUTH# 63363Z	
REFERENCE# 10003008655	
AID# A000000041010	

ITEMS 21
2018-01-17 08:43:43 02611 03 2693



Postage to mail charts
C.C.B.

7016 2070 0000 3161 1159

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SAINT CHARLES, MO 63303
OFFICIAL USE

Certified Mail Fee	\$3.35	0020
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	03
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$13.60	
Total Postage and Fees	\$19.70	

Sent To
Developmental Disabilities Resource St. Charles
Street and Apt. No., or PO Box No.
1025 Country Club Rd.
City, State, ZIP+4®
St. Charles, MO 63303

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 3161 1166

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SAINT CHARLES, MO 63303
OFFICIAL USE

Certified Mail Fee	\$3.35	0020
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	03
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$13.60	
Total Postage and Fees	\$19.70	

Sent To
Developmental Disabilities Resource St. Charles
Street and Apt. No., or PO Box No.
1025 Country Club Rd
City, State, ZIP+4®
St. Charles, MO 63303

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Certified 1 \$3.35
 (@@USPS Certified Mail #)
 (70162070000031811166)

Return 1 \$2.75
 Receipt
 (@@USPS Return Receipt #)
 (49590940233127196264729)

PM 2-Day 1 \$13.60
 Med FR Box
 (Domestic)
 (SAINT CHARLES, MO 63303)
 (Flat Rate)
 (Expected Delivery Date)
 (Monday 01/22/2018)

Certified 1 \$3.35
 (@@USPS Certified Mail #)
 (70162070000031811159)

Return 1 \$2.75
 Receipt
 (@@USPS Return Receipt #)
 (9590940233127196264736)

PM 2-Day 1 \$7.80
 (Domestic)
 (JOPLIN, MO 64804)
 (Weight: 2 Lb 5.60 Oz)
 (Expected Delivery Date)
 (Monday 01/22/2018)

Certified 1 \$3.35
 (@@USPS Certified Mail #)
 (70162070000031811173)

Return 1 \$2.75
 Receipt
 (@@USPS Return Receipt #)
 (9590940233127196264712)

Total \$53.30

Credit Card Remit **\$53.30**
 (Card Name: MasterCard)
 (Account #: XXXXXXXXXXXX1859)
 (Approval #: 66175C)
 (Transaction #: 346)

Includes up to \$50 insurance

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

(2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

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OFFICIAL USE

Certified Mail Fee	\$3.35	0020
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	03
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$13.60	
Total Postage and Fees	\$19.70	

Sent To
Developmental Disabilities Resource St. Charles
Street and Apt. No., or PO Box No.
1025 Country Club Rd.
City, State, ZIP+4®
St. Charles, MO 63303

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 3161 1173

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JOPLIN, MO 64804
OFFICIAL USE

Certified Mail Fee	\$3.35	0020
Extra Services & Fees (check box, add fee as appropriate)	\$2.75	03
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$7.80	
Total Postage and Fees	\$13.90	

Sent To
Joplin, MO 64804

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Connie's Card

See back of receipt for your chance to win \$1000

ID #: 7M2B02Z205



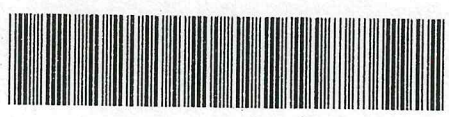
(573) 346 - 3588
MANAGER PAUL GARDNER
94 CECIL ST
CAMDENTON MO 65020

ST# 00089 OP# 009050 TE# 50 TR# 05657
FLASH DRIVE 061965913694 19.97 X
GV 4PK 8OCT 007874223352 4.97 X
SUBTOTAL 24.94
TAX 1 7.475 % 1.86
TOTAL 26.80
MCARD TEND 26.80

MasterCard **** * 1859 I 21
APPROVAL # 63062C
REF # 803200251077
PAYMENT SERVICE - A

AID A0000000041010
TC FB2DFBDD3460866E
TERMINAL # SC010550
*NO SIGNATURE REQUIRED

02/01/18 12:13:13
CHANGE DUE 0.00
ITEMS SOLD 2
TC# 7002 2519 4556 8488 4494



02/01/18 12:13:13
CUSTOMER COPY

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Connie's Card

7016 2070 0000 3181 1197

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ROLLA, MO 65402

OFFICIAL USE

Certified Mail Fee	\$3.45	0020
	\$2.75	06
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$13.65	
Total Postage and Fees	\$17.85	

Postmark Here: CAMDENTON MO 65020 FEB 01 2018

Sent To: **Rolla Regional Office**
 Street and Apt. No., or PO Box No. **105 Fairgrounds Rd. P.O. Box 1098**
 City, State, ZIP+4® **Rolla, MO 65402**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CAMDENTON
 625 W US HIGHWAY 54
 CAMDENTON
 MO
 65020-9998
 2812420020
 02/01/2018 (800)275-8777 4:27 PM

Product Description	Sale Qty	Final Price
PM 2-Day Med FR Box (Domestic) (ROLLA, MO 65402) (Flat Rate) (Expected Delivery Date) (Saturday 02/03/2018)	1	\$13.65

Certified (1) (@@USPS Certified Mail #) (70162070000031811197)	1	\$3.45
Return Receipt (1) (@@USPS Return Receipt #) (9590940233127196264699)	1	\$2.75

PM 2-Day Flat Rate Env (Domestic) (JOPLIN, MO 64804) (Flat Rate) (Expected Delivery Date) (Saturday 02/03/2018)	1	\$6.70
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Certified (1) (@@USPS Certified Mail #) (70162070000031811180)	1	\$3.45
Return Receipt (1) (@@USPS Return Receipt #) (9590940233127196264705)	1	\$2.75

Total		\$32.75
Credit Card Remitd (Card Name: MasterCard) (Account #:XXXXXXXXXXXX1859) (Approval #:67489C) (Transaction #:388)		\$32.75

Includes up to \$50 insurance

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

0PT 187E 0000 3181 1180

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JOPLIN, MO 64804

OFFICIAL USE

Certified Mail Fee	\$3.45	0020
	\$2.75	06
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$6.70	
Total Postage and Fees	\$12.90	

Postmark Here: CAMDENTON MO 65020 FEB 01 2018

Sent To: **Community Support Services of Missouri**
 Street and Apt. No., or PO Box No. **2312 Annie Baxter**
 City, State, ZIP+4® **Joplin, MO 64804**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Resolutions 2018-13,
2018-14, & 2018-15



CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2018-13

APPROVAL OF TARGETED CASE MANAGEMENT CONTRACT

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) has historically approved to continue providing Targeted Case Management services for qualifying Camden County residents on an ongoing basis in cooperation and conjunction with Department of Mental Health – Division of Developmental Disabilities.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the “Board”, hereby acknowledges and agrees with the continuing commitment to provide Targeted Case Management (TCM) services outlined in the Department of Mental Health – Division of Developmental Disabilities (DMH/DD) Contract to Provide TCM Services (see Attachment “A” hereto).
2. That the Board acknowledges qualifying Camden County residents’ needs are better served by Support Coordinators/Case Managers employed by the Board, and that the Board authorizes the Executive Director to sign and execute the TCM contract as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2018-13



**State of Missouri
Department of Mental Health
Contract Amendment**

Contract #: **ER19915TCM06**

Contractor:

**Camden County DD Board
PO Box 722
Camdenton, MO 65020**

Contract Description: **Targeted Case Management**
Amendment Description: **Contract Revisions**
Effective Date: **July 1, 2017**

The above referenced contract between **Camden County DD Board** and the Department of Mental Health is hereby amended as follows:

1. The contract is replaced in its entirety as attached.
2. The contract amendment is effective July 1, 2017. All other terms and conditions remain unchanged.

~~~~~  
***In witness thereof, the parties below hereby execute this agreement.***

\_\_\_\_\_  
Authorized Signature for the Contractor

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for the Department of Mental Health

\_\_\_\_\_  
Date

## **1. Introduction and Background Information**

- 1.1 The Missouri Department of Mental Health, Division of Development Disabilities (Department), hereby enters into this contract with (contractor) for the provision of Targeted Case Management (TCM) services to clients of the Department.
- 1.2 The Department issues contracts for these services under the authority of an Expenditure Registration System (ER199) issued to the Department by the State Office of Administration.
- 1.3 The contract period shall be from July 1, 2017 through June 30, 2022.

## **2. General Service Requirements**

### **2.1 Services Provided**

- 2.1.1 The contractor shall provide services for the Department in accordance with the provisions and requirements stated herein.
- 2.1.2 Billable services shall include those services listed on Attachment B, attached hereto.
- 2.1.3 The contractor shall provide services to the following county (ies): Camden

### **2.2 Certification/Program Standards**

- 2.2.1 The contractor shall comply with all applicable requirements of:
  - a. 9 CSR, Division 10, Chapter 5 (General Program Procedures); and
  - b. 9 CSR, Division 45, (Division of Developmental Disabilities); and
  - c. any subsequent revisions or additions to the above.
- 2.2.2 The contractor shall:
  - a. obtain any required certification(s) prior to the actual delivery of services;
  - b. maintain any such certification(s) throughout the contract period; and
  - c. deliver services in a manner consistent with the treatment principles stated in the certification/program standards.
- 2.2.3 Missouri Code of State Regulations (CSR's), Certification/Program standards may be viewed and downloaded from the following internet site:  
<http://www.sos.mo.gov/adrules/csr/current/9csr/9csr.asp>  
Missouri Revised Statutes (RSMO's) may be viewed/downloaded from the following internet site:  
<http://www.moga.mo.gov/>

### **2.3 Coordination**

- 2.3.1 The contractor shall fully coordinate all contract activities with those activities of the Department.
- 2.3.2 The contractor shall coordinate delivery of services with the authorizing Division of Developmental Disabilities Regional Office (RO), as required.
- 2.3.3 Within five (5) days of contract award, the contractor shall provide the Department with the name, address, e-mail address, and telephone number of the contractor's representative servicing the contract.
- 2.3.4 The contractor understands and agrees that electronic mail (e-mail) will be used to transmit contract documents and other correspondence from the Department to the contractor. The contractor will ensure email containing confidential information including private health information are protected according to industry standards. In the event the communication contains private health information, this information will be encrypted or otherwise securely communicated.

### **2.4 Information and Billing Systems**

- 2.4.1 The contractor shall utilize the Department's computerized systems, as required, for reporting, data collection, and other related activities specified by the Department. The contractor shall ensure that all required information is entered in a timely, accurate manner in accordance with Department specified timeframes.

## 2.5 **Outcomes Data and Consumer Satisfaction**

- 2.5.1 The contractor shall participate in the collection and evaluation of outcomes data, including consumer satisfaction surveys, as required by the Department.
- 2.5.2 The contractor shall utilize the assessment tools, survey protocols and instruments specified by the Department, and shall have ready access to the information supplied to the Department to assist with performance improvement and benchmarking efforts.
- 2.5.3 The contractor shall establish, implement, and monitor a plan of action to improve outcomes and consumer satisfaction, as directed by the Department.

## 2.6 **Personnel**

- 2.6.1 Contractor staff utilized in the provision of services must be appropriately trained, licensed, certified, and/or credentialed, as specified in Attachment B.
- 2.6.2 All personnel provided by the contractor must have background checks conducted in accordance with RSMo. 630.170 and 9 CSR 10-5.190. The contractor shall be responsible for all costs related to background checks and screenings.

## 2.7 **Business Associate Provisions**

- 2.7.1 The Department is subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all regulations promulgated pursuant to authority granted therein.
- 2.7.2 Therefore, unless the contractor declares itself to be a Covered Entity as defined in the HIPAA regulations, the contractor shall be a "Business Associate" of the Department as such term is defined in the Code of Federal Regulations (CFR) at 45 CFR 160.103 and the contractor shall comply with the provisions of the Business Associate Agreement attached hereto as Attachment A.
- 2.7.3 The contractor must notify the Department in writing if declaring itself to be a Covered Entity as defined in the HIPAA regulations.

## 2.8 **Social Security Administration Electronic Information Exchange Security Requirements**

- 2.8.1 The Department is an Electronic Information Exchange Partner of the Social Security Administration (SSA) and is subject to and must comply with the provisions of the Federal Information Security Management Act (FISMA) as part of the Electronic Government Act of 2002, and relevant policy provided by the National Institute of Standards and Technology (NIST), a branch of the U.S. Department of Commerce, that has responsibility to outline and define compliance with FISMA.
- 2.8.2 The contractor is subject to the same data security requirements as employees of the Department and must comply with all relevant Federal laws, restrictions on access, use, disclosure, and the security requirements contained within the Department's agreement with SSA.
  - a. The SSA Agreement, related Information Exchange Agreements, and all related attachments are provided for the contractor and their authorized CIMOR users on the CIMOR portal on the Apps-Docs-Video page.
- 2.8.3 In order to comply with SSA requirements, the Department must provide an active and robust security awareness program and security training for the contractor and their employees or agents who access SSA-provided information. Therefore, the contractor, and employees or agents under the control of the contractor who access SSA-provided information, shall take an annual, mandatory training provided by the Department.
  - a. SSA-required training is available on the CIMOR portal on Apps-Docs-Video page. The contractor must certify that all employees and agents under its control complete the annual training, as provided on the CIMOR portal.
- 2.8.4 The contractor, and employees or agents under the control of the contractor, who view SSA-provided information, must certify that they understand the potential criminal, civil, and administrative sanctions or penalties for unlawful access and/or disclosure.
  - a. Certification shall be completed on the CIMOR portal on the attestation page prior to accessing any verified SSA information.

- 2.9 **Debarment Certification:** The contractor must complete and submit Exhibit #1, Certification Regarding Debarment, prior to award of contract, certifying that the contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation, or otherwise excluded from or ineligible for participation under federal assistance programs.

### **3 Specific Service Requirements**

#### **3.1 Implementation**

- 3.1.1 To coordinate a delivery system of services and avoid duplication of services, the Department and the contractor shall exchange planning information at least annually. Information shall include the proposed development of services in the public or private sector, the sharing and exchange of records, reports, incidence studies, needs assessments, census reports, inventories of services, technical assistance, assessed standard means amounts, and other information determined beneficial for implementation of this contract within the limits of Federal and State law.
- 3.1.2 The contractor shall enroll with MO HealthNet Division as a Targeted Case Management (TCM) provider. All applicable Federal and State rules and regulations shall apply to the provision of Medicaid covered services.
- 3.1.3 The contractor shall provide Targeted Case Management services to Medicaid eligible persons and persons who are receiving PAC and GR funding.
- 3.1.4 The contractor shall provide an afterhours (24 hours per day and 7 days per week) contact telephone number for individuals and families that require assistance after normal business hours. The contractor shall provide the afterhours (24/7) contact number to the Department's Regional Office Director.

#### **3.2 Referral and Eligibility**

- 3.2.1 In accordance with 9 CSR 45 2.010 (1), the Department is responsible for screening and assessment as part of the intake process and referral of individuals believed to be eligible for services. Contractors who are also SB 40 Boards may work with the regional office to assist with the application part of the intake process. The Department may provide or contract for assessment. The final determination of eligibility for Department services shall be the responsibility of the Department.
- 3.2.2 The Department's Regional Office (RO) is responsible for administration of the Standard Means Test (SMT), unless the contractor agrees to assume the obligation for SMT and for collection of payments from individuals determined eligible for services. The RO shall inform the contractor of any and all direct pay and/or third party resources available to eligible individuals. Any amounts collected by the contractor shall be contributed to the cost of services.
- 3.2.3 After the RO determines initial eligibility, the information packet shall be mailed or electronically transmitted to the contractor (Attachment F). The contractor shall assign a Support Coordinator for the individual within five (5) business days. Until the contractor receives the complete information packet (See Attachment F) as defined by 9 CSR 45-2.010 through 2.020 and DOR 4.040, the individual is not a client of the contractor. The Regional Office will send the information packet to the contractor within three (3) days of eligibility determination. In accordance with state and federal law, an initial individual support plan will be developed within thirty (30) calendar days of eligibility determination.
- 3.2.4 Upon receiving an administrative transfer request for an individual, the contractor shall reply to the RO within three (3) business days. The contractor shall conduct a file audit review prior to transferring a record in order to ensure all required items are included (Attachment G).

#### **3.3 Targeted Case Management (TCM)**

- 3.3.1 The contractor shall provide TCM services to Medicaid eligible persons as follows:
- a. Assessment - identifying the need for medical, social or other services and completing related documentation, and gathering information from other sources.
  - b. Development of an individual support plan - Based on information collected through the assessment, develop service goals and identify a course of action to address the medical, social, and other services the eligible individual needs, with active participation of the eligible individual (or authorized healthcare decision makers) and others to respond to assessed needs.

- c. Referral and related activities to help eligible individuals obtain needed services - This includes activities that help link with medical, social or educational providers or other programs that are capable of providing needed services to address identified needs and achieve goals in the individual support plan.
  - d. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the individual support plan is effectively implemented and is adequately addressing the individual's needs, which may include contacting the individual's family members or service providers, or other entities or individuals to help determine whether:
    - 1. Services are being furnished in accordance with the individual support plan;
    - 2. The services in the individual support plan are adequate;
    - 3. Changes in the individual's needs or status exist;
    - 4. Proper documentation is maintained;
    - 5. Individual's rights are protected.
- 3.3.2 The contractor and the Department agree to continue to refine the roles and responsibilities of the TCM service provider and Regional Office regarding monitoring activities, communication, and follow up necessary to ensure the health and safety of persons served.
- 3.3.3 The contractor shall comply with the applicable Centers for Medicare and Medicaid Services (CMS) rules, Missouri State Statutes and Code of State Regulations. The Department will include the contractor and seek input when they are considering a change to the Code of State Regulations as applied to TCM.
- 3.3.4 The contractor's Support Coordinators shall successfully complete Department approved competency-based training, as outlined in Section 3.4 of this contract.

#### 3.4 **Targeted Case Management Staff Development**

##### 3.4.1 **Definitions:**

- a. E-Learning: (Electronic Learning): Education offered using electronic delivery methods such as web-based learning, computer-based learning, virtual classrooms, and digital collaboration. It includes the delivery of content via Internet, intranet/extranet (LAN/WAN), audio- and videotape, satellite broadcast, interactive TV, CD-ROM, and more. E-Learning enables training managers to develop, deliver, manage, and track a wide variety of learning experiences and administrative reporting tasks. It significantly expands the access to creative learning materials, and at the same time provides a vehicle to ensure greater compliance and control over the legal standards of quality training in government work.
- b. Guided Retraining: One-on-one support coordinator training conducted by a lead support coordinator, under the supervision of the support coordinator's supervisor.
- c. In-Service: An activity designed to enhance and improve competencies for support coordinators to perform their present jobs or to prepare them for additional job duties or promotional opportunities. Training courses shall be available on-line and in a classroom format.
- d. Learning Management System (LMS): E-Learning website system that tracks both on-line training and presenter-led classroom training. The system will also schedule, remind, and provide course assessment and feedback tools.
- e. Personal Account: e-Learning visitors have a personal landing page that organizes their individual learning materials, stores completed courses for future reference, archives certificates of completion and records their progress on current learning activities.
- f. Support coordinator: Staff employed by Department Regional Offices, SB 40 Board and other not-for-profit agencies contracted with the Department, Division of DD to provide TCM for individuals eligible for Regional Office services. To be qualified as a Support Coordinator for TCM services, staff must meet the minimum experience and training qualifications for the Department's position of Support Coordinator I.
- g. Targeted Case Management (TCM) Provider: The Department's Division of Developmental Disabilities' Regional Offices, SB-40 Boards, and Not-for-Profit agencies contracted by the Division of DD, who provide TCM for individuals eligible for Regional Office services.

- h. **Testing Out:** When a Support Coordinator leaves and returns to employment as a Support Coordinator, he/she is required to re-train and test if they have been gone for more than one year. Under a year, the Support Coordinator has the option of “testing out” without going back through the manual modules and the training. Current Support Coordinators have the option of “testing out.”

### 3.4.2 **Required Skill Based Support Coordinator Training for New Hires**

The contractor may use other Support Coordination curriculums/processes for items a – c with prior written approval from the Department’s Division of DD Director or designee. Additional written approval from the Department’s Division of DD Director or designee will be obtained by the contractor prior to any significant changes to the curriculums/processes. The Department will provide its TCM E-Learning curriculum to the contractor for use with other E-Learning systems.

The contractor shall provide additional training for all changes to the Support Coordination Manual (SCM).

The contractor shall provide training regarding Abuse & Neglect every two (2) years.

The contractor shall provide orientation and training for Support Coordinators as detailed below.

a. **Within The First 30 Calendar Days:**

The contractor shall conduct orientation for Support Coordinators within the first thirty (30) calendar days of employment.

b. **Within The First 6 Months:**

**SUPPORT COORDINATION MANUAL TRAINING**

1. SCM - A Philosophy & Values (On-line and/or Classroom)
2. SCM - B: Learning the Basics (On-line and/or Classroom)
3. SCM - B (2): Service Monitoring (On-line and/or Classroom)
4. SCM- B (3): Employment Initiative (On-line and/or Classroom)
5. SCM - C: Admission & Discharge (On-line and/or Classroom)
6. SCM - D: Self Directed Services (On-line and/or Classroom)
7. SCM - E: Support Planning Process (On-line and/or Classroom)
8. SCM - F: Funding Basics (On-line and/or Classroom)
9. SCM - G: Funding (On-line and/or Classroom)
10. SCM - H: Medicaid Waiver (On-line and/or Classroom)
- Information regarding Center for Medicare and Medicaid Services (CMS) Support Coordinator Training can be found at: [www.hcbsassurances.org/index.html](http://www.hcbsassurances.org/index.html).
11. SCM - I: Community Living (On-line and/or Classroom)
12. SCM - J: Quality Enhancement (On-line and/or Classroom)
13. SCM - K: Abuse & Neglect (On-line and/or Classroom)
14. SCM - L: Legal and Advocacy (On-line and/or Classroom)
15. SCM – M: Logging

c. **Competency Level – 80% minimum.**

1. The contractor’s support coordinators shall successfully complete the TCM testing by the end of their first six (6) months of employment.
2. If a test(s) is not passed the first time, supervisor or designee will give a second, handwritten test. The second set of tests is available at the local RO. If using the e-Learning system, the training information for the second set of tests requires results to be manually entered into the e-Learning system for training tracking. If the person fails twice, they need to go back through the section(s) and re-train with guidance from the supervisor. If the person fails the third time, it is at the discretion of the contractor as to what further training is required. An option may be Guided Retraining.
3. The training record belongs to the Support Coordinator and follows them from one TCM agency to another.

4. When the contractors Support Coordinator leaves and returns to employment as a Support Coordinator, he/she is required to re-train and test if they have been gone for more than one (1) year.
5. Course requirements may be noted on a support coordinator's Performance Plan. New or revised Federal, State or county policy and procedures may result in additional training requirements as relevant.
6. The contractor may require a support coordinator to participate in further training or one-on-one mentoring following completion of an on-line course to increase a support coordinators targeted case management competency.
7. The Learning Management System (LMS) shall be used to track all training for those participating in e-Learning. The support coordinator's certificate of attendance and/or the supervisor's access to training history lists on e-Learning shall be used as a tracking mechanism to validate attendance. Agencies not participating in e-Learning shall have a tracking system in place to ensure training requirements have been met.
8. The local Regional Office (RO) TCM Technical Assistance Coordinator is the contractor's contact for the training process.

### 3.5 **Funding**

- 3.5.1 The contractual obligations of the Department and contractor are conditional upon annual appropriations from the General Assembly and the contractor. Should the appropriation or funding be withheld, unauthorized or not appropriated, the contractor may in whole or in part limit the transfer or admission of additional individuals or return individuals to the Department for TCM services. Should the contractor's funding be withheld, unauthorized or not appropriated, the Department shall contact the contractor and develop a plan to establish TCM services.
- 3.5.2 The contractor shall electronically invoice MO HealthNet Division for TCM services based on the Medicaid approved rate in effect for the date of service and in accordance with Federal and State Medicaid rules and regulations. The contractor may invoice TCM services to MO HealthNet Division using the Department's information system or use another information system to invoice TCM services directly to MO HealthNet Division.
- 3.5.3 The contractor will receive from MO HealthNet the full reimbursement for TCM services paid by MO HealthNet Division. The contractor shall be responsible for the accuracy of billings to MO HealthNet Division and shall be liable for any denials or recoupment for failure to comply with applicable Medicaid rules and regulations.
- 3.5.4 The state funding to support state share costs of TCM services is limited by an allocation formula calculated quarterly each fiscal year. The allocation formula is based on 1 FTE per 35 Medicaid eligible individuals. The Division will allocate state share funding to support 120 hours per month per calculated FTE at the fiscal year TCM rate to be calculated quarterly based on the eligible caseload for that quarter. The annual allocation is the sum of the four quarters. The annual allocation for each agency will be adjusted down by a prorated amount of the total allocation amount which is in excess of the available TCM state match funding. Any remaining under allocation amount will be netted against over allocation amounts. Each TCM agency's paid claims based on check dates within the fiscal year will be compared to its total allocation to determine any amount owed the Department.
- 3.5.5 The Department shall invoice the contractor at least 30 days in advance, any projected State share of Medicaid payments made to the provider within the state fiscal year which are in excess of the contractor's allocation. The contractor shall deposit the funds with the Department in advance of the Medicaid payments made to the contractor which exceed their allocation.
- 3.5.6 The contractor shall comply with 42 CFR 433.50 and 42 CFR 433.51 regarding intergovernmental transfer of funds.
- 3.5.7 The initial uniform prospective hourly fee for case management will be established based on the weighted average hourly cost of all providers as calculated from providers' most recent available cost reports. The initial calculated fee, which will be based on costs for FY'00, will include an annual and, if appropriate,

partial year inflation factor. Annually thereafter until rebasing, on July 1 the previous year's uniform hourly fee will be adjusted by the Consumer Price Index as determined by the bureau of Labor Statistics or, if available, a Missouri-specific health care index of inflation. The uniform prospective hourly fee will be rebased at least once every ten years. For each rebasing year, the uniform prospective hourly fee will be calculated in the same manner as the initial fee described above.

### 3.6 **Quality Assurance**

- 3.6.1 The contractor and Department shall ensure that individuals that are Medicaid eligible are provided due process and an opportunity for a fair hearing in accordance with the requirements of 42 CFR 431, Subpart E.
- 3.6.2 The contractor shall provide services in support of each individual's Individualized Service Plan (ISP) based on a person-centered planning process.
- 3.6.3 The contractor's Support Coordinators shall sign a Confidentiality Statement to safeguard the use or disclosure of information concerning applicants and eligible individuals and county and state records and information.
- 3.6.4 The Department and the contractor shall share all information related to abuse/neglect investigations at the time when they are initiated, quality assurance, and enhancement plans and any other information necessary for the contractor to properly carry out its TCM service responsibilities.
- 3.6.5 The Department will retain the responsibility for investigating abuse and neglect allegations in accordance with State law and regulation. In accordance with §630.167 RSMo the contractor may obtain a redacted copy of a Department abuse and neglect investigative report once the report is final. The contractor is obligated by statute to keep such information confidential. Support Coordinators employed by the contractor are mandated reporters of suspected abuse or neglect under State law and shall report to the RO such suspected abuse/neglect as occur in Department contracted settings as required by State law and regulation.
- 3.6.6 Should the contractor determine that services are not being furnished in accordance with the plan of care or that services provided are inadequate in terms of quality, the contractor may intervene to address the problem. The contractor shall submit documentation to the Department for entry into the Actions Plan Tracking System (APTS) database so that the contractor and the Department may jointly address issues through the Quality Enhancement process.
- 3.6.7 The contractor and Department shall have a TCM satisfaction survey process for the individuals it serves to determine the individuals' level of satisfaction with the services provided. The survey results shall be shared between both parties on an annual basis.
- 3.6.8 The contractor shall participate in the collection and evaluation of outcomes data, including consumer satisfaction surveys, as required by the Department.
- 3.6.9 The contractor shall utilize the assessment tools, survey protocols and instruments for TCM as specified by the Department, and shall have ready access to the information supplied to the Department to assist with performance improvement and benchmarking efforts.
- 3.6.10 In accordance with Health, Safety and Rights assurances set forth by the Centers for Medicaid and Medicare Services (CMS) for 1915c waivers operated by the Division of Developmental Disabilities, TCM Support Coordinators shall complete electronic Health Inventories with initial placement, annually, and with significant health changes for individuals receiving residential services through DMH Division of Developmental Disabilities. (Excluding Residential Care Facilities not funded by DD and all Skilled Nursing Facilities).
- 3.6.11 The TCM Support Coordinator shall ensure that identified areas through the HIPS QE RN process requiring a plan of action are developed and are electronically entered into the HIPS CIMOR system. Once the HIPS Action Plan is fully implemented, the support coordinator will sign off validating implementation of all action steps and electronically forward to the QE RN for review and validation in the HIPS CIMOR system. They should also monitor for completion of the Action Plan component of HIPS (Health Identification & Planning System). The Health Identification and Planning Process (HIPS) is a quality integrated function designed to safeguard individuals through discovery and remediation of unmet



health support needs. The HIPS process is made up of the following components: Health Inventory, Nurse Review, and Nurse Review Action Plan. The contractor's Support Coordinator shall assure that each indicator marked on the Health Inventory is addressed in the Individual Support Plan (ISP). The Health Inventory prioritizes individuals who need significant supports for optimal health; then assures those supports are in place by their service provider through a professional nursing review and action planning process. Once the HIPS Action Plan is fully implemented, the contractor's Support Coordinator shall sign off in CIMOR validating implementation of all action steps.

- 3.6.12 TCM Support Coordinators assigned to individuals identified to participate in the Health Risk Screening Tool (HRST) Pilot shall complete HRST Rater training and facilitate completion of the HRST tool in lieu of the Health Inventory requirements as stated above. The TCM Support Coordinator shall ensure that identified areas through the HRST process requiring a plan of action are developed and issues remediated. The TCM support coordinator shall ensure that identified services and support needs are incorporated into the individual support plan and shall monitor progress to ensure identified needs are being addressed through support monitoring. The TCM support coordinator shall ensure that any identified need for nursing services and supports are requested through UR.
- 3.6.13 The contractor shall ensure that the TCM support coordinator reviews the provider's monthly documentation, to include reviewing the Community RN (Registered Nurse Oversight) Monthly Health Summary for individuals receiving DD residential placement services as listed in Attachment E.
- 3.6.14 The TCM contractor shall comply with and meet performance requirements in accordance with the Centers for Medicare and Medicaid Services (CMS) 1915 (c) Waiver Sub-Assurances as listed in Attachment C.
- 3.6.15 The RO will discuss with the contractor performance issues as they arise.
- 3.6.16 An improvement plan will be jointly developed for addressing issues when there is failure to meet regulatory requirements as listed in Attachment D.
  - a. The contractor shall be responsible for submitting the agreed upon actions within negotiated time frames but not to exceed thirty (30) days.
- 3.6.17 A critical status plan will be developed by the RO for addressing issues when there is failure to meet regulatory requirements as listed in Attachment D.

### 3.7 **Performance Measures**

- 3.7.1 The contractor shall assign a Support Coordinator for the individual to be served within five (5) business days.
- 3.7.2 The contractor shall develop an initial, individual support plan within thirty (30) calendar days of the contractor's acceptance of the referral.
- 3.7.3 The contractor shall update the individual's support plan on, at least, an annual basis.
- 3.7.4 A written performance measure report shall be maintained by the contractor and shall be available for review or submitted to the Department upon request. Performance measures are:
  - a. Upon acceptance of an eligible individual, a Support Coordinator shall be assigned for the individual to be served within five (5) business days.
  - b. An initial individual support plan shall be developed within thirty (30) calendar days of the contractor's acceptance of the referral.
  - c. The individual support plan shall be updated at least annually or when warranted by changes in the waiver participant needs.
- 3.7.5 All individuals receiving TCM services shall receive an annual satisfaction survey.
- 3.7.6 Information from the quarterly waiver performance measure reports will be communicated to the contractor when applicable in relation to the contractor's role. The information shared, supports remediation of identified areas for improvement to meet the established CMS waiver assurances.
- 3.7.7 If the contractor is accredited for TCM services, the contractor's report of accreditation shall be on file with the Department.

3.7.8 The contractor shall meet CMS assurance requirements related to TCM (Attachment C).

### 3.8 **Information Exchange**

3.8.1 The contractor shall provide contractually required information to the Department's RO in an electronic format unless the contractor agrees to enter this information directly into the Department's database.

3.8.2 The contractor shall submit copies of annual and updated ISPs to the authorizing RO as requested. ISP signature pages may be requested for audit purposes.

### 3.9 **Service Requirements**

3.9.1 The contractor shall meet the requirements specified in Department's Targeted Case Management Technical Assistance Manual. The Manual is located at the following Internet link:  
<http://dmh.mo.gov/docs/dd/tcmtamannual.pdf>

3.9.2 The contractor shall meet the requirements specified in the Department Support Coordination Manual. The Manual is located at the following Internet link:  
<http://dmh.mo.gov/dd/manuals/scmanual.html>

3.9.3 The contractor shall meet the requirements specified in the Individual Support Plan Guide as required by 42 CFR 441.301.

3.9.4 The contractor shall meet the requirements specified in Attachment B.

3.9.5 The contractor shall have all applicable licenses/accreditations/certifications, as required by the Department.

3.9.6 The contractor shall maintain employee files which document, at a minimum, the employee's:

- a. name;
- b. date hired;
- c. current hourly pay rate or salary;
- d. highest level of education completed or passage of the General Education Requirements (GED);
- e. completion dates of training courses; and
- f. criminal history background check results in compliance with 9 CSR 10-5.190.

3.9.7 The Department reserves the right to review the contractor's employee files pertaining to information cited in paragraph 3.10.6.

### 3.10 **Documentation of Services**

3.10.1 The contractor shall document and maintain records of services provided. Service records shall be provided to the Department upon request and shall comply with 13 CSR 70-3.030.  
<http://www.sos.mo.gov/adrules/csr/current/13csr/13csr.asp>

### 3.11 **Uniform Cost Report (UCR)**

3.11.1 The contractor shall submit to the Department an annual Uniform Cost Report (UCR), using a format established by the Department, documenting the contractor's actual costs incurred in the provision of services during a specific fiscal/business year. The contractor shall submit its UCR within the timeframe identified by the Division. The Department shall provide the contractor with a Uniform Cost Report format and standardized instructions for completion.

3.11.2 If contractor fails to submit an annual Uniform Cost Report (UCR) to the Department within the required timeline, the Department shall suspend contractor's payment 90 days after notice to comply has been given. The contractor may request an extension due to extraordinary circumstances that would impact their ability to complete the Uniform Cost Report. The extension shall be submitted prior to the expiration date of the notice.

#### **4. General Contractual Requirements - TCM**

##### **4.1 General**

- 4.1.1 This contract shall be construed according to the laws of the State of Missouri and shall govern the terms and conditions of the contracted services provided to clients of the Department by the contractor.
- a. To the extent that a provision of the contract is contrary to the Constitution or laws of the State of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the contract shall remain in force between the parties unless terminated in accordance with the provisions of Section 4.2.
  - b. The contract shall be amended by mutual agreement of the parties to ensure that all provisions are compliant with state and federal law.
- 4.1.2 The contractor shall comply with all local, state and federal laws and regulations related to the performance of the contract to the extent that these may be applicable.
- 4.1.3 The exclusive venue for any legal proceeding relating to or arising out of the contract shall be in the Circuit Court of Cole County, Missouri.
- 4.1.4 This contract shall constitute an assignment by the contractor to the State of Missouri of all rights, title and interest in and to all causes of action that the contractor may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular supplies and/or services purchased or procured by the contractor in the fulfillment of the contract.
- 4.1.5 By signing this contract the contractor certifies that the contractor and each of its principals (owners, director and others as defined by 45 CFR 76) are not suspended or debarred from contracting with the federal government.
- a. In the event the contractor or any of its principals become suspended or debarred during the contract period, the contractor shall immediately send written notification to the Department.
  - b. Suspension or debarment of the contractor, or failure by the contractor to provide written notification of suspension or debarment to the Department, may result in immediate termination of the contract.
- 4.1.6 The Department enters into this contract by the authority of its director. The contractor enters into this contract individually or, if incorporated, pursuant to and by authority of its board of directors.
- 4.1.7 The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of the Department.

##### **4.2 Amendment, Termination and Renewal**

- 4.2.1 The contract shall not bind, nor purport to bind, the Department for any commitment in excess of the original contract period.
- 4.2.2 The contractor understands and agrees that authorization for the Department to contract for the services required herein is granted each fiscal year by the Office of Administration and that authorization for additional contract periods requires the annual renewal of the authorization.
- 4.2.3 The contractor understands and agrees that funding for the contract must be appropriated by the Missouri General Assembly for each fiscal year included within the contract period. Therefore, the contract shall not be binding upon the Department for any period in which funds have not been appropriated, and the Department shall not be liable for any costs associated with termination caused by lack of appropriations.
- a. The Department reserves the right to terminate the contract, without penalty or termination costs, if such funds are not appropriated or available.
  - b. In the event funds are not appropriated or available for the contract, the contractor shall not prohibit or limit the Department's right to pursue alternate contracts, as necessary, to conduct state governmental affairs.
  - c. The provisions of the above paragraphs shall apply to any amendment or the execution of any option to extend the contract.

- 4.2.4 Any change, whether by modification and/or supplementation, shall be accomplished by a formal contract amendment.
- 4.2.5 The Department shall have the right, at its sole option, to renew the contract. In the event the Department exercises its renewal option, all terms, conditions and provisions of the original contract and any subsequent amendments shall remain in effect and shall apply during the renewal period.
- 4.2.6 The Department shall have the right, at its sole option, to consolidate all or portions of related service contracts into a single contract.
- 4.2.7 The contract may be terminated by either party, by giving sixty (60) days advance written notice to the other party at its principal address. The termination shall be effective sixty (60) days from the date of notice or the date specified in the notice. The Department reserves the right to withdraw any or all of its clients before the end of the sixty (60) day period.
- 4.2.8 The Department may terminate the contract for breach of contract by providing the contractor with a written notice of termination. The termination shall become effective on the date specified in the notice. At its sole discretion, the Department may give the contractor an opportunity to cure the breach or to explain how the breach will be cured. Payments for services delivered after the termination shall not be made beyond the date of termination unless contractor is requested to provide transition services as provided in 4.2.12 in which case contractor will be paid for transition services at the contracted rate.
- 4.2.9 Any written notice to the contractor shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, electronic mail, or hand-carried and presented to an authorized employee of the contractor at the contractor's address as listed in the contract.
- 4.2.10 In the event of termination all client records, documentation, data, reports, supplies, equipment and accomplishments prepared, furnished, acquired or developed by the contractor as a direct requirement specified in the contract shall become the property of the Department.
- 4.2.11 Upon termination of the contract, the contractor shall maintain, store, transfer, and provide for the authorized release of all client records developed by the contractor as a direct requirement of this contract. The contractor agrees that upon termination of the contract the Department shall have access to all client records pertaining to the performance of the contract and, as requested by the Department, the contractor shall make available to the Department all client records and documents prepared or developed as a result of the contract.
- 4.2.12 Transition of Services: Upon expiration, termination, or cancellation of the contract, the contractor shall assist the Department to ensure an orderly transfer of responsibility and/or the continuity of those services required under the terms of the contract to an organization designated by the Department, if requested in writing. The contractor shall provide and/or perform any or all of the following responsibilities:
- a. The contractor shall deliver, FOB destination, all records, documentation, reports, data, recommendations, or printing elements, etc., which were required to be produced under the terms of the contract to the Department and/or to the Department's designee within seven (7) days after receipt of the written request.
  - b. The contractor shall agree to continue providing any part or all of the services in accordance with the terms and conditions, requirements and specifications of the contract for a period not to exceed thirty (30) calendar days after the expiration, termination or cancellation date of the contract at the contracted rate.
  - c. The contractor shall discontinue providing service or accepting new assignments under the terms of the contract, on the date specified by the Department, in order to ensure the completion of such service prior to the expiration of the contract.
- 4.3 **Subcontracting**
- 4.3.1 The contractor may subcontract for the services/products required herein with prior written approval from the Department.
- 4.3.2 The contractor understands and agrees that utilization of a sub-contractor shall in no way relieve the contractor of the responsibility for providing the services required herein.

- 4.3.3 Any subcontracts for the services/products described herein shall be in writing and shall include appropriate provisions and contractual obligations, including all requirements of the contract's General Contractual Requirements, to ensure the successful fulfillment of all contractual obligations.
- 4.3.4 Any subcontracts must ensure that the Department and the State of Missouri is indemnified, saved and, held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subcontract in those matters described in the contract between the Department and the contractor.
- 4.3.5 The contractor understands and agrees that the contractor shall be solely responsible for all legal and financial responsibilities related to the execution of a subcontract.
- 4.4 **Conflict of Interest**
- 4.4.1 By signing this contract the contractor certifies that the contractor has no other contractual relationships which create any actual conflict of interest. The contractor further agrees that during the term of the contract neither the contractor nor any of its employees shall acquire any other contractual relationships which would create such a conflict.
- 4.4.2 In accordance with CFR 441.301 (c) (1) (vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.
- 4.4.3 In accordance with state and federal laws and regulations, state executive order or regulations, the contractor certifies that it presently has no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with their performance of the contracted services. The contractor further agrees that no person having such interest shall be employed or conveyed an interest, directly or indirectly, in the contract.
- 4.4.4 In accordance with state law, no official or employee of the Department or public official of the State of Missouri who exercises any functions or responsibilities related to development, review, approval or oversight of the contract shall acquire any personal interest, directly or indirectly, in the contract or proposed contract. Therefore, the contractor certifies that:
- a. no State of Missouri employee assisted the contractor in obtaining this contract or will participate in the performance of this contract if such involvement constitutes a conflict of interest;
  - b. no State of Missouri employee shall be compensated under this contract for duties performed in the course of his/her state employment; and
  - c. before any State of Missouri employee may be involved in the performance of this contract written approval shall be obtained from the director of the Department.
- 4.4.5 In the event the contractor is a not-for-profit agency, contractor board members must abstain from voting on any funding proposal in which they have administrative control or a monetary interest with the proposed grantee. Board members who have such an interest and participate in discussion prior to a vote must disclose such interest in a meeting of the board prior to such discussion.
- 4.4.6 The contractor shall represents itself as an independent contractor offering such services to the general public and shall not represent itself or its employees as employees of the Department or the State of Missouri.
- 4.4.7 The contractor must have a conflict of interest policy.
- 4.5 **Business Compliance**
- 4.5.1 The contractor must be in compliance with applicable laws regarding conducting business in the State of Missouri and certifies by signing this contract that it is presently, and will remain, in compliance with such laws.

- 4.5.2 The contractor shall have all licenses and/or certifications current which are required by law, rule or regulation.
- 4.5.3 If required by state law, the contractor shall be registered and in good standing with the State's Secretary of State and shall submit their State Certificate of Good Standing to the Department upon request.
- 4.5.4 The contractor must timely file and pay all Missouri sales, withholding, corporate and any other required Missouri tax returns and taxes, including interest and additions to tax.

4.6 **Personnel and Staffing**

- 4.6.1 The contractor shall comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, any other federal and state laws, rules, regulations and executive orders to the extent that these may be applicable and further agrees to insert the foregoing provision in all subcontracts awarded.
- 4.6.2 The contractor understands and agrees that by signing this document, they certify the following:
- a. The contractor shall only utilize personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A.
  - b. If the contractor is found to be in violation of this requirement or the applicable laws of the state, federal and local laws and regulations, and if the State of Missouri has reasonable cause to believe that the contractor has knowingly employed individuals who are not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar the contractor from doing business with the state.
  - c. The contractor agrees to fully cooperate with any audit or investigation from federal, state or local law enforcement agencies.
- 4.6.3 The contractor shall assume all legal and financial responsibility for taxes, FICA, employee benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save and hold the State of Missouri, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney fees); and damage of any kind related to the aforementioned. The contractor shall authorize and direct all custodians of records of their taxes, FICA and other employee benefits to release information to the Department upon request.
- 4.6.4 The contractor shall be responsible for assuring that all personnel are appropriately qualified and licensed or certified, as required by state, federal or local law, statute or regulation, respective to the services to be provided through this contract, and shall provide documentation of such licensure or certification upon request.

4.7 **Federal Funds Requirements**

- 4.7.1 The contract may involve the expenditure of federal funds. Therefore, the contractor shall comply with the requirements listed in the following subparagraphs, as applicable.
- 4.7.2 If during the contractor's fiscal year the contractor expends \$750,000 or more in federal grant funds received from the Department, the contractor shall have an annual audit conducted in accordance with 2 CFR 200.
- a. The audit shall be conducted by an individual or firm licensed by the Missouri State Board of Accountancy.
  - b. The contractor shall submit a copy of the audit to the Department by the due date for filing the audit with the federal clearinghouse.
  - c. Failure to comply with the audit requirements may result in reduction of available allocation of funds, reduction, or suspension of payments to the contractor or cancellation of this contract between the Department and the contractor.

4.8 **Financial Requirements**

- 4.8.1 Payments due under the terms of the contract shall be made by the Department or the MO HealthNet Division upon receipt of a properly itemized invoice.

- a. The contractor shall submit their invoices in a timely fashion and no later than the time period specified in 33.120 RSMo, unless more restrictive requirements are established by state or federal law or regulation.
  - b. The contractor shall invoice for services provided at the contracted price(s). Unit prices charged the Department shall be no greater than those charged to the general public for the same service.
  - c. The contractor shall not invoice federal or state tax.
- 4.8.2 The Department reserves the right to: 1) audit all invoices, 2) reject any invoice for good cause, 3) make invoice corrections and/or changes with appropriate notification to the contractor, and 4) deduct from an invoice any overpayment made by the Department.
- a. All overpayments shall be collected in accordance with 630.460 RSMo. Overpayment is defined by 630.460 RSMo as any payment by the Department to a vendor providing care, treatment, habilitation or rehabilitation services to clients under contract with the Department which is:
    1. in excess of the contracted rate less payments by the client, or on his behalf, as required to be made by the Standard Means Test, contained in 9 CSR 10-31.011;
    2. in payment of services not provided;
    3. in payment for any service not authorized in the contract with the Department; or
    4. in payment for services provided contrary to the provisions of the contract with the Department.
- 4.8.3 In accordance with 9 CSR 10-31.011, the contractor shall apply to the costs incurred for providing services to the client the benefits received or available on behalf of or to the client from private and public health insurance, health services corporation and health maintenance organization plans, policies and contracts including individual, company, fraternal, group, Medicare, Medicaid and similar plans to the extent and limits of the coverage for the recipient.
- a. The Department reserves the right to deduct from the contractor's invoice, if not deducted by the contractor, all amounts to be collected by the contractor from the client or other payment sources.

#### 4.9 **Insurance**

- 4.9.1 The contractor understands and agrees that the Department and the State of Missouri cannot save and hold harmless and/or indemnify the contractor or employees against any liability incurred or arising as a result of any activity of the contractor or any activity of the contractor's employees related to the contractor's performance under the contract. Therefore, the contractor shall acquire and maintain adequate liability insurance in the form(s) and amount(s) sufficient to protect the State of Missouri, its agencies, its clients, its employees and the general public against any loss, damage and/or expense related to his/her performance under the contract.
- 4.9.2 The contractor shall be responsible for all injury or damage as a result of the contractor's negligence, or any future negligent act, involving any equipment or service provided under the terms and conditions, requirements and specifications of the contract. In addition to the liability imposed upon the contractor on account of personal injury, bodily injury (including death), or property damage suffered as a result of the contractor's negligence, the contractor assumes the obligation to save the State of Missouri, including its agencies, employees, and assigns, from every expense, liability, or payment arising out of such negligent act. The contractor also agrees to hold the State of Missouri, including its agencies, employees, and assigns, harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the contractor under the terms of the contract.
- 4.9.3 Notwithstanding the language in this contract set forth above in the Paragraphs 4.3.4, 4.5.3, 4.6.3, 4.8.2 and 4.9.1, the parties recognize that certain contractors may be entities that are sovereign political subdivisions of the State of Missouri – including but not limited to a department, board or other governmental unit of a city, county, township, etc. In that instance, the contractor, by entering into this agreement, is not thereby waiving or limiting the rights or defenses it may have with respect to sovereign or governmental immunity, official immunity or any other legal protections applicable under federal or state law, which are afforded to that contractor and its employees by virtue of the entity's status as a political subdivision of the State of Missouri.

4.9.4 Proof of the insurance coverage shall include, but not be limited to, effective dates of coverage, limits of liability, insurers' names, policy numbers, company, etc. Proof of self-insurance coverage or another alternative risk financing mechanism may be utilized provided that such coverage is verifiable and irrevocably reliable. Proof of insurance coverage shall be submitted to the Department as requested.

#### 4.10 **Human Rights**

4.10.1 The contractor shall establish a system satisfactory to the Department through which recipients of services under this contract may present grievances. The contractor shall maintain at the facility a file of all Department client grievances of an alleged violation of rights and how the grievance has been or is proposed to be resolved. The person in charge shall cooperate fully with any subsequent Department investigation of the grievance.

4.10.2 If this contract is federally funded, the contractor shall abide by the provisions of the Pro-Children Act of 1994 (PL 103-227) regarding environmental tobacco smoke, which is incorporated herein as if fully set out.

4.10.3 The contractor shall comply with all applicable provisions of the Civil Rights Act (45 CFR 80) and the Age Discrimination in Employment Act of 1967 (45 CFR 90).

4.10.4 In compliance with Governor's Executive Order #87-6 (Art. XIII); Federal Executive Order 11246 as amended; Section 503 of the Rehabilitation Act (45 CFR 84) as amended; Vietnam-Era Veterans Readjustment Assistance Act as amended, 38 U.S.C. 4212 (formerly 2012); and the Americans with Disabilities Act of 1990; contractors that employ fifty (50) or more persons shall comply with the above state and federal regulations which require non-discrimination in employment and delivery of services.

a. In addition to the above, the contractor shall make the following human rights assurances:

1. Not to discriminate against recipients of services on the basis of race, color, religion, national origin, sex, physical ability, veteran status or age.
2. Not to discriminate against any employee or applicant for employment on the basis of race, color, religion, national origin, sex or otherwise qualified status of physical ability.
3. Not to discriminate against any applicant for employment or employee on the basis of age, where such applicant or employee is between the ages of forty (40) and seventy (70) and where such contractor employs at least twenty (20) persons.
4. Not to discriminate against any applicant for employment or employee on the basis of that person's status as a disabled or Vietnam-era veteran, if the compensation payable to the contractor or subcontractor is at least \$10,000 within a fiscal year.
5. If applicable, to develop, implement and maintain an affirmative action program if at least fifty (50) persons in the aggregate are employed. For the purpose of this contract, an "affirmative action program" means positive action to influence all employment practices (including, but not limited to, recruiting, hiring, promoting and training) in providing equal employment opportunity regardless of race, color, sex, origin, religion, age, physical ability and Vietnam-era veteran status. Such an Affirmative Action Program shall include:
  - aa. A written policy statement committing the total organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
  - bb. The identification of a person designated to handle affirmative action;
  - cc. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure and standards applicable to layoff, recall, discharge, demotion and discipline;
  - dd. The exclusion of discrimination from all collective bargaining agreements; and
  - ee. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

b. If the contractor uses any funds of this contract in a subcontract, then the contractor shall require such a subcontractor to comply with the applicable human rights clauses above.

c. The Department shall have the right to enforce all applicable clauses by appropriate procedures, including but not limited to, requests, reports, site visits and inspection of relevant documentation of the contractor.



4.10.5 The contractor shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (Public Law 101-336) (28 CFR 35), which prohibits discrimination against people with disabilities in employment, services, transportation, public accommodations, communications and activities of state and local government. The contractor's failure to comply with this act may result in termination of the contract. The contractor shall notify the Department immediately of any allegations, claims, disputes, or challenges made against the contractor concerning this act.

4.10.6 Disclosure of information, by either party to the contract, concerning a client for any purpose not directly related to the performance of this contract is prohibited except as specified by applicable state and federal laws and regulations.

#### 4.11 **Recordkeeping and Reporting Requirements**

4.11.1 The contractor shall maintain auditable records for all activities performed under this contract. Financial records shall conform to Generally Accepted Accounting Principles (GAAP). Such records shall reflect, at a minimum, the specific number and type of service units provided, the number and type of clients served, client progress and other relevant records. The contractor shall submit itemized reports, records and information at the request of the Department.

4.11.2 The contractor shall allow the Department or its authorized representative to inspect and examine the contractor's premises and/or records which relate to the performance of the contract at any time during the period of the contract and within the period specified herein for the contractor's retention of records.

4.11.3 The contractor shall provide the Department with access to its clients and client records without limitation. If access is denied or limited, the Department reserves the right to terminate payment from the day access is denied or limited.

4.11.4 The contractor shall retain all records pertaining to the contract for six (6) years after the close of the contract year unless audit questions have arisen within the six year limitation and have not been resolved. All records shall be retained until all audit questions have been resolved.

4.11.5 The contractor shall provide written notification to the Department when there is any change in the contractor's licensure or certification/accreditation status, official name, address, Executive Director, or change in ownership and/or control of the contractor's organization.

4.11.6 Upon filing for any bankruptcy or insolvency proceeding by or against the contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the contractor shall notify the Department immediately. Upon learning of any such actions the Department reserves the right, at its sole discretion, to either cancel the contract or affirm the contract and hold the contractor responsible for damages.

#### 4.12 **Notification Requirements**

4.12.1 The contractor shall immediately notify the Department, in accordance with guidelines established by the Department, when there is a death of a client.

4.12.2 The contractor shall notify the Department in accordance with 9 CSR 10-5.200 when there are allegations of physical abuse, sexual abuse, verbal abuse or neglect of a client or misuse of client funds/property.

4.12.3 In the event the contractor receives notice of a Class I license violation from the Department of Health and Human Services or the Department of Health and Senior Services or a notice under certification that a condition of jeopardy exists, the contractor shall immediately notify the Department.

a. Notification to the Department may be verbal and shall be followed by written notification mailed

b. If applicable, the contractor shall submit to the Department a copy of any plan of correction for Class I deficiencies which has been approved by the Department of Health and Senior Services, the Department, Health Care Financing Administration or other license certification or accreditation authority.

#### 4.13 **Miscellaneous**

4.13.1 Unless otherwise specified, the contractor shall be responsible for furnishing all material, labor, facilities, equipment and supplies necessary to perform the services required.

- 4.13.2 The Department may require the attendance of a representative of the contractor's agency at training activities and may require the cooperation of the contractor's personnel where the Department provides technical assistance.
- 4.13.3 The Department reserves the right to place a monitor with the contractor, given any situation described in Section 630.763 RSMo, or when the Department determines that the health, safety or welfare of the clients cannot be adequately assured.
- 4.13.4 The contractor shall fully cooperate with all investigations conducted by the Department, or its agents, which relate, directly or indirectly, with the performance of this contract.
- 4.13.5 The Department endorses a drug free environment and the absence of substance abuse. The contractor shall support and enforce these philosophies in their performance of the contract.

1. Health Insurance Portability and Accountability Act of 1996, as amended - The Department of Mental Health and the contractor are both subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5) (collectively, and hereinafter, HIPAA) and all regulations promulgated pursuant to authority granted therein. The contractor constitutes a “Business Associate” of the Department. Therefore, the term, “contractor” as used in this section shall mean “Business Associate.”
2. The contractor agrees that for purposes of the Business Associate Provisions contained herein, terms used but not otherwise defined shall have the same meaning as those terms defined in 45 CFR Parts 160 and 164 and 42 U.S.C. §§ 17921 *et. seq.* including, but not limited to the following:
  - a. “Access”, “administrative safeguards”, “confidentiality”, “covered entity”, “data aggregation”, “designated record set”, “disclosure”, “hybrid entity”, “information system”, “physical safeguards”, “required by law”, “technical safeguards”, “use” and “workforce” shall have the same meanings as defined in 45 CFR 160.103, 164.103, 164.304, and 164.501 and HIPAA.
  - b. “Breach” shall mean the unauthorized acquisition, access, use, or disclosure of Protected Health Information which compromises the security or privacy of such information, except as provided in 42 U.S.C. § 17921. This definition shall not apply to the term “breach of contract” as used within the contract.
  - c. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the contractor.
  - d. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Department.
  - e. “Electronic Protected Health Information” shall mean information that comes within paragraphs (1)(i) or (1)(ii) of the definition of Protected Health Information as specified below.
  - f. “Enforcement Rule” shall mean the HIPAA Administrative Simplification: Enforcement; Final Rule at 45 CFR Parts 160 and 164.
  - g. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
  - h. “Individual” shall have the same meaning as the term “individual” in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502 (g).
  - i. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
  - j. “Protected Health Information” as defined in 45 CFR 160.103, shall mean individually identifiable health information:
    - 1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media; or (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium.
    - 2) Protected Health Information excludes individually identifiable health information in (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g (a) (4) (B) (IV); and (iii) Employment records held by a covered entity (Department) in its role as employer.
  - k. “Security Incident” shall be defined as set forth in the “Obligations of the Contractor” section of the Business Associate Provisions.
  - l. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C.
  - m. “Unsecured Protected Health Information” shall mean Protected Health Information that is not secured through the use of a technology or methodology determined in accordance with 42 U.S.C. § 17932 or as otherwise specified by the secretary of Health and Human Services.

3. The contractor agrees and understands that wherever in this document the term Protected Health Information is used, it shall also be deemed to include Electronic Protected Health Information.
4. The contractor must appropriately safeguard Protected Health Information which the contractor receives from, creates, or receives on behalf of the Department. To provide reasonable assurance of appropriate safeguards, the contractor shall comply with the business associate provisions stated herein, as well as the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) (PL-111-5) and all regulations promulgated pursuant to authority granted therein.
5. The Department and the contractor agree to amend the contract as is necessary for the parties to comply with the requirements of HIPAA and the Privacy Rule, Security Rule, Enforcement Rule, and other rules as later promulgated (hereinafter referenced as the regulations promulgated thereunder). Any ambiguity in the contract shall be interpreted to permit compliance with the HIPAA Rules.

**6. Permitted Uses and Disclosures of Protected Health Information by the Contractor:**

- 6.1 The contractor may not use or disclose Protected Health Information in any manner that would violate Subpart E of 45 CFR Part 164 if done by the Department, except for the specific uses and disclosures in the contract.
- 6.2 The contractor may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the Department as specified in the contract, provided that such use or disclosure would not violate HIPAA and the regulations promulgated thereunder.
- 6.3 The contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1) and shall notify the Department by no later than ten (10) calendar days after the contractor becomes aware of the disclosure of the Protected Health Information.
- 6.4 If required to properly perform the contract and subject to the terms of the contract, the contractor may use or disclose Protected Health Information if necessary for the proper management and administration of the contractor's business.
- 6.5 If the disclosure is required by law, the contractor may disclose Protected Health Information to carry out the legal responsibilities of the contractor.
- 6.6 If applicable, the contractor may use Protected Health Information to provide Data Aggregation services to the Department as permitted by 45 CFR 164.504(e)(2)(i)(B).
- 6.7 The contractor may not use Protected Health Information to de-identify or re-identify the information in accordance with 45 CFR 164.514(a)-(c) without specific written permission from the Department to do so.
- 6.8 The contractor agrees to make uses, disclosures, and requests for Protected Health Information consistent with the Department's minimum necessary policies and procedures.

**7. Obligations and Activities of the Contractor:**

- 7.1 The contractor shall not use or disclose Protected Health Information other than as permitted or required by the contract or as otherwise required by law, and shall comply with the minimum necessary disclosure requirements set forth in 45 CFR § 164.502(b).
- 7.2 The contractor shall use appropriate administrative, physical, and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the contract. Such safeguards shall include, but not be limited to:
  - a. Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract;
  - b. Policies and procedures implemented by the contractor to prevent inappropriate uses and disclosures of Protected Health Information by its workforce and subcontractors, if applicable;

- c. Encryption of any portable device used to access or maintain Protected Health Information or use of equivalent safeguard;
  - d. Encryption of any transmission of electronic communication containing Protected Health Information or use of equivalent safeguard; and
  - e. Any other safeguards necessary to prevent the inappropriate use or disclosure of Protected Health Information.
- 7.3 With respect to Electronic Protected Health Information, the contractor shall use appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic Protected Health Information that contractor creates, receives, maintains or transmits on behalf of the Department and comply with Subpart C of 45 CFR Part 164, to prevent use or disclosure of Protected Health Information other than as provided for by the contract.
- 7.4 In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), the contractor shall require that any agent or subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of the contractor agrees to the same restrictions, conditions, and requirements that apply to the contractor with respect to such information.
- 7.5 By no later than ten (10) calendar days after receipt of a written request from the Department, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the Department, the contractor shall make the contractor's internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, created by, or received by the contractor on behalf of the Department available to the Department and/or to the Secretary of the Department of Health and Human Services or designee for purposes of determining compliance with the HIPAA Rules and the contract.
- 7.6 The contractor shall document any disclosures and information related to such disclosures of Protected Health Information as would be required for the Department to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 42 USCA §17932 and 45 CFR 164.528. By no later than five (5) calendar days of receipt of a written request from the Department, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the Department, the contractor shall provide an accounting of disclosures of Protected Health Information regarding an individual to the Department. If requested by the Department or the individual, the contractor shall provide an accounting of disclosures directly to the individual. The contractor shall maintain a record of any accounting made directly to an individual at the individual's request and shall provide such record to the Department upon request.
- 7.7 In order to meet the requirements under 45 CFR 164.524, regarding an individual's right of access, the contractor shall, within five (5) calendar days following a Department request, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by the Department, provide the Department access to the Protected Health Information in an individual's designated record set. However, if requested by the Department, the contractor shall provide access to the Protected Health Information in a designated record set directly to the individual for whom such information relates.
- 7.8 At the direction of the Department, the contractor shall promptly make any amendment(s) to Protected Health Information in a Designated Record Set pursuant to 45 CFR 164.526.
- 7.9 The contractor shall report to the Department's Security Officer any security incident immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. For purposes of this paragraph, security incident shall mean the attempted or successful unauthorized access, use, modification, or destruction of information or interference with systems operations in an information system. This does not include trivial incidents that occur on a daily basis, such as scans, "pings," or unsuccessful attempts that do not penetrate computer networks or servers or result in interference with system operations. By no later than five (5) days after the contractor becomes aware of such incident, the contractor shall provide the Department's Security Officer with a description

of any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan of action for approval that describes plans for preventing any such future security incidents.

- 7.10 The contractor shall report to the Department's Privacy Officer any unauthorized use or disclosure of Protected Health Information not permitted or required as stated herein immediately upon becoming aware of such use or disclosure and shall take immediate action to stop the unauthorized use or disclosure. By no later than five (5) calendar days after the contractor becomes aware of any such use or disclosure, the contractor shall provide the Department's Privacy Officer with a written description of any remedial action taken to mitigate any harmful effect of such disclosure and a proposed written plan of action for approval that describes plans for preventing any such future unauthorized uses or disclosures.
- 7.11 The contractor shall report to the Department's Security Officer any breach immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. By no later than five (5) days after the contractor becomes aware of such incident, the contractor shall provide the Department's Security Officer with a description of the breach, the information compromised by the breach, and any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan for approval that describes plans for preventing any such future incidents.
- 7.12 The contractor's reports required in the preceding paragraphs shall include the following information regarding the security incident, improper disclosure/use, or breach, (hereinafter "incident"):
- a. The name, address, and telephone number of each individual whose information was involved if such information is maintained by the contractor;
  - b. The electronic address of any individual who has specified a preference of contact by electronic mail;
  - c. A brief description of what happened, including the date(s) of the incident and the date(s) of the discovery of the incident;
  - d. A description of the types of Protected Health Information involved in the incident (such as full name, Social Security Number, date of birth, home address, account number, or disability code) and whether the incident involved Unsecured Protected Health Information; and  
The recommended steps individuals should take to protect themselves from potential harm resulting from the incident.
- 7.13 Notwithstanding any provisions of the Terms and Conditions attached hereto, in order to meet the requirements under HIPAA and the regulations promulgated thereunder, the contractor shall keep and retain adequate, accurate, and complete records of the documentation required under these provisions for a minimum of six (6) years as specified in 45 CFR Part 164.
- 7.14 Contractor shall not directly or indirectly receive remuneration in exchange for any Protected Health Information without a valid authorization.
- 7.15 If the contractor becomes aware of a pattern of activity or practice of the Department that constitutes a material breach of contract regarding the Department's obligations under the Business Associate Provisions of the contract, the contractor shall notify the Department's Security Officer of the activity or practice and work with the Department to correct the breach of contract.
- 7.16 The contractor shall indemnify the Department from any liability resulting from any violation of the Privacy Rule or Security Rule or Breach arising from the conduct or omission of the contractor or its employee(s), agent(s) or subcontractor(s). The contractor shall reimburse the Department for any and all actual and direct costs and/or losses, including those incurred under the civil penalties implemented by legal requirements, including but not limited to HIPAA as amended by the Health Information Technology for Economic and Clinical Health Act, and including reasonable attorney's fees, which may be imposed upon the Department under legal requirements, including but not limited to HIPAA's Administrative Simplification Rules, arising from or in connection with the contractor's negligent or wrongful actions or inactions or violations of this Agreement.

7.17 Notwithstanding the language in this Agreement set forth above in the Section 7.16, the parties recognize that certain Business Associates and/or contractors may be entities that are sovereign political subdivisions of the State of Missouri – including but not limited to a department, board or other governmental unit of a city, county, township, etc. In that instance, the Business Associate or contractor, by entering into this agreement, is not thereby waiving or limiting the rights or defenses it may have with respect to sovereign or governmental immunity, official immunity or any other legal protections applicable under federal or state law, which are afforded to that Business Associate or contractor and its employees by virtue of the entity's status as a political subdivision of the State of Missouri.

**8. Obligations of the Department:**

- 8.1 The Department shall notify the contractor of limitation(s) that may affect the contractor's use or disclosure of Protected Health Information, by providing the contractor with the Department's notice of privacy practices in accordance with 45 CFR 164.520.
- 8.2 The Department shall notify the contractor of any changes in, or revocation of, authorization by an Individual to use or disclose Protected Health Information.
- 8.3 The Department shall notify the contractor of any restriction to the use or disclosure of Protected Health Information that the Department has agreed to in accordance with 45 CFR 164.522.
- 8.4 The Department shall not request the contractor to use or disclose Protected Health Information in any manner that would not be permissible under HIPAA and the regulations promulgated thereunder.

**9 Expiration/Termination/Cancellation**

Except as provided in the subparagraph below, upon the expiration, termination, or cancellation of the contract for any reason, the contractor shall, at the discretion of the Department, either return to the Department or destroy all Protected Health Information received by the contractor from the Department, or created or received by the contractor on behalf of the Department, and shall not retain any copies of such Protected Health Information. This provision shall also apply to Protected Health Information that is in the possession of subcontractor or agents of the contractor.

In the event the Department determines that returning or destroying the Protected Health Information is not feasible, the contractor shall extend the protections of the contract to the Protected Health Information for as long as the contractor maintains the Protected Health Information and shall limit the use and disclosure of the Protected Health Information to those purposes that made return or destruction of the information infeasible. If at any time it becomes feasible to return or destroy any such Protected Health Information maintained pursuant to this paragraph, the contractor must notify the Department and obtain instructions from the Department for either the return or destruction of the Protected Health Information.

**10. Breach of Contract**

In the event the contractor is in breach of contract with regard to the business associate provisions included herein, the contractor agrees that in addition to the requirements of the contract related to cancellation of contract, if the Department determines that cancellation of the contract is not feasible, the State of Missouri may elect not to cancel the contract, but the Department shall report the breach of contract to the Secretary of the Department of Health and Human Services.

## **ATTACHMENT B: Service Requirements**

### **Qualifications of Providers**

In addition to Regional Offices, SB40 Boards and other not-for-profit TCM providers may be designated as qualified TCM providers. Support coordinators employed by these entities must meet the minimum experience and training qualifications as follows.

Support coordinators shall meet qualifications as per Division Directive 2.040 (below); 42 CFR 483.430; 9 CSR 45-3.010(1) (D); The Medicaid Waiver Manual; Person Centered Planning Guidelines, and the TCM Contract with Missouri Division of Developmental Disabilities. Background screenings are identified in 9 CSR 10-5.190; and Support Coordinator training requirements are described in the TCM Contract.

### **Missouri Division of DD Directive 2.040** indicates:

The Medicaid State Plan on file with, and approved by, the Centers for Medicare and Medicaid (CMS) requires case managers (support coordinators) employed by a provider of Targeted Case Management to have the following minimum experience and training:

1. One or more years of professional experience as (a) a registered nurse, (b) in social work, special education, psychology, counseling, vocational rehabilitation, physical therapy, occupational therapy, or speech therapy or a closely related area, or (c) in providing direct care to people who have developmental disabilities;  
AND
2. A bachelor's degree from an accredited college or university with a minimum of 24 semester hours or 36 quarter hours of credit in one or a combination of human service field specialties. Additional experience as a registered nurse may substitute on a year for year basis for a maximum of two years of required education.

These requirements are the same as are required for the Missouri state merit position of Case Manager I. Anyone who has worked for the state as a Case Manager I, or who is on the register for Case Manager I is considered to have met the requirements as a TCM case manager, also called a support coordinator.

### **Service Definitions**

The Medicaid service program is named "Targeted Case Management". The service provided, however, is broadly described as support coordination. Under the TCM program, support coordinators are responsible for ensuring that individuals receiving supports have access to and receive services that meet their needs. The support coordinator is also responsible for monitoring the effectiveness of the services and supports being given.

The single most important element of quality support coordination is building relationships. When strong relationships are developed and trust exists between all people involved with the individual supported, the quality of supports and services improves. Yet, building relationships is not a separate and distinct activity; it is integral to each function the support coordinator performs.

For instance, when a support coordinator is developing an ISP, a relationship with the person/family naturally develops during the discovery process (the time spent finding out the person's/family's interests, hopes, dreams and goals). When a support coordinator successfully enlists the help of another organization in assisting an individual, the relationship between the person, his or her family and the support coordinator will be strengthened.

The component activities, or services, of support coordination are described in this section. A definition of each service is provided below, along with examples of specific activities and documentation requirements.

### **Planning**

Planning supports has two components: Identifying the needs of the person being supported and creating an action plan that will support the person in meeting those needs. It is difficult to define precisely where "identifying needs" turns to "action planning," because both activities should be occurring continuously and interactively. Therefore, both activities are treated as one and are to be logged with one code.

### **Identifying Needs**

The support coordinator communicates with the individual with a developmental disability and his or her family; with individuals, businesses and organizations in the community; and with other collaborating agency representatives to gather and share information with which to identify needs and concerns and build partnerships in support of the individual and family.



This phase of planning involves:

- a. Getting to know the person being supported in order to discover how he wants to live, what he wants to learn, what works best for him and what does not;
- b. Getting to know the person's interests, gifts and talents;
- c. Obtaining information about the person by spending time with him, and by communicating with his family, friends and staff from organizations that provide supports and services; and
- d. Conducting formal assessments if needed, or gathering assessments from collateral information.

### **Action Planning**

In this phase of planning, the support coordinator translates information from the assessment into a plan of action by bringing together people with the information, ideas and skills necessary to support the individual and family in achieving their goals. Planning will involve collaboration with individuals and families to initiate and develop support partnerships; it will include coordinating, attending, and facilitating meetings; and the resulting support action plan must contain:

- a. Specific support strategies;
- b. Timelines for completion of each strategy, and
- c. The names of those responsible for each part of the support plan.

There must be a clear link between statements made in the identifying needs portion of the plan (sometimes called the personal profile) and the action or support part of the ISP.

Examples of Planning Supports (both components):

- a. Gathering information from family, the individual, and those that provide support for the purpose of compiling the personal profile (assessment/social history), developing outcomes, and completing the action plan.
- b. Interviewing an individual and/or family and performing a brief functional assessment in order to write the initial ISP.
- c. Conducting the Missouri Critical Adaptive Behavior Inventory (MOCABI) or Vineland (for children) and preparing the Level of Care determination form.
- d. Preparing for and attending the individual's service planning meetings.
- e. Traveling to/from planning meetings (log/case note for the meeting must specify how much of the time was spent in travel). There needs to be enough information in the log/case note to connect the travel time to the service.
- f. Writing the ISP and sharing the plan with those who are responsible for supports/services including the individual, family, and direct support staff.
- g. Completing forms as needed for the utilization review process.
- h. Complete forms as needed to set up a service and/or have payment for services authorized.

Documentation: An entry in a case note, plus the planning and/or assessment document(s). The case note should indicate where the documents are located, if not kept in the same file. When the ISP is completed over a period of several days, the case note should link each activity back to the ISP.

## **Linking Resources**

Linking involves matching the unique support needs of individuals and families (identified in the ISP) with resources in the community. Linking may involve researching existing resources, developing new resources, making referrals to collaborating agencies with information and follow-up support, writing service authorizations; and coordinating federal, state and community programs to achieve necessary supports.

Examples:

- a. Scheduling assessments, appointments or other meetings on the individual's behalf.
- b. Locating appropriate providers and arranging services (i.e., respite/day habilitation).
- c. Arranging protective intervention when the health and safety of the person or others around the individual is threatened.
- d. Communicating with the individual, providers, family members and others who provide support to develop, implement and/or revise the ISP.
- e. Meeting with other health care professionals and the individual to discuss assessment results and/or treatment options to ensure that the person being supported makes informed decisions regarding their health care.
- f. Completing forms or entering data into a computer, as needed to set up a service and/or have payment for services authorized. Also includes entering information into the computer to document the provision of services.
- g. Includes time spent traveling to/from meetings as long as the log/case note indicates how much time was spent in travel. Note: Adding travel time to the case is not required for TCM logging systems that have a separate travel time field for the logging entry. There needs to be enough information in the log/case note to connect the travel time to the service.

Documentation: An entry in a case note. If staff makes a call to schedule an appointment for an individual, the case note needs to say who was called and for what date and time the appointment was made. If staff calls about this appointment four different times during a day, however, only one case note is needed. When writing a case note about a service immediately after performing the service, staff may include the time spent writing the note in the time for service and avoid a separate entry.

## **Support Monitoring**

An ongoing process of monitoring and assessment of the quality, timeliness and effectiveness of services and supports a person receives. This service component is intended to ensure that individuals with developmental disabilities and their families get the supports they need, when they need them, in order to see measurable improvements in their lives. This includes individuals requiring face to face contacts and quarterly contacts.

The Division of DD created a Directive for Support Monitoring. Division Directive Number 3.020 Support Monitoring Policy and Implementation Guidelines sets support monitoring standards as described in the following links:

<http://dmh.mo.gov/docs/dd/directives/3020.pdf>

<http://dmh.mo.gov/docs/dd/directives/3020appa.pdf>

### Frequency of Support Monitoring Contacts/Visits

Monthly Face to Face:

Individuals who receive funding by the Division, including funding through an interdivisional agreement with DSS Children's Division, for residential supports have monthly face-to-face visits by their support coordinator to monitor health, environment/safety, exercising of rights, supports and staff, money and satisfaction with supports/services. Residential supports monitoring is completed at the service delivery site, which includes group homes, ISLs, foster homes, , family living arrangements, and individuals receiving facility-based respite or temporary residential service for at least 30 consecutive days. The outcome of these visits is documented in a log note or support monitoring tool. The log note may reference the support monitoring tool, including location of the tool.

Individuals participating in employment services, day habilitation, and community integration, have quarterly face-to-face visits. If an individual receives both residential and employment services, day habilitation, or community integration, support coordinators do not have to visit the residential site during the quarterly employment services, day habilitation, and community integration service visit. Support monitoring will occur for each type of service funded.

#### Quarterly Face to Face Visits:

Individuals participating in day habilitation, community integration, individualized skill development, personal assistant, professional assessment and monitoring, shared living (host or companion), or employment services (funded by Division of DD) have quarterly face-to-face visits to monitor health, environment/safety, exercising rights, staff and supports, money and satisfaction with supports/services documented in a log note or support monitoring tool. The log note may reference the support monitoring tool, including location of the tool. Employment services, professional assessment and monitoring, day habilitation, community integration, and individualized skill development have quarterly face-to-face visits with at least one annual visit at site of support delivery. *Note: Areas monitored are dependent on the supports received.*

All other individuals receiving purchased services (transportation, counseling, therapies, adaptive equipment, respite, facility-based out of home respite, temporary residential, dental, etc.) receive at least an annual face-to-face visit and quarterly phone contacts to monitor health, environment/safety, people's rights, services and staff, money and satisfaction of services with documentation in a log note. *Note: Facility-based respite and temporary residential services receive a monthly face-to-face visit if in either service at least 30 consecutive days.*

Individuals whose only support is TCM support coordination receive at least an annual face-to-face visit. and quarterly phone contacts to assess needs for services/supports and resources. This would include individuals placed by DSS Children's Division without a waiver slot.

In addition, any waiver participant who does not receive at least one waiver service each month must receive support coordination in months waiver services are not received.

The above "frequency of visits/contracts" guideline is a **minimum standard**. It is expected that support coordinators exercise **professional judgment** and increase visits according to the individual needs of people. Unannounced visits may occur. For individuals living in their natural homes less than quarterly contact, as outline above, may be requested by the family but must be agreed to by the support coordinator and documented in the Individual Support Plan.

The review with the individual must include the areas of environment/ safety, health, services and staff, money, and rights each time a person in a Division of DD-funded setting is visited/contacted. Additionally, the review must focus on:

- a. Whether the service is being provided as defined and if it is meeting the individual's needs. The SC should draw qualitative conclusions about the person's health and welfare status, ISP, outcomes, satisfaction, and adequacy and effectiveness of services and supports.
- b. Whether or not the outcomes in the person's ISP are outcomes the person wants to work toward. If not, the support coordinator should work with the person and their support team to discover what outcomes the person does want to work toward and amend the ISP accordingly;
- c. Documentation for the Support Monitoring visit/phone contact may be summarized in the log note or by referring to the completed Support Monitoring Tool in the log note. The log note will be entitled "Support Monitoring". The log note will also include any issues/concerns noted during the monitoring and the action taken.

Examples: Support monitoring includes time spent:

- a. Conducting the review and documenting findings;
- b. Communicating to all parties involved in supporting the individual regarding concerns about supports that have/have not been provided;
- c. Communicate to all parties involved regarding the need to change supports and services recommended in the ISP;
- d. Meeting to brainstorm and resolve issues that arise during monitoring; and
- e. Traveling to/from review meetings. Log/case note entry for the meeting must specify how much time was spent in travel. There needs to be enough information in the case note to connect the travel time to the service. Also, note if the amount of travel is divided among individuals.

Note that support monitoring often leads back into planning. This is appropriate, and can logically be logged either as that or as Planning. There is only a fine line between where one stops and the other begins, and it may be logged either way.

### **Quarterly Review of Progress on ISP**

This code is to be used for individuals with purchased services funded either through Federal/State and/or County Board funds. This will involve review of progress notes written and/or submitted by the provider(s) of the purchased services. It is to be completed every three months from the implementation date of the plan. For individuals without purchased services or purchased services where provider monthly reports are not submitted (e.g., transportation and respite), use the code for Service Monitoring.

A quarterly review should include evaluating the documentation of service provision and evaluating whether the services and supports provided are helping the person attain the outcomes in the plan or at least maintaining their current level. The intent is to draw information from the provider's records.

A quarterly review may be documented in either a case note or a formal summary report. However it must adequately describe what documents were reviewed, conclusions drawn, and recommendations made. The case note should be prefaced with "Quarterly Review". If a separate summary is completed, it should be kept with the individual record, either with the ISP or under its own heading. The quarterly report need not be long, and it does not need to duplicate information from notes or from the provider records.

A suggested Support coordinator Quarterly Review format, organized into four sections, is as follows:

- a. Begin with "Quarterly Review" Dates of the review of progress. This should be completed every three months following the implementation date of the ISP;
- b. List the services reviewed and the monthly reports received;
- c. Review of provider information (appended to report); and
- d. Action plan, as needed, which includes identification of needed changes in service delivered to enhance or improve progress on objectives.

### **Documentation**

Much of the time a support coordinator spends in documenting can be included with the previously mentioned activities; e.g., the time spent writing an ISP can be logged under "planning". The service code for documentation may be used when the time spent writing cannot conveniently be included with another activity. Documentation time which can be billed to MO HealthNet under the TCM program includes maintaining appropriate records in accordance with federal/state programs, policies, and procedures. This would include obtaining necessary releases and otherwise ensuring the confidentiality of all written and verbal discourse. See Section XIII, Logging and Documentation, for more information.

Examples: Writing letters, memoranda, notes, transfer summaries, and discharge summaries.

Documentation: The case note, plus the related documentation (e.g., the summary). The case note should include identifying information that assists in locating the corresponding document. For example, "transfer summary written. See summary date 1/11/12 located in the individual's file.

### **Transition/Transfer of Case Responsibility**

This is an instance where two support coordinators from different Division of DD TCM agencies may be providing a certain amount of TCM services necessary for the individual transferring from one TCM entity to the receiving TCM provider. For instance, transfers of files may be necessary or making contact with providers to acquaint them with the change.

Another example where there may be a case transfer from one TCM entity to another is when an individual moves to another part of the State.

For TCM activities involving support coordinators from the sending and receiving entities, the following conditions shall apply to billable services:

- a. During the period of case transfer, there may be billable activities from each TCM entity that are viewed as independent. In these instances, close communication between these support coordinators is essential to ensure TCM activities that will be billed by both entities are independent and not duplicative in any way. This distinction must be documented in each logging case note. For example, the sending TCM support coordinator may engage in activities specific to transferring the case to the receiving TCM entity (closing the case). The receiving TCM support coordinator may be completing activities to become more familiar with the individual and the services the person receives (opening the case).

- b. When TCM activities of the support coordinator from one agency cannot be distinct or independent from that of the support coordinator from the other agency, only one support coordinator may log billable TCM for the activities. This requires close communication between the two support coordinators as to who will log billable TCM and the other non-billable. For example, if both Division of DD support coordinators from the sending and receiving TCM entities attend the same planning meeting and serve the same function in support of the individual, only one support coordinator can log billable TCM and the other would log using a non-billable TCM code.
- c. There are two HCPCS codes in the Medicaid Information System (EMMIS) applicable to Division of DD TCM claims: G9012HI (Other Specified Case Management-5 minute unit); and G9012HITS (Other Specified Case Management-Case Transfer Follow up Services-5 minute unit).
  - 1. Transfers When One TCM Entity Uses CIMOR for Logging and the Other Does Not  
Regional Offices, some County Boards, and other Not-for-Profit TCM agencies use CIMOR for logging. For TCM entities that utilize the CIMOR system for case management logging, the support coordinator should use logging code 000040 when completing applicable billable TCM activities associated with transferring an individual's case to a TCM entity that does not utilize CIMOR for logging. This applies no matter which way the transfer goes; until the transfer is complete.  
Logging the 000040 code in CIMOR (which maps to G9012HITS for claims to MO HealthNet) will generate a bill which will keep the other TCM entity's billing from failing as a duplicate service.
  - 2. Transfers When Both TCM Entities Use CIMOR for Logging  
If both sending and receiving TCM agencies use CIMOR for logging applicable billable TCM associated with transfer of case responsibility, the support coordinators from both agencies will need to communicate to determine who will log billable case management using the 000040 code in CIMOR, while the other support coordinator would use another billable TCM code in CIMOR, to prevent TCM claims failing as a duplicate service.
  - 3. Transfers When Neither TCM Entity Uses CIMOR for Logging  
For case transfer among County Board TCM entities that use a different system other than CIMOR for TCM logging and submitting TCM billing claims to MO HealthNet, the support coordinators from both agencies will need to communicate to determine who will log billable case management using the G9012HITS code, while the other support coordinator would use another billable TCM code, to prevent claims failing as a duplicate service.
  - 4. It is expected that the transition/transfer of case responsibility should be completed within approximately 30 days.
  - 5. Transition/Transfer of Case documentation: Enter a case note. Each case note entry must describe/justify the need for the dual support coordinator responsibility. Further, as applicable for both support coordinators submitting billable logging, explain the difference in TCM service provided and that it is not a duplication of service.

### **Individual Transition from an Institution**

Support coordinators may support an individual who is transitioning to a community living arrangement from a Title XIX (MO HealthNet) certified nursing home or habilitation center. Services may be logged not to exceed the last 180 consecutive days the person was in the Title XIX facility, but must not be billed until after the date of discharge to community services.

### **Case Closure**

Case closure involves terminating a person from the service delivery system.

Example: Completing discharge summaries or other forms for recording the individual's removal from the services delivery system. Sometimes this is done as a result of the individual's death. Although case closure services provided after the date of death should be logged, the support coordinator should prevent the service being billed to MO HealthNet by logging with a non-billable code.

Documentation: A case note, plus a discharge summary, etc., in the individual's file.

### **Non-billable Case Management Services**

Sections V through XII of this manual explain various ways support coordinators can determine for themselves what is and is not billable to MO HealthNet. Specific criteria for billable TCM must be met and documented. Such

criteria are explained in later sections of this manual. Certain activities are sometimes billable and other times not. The support coordinator must learn the difference and, if the criteria are not met, log with a non-billable code.

Documentation: The case note needs to be clear as to what was done and why the non-billable code was entered.

### **DD Person Centered Planning and ISP Mentoring**

TCM agencies can use an administrative code that will allow experienced support coordinators and/or quality management staff to mentor another support coordinator by assisting with the facilitation and development of an ISP. This type of planning cannot effectively be learned using only traditional training techniques. The purpose of this administrative code is to enable the Division of DD to track time which, while not billable as TCM, is administratively necessary for assuring ISPs are developed with the necessary level of quality.

Examples: Assisting a support coordinator to facilitate a Person Centered Planning meeting and/or develop the ISP. The experienced staff may demonstrate the desired methods and techniques, then observe a return demonstration. Time logged for this code will not be billed as TCM.

Documentation: Enter a note to describe the ISP Mentoring activity.

## **ATTACHMENT C: CMS SUB Assurance Requirements**

- a. Level of Care (LOC): An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
- b. Level of Care (LOC): The levels of care of enrolled participants are re-evaluated at least annually or as specified in the approved waiver.
- c. Level of Care (LOC): The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.
- d. Participant Centered Planning and Service Delivery: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
- e. Participant Centered Planning and Service Delivery: The state monitors service plan development in accordance with its policies and procedures.
- f. Participant Centered Planning and Service Delivery: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant needs.
- g. Participant Centered Planning and Service Delivery: Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.
- h. Participant Centered Planning and Service Delivery: Participants are afforded choice between waiver services and institutional care and between/among waiver services and providers.
- i. Participant Safeguards: The state, on an ongoing basis, identifies addresses and seeks to prevent the occurrence of abuse, neglect, and exploitation.
- j. Participant Safeguards: The State establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.

## **ATTACHMENT D: Performance Plans**

### **Targeted Case Management Improvement Plan:**

Will be developed when there is failure to meet regulatory requirements.

Issues may include:

- a. identified issues repeatedly occurring regarding TCM required functions
- b. lack of follow up on issues (e.g., medical, safety, individual funds, services, & staff, maintaining a safe and clean environment, complaints, etc.)
- c. when (CMS) 1915 ( c ) Waiver Sub-Assurance performance requirements are repeatedly not being met
- d. when remediation in accordance with (CMS) 1915 ( c ) Waiver Sub-Assurance performance requirements has not occurred within ninety (90) days

The Regional Office TCM Technical Assistance Coordinator (TCM TAC) staff will discuss this with the agency and an improvement plan will be jointly developed for addressing these issues.

The organization will be responsible for submitting the agreed upon actions within negotiated time frames but not to exceed 30 days.

If there are already plans in place from other state monitoring and oversight activities with identified recommendations and/or requirements addressing the same issues, the existing plans will be consolidated.

**Targeted Case Management Critical Status Plan:** A Critical Status Plan is considered a serious situation that must be mitigated and/or corrected. A Critical Status Plan may result from a TCM agency not resolving issues as specified in the Improvement Plan and could result in adverse action including termination of contract.

A Critical Status Plan will be developed under the following circumstances:

- a. A significant issue related to health, safety, and/or rights for an individual occurs;
- b. Failure of the appropriate preparation, prevention or response to a naturally occurring or unexpected event that poses a threat to the health or welfare of the individual (e.g. death, serious accident, flood, power outage);
- c. Reviews show a consistent or continued lack of internal quality assurance activity/action, relies on external quality activities of regional office, reacting/making improvements only at that time.
- d. TCM agency not assisting in the development and/or implementation of the Improvement Plan.
- e. Issues in the Improvement Plan are not being resolved.

TCM TAC will develop or update the Critical Status Plan within 10 business days of notification that a plan is required. Designated staff shall distribute the plan to the TCM agency and appropriate Regional Office staff. TCM TAC staff will update the Critical Status tracking form. A copy of the plan shall be placed in the TCM agency file. The Critical Status Plan may include increased monitoring and/or other activities by the Regional Office.

The Regional Office will send a copy of the Critical Status Plan to the related SB 40 Board funder.

Critical Status Plans will be reviewed at least every 30 calendar days for progress and updated as needed. Improvements must meet the identified target dates in the plan, but no longer than 90 calendar days, unless there are extenuating circumstances that require additional time and this is mutually agreed upon between provider and Regional Office.

The Critical Status Plan should be time-limited and should not exceed a six-month target. The plan includes all significant issues, along with progress made, and may include positive findings. If appropriate progress is made and the areas of concern corrected, the plan may continue in the category of a TCM Agency Improvement Plan for an agreed-upon period of time to assess that the improvements are maintained.

If progress is not made as outlined in the Critical Status Plan or within six months, the Regional Director will consider the situation and decide what further action will be taken.



**Appeal Process**

The decision to place a TCM agency on a Critical Status Plan may be appealed to the Division Director/designee within 30 calendar days of the TCM agency being notified of the status by the Regional Office. The appeal must be in writing and can be submitted either electronically or via regular mail. The following should be included in the appeal request:

- a. The name of the TCM agency;
- b. The name of the person requesting the appeal;
- c. The circumstances which placed the organization on the Critical Status Plan;
- d. The reasons for appealing the decision; and
- e. Any documentation that supports the TCM agency's position

The Division Director/designee will respond to the appeal within 14 business days with a decision. The Division Director's decision is final.

## **ATTACHMENT E: TCM Support Coordinator Review and Responsibilities for Community RN (Registered Nurse Oversight) Monthly Health Summary Documentation**

Shall include:

- a. Assurance that the TCM support coordinator has signed the Community RN Monthly Health Summary indicating their review.
- b. TCM support coordinator verification that the provider agency qualified professional manager has reviewed and implemented any needed action as represented by the qualified professional manager's signature on the Community RN Monthly Health Summary document
- c. TCM support coordination monitoring of documentation to assure that any identified health needs and recommendations from the Community RN Monthly Health Summary are resolved
- d. TCM support coordination entry into APTS regarding all identified health issues and support issues identified from the Community RN Monthly Health Summary including resolution
- e. incorporation of health and support issues into the individual support plan when indicated
- f. TCM support coordination follow-up with the provider agency when Monthly Community RN Monthly Health Summary documentation is not available for monthly review to determine why the documentation is not available
- g. TCM support coordination reporting to the Regional Office Technical Assistance Coordinator (TCM TAC) when documentation is not available and assistance is needed with resolution, if there are identified patterns of concern, or if it is discovered that the agency does not have a Community RN to provide the service
- h. For individuals receiving ISL residential services- when an individual's health requires more nursing hours than the Community RN can provide through the distribution of existing authorized hours, the TCM support coordinator will submit the need and request for additional funding in accordance with the Utilization Review Process (9CSR 45-2.017 Chapter 2). TCM support coordinator will identify in the individual support plan the purpose and corresponding objective for the additional nursing service and a time period that the service is needed. If approved, an addendum to the plan documenting authorization of the additional hours will be completed. If not approved, the plan should incorporate other methods for addressing the needs.

## **ATTACHMENT F: TCM Information Packet**

The TCM Referral Packet shall include:

1. Current contact information including home address and phone number;
2. Admission Documents;
3. Current health records as available;
4. Eligibility Review Documents, including description of
  - a. Eligible diagnosis
  - b. Functional limitations
  - c. Supporting documentation for all diagnoses
  - d. Adaptive Behavior assessment (MOCABI, Vineland, etc.)
  - e. Any other assessments available
5. Individual Support Plan Documents, if applicable, including:
  - a. Current Individual Support Plan and any amendments since last Plan
  - b. Budgetary Documents
  - c. Current case notes (last 6 months)
  - d. Last 6 months of monthly/quarterly reviews, if applicable
  - e. Last 6 months of service monitoring case notes, if applicable
  - f. Prioritization of need and UR recommendation form
6. If the RO has in its possession legal documents, including but not limited to guardianship papers, records of arrests, pending criminal charges or convictions, orders of protection, court ordered custody, burial plans, wills, trusts, life insurance, and other documents pertinent to the referral, they shall be included in the Referral Packet.
7. The contractor shall document and maintain records of services provided. Service records shall be provided to the Department upon request and shall comply with include 13 CSR 70-3.030.
  - a. the service type and number of units provided;
  - b. the activity related to the personal plan;
  - c. the date of service and the start and end times;
  - d. the name of the staff person providing the service;
  - e. the name of the consumer receiving services;
  - f. the location where services were provided;
  - g. the signature and title of the program supervisor/provider; and
  - h. other information deemed necessary by Department.

**ATTACHMENT G: File Audit Review Form**

**STATE OF MISSOURI  
DMH – DIVISION OF DD – REGIONAL OFFICES  
TRANSFER FORM**

**Date Submitted:**  
**Transfer Type:**  Services  
 Case Management Only

**Name:** **DMH ID Number:**

**Date of Birth:** **Medicaid Number:**

**Medicare Number:** **ISP implementation date:** **Guardian Status:**

**Individual's New Address** (Include City, State, Zip Code):

**County:** **Telephone Number** (include area code):

**Parent/Guardian/Best Informant/Name & Address** (Include City, State, Zip Code):

**Parent/Guardian/Best Informant Phone** (Include area code):

**Transfer FROM (RO/TCM):** **Transfer TO (RO/TCM):**

**Principle Diagnosis w/ code:** **Services Authorized and/or projected:**

**Funding Source:** **Medicaid Waiver Slot #:**

**Was individual on the Waiting List: (provide date placed on Waiting List, PON Score, and service(s) needed:**

**Brief Update** (ie. Reason for moving, concerns/issues receiving area should know about):

---

**File Audit Checklist:**

- |                                                                                       |                                                                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Admission Documents                                          | <input type="checkbox"/> Waiver Choice Statement                       |
| <input type="checkbox"/> Legal Documents                                              | <input type="checkbox"/> Provider Choice Statements                    |
| <input type="checkbox"/> Diagnosis Information (including ICD-0 codes and collateral) | <input type="checkbox"/> Budgetary Documents (approved UR/ISL budgets) |
| <input type="checkbox"/> All available Assessments (including MOCABI/Vineland)        | <input type="checkbox"/> PON and UR Recommendation form                |
| <input type="checkbox"/> Current Individual Support Plan                              | <input type="checkbox"/> Last 6 months of monthly/quarterly reviews    |

---

**File Audit Completed by:**

**Date File Audit Completed:**

**Transition Meeting Date:**

**Transfer Effective Date:**

## Exhibit # 1

### Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

*This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).*

***(Before completing certification, read instructions for certification below)***

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.



CAMDEN COUNTY SB40 BOARD OF DIRECTORS  
**RESOLUTION NO. 2018-14**

**APPROVAL OF AMENDED EMPLOYEE MANUAL**

**WHEREAS**, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

**WHEREAS**, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, manuals, handbooks, and job descriptions and creates new Bylaws, policies, plans, manuals, handbooks, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

**NOW, THEREFORE, BE IT RESOLVED:**

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Employee Manual.
2. That the Board hereby amends and adopts its Employee Manual (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary, Vice Chairman, or Treasurer

\_\_\_\_\_  
Date

Attachment “A” to Resolution  
2018-14

**Camden County  
Developmental Disability  
Resources**

**EMPLOYEE MANUAL**

Date of Initial Approval: 4/17/06

Amended: 9/15/08, 4/20/2009, 4/19/2010, 6/21/2010, 1/24/2011, 5/27/2011, 01/28/2013,  
4/1/2016, 8/21/2017, 3/19/2018



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## **SECTION A**

### **INTRODUCTION**

This Manual is designed to acquaint you with our agency, Camden County Senate Bill 40 Board, d/b/a Camden County Developmental Disability Resources (CCDDR), and provide you with information about working conditions, benefits, and policies affecting your employment. The Manual is a summary of our policies, which are presented here only as a matter of information.

The information contained in this Manual applies to all employees of CCDDR. Following the policies described in this Manual is considered a condition of continued employment. However, nothing in this Manual alters an employee's status. The contents of this Manual shall not constitute nor be construed as a promise of employment or as a contract between CCDDR and any of its employees; all employment is at-will and there is no promise of continuing employment. At-will employment means you enter into employment voluntarily, and you are free to resign at any time with or without notice and for any reason or no reason. Similarly, CCDDR is free to conclude its employment relationship with any employee at any time with or without notice for any reason or no reason.

You are responsible for reading, understanding, and complying with the provisions of this Manual. Our objective is to provide you with a work environment that is constructive to both personal and professional growth.

#### **3.1 CHANGES IN POLICY**

This Manual supersedes all previous employee manuals and memos that may have been issued from time to time on subjects covered in this Manual.

However, since the field of developmental disabilities in general and our organization in particular are subject to change, please note that the agency has the right to interpret, dispute, and, either with or without notice, change, suspend, or cancel, all or any part of these policies, procedures, and benefits at any time. We will attempt to notify all CCDDR employees of these changes as soon as possible. Changes will be effective on the dates determined by the Board of Directors, and after those dates, all superseded policies will be null and void.

No individual person has the authority to change these policies at any time; this is the responsibility of the Board of Directors. If you are uncertain about any policy or procedure, please speak with the Human Resources Officer or Executive Director.

#### **3.2 EMPLOYMENT APPLICATIONS**

We rely upon the accuracy of the information contained in each applicant's resume and/or application form and the accuracy of other data presented throughout the hiring process and employment. Please note that all prior employment data, qualifications, certifications and educational history provided by applicants will be verified. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

#### **3.3 AT-WILL EMPLOYMENT RELATIONSHIP**

Your employment with CCDDR is at-will. This means you enter into employment voluntarily, and you are free to resign at any time with or without notice and for any reason or no reason. Similarly, CCDDR is free to conclude its employment relationship with any employee at any time with or without notice for any reason or no reason.

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## **SECTION B**

### **DEFINITIONS OF EMPLOYEE STATUS**

#### **3.4 “EMPLOYEES” DEFINED**

An “employee” of CCDDR is a person who has been hired to work under the control and direction of the agency on a salary or wage basis, and does not provide services as a part of an independent business.

#### **3.5 EXEMPT**

Employees whose positions meet specific criteria established by the Fair Labor Standards Act (FLSA) and who are exempt from overtime pay requirements.

#### **3.6 NON-EXEMPT**

Employees whose positions do not meet “exempt” FLSA criteria and who are paid one and one-half times their regular rate of pay for hours worked in excess of 40 hours per work week.

#### **3.7 REGULAR FULL-TIME**

Employees who are regularly scheduled to work more than 1500 hours per calendar year are considered to be regular, full-time employees. All newly hired regular full-time employees must complete a 90-day initial employment period prior to becoming eligible for certain employee benefits. An employee evaluation will be completed at the end of the first 90 days, and the employee may be eligible for up to a 3% wage increase if his or her performance warrants an increase in pay.

#### **3.8 REGULAR PART-TIME**

Employees who are regularly scheduled to work less than 1500 hours per calendar year are considered to be regular, part-time employees. All newly hired regular part-time employees must complete a 90-day initial employment period. An employee evaluation will be completed at the end of the first 90 days, and the employee may be eligible for up to a 3% wage increase if his or her performance warrants an increase in pay.

#### **3.9 TEMPORARY (FULL-TIME or PART-TIME)**

Employees who are employed on a short-term basis and/or individuals who are hired as interim replacements to assist in the completion of a specific project, for paid time off, or for leave of absence relief. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status until they are notified in writing of a change. They are not eligible for any of the agency’s benefit programs.

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## SECTION C

### EMPLOYMENT POLICIES

#### 3.10 EQUAL EMPLOYMENT OPPORTUNITY/DISCRIMINATION/HARASSMENT/RETALIATION

##### Equal Employment Opportunity

Camden County Developmental Disability Resources (CCDDR) values the diversity and creativity of its employees and employment candidates. CCDDR values diversity in all of its operations and recognizes the strength it brings to the organization, its employees and members. CCDDR is committed to providing equal opportunity to all employment candidates and employees in all employment and employee-related efforts.

It is therefore CCDDR's policy to comply with all applicable equal employment opportunity laws and to provide equal employment opportunity to qualified individuals without regard to age, color, disability, marital status, national origin, citizenship status, race, religion, sex/gender, sexual orientation, gender identity, change of sex and/or transgender status, veteran status, or any other legally protected category. This policy extends to all areas of employment, including, but not limited to, recruitment, selection and placement, compensation, promotion and transfer, disciplinary measures, demotion, layoffs and terminations, testing and training, working conditions, compensation and benefits, and all other terms and conditions of employment.

##### Reasonable Accommodation

CCDDR will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

##### Prohibition Against Discrimination

CCDDR does not and will not tolerate discrimination in any form with respect to any aspect of your employment. Every employee of CCDDR should comply with the following obligations and expectations concerning this policy:

- You must familiarize yourself with the terms of this policy and execute an acknowledgement that you were provided with a copy of this policy and that you are familiar with its terms
- You must take the necessary steps to prevent and eliminate discrimination and attend any CCDDR provided training on this policy and certify your attendance
- You must refrain from engaging in conduct which may be construed as discrimination

Conduct in violation of this policy is contrary to CCDDR's good faith belief that the workplace should be free of discrimination and its good faith efforts to prevent the same and will subject a violator to discipline, up to and including termination.

##### Reporting Discrimination

If you believe you have experienced discrimination at CCDDR, *or* if you believe you have witnessed or observed discrimination, you must promptly report the facts of the incident or incidents in accordance with the procedure set forth below. CCDDR encourages all persons to come forward with information about allegations of discrimination. Retaliation for making a complaint or cooperating in an investigation of alleged discrimination is *strictly prohibited* and will not be tolerated.

##### Prohibition Against Harassment

CCDDR believes in developing, fostering and maintaining a professional work environment where employees and others are treated with respect and dignity. Harassment of any kind is explicitly prohibited. The work environment must be free of harassment or intimidation based on sex, gender, age, color, disability, marital status, national origin, citizenship status, race, religion, gender, gender identity, change of sex and/or transgender status,

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sexual orientation, veteran status, or any other legally protected category. Every employee is expected to conduct him or herself in a manner that is at all times professional, respectful, and considerate of others. Harassment in the workplace, whether committed by managers, co-workers, business partners, vendors, customers, contractors, clients or any other third party is prohibited. Every employee of CCDDR should comply with the following obligations and expectations concerning this policy:

- You must familiarize yourself with the terms of this policy and execute an acknowledgement that you were provided with a copy of this policy and that you are familiar with its terms
- You must take the necessary steps to prevent and eliminate the occurrence of harassment and attend CCDDR-provided training on harassment and certify your attendance
- You must refrain from engaging in conduct which may be construed as unlawful harassment or harassment generally

CCDDR's policy prohibiting harassment applies to conduct occurring in the workplace and/or in other settings in which employees may be in connection with their work, such as business trips, and business-related functions and business related social events, among others.

Conduct in violation of this policy is contrary to CCDDR's good faith belief that the workplace should be free of harassment and its good faith efforts to prevent the same and will subject a violator to discipline, up to and including termination.

### Sexual Harassment

Sexual harassment is a particular form of workplace harassment. It includes unwelcome sexual advances, requests for sexual acts or favors, or other verbal or physical conduct of a sexual nature when: (i) submission or rejection of such conduct is a term or condition of employment or is a basis for employment decisions, or (ii) such conduct has the purpose or effect of unreasonably interfering with an individual's working conditions or performance by creating an intimidating, hostile, humiliating or offensive work environment.

### Examples of Sexual Harassment

Examples of sexual harassment may include, but are not limited to, the following:

- Sexual comments, teasing, or jokes
- Suggestive gestures, sounds, or whistles
- Inquiries or discussions about sexual activities
- The display in the workplace of sexually suggestive objects, pictures, posters, cartoons, or graffiti
- Pressure to accept social invitations, to meet privately, to date, or to have sexual relations
- Sexual slurs, demeaning epithets, or derogatory statements
- Graphic or sexually suggestive comments about a person's attire or body
- Unwanted or unnecessary physical contact, sexual touching, brushing up against another in a sexual manner, graphic or sexually suggestive gestures, cornering, pinching, grabbing, kissing, or fondling
- Suggestive, obscene, or harassing messages sent via computer or left on an answering machine or voice mail

### Who Can Be a Victim Of Sexual Harassment And Who Can Be a Harasser?

The victim as well as the sexual harasser may be a woman or a man. In addition, sexual harassment can occur between employees of the same sex as well as between employees of the opposite sex. The harasser may be the victim's supervisor, a manager, an agent of the employer, a supervisor in another work location, or a co-worker. The harasser may even be a non-employee, such as a client, vendor, contractor or repair person who does business with CCDDR.

### Harassment On Other Grounds is Prohibited

Discriminatory treatment other than sexual harassment is also prohibited. Discriminatory treatment, including harassment, of individuals and groups on the basis of race, gender, color, age, ethnicity, religion, disability, sexual

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orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status and any other legally protected characteristic is strictly prohibited.

#### Definition of Harassment On Other Grounds

Harassment on the basis of race, color, age, gender, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status, and any other legally protected characteristic directed against individuals, may be established by showing conduct toward another person that has the purpose or effect of creating an intimidating, hostile, or demeaning environment and that interferes with his or her work performance or ability to participate in or to realize the intended benefits of an CCDDR activity, employment, or resource.

#### Examples of Other Kinds of Harassment

Examples of other kinds of harassment include, but are not limited to, the following:

- Name-calling, slurs, demeaning remarks, jokes, gestures, negative stereotyping, threats, intimidation, and hostile acts that are related to gender, race, color, age, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status, and any other legally protected characteristic
- Written or graphic material that denigrates or shows hostility or aversion toward an individual or group of individuals because of gender, race, color, age, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, national origin, veteran's status, and any other legally protected characteristic
- Behavior which could reasonably be interpreted as patronizing and as undermining self-respect

#### Who Can Be A Victim And A Harasser

The victim as well as the harasser may be a person of any gender, race, color, age, ethnicity, religion, disability, sexual orientation, gender identity, change of sex and/or transgender status, or national origin. The harasser may be the victim's supervisor, a manager, an agent of the employer, a supervisor in another work area, or a co-worker. The harasser may also be a non-employee, such as a client, vendor, contractor or repair person who does business with CCDDR.

#### Reporting Harassment

If you believe you have been or are being harassed by a co-worker, supervisor, agent, business partner, vendor, customer, client, contractor or other third party, **or** if you believe you have witnessed such harassment, you must promptly report the facts of the incident or incidents in accordance with the procedure set forth below. CCDDR encourages all persons to come forward with information about allegations of harassment. Retaliation for making a complaint or cooperating in an investigation of alleged harassment is ***strictly prohibited*** and will not be tolerated.

#### Procedure for Reporting Discrimination or Harassment

1. Employees who believe they have experienced or have witnessed discrimination or harassment are expected and required to notify the Human Resources Officer immediately. If the Human Resources Officer is unavailable or if the employee believes it would be inappropriate to contact this person, the employee should immediately contact the Executive Director. Reports of the Executive Director violating this policy should be made to the Human Resources Officer or the Board Chairperson.
  2. Any supervisor or manager who receives a report of harassment or otherwise becomes aware of discriminatory or harassing conduct must promptly notify the Human Resources Officer, who will handle investigation of the matter.
  3. Reports may be made verbally or in writing (See attached Appendix "A" complaint form). You are not required to use the complaint form. Regardless of the way in which a complaint is made, please try to include details of the incident or incidents, names of the individuals involved, and names of any witnesses.
-

4. Reports of discrimination and harassment will be promptly investigated in an impartial manner. Information will be treated as confidential to the extent possible. It will be disclosed only when necessary to further the investigation and to resolve the complaint. The result of the investigation will be disclosed to the person making the report and to the person alleged to have engaged in prohibited conduct.

If CCDDR determines that inappropriate conduct has occurred, it will act promptly to eliminate the offending conduct. When appropriate, CCDDR may also impose disciplinary action. A follow-up inquiry will be made to ensure that the discrimination or harassment has ended and that no retaliation has occurred.

#### Prohibition Against Retaliation

In an effort to promote reporting of violations of this policy, CCDDR cannot stress enough that **any acts of retaliation will not be tolerated** against an individual for making a report of discrimination or harassment or cooperating in an investigation of discrimination or harassment. Anyone who feels he or she has been retaliated against, in any way, as a result of reporting discrimination or harassment, or who feels that his or her concern of discrimination or harassment was not adequately addressed or handled, should contact the Human Resources Officer, Executive Director, or Board Chairperson as appropriate. Questions about this policy should be directed to the Human Resources Officer.

### 3.11 BACKGROUND SCREENS/CLEARANCE TO WORK

#### Initial Background Checks/New Employees

All individuals who have been given a conditional offer of employment with CCDDR shall undergo the following background screens and testing prior to commencing work, or as soon as possible after employment begins:

- TB Test
- Illegal Drug Screen
- Criminal Records Check/Sex Offender Registry Check (Highway Patrol)
- E-Verify
- FBI Fingerprint Check (Highway Patrol-MoVECHS)
- Family Care Safety Registry
- Driving History/MVR
- Reference Checks
- Verification of prior employment, education, & credentials
- Office of Inspector General (United States Department of Health & Human Services)
- All new employees must provide proof of the minimum vehicle insurance coverage as required by Missouri statutes for their vehicles to be used during the course of their job requirements or Agency functions. Only those vehicles covered under an insurance policy may be utilized to perform job duties or Agency-related functions. Additional verification of insurance coverage may be needed to assure the best interests of the Agency and its clients are protected. Any attempt to falsify insurance coverage shall be grounds for immediate termination.

#### Ongoing Background Checks of Existing Employees

The following checks shall be performed as needed, but no less than annually or as State or Federal statutes requires, on all existing employees:

- Family Care Safety Registry (State Criminal Records Check/Sex Offender Registry Check (Highway Patrol))
  - Office of Inspector General (United States Department of Health & Human Services)
  - Driving History/MVR
  - All existing employees must provide proof of the minimum vehicle insurance coverage as required by
-



Missouri statutes for their vehicles to be used during the course of their job requirements or Agency functions. At the beginning of each insurance renewal period, the employees must provide proof of insurance coverage to the Human Resources Officer, immediate supervisor, or Executive Director for filing in their personnel file. Only those vehicles covered under an insurance policy may be utilized to perform job duties or Agency-related functions. Failure to provide proof of insurance coverage shall be grounds for suspension without pay until an insurance policy can be procured by the employee or immediate termination of employment. Additional verification of insurance coverage may be needed to assure the best interests of the Agency and its clients are protected. Any attempt to falsify insurance coverage shall be grounds for immediate termination.

TB Test:

The TB test shall only be conducted once for all new employees, which will be at the time employment begins with the Agency. Volunteers or interns who have direct contact with clients served by CCDDR will be required to have a TB test. For volunteers and interns, the TB test will be conducted only once, which will be at the time their service is utilized by the Agency. The TB test must be conducted and results received either prior to the commencement of work or as soon as possible after employment or volunteer/internship begins. This may take the form of a mantoux-ppd or TB-tine test. If the results are positive, the individual must consult a physician and: 1. provide information that a chest x-ray was taken, and 2. be treated, if recommended by physician. All persons who test positive for TB shall be restricted from direct contact positions with clients served by CCDDR.

Criminal Records Check:

In accordance with 9 CSR 10-5.190, all new applicants for employment with CCDDR shall be required to do the following:

- Sign a consent form authorizing a Criminal Record Review/Sex Offender Registry check with the Missouri Highway Patrol; background check with the Dept. of Social Services to determine whether the applicant is listed on the Division of Aging Employment Disqualification List (EDL), the Dept. of Mental Health EDL, and child abuse/neglect information with Dept. of Social Services, using the Family Care Safety Registry;
- Disclose his/her criminal history, including any conviction or a plea of guilty to a misdemeanor or a felony charge and any suspended imposition of sentence, any suspended execution of sentence, or any period of probation and parole.

An additional fingerprint check shall be submitted to the MO Highway Patrol MoVECHS system to check closed records as well as national (FBI) databases for Records of Arrest and Prosecution.

All necessary background screens shall be completed before the applicant begins service with CCDDR or as soon as possible after employment begins.

Applicants for employment shall be disqualified from employment with CCDDR if any of the following are true:

- Person is listed on the Department of Mental Health Employee Disqualification Registry
  - Person is listed on the Department of Health and Senior Services (formerly DSS Division of Aging) Employee Disqualification List
  - Person has been substantiated of child abuse/neglect through Family Support Division
  - Person has been convicted of or pled guilty or nolo contendere to any crime as identified in 630.155 RSMo or 630.160 RSMo
  - Person has been convicted of or pled guilty or nolo contendere to any felony offense against persons as defined in chapter 565, RSMo; to any felony sexual offense as defined in chapter 566 RSMo; any felony offense defined in section 568.020, 568.045, 568.050, 568.060, 569.020, 569.025, 569.030, 569.035, 569.040, 569.050, 569.070, or 569.160 RSMo, or of an equivalent offense; or any violation of subsection 3 of section 198.070, RSMo
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- Person who has received a suspended imposition of sentence or a suspended execution of sentence following a plea of guilty to any of the disqualifying crimes listed above
- Person is a registered sex offender
- Person has been convicted of a felony offense and/or who has received a suspended imposition of sentence or a suspended execution of sentence following a plea of guilty of any kind in another state as listed above

Should CCDDR learn that an existing employee has been convicted of a disqualifying crime, placed on the DMH or DHSS Employee Disqualification Registry/List, or substantiated of child abuse/neglect at the time of annual re-screening, the employee shall have his/her employment with CCDDR terminated.

Illegal Drug Screen:

(See Section 3.31: Substance Abuse)

Driving Record:

All applicants given a conditional offer of employment shall provide written authorization to have check their driving history. All applicants must have an acceptable driving history before being hired. Existing employees must maintain an acceptable driving record and valid driver's license.

Reference Checks/Verification of Employment, Education, & Credentials:

All applicants given a conditional offer of employment shall have their prior work history and educational record verified by CCDDR. Any falsification of prior work history or educational attainment shall be grounds for not hiring or termination. All information obtained from employee background screens shall be kept in the strictest of confidence, and shared only with those entities authorized.

### 3.12 NEW EMPLOYEE ORIENTATION

Orientation is a formal welcoming process that is designed to make new employees feel comfortable, informed about the agency, and prepared for their position. At a minimum, new employee orientation for CCDDR employees shall include an overview of the agency's history; an explanation of the core values, vision, and mission of CCDDR; safety practices/procedures; agency policies/procedures, and overview of the Employee Manual.

CCDDR Support Coordination staff and administrative staff, interns, and volunteers as designated by the Executive Director shall receive training in the following areas within the first six months of employment or as soon as reasonably possible, with periodic re-certifications/updates as indicated:

- HIPAA/Confidentiality-Initial, and annually thereafter
- Abuse/Neglect-Initial and every 2 years thereafter
- Universal Precautions-Initial and annually thereafter
- CPR/First Aid- Initial and every 2 years thereafter (Per American Heart Association guidelines)

In addition to the above, all Support Coordination staff shall receive the following additional training within the first six months of employment or as soon as reasonably possible, with periodic re-certifications/updates as required:

- Level I Medication Aide- Initial with recertification every 2 years
- Training as listed in compliance of the Annual Targeted Case Management Agreement, Missouri statutes, and Federal statutes

In addition, the new employee will be assisted in the completion of all necessary paperwork (W-4 forms, etc.).

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Employees are presented with all keys/key fobs and/or procedures needed to navigate within the office. The employee's supervisor and/or Human Resources Officer then reviews the job description with the employee, explains the agency's evaluation procedures, and helps the new employee get started on specific functions related to their position. All employees will sign a statement verifying training and orientation received.

### 3.13 PERSONNEL FILES

Employee personnel files may include information such as: period of employment; job application/resume; job description; signed agreements with employee; records of participation in training events; salary/pay history, address/phone #; records of disciplinary action and documents related to employee performance reviews, coaching, and mentoring.

Personnel files are the property of CCDDR, and access to the information is restricted. Administrative personnel of CCDDR who have a legitimate reason to review the file are allowed to do so.

Current employees who wish to review their own file should contact the Executive Director, his or her supervisor, and/or the Human Resources Officer. With reasonable advance notice, the employee may review his/her personnel file in the agency's office and in the presence of the Executive Director, his or her supervisor, and/or the Human Resources Officer.

Some employment records may be kept in separate files, such as records relating to medical conditions and leave, records relating to investigations, and records relating to I-9 requirements.

### 3.14 PERSONNEL DATA CHANGES

It is the responsibility of each employee to promptly notify the Executive Director of any changes in personnel data such as:

- Mailing address
- Legal name
- Telephone numbers
- Name and number of dependants
- Individuals to be contacted in the event of an emergency

An employee's personnel data should be accurate and current at all times.

### 3.15 INCLEMENT WEATHER/EMERGENCY OFFICE CLOSINGS

At times, emergencies such as severe weather, fires, or power failures can disrupt agency operations. The decision to close the office will be made by the Executive Director.

When the decision is made to close the office, employees will receive official notification from the Executive Director.

Time off from scheduled work due to emergency closings will be unpaid for all employees. Subject to the supervisor's approval, employees may elect to use paid time off, personal time, or work from home.

### 3.16 OUTSIDE EMPLOYMENT

Employees may hold outside jobs in non-related businesses or professions as long as the employee meets the performance standards of their job description with CCDDR. Unless an alternative work schedule has been approved by CCDDR, employees will be subject to scheduling demands, regardless of any existing outside work

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assignments. CCDDR's office space, equipment, and materials are not to be used for outside employment.

### 3.17 NEPOTISM

It is the policy of CCDDR that no applications for employment or positions on the Board of Directors shall be taken from immediate family members (parent, brother, sister, spouse, child) of any current agency employee or any current Board member.

### 3.18 SAFETY IN THE WORKPLACE

CCDDR provides information to employees about workplace safety and health issues through regular internal communication such as:

- Training sessions
- Meetings
- Bulletin board postings
- Memorandums
- Other written communications

Each employee will be trained in the Emergency Action Plan for the CCDDR facility, including evacuation procedures and escape routes for emergencies and natural disasters. Scheduled and unscheduled Tests of the Emergency Action Plans shall be conducted on a regular, on-going basis. Employees will also be trained in the use of fire suppression equipment available within the building. Each employee is expected to obey safety rules and exercise caution and common sense in all work activities. Employees must immediately report any unsafe conditions to the Executive Director. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report, or where appropriate, remedy such situations, may be subject to disciplinary action including termination of employment.

In the case of an accident that results in injury, regardless of how insignificant the injury may appear, employees should notify the Executive Director.

All Targeted Case Management and Community Resource Coordination staff shall be trained initially and thereafter according to accepted schedules for re-training in CPR and First Aid, as well as in Universal Precautions, abuse and neglect, and blood borne pathogens. Administrative support personnel are strongly encouraged, but not required, to complete the aforementioned training.

### 3.19 HEALTH-RELATED ISSUES

All employees must notify the Executive Director, Human Resources Officer or their immediate supervisor if they have a condition which poses a direct threat to their safety or the safety of others.

### 3.20 EMPLOYEE REQUIRING MEDICAL ATTENTION

In the event an employee requires medical attention due to an injury sustained on the job, the employee must report the condition immediately to the Executive Director, Human Resources Officer, or immediate supervisor and the agency physician must be utilized if the employee wishes to get medical services paid by the agency. If the injury is a non-emergency, the employee must complete the Authorization to Obtain Information form and the Work Comp Authorization for Medical Treatment form. All work comp injuries must be reported within 24 hours to the Workers Comp insurer. The Executive Director, Human Resources Officer, or immediate supervisor shall complete the Supervisor Incident/Injury report form, and get statements from witnesses, if any. Exceptions will be made in cases where the agency physician is unavailable or it is necessary for the employee to use the

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hospital emergency room or EMS. Management will ensure that the medical provider understands that the injury may be a work-related injury, if in fact the injury is directly related to the employee carrying out his or her job responsibilities. An incident report may also be required in such cases.

EMS will be called in the event of a life-threatening emergency. CCDDR employees will not be responsible for transportation of another employee due to liabilities that may occur.

A physician's "return to work" notice may be required following injury or illness of an employee (see 3.19 Health-Related Issues).

### 3.21 BUILDING SECURITY

All employees who are issued keys/key fobs to the office are responsible for their safekeeping. These employees will sign a Building Key Disbursement form upon receiving the key/key fob. The last employee, or a designated employee, who leaves the office at the end of the business day assumes the responsibility to ensure that all doors are securely locked, and all appliances and lights are turned off with exception of the lights normally left on for security purposes.

### 3.22 INSURANCE ON PERSONAL EFFECTS

All employees should be sure that their own personal insurance policies cover the loss of anything occasionally left at the office. CCDDR assumes no risk for any loss or damage to personal property.

### 3.23 OFFICE SUPPLIES/EXPENSES/OBLIGATING THE AGENCY

Only authorized persons may purchase supplies in the name of Camden County Senate Bill 40. No employee whose regular duties do not include purchasing shall incur any expense on behalf of CCDDR or bind CCDDR by any promise or representation without prior approval of the Executive Director.

### 3.24 MONTHLY EXPENSE REIMBURSEMENT

Expenses incurred by an employee in the course of performing work-related business may be reimbursed by the agency. All such expenses must have the prior approval of the Executive Director in order to be reimbursed. Examples include meals, mileage, lodging, and similar work-related expenses. The employee must submit receipts for all expenses to be reimbursed, and attach these to the monthly expense forms. Mileage for business-related travel will be reimbursed at a rate to be set annually by the Board of Directors. Mileage reports obtained from an Internet mapping site (i.e. MapQuest, Google Maps, Yahoo! Maps, etc.) or pre-determined mileage reports from case management software approved by the Executive Director shall be provided to support miles driven before mileage is reimbursed. Only business-related expenses shall be reimbursed. As a general rule, expenses are to be paid monthly in the month following the month in which expenses were incurred, however expenses may be paid twice monthly on a case by case basis with prior- approval of the Director.

### 3.25 PARKING

Employees must park their cars in areas indicated and provided by CCDDR. As a general rule, employees working at the 100 Third Street location should park their cars in the N. parking lot, at the corner of 3<sup>rd</sup> & 5<sup>th</sup> streets, to allow use of main parking area for Children's Learning Center staff and patrons.

### 3.26 VISITORS IN THE WORKPLACE

To provide for the safety and security of employees, visitors, and the facilities at CCDDR, and to protect confidentiality of client information, only authorized visitors shall be allowed in the workplace. Restricting

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unauthorized visitors helps ensure security, decreases insurance liability, protects confidential client information, safeguards employee welfare, and avoids potential distractions and disturbances. Restricted areas shall be identified, and there shall be no exceptions without approval of the Executive Director.

### 3.27 IMMIGRATION LAW COMPLIANCE

CCDDR employs only United States citizens and those non-U.S. citizens authorized to work in the United States in compliance with all applicable immigration laws. Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with CCDDR within the past three years or if their previous I-9 is no longer retained or valid. CCDDR shall also comply with provisions of the federal "E-Verify" program operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

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## SECTION D

### STANDARDS OF CONDUCT

The work rules and standards of conduct for CCDDR are important, and the agency regards them seriously. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their own jobs and conducting the agency's business. Please note that any employee who deviates from these rules and standards will be subject to corrective action, up to and including termination of employment.

While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that will result in disciplinary action, including termination of employment.

- Theft or inappropriate removal or possession of agency property
- Falsification of timekeeping records
- Working under the influence of alcohol or illegal drugs
- Unauthorized use or disclosure of confidential client Protected Health Care Information (PHI)
- Abuse or neglect of a client or failure to report observed or suspected client abuse/neglect
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace
- Fighting or threatening violence in the workplace
- Disruptive activity in the workplace
- Negligence or improper conduct leading to damage of company-owned or client-owned property
- Insubordination or other disrespectful conduct
- Violation of safety or health rules
- Smoking inside the office or other designated non-smoking workplace area
- Sexual or other unlawful or unwelcome harassment
- Unlawful discrimination or retaliation
- Excessive absenteeism or any absence without notice
- Unauthorized use of telephones, or other company-owned equipment
- Using company equipment for purposes other than business
- Disruptive or negative expressions or comments to clients, employees, or the general public that promote or create an unhealthy, hostile, or unproductive atmosphere
- Dishonesty
- Failure to perform job duties or assignments as prescribed or directed
- Violation of personnel policies
- Unsatisfactory performance or conduct

#### 3.28 ATTENDANCE/PUNCTUALITY

CCDDR expects that every employee will be regular and punctual in attendance. This means being in the office and/or ready to work at their starting time each day. Absenteeism and tardiness places a burden on other employees and on the agency. CCDDR offers its employees a flexible (FLEX) work schedule. A FLEX schedule is sometimes necessary to accommodate duties and functions related to client and client family needs, Agency-related functions, and employee personal obligations that may conflict with or extend outside the normal scheduled office hours. FLEX schedules are to be approved by the immediate supervisor, and the intentions must be clearly communicated when working under the guidelines of the FLEX schedule. Any misrepresentation of the intent or purpose of an approved FLEX schedule shall be grounds for disciplinary action up to and including termination of employment. The Executive Director may review and reverse all approvals.

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If you are unable to report for work for any reason, notify your immediate supervisor before regular starting time. You are responsible for speaking directly with your immediate supervisor about your absence. It is not acceptable to leave a message on voicemail, except in extreme emergencies. In the case of leaving a voice-mail message, a follow-up call must be made later that day. If you do not report for work and the agency is not notified of your status, it will be assumed after two consecutive days of absence that you have resigned, and you will be removed from the payroll. Should excessive tardiness or absenteeism become apparent, disciplinary action may be required.

If you become ill while at work or must leave the office for some other reason before the end of the workday, be sure to inform your immediate supervisor of the situation.

Employees may work from home or another location other than the office (i.e. offsite) under specific circumstances. Employees will need to receive prior approval from their supervisor in order to work offsite. Employees will save all work performed offsite on a device provided by CCDDR, which will be password protected and/or encrypted. Employees shall record work performed offsite by creating appropriate log notes in the internet-based client database or providing justification/documentation, which must include a description of the activities performed, the start time, and stop time for every activity performed. The Executive Director may review and reverse all approvals to work offsite.

### 3.29 TELEPHONE USE

CCDDR's telephones are intended for the use of conducting the agency's business.

Personal usage during business hours is discouraged except for emergencies. All personal telephone calls should be kept brief to avoid congestion on the telephone line.

To respect the rights of all employees and avoid miscommunication in the office, employees must inform family members and friends to limit personal telephone calls during working hours.

### 3.30 DRESS CODE

A professional appearance is important anytime that you come in contact with the clients we serve and parents/guardians of clients. Employees should be well groomed and dressed appropriately for our business and for their position in particular.

The dress code shall be appropriate for the employee's work situation. As a general rule, the dress code at CCDDR shall be "business casual". "Business professional" attire may be required from time to time for specific functions, which will be addressed at that time by the Executive Director. The following items are considered appropriate for "business casual" working attire for staff employed by CCDDR:

- Khaki, corduroy, twill or cotton pants, skirts, or dresses – neatly pressed
- Sweaters, twinsets, cardigans, polo/knit shirts – neatly pressed
- Button-down or straight-collar shirts or blouses – neatly pressed
- Tie (optional)
- Belt or suspenders (if appropriate)
- Appropriate shoes

The following items are considered inappropriate working attire for all staff employed by CCDDR:

- Tank tops or revealing shirts
  - Short mini skirts
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- Sheer clothing
- T-shirts of any kind
- Jeans
- Shorts

"Casual days" may occasionally be approved; if this is the case, appropriate guidelines will be provided to you.

### 3.31 SUBSTANCE ABUSE

CCDDR is committed to providing a safe and productive workplace for employees. In keeping with this commitment, the following rules regarding alcohol, illegal drugs, and abuse or illegal use of prescription drugs have been established for all staff members, regardless of position, including both regular and temporary employees. The rules apply during working hours to all employees of the agency while they are on agency premises or elsewhere on agency business.

#### **Alcohol**

The possession or consumption of alcohol shall be totally prohibited on CCDDR premises. Alcoholic beverages shall not be brought on CCDDR premises at any time. Premises include all buildings, grounds and parking lots. Employees with alcohol in their system during working hours may be required to be tested and may be subject to disciplinary action including possible discharge.

Further, it is the policy of CCDDR not to sponsor off premises, agency-related functions where alcoholic beverages are to be served.

#### **Illegal Drugs**

##### General Policy:

It is the policy of CCDDR to take reasonable measures to maintain a work environment free of illegal drug use, as well as abuse or illegal use of prescription drugs. Employees who CCDDR management concludes illegally use, possess, are under the influence of, or have in their system illegal drugs, may be subject to termination of employment. CCDDR reserves the right, in each case, to determine the specific action to be taken concerning drug testing, discipline, treatment and employment status.

##### Application

##### Testing:

Offers of initial employment with the agency shall be contingent on passing a test for illegal drug use.

In addition to the initial employment screen, all current employees may be tested for illegal use of drugs, at management discretion in the following situations:

- After a vehicle accident or an accident or injury not involving a vehicle while on duty or performing agency-related business
- Based on behavior or other signs, eg. unsteady gait, bloodshot eyes, smell, etc., that management concludes may be the result of alcohol use, illegal drug use, or improper drug use
- Based on arrest

All job applicants and employees will be required to sign a Consent and Authorization for Release and Use of Drug Testing Information Form.

Any of the following will be considered a positive test result:

- Refusal to sign a Consent form
  - Refusing the test or failing to appear for the scheduled test
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- Adulterating the test specimen
- Failing the test
- Use of prescription drugs outside the direction of the prescription

Positive test results, confirmed by an independent laboratory retest, and not resolved to CCDDR's satisfaction by an adequate explanation such as a valid prescription, will result in termination of candidacy for, or current employment with, CCDDR. Applicants for employment who fail the pre-employment drug test will not be reconsidered for position openings for a period of one year.

#### Employee Initiated Treatment

Employees who voluntarily disclose illegal drug use or alcohol abuse and seek appropriate treatment prior to being disciplined for related conduct will not be disciplined as a result of the disclosure. Appropriate treatment professionals may need to evaluate whether the employee is able to perform the essential functions of the employee's job during treatment and/or rehabilitation, and the employee may be required to consent to future unannounced drug testing or alcohol testing as a condition of continued employment.

An employee will not evade discipline when CCDDR management concludes that the employee disclosed use because management's discovery of a violation of this policy was imminent (e.g. following arrest for drug use).

Employees treated for illegal use of drugs may be subjected to unannounced testing.

#### Confidentiality

All information and test results received by CCDDR through its drug and alcohol testing policy are confidential communication, and to be maintained in the employee's confidential medical file. Access to this information is guided by CCDDR's policy with regard to access to confidential employee medical files.

#### Diversion, Theft, Possession or Trafficking Drugs

The illegal manufacture, distribution, dispensation, diversion, theft, trafficking, illegal use or possession of drugs in or outside the workplace will be grounds for termination of employment.

Cases of diversion, theft, or trafficking drugs, and cases of confirmed illegal possession/use of drugs in the workplace, may be turned over to law enforcement agencies. CCDDR will cooperate fully with the law enforcement officials who are involved in the prosecution of the individuals involved.

In the course of investigations related to this Policy, a search may be conducted of CCDDR-owned and employee-owned property including, but not limited to: lockers, desks, briefcases, purses, toolboxes, offices, vehicles, etc. Searches of CCDDR-owned property may occur on or off workplace premises. Searches of employee-owned property may only occur on workplace premises. By accepting employment with, or performing services for CCDDR, all employees of the Organization and the Organization's contractors are deemed to have consented to such searches, and no further consent shall be necessary. CCDDR management may also conduct searches of employees provided the employee consents to such search. Failure of any employee to cooperate with any search under this Policy will be grounds for discipline including discharge.

Employees convicted of drug related offenses are required to notify management before returning to work.

### 3.32 TOBACCO PRODUCTS

The use of tobacco products by CCDDR employees is not permitted anywhere within the CCDDR building and only permitted in certain designated areas outside of the CCDDR building.

Smoking is also prohibited in employee personal vehicles while transporting clients.

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### 3.33 ELECTRONIC COMMUNICATIONS AND TECHNOLOGY

It is the policy of CCDDR to maximize the cost-effective use of computer systems as a means of improving productivity. CCDDR provides communication resources capable of offering computing resources, electronic mail (email), cloud-based file storage and applications, internet access, telephone and voicemail, facsimile machines, and other electronic communications devices (collectively referred to as CCDDR's Technology Resources) to employees to assist in and facilitate CCDDR business and communications. The primary purpose of CCDDR's network and systems is to provide service to Camden County persons with developmental disabilities as part of CCDDR's mission. Minimal, incidental personal use of CCDDR's Technology Resources by employees is permitted if accomplished in compliance with the provisions of this policy as set forth below.

This policy does not address all required, allowed, or prohibited behaviors by employees, but merely covers common examples. In general, CCDDR relies on the good judgment of its employees to ensure that CCDDR Technology Resources are used in the agency's best interest.

#### No Expectation of Privacy.

By using CCDDR's Technology Resources, employees acknowledge and agree that they have no expectation of privacy or confidentiality in their use of these systems or in any data that they create, store, or transmit on or over the systems, including any data created, stored or transmitted during an employee's incidental personal use of the Technology Resources as permitted under this policy. Employees further agree that they are aware of, understand and will comply with the provisions of this policy, and that their use of the Technology Resources can and may be monitored and any data that they create store, or transmit on or over CCDDR systems may be inspected by CCDDR management at any time. Employees should understand that certain email messages, other electronic communications, and documents created on CCDDR computer systems may be considered a public record subject to disclosure and/or subject to discovery in the event of litigation.

#### Standardized Software and Hardware.

CCDDR has established standard software and hardware for commonly used applications. The use of unauthorized, non-standard software or hardware, including personally owned software or hardware, on CCDDR computer systems without approval of the Director is prohibited.

#### Installation of Software and Hardware.

Improper installation of software or hardware can damage a computer system, cause system malfunction, or conflict with system configuration. All standardized software and hardware is to be installed by the IT Consultant or an employee authorized to do so by the Executive Director. Any moving, relocating, or rearranging of computer software or hardware should also be coordinated with the IT Consultant or an employee authorized to do so by the Executive Director.

#### Ownership and Confidentiality.

All software, programs, applications, templates, data, data files and web pages residing on CCDDR computer systems or storage media or developed on CCDDR computer systems are the property of the CCDDR. CCDDR retains the right to access, copy, modify, destroy or delete this property. Data files containing confidential or sensitive data should be treated accordingly and should not be removed from the workplace without proper authorization.

#### Copying Software, Programs, Applications, Templates, etc.

Employees must notify the Executive Director and receive proper authorization before attempting to copy software, applications, programs or templates. In many cases, copyright laws and/or licenses for commercial software, programs, applications and templates used by CCDDR prohibit the making of multiple copies. CCDDR and its employees are required to abide by the federal copyright laws and to abide by all licensing agreements.

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### Acceptable Uses of CCDDR's Technology Resources .

CCDDR's Technology Resources are to be used by employees or volunteers for CCDDR business. Incidental, minimal personal use may be permitted where, in the judgment of the employee's supervisor such use does not interfere with employee productivity, nor distract/take time away from the worker or co-workers assigned work. Generally speaking, incidental, minimal personal use means: (1) it is occasional and of short duration; (2) it is done on an employee's personal time, such as on a lunch break; (3) it does not interfere with job responsibilities; (4) it does not result in any expense to CCDDR; (5) it does not solicit for or promote commercial ventures; (6) it does not utilize excessive network resources; and (7) it does not constitute any prohibited use, as discussed below.

### Prohibited Uses of CCDDR's Technology Resources .

Use of CCDDR's Technology Resources to engage in any communication that violates federal, state, or local laws or regulations, or any CCDDR policy, is strictly prohibited at all times. In addition, the following uses of CCDDR's Technology Resources are inappropriate and are prohibited at all times:

- Personal commercial use (benefiting an employee's outside employment or commercial business)
- Accessing, receiving or sending pornographic, sexually explicit or indecent materials, including materials of an unreasonably offensive nature (unless as part of a law enforcement investigation conducted by authorized Police personnel)
- Usage for any type of unlawful harassment or discrimination, including the transmission of obscene or harassing messages to any individual or group because of their sex, race, religion, sexual orientation, national origin, age, disability or other protected status
- Gambling
- Usage for recreational purposes including the loading of computer games or playing online games
- Usage that precludes or hampers CCDDR network performance; such as viewing or listening to streaming audio and/or video (unless for CCDDR business, such as for online training)
- Unauthorized copying or downloading of copyrighted material
- Usage that violates software license agreements
- Downloading of software programs (unless specifically approved by applicable Director and coordinated with the IT Consultant)
- Usage for political purposes, including partisan campaigning
- Sending anonymous messages and/or misrepresenting an employee's name, position, or job description
- Deliberately propagating any virus, worm, trojan horse, malware, spyware, or other code or file designed to disrupt, disable, impair, or otherwise harm either CCDDR's networks or systems, or those of any other individual or entity
- Releasing misleading, distorted, untrue or confidential materials regarding CCDDR business, views or actions
- Using abusive, profane, threatening, racist, sexist, or otherwise objectionable language in either public or private messages
- Use of Technology Resources in an excessive manner so as to deprive others of system use or resources, including the sending of bulk email for other than official business or forwarding "chain letter" emails of any kind
- Connecting to the CCDDR network, or any specific software package, utilizing somebody else's security identification login information to gain alternate security permissions
- Any personal use, even if incidental, that result in expense to CCDDR
- Usage that violates the guidelines set forth in the Standards of Conduct described in this Manual

Any employee who violates these policies could be subject to disciplinary action, up to and including termination. In addition, employees may be held personally liable for damages incurred as a result of copyright and licensing requirements.

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### Social Media.

CCDDR expects all of their employees who participate in online social networking and the use of social media to understand and follow the guidelines set forth in Policy 35-- CCDDR Social Media Policy.

### Downloading Files from the Internet or Opening Email Attachments.

Downloading files from the Internet or opening email attachments from sources outside CCDDR can lead to spyware and/or virus attacks that can severely damage, or degrade CCDDR's network and/or data. The IT Consultant or authorized employee has installed anti-virus and anti- spyware software on all CCDDR computers and continuously updates signature definition files. However, that does not guarantee that all spyware is blocked, or that all viruses are caught.

If you are downloading a file and receive a message that a virus or spyware has been detected, you must call the IT Consultant, your supervisor, or the Executive Director immediately for assistance. Similarly if you receive an email with a suspicious attachment, or from an unusual source, you should notify the IT Consultant, your supervisor, or the Executive Director before opening it. If you notice that your computer is behaving strangely or you suspect spyware or a virus, notify the IT Consultant, your supervisor, or the Executive Director.

### 3.34 TRANSPORTING CLIENTS/EMPLOYEE LICENSE & INSURANCE REQUIREMENTS

Employees are to only provide transportation to clients served by the agency in emergency situations, where the health, safety, or well being of the client may be at risk. In the case of a medical emergency, employees are to call 9-1-1 for ambulance transport. No smoking is allowed in any vehicle while transporting clients. All employees who transport clients in their vehicle must have a current valid Missouri driver's license and are required to wear their seat belts and to have all clients transported wear seat belts. All employees are to submit proof of the minimum vehicle liability insurance coverage to the Human Resources Officer or the Executive Director at the appropriate insurance renewal periods in order to establish proof of continuous coverage. Failure to maintain continuous vehicle insurance coverage could result in disciplinary action up to and including termination. If an employee's vehicle insurance has lapsed or expired, the employee will not be allowed to drive his or her vehicle for purposes of Agency business. It is the employee's responsibility to notify their insurance carrier that they may be responsible for transporting clients in certain emergency situations as a function of CCDDR business, and to ensure they have adequate coverage for liability, property damage, and bodily injury.

Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with an employee's vehicle accident or use must be reported immediately to Human Resources Officer or the Executive Director.

### 3.35 CONFIDENTIALITY

The protection of confidential client Protected Health Care Information (PHI) is vital to the interests and success of CCDDR. CCDDR conforms to state and federal laws with regard to protecting confidential client information. Such confidential client information includes, but is not limited to, the following examples:

- Client name/Social Security #/date of birth/phone #/relatives,
- Client diagnosis,
- Client records/files,
- Client treatment plans & services,
- Client financial information.

All employees shall be trained in the proper safeguarding and use/disclosure of client PHI. Professional consideration and discretion must be afforded by staff at all times in their discussions regarding individuals served by the agency.

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It is the responsibility of all staff not to disclose to any unauthorized person any PHI regarding persons served by the agency. As a general rule, only those persons on the client's treatment team have a need for client PHI, and even in these cases, only the specific information/PHI required should be provided.

Further, caution must be exercised by staff in any discussions with professional peers, on or off the agency premises, to assure that conversations cannot be overheard by individuals served or other individuals not professionally involved with the individual who is/are the topic of conversation.

Staff traveling in the field should only take the minimum necessary Protected Health Information (PHI) to conduct their duties. While transporting PHI, efforts shall be made by staff to keep such information from plain view. Vehicles containing PHI shall be kept locked while unoccupied and shall be kept out of view through the windows. Laptops provided by CCDDR and used in the field or at staff's place of residence shall be kept in a locked and secured location when not in use.

If PHI is lost or stolen, the Privacy Officer or designee should be notified as soon as possible, but no later than one (1) business day after the loss is discovered.

All staff and volunteers of the agency shall be required to sign a Confidentiality Agreement as a condition of employment/association with the agency.

Employees who improperly use or disclose client PHI will be subject to disciplinary action, including termination of employment.

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## SECTION E

### WAGE AND SALARY POLICIES

#### 3.36 OFFICE HOURS AND WORK WEEK

The CCDDR office hours are from 8:30 a.m. to 4:00 p.m. Monday through Friday, except for holidays. In order to serve clients, all employees are expected to work at some point during these hours whenever possible, depending on approved FLEX schedules if applicable. Normally scheduled working hours for employees shall be from 8:00 a.m. to 5:00 p.m. for full-time employees (part-time employee hours are subject to supervisor and/or Executive Director approval). All employees are expected to cooperate in taking lunch breaks on a staggered schedule when working in the office in order to meet the needs of office visitors, clients/parents, persons calling by phone, and co-workers.

The standard workweek for full-time, nonexempt employees is 40 hours per week. For calculating hours worked during the week by nonexempt employees, the employee workweek is from Saturday at 12:00 a.m. to Friday at 11:59 p.m. All employees are allowed up to a one-hour lunch break, which is not counted as time worked, and two 15-minute breaks during the day—one in the morning or before lunch and one in the afternoon or after lunch, which are counted as time worked. Lunch breaks must be taken and cannot be less than 30 minutes if an employee works at least 4 hours on any day worked.

#### 3.37 TIMEKEEPING AND SCHEDULING

Nonexempt employees must record their time worked, and the immediate supervisor and/or the Executive Director will review time records for nonexempt employees each week. Any changes must be approved by the immediate supervisor and/or the Executive Director.

Exempt employees should plan ahead and attempt to work out a work schedule with their immediate supervisor and/or the Executive Director at the start of each week, so that coverage for office hours when the employee will be out may be arranged when needed.

#### 3.38 OVERTIME

Overtime compensation is paid only to nonexempt employees in accordance with federal and state wage and hour laws. Exempt employees are not eligible for overtime regardless of hours worked.

Overtime work should not be undertaken unless a nonexempt employee obtains their immediate supervisor's or the Executive Director's prior authorization. If possible, nonexempt employees should notify their immediate supervisor or the Executive Director at least two working days in advance if working hours during a work week need to be varied or overtime hours are requested.

Overtime is payable at a rate of one and one-half times the regular hourly rate for all hours worked over 40 in one work week. Paid time off or any leave of absence will not be counted as hours worked. When paid time off or any leave of absence is recorded during a work week, the amount of total hours worked plus the approved paid time off or any leave of absence shall not exceed 40 hours. No more than 40 hours of paid time off or any leave of absence approved shall exceed 40 hours in one work week.

#### 3.39 PAYDAYS

All employees are paid on a biweekly basis, every other Friday. In the event that a regularly scheduled payday falls on a holiday, employees will receive pay on the last working day prior to the holiday.

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If a regular payday falls during an employee's paid time off, the employee's paycheck will be available upon his/her return from the paid time off or available for the employee to pick up at his or her convenience on payday or any time thereafter. Employees may elect to have their paychecks automatically deposited into their checking account.

If the employee is not at work when paychecks are distributed and does not receive the paycheck, the paycheck will be kept within the office through the rest of the payday or until the employee picks up the check thereafter. If an employee is unable to pick up his or her check on payday, he or she will need to make arrangements with the Human Resources Officer or Executive Director to receive the paycheck.

Paychecks will not, under any circumstances, be given to any person other than the employee without written authorization. Paychecks may also be mailed to the employee's address or deposited directly into an employee's bank account upon request.

Tax withholding deductions from payroll shall be made in accordance with Federal and State W-4 data provided by the employee, in addition to standard deductions for Social Security and Medicare.

Additional withholdings may be made as authorized by the employee for items such as elective deferrals into a deferred compensation program, Aflac participation, payment of the employee-responsible portion of health or vision insurance premiums, or any other employee approved payroll deduction. All such withholdings shall be prior-authorized by the employee.

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## SECTION F

### BENEFITS AND SERVICES

#### 3.40 OVERVIEW OF BENEFITS

CCDDR offers the following benefits for all employees:

- Workman's Compensation
- Jury Duty & Military Leave
- Professional Development
- Leaves of Absence

The following benefits are available immediately upon hire to all full-time employees:

- Health Insurance (starts the 1<sup>st</sup> day of the month after date of hire)
- Paid Holidays
- Personal Hours (16)

The following benefits are available to all regular full-time employees after three months of employment:

- Paid Time Off (PTO)
- Funeral Leave

The following benefits are available to all regular full-time employees after six months of employment:

- LAGERS Defined-Benefit Retirement Program (vested after 5 years)
- Life Insurance/ADD

The following benefit is available to all employees who have worked for the agency for 12 or more months, have worked at least 1,250 hours during the previous 12 months, and work at a location where CCDDR employs 50 employees within 75 miles of your worksite:

- Family Medical Leave Act

The following benefit is available to all fulltime employees after two years of full-time employment:

- Educational (Tuition) Assistance

The agency offers leave benefits in an effort to recruit and maintain a motivated workforce. The agency extends the following types of leave: paid time off (PTO), military, bereavement, jury duty and emergency leave. The Executive Director shall establish procedures governing the use and approval of these benefits.

#### 3.41 PAID TIME OFF (PTO)

Beginning with the date of their hiring through the completion of the fourth year of employment, an individual shall have 160 hours of PTO available for use in the event an employee is absent from work; beginning with the fifth year through the ninth year of employment, an individual shall have 240 hours of PTO available for use in the event an employee is absent from work; and beginning with the tenth year of employment, an individual shall have 320 hours of PTO available for use in the event an employee is absent from work (see chart below). PTO may be used for absent hours due to illness, personal reasons, vacations, or other circumstances which require an employee be absent from work. All PTO must be approved by his or her supervisor and/or the Executive

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Director. PTO hours will only be approved in an amount that will fulfill a 40- hour work week due to absence(s). Unless extreme circumstances exist, such as hospitalization or other emergency, no more than 80 consecutive hours shall be approved for use. Any request for over 80 consecutive hours must be approved by the Executive Director. No more than ½ of available PTO can be used during the first 6 months of each calendar year without direct approval from the Executive Director. Use of PTO hours during the first quarter of each year will require the Human Resources Officer to monitor continued use of PTO time to ensure an employee does not use PTO inappropriately.

| Years of Service | Maximum PTO |
|------------------|-------------|
| 1-4 years        | 160 hours   |
| 5-9 years        | 240 hours   |
| 10 or more years | 320 hours   |

The full applicable compliment of PTO is available for use in each calendar year beginning on January 1<sup>st</sup> of that calendar year and must be used by December 31<sup>st</sup> of that same calendar year. There will be no carryover of any unused PTO from one calendar year to the following calendar year. If an eligible employee is hired during any calendar year, the applicable PTO will be pro-rated based on the number of months remaining in that calendar year. For example:

*An employee is hired on June 10<sup>th</sup> of a calendar year. The employee is eligible for 7/12 (.59 – all decimals are rounded up) of 160 hours, which equals 95 hours (all decimals rounded up to the nearest whole number) of PTO available to that employee once the employee has completed the initial employment period (first 90 days).*

The same calculation applies to employees whose fifth and tenth year of employment begins during a calendar year. For example:

*An employee’s fifth or tenth year of employment begins on June 10<sup>th</sup>. The employee is eligible for 7/12 (.59 – all decimals are rounded up) of the additional 80 hours awarded, which equals 48 hours (all decimals are rounded up to the nearest whole number) of PTO available to that employee in addition to any remaining PTO for that same calendar year.*

Pro-rated unused PTO shall be paid to the employee upon termination of employment. For employees who are terminated either voluntarily or involuntarily during a calendar year, the proration will be based on the number of months the employee was still employed during the calendar year. For example:

*An employee voluntarily terminates employment with the Agency on June 10<sup>th</sup>. The employee was employed for 2 years and has not used any PTO during that calendar year. The employee is eligible to receive 6/12 (.50 – all decimals are rounded up) of the remaining 160 hours, which equals 80 hours (all decimals are rounded up to the nearest whole number) that will be paid to the employee after termination has occurred.*

The same calculation applies to an employee whose employment is terminated, either voluntarily or involuntarily, and who has used PTO hours during the calendar year prior to termination. For example:

*An employee voluntarily terminates employment with the Agency on June 10<sup>th</sup> and the employee has used 50 hours PTO. The employee is eligible to receive 6/12 (.50 – all decimals are rounded up) of the remaining 160 hours, which equals 80 hours (all decimals are rounded up to the nearest whole number). 80 hours minus 50 hours used equals 30 hours. 30 hours will be paid to the employee after termination has occurred.*

If there are no PTO hours available as a result of the calculation, there will be no PTO hours paid to the employee

after termination. The month of hire or termination will be counted as a full month, regardless of the date during the month.

#### PTO Request Procedure

Unless circumstance prohibits or an emergency precludes from doing so, employees shall submit requests for desired PTO to their supervisor for approval sufficiently in advance of the planned PTO to permit scheduling of substitute personnel if necessary.

#### 3.42 RECORD KEEPING

CCDDR maintains records of PTO balances during the calendar year and is updated at the conclusion of each payroll period.

#### 3.43 HOLIDAYS

CCDDR observes the following paid holidays per year for all regular full-time employees:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

#### 3.44 PERSONAL HOURS

In addition to scheduled paid holidays and PTO, full-time employees are given 16 personal hours annually to be used for time off from work. Unless circumstance prohibits or an emergency precludes from doing so, the employee must obtain approval from their immediate supervisor before using the personal hours. Unused personal hours are not paid after termination of employment with the agency. The full applicable compliment of personal hours is available for use in each calendar year beginning on January 1<sup>st</sup> of that calendar year and must be used by December 31<sup>st</sup> of that same calendar year. There will be no carryover of any unused personal hours from one calendar year to the following calendar year. Personal hours are not prorated the same way as PTO; therefore, all new employees have 16 personal hours immediately available to them upon employment.

#### 3.45 FAMILY MEDICAL LEAVE ACT & OTHER MEDICAL LEAVES OF ABSENCE

Eligible employees of CCDDR who have worked for the agency for 12 or more months, have worked at least 1,250 hours during the previous 12 months, and work at a location where CCDDR employs 50 employees within 75 miles of your worksite may be allowed to take up to 12 weeks of protected leave time pursuant to the Family Medical Leave Act (FMLA) (See attached Appendix "B", which sets forth employee rights under FMLA).

For employees not eligible for FMLA leave, leave of absence requests shall be evaluated in accordance with applicable law. Approved leave of absence from work shall generally be a maximum of six weeks; however, each situation shall be assessed on a case by case basis. Such leave of absence requests must be approved by the Executive Director and may require documentation from a health care provider.

#### 3.46 FUNERAL LEAVE

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The purpose of funeral leave is to provide you with time to attend the funeral of a member of your family and to handle personal affairs without disrupting your income. Permanent full-time employees are eligible for funeral leave benefits, and the benefits become effective after you complete your three-month initial employment period.

Employees may be granted up to a three-day leave (three consecutive working days) with pay in the event of the death of an immediate family member.

The term immediate family member is defined as:

- Sibling
- Child
- Domestic Partner
- Parent
- Parent-in-law
- Spouse
- Step Sibling
- Step Child
- Step Parent
- Grandparent
- Grandparent-in-law
- Grandchild

Your funeral leave pay will be figured at your regular rate of pay.

### 3.47 JURY DUTY/MILITARY LEAVE

Employees will be granted time off to serve on a jury or military leave. The agency will be responsible for the difference between the exempt employee's weekly salary and the weekly rate of pay received for temporary military duty or jury duty. Non-exempt, full-time employees who are required to perform jury duty during normally scheduled working hours will be compensated their current hourly rate up to a maximum of 8 hours per workday and up to a maximum of 10 working days. If jury duty for a non-exempt employee does not require the employee to be absent for a full working day, the employee should report to work unless otherwise approved by his or her supervisor. The total hours for any workweek consisting of jury duty hours or combined hours of jury duty and work performed shall not exceed 40 (i.e. overtime will not be authorized). Non-exempt employees can utilize PTO hours for jury duty lasting over 10 working days. All regular employees, both full-time and part-time, will be kept on the active payroll until their civic and/or military duties have been completed. A copy of the jury duty summons and all other associated paperwork are required for the personnel file.

### 3.48 EDUCATIONAL ASSISTANCE

CCDDR recognizes that the skills and knowledge of its employees are critical to the success of the agency. CCDDR offers educational assistance programs to encourage personal development, improve job-related skills, and enhance an employee's career within the field of developmental disabilities.

Only employees with two or more years of full time employment with the agency shall be eligible for educational assistance. Only expenses related to tuition shall be covered and only those courses related to your employment with the agency. The maximum amount of assistance provided to any one person in any one fiscal year is \$1,000.00.

An application form for assistance must be completed prior to enrollment/commencement of classes. The

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following reimbursement schedule shall be followed:

- Course completion with grade of “A”: 100% reimbursement
- Course completion with grade of “B”: 75% reimbursement
- Course completion with grade of “C”: 25% reimbursement
- No reimbursement will be provided for courses not completed or with a grade of below “C ”

All applications for educational assistance must be prior-approved by the Executive Director.

### 3.49 TRAINING/PROFESSIONAL DEVELOPMENT

CCDDR recognizes the value of professional development and personal growth for employees. Therefore, CCDDR encourages its employees who are interested in continuing education and job specific training to research these opportunities further and provide requests to the Executive Director as appropriate in enrolling or signing up for conferences, seminars, and/or courses pertaining to the field of developmental disabilities. Such requests will be evaluated on a case by case basis by the Executive Director. Employees who attend such conferences, seminars, or courses may be asked to share information obtained with other staff.

Any training required by CCDDR after the start of employment shall be paid for by the agency.

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## **SECTION G**

### **EMPLOYEE COMMUNICATIONS & FEEDBACK**

#### **3.50 JOB POSTINGS & PROMOTION**

It is the policy of CCDDR to attempt to fill positions by drawing from internal candidates possessing the desired qualifications, and to promote from within whenever possible. Staff will be notified when positions are available for internal candidates.

#### **3.51 CHAIN OF COMMAND AND PROCEDURE FOR HANDLING COMPLAINTS**

CCDDR encourages employees to raise workplace issues with management. The below policy addresses steps employees should take regarding raising any workplace issues. The Board of Directors governs the overall management of CCDDR. The Executive Director reports to the Board of Directors and represents the Board of Directors in enforcement of Agency policies and in accomplishing the mission and goals of the Agency. The Executive Director is also responsible for the day to day management of the Agency.

If an employee has an issue that concerns employment discrimination, harassment, or retaliation, the employee should follow the procedure in Section 3.10 of this manual. For issues not related to those covered by the Equal Employment Opportunity policy in section 3.10 of this manual, an employee should first notify his or her supervisor of their workplace or employment related issue. If an employee of the Agency has an issue or a concern that needs addressed, the employee should notify his or her supervisor first. If the employee believes that the issue or concern was not adequately addressed by the supervisor, the employee should immediately notify the Human Resources Officer. If the employee believe that the issue or concern was not adequately addressed by the supervisor or the Human Resources Officer, the employee should immediately notify the Executive Director. If the employee believes that the issue or concern was not adequately addressed by the supervisor, Human Resources Officer, or the Executive Director, the employee should immediately request time allotted at the next regularly scheduled Camden County Senate Bill 40 Board meeting to discuss the issue or concern with the Board members.

#### **3.52 STAFF MEETINGS**

Staff meetings will be held on an as-needed basis. These meetings allow employees to be informed on recent Agency activities, changes in State/Agency policies and procedures, best practices within the field of developmental disabilities, and employee recognition.

#### **3.53 BULLETIN BOARDS**

Please make note of the bulletin board placed in the main office area for access to important posted information and announcements. The employee is responsible for reading necessary information posted on the bulletin boards.

#### **3.54 EMPLOYEE SUGGESTIONS**

CCDDR encourages employees who have suggestions. If you prefer to make suggestions anonymously, please submit your suggestion in writing, without disclosing your identity to the Executive Director or Human Resources Officer via regular mail to: CCDDR, PO Box 722, Camdenton, MO. 65020. If this is done anonymously, every care will be taken to preserve the employee's privacy.

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### 3.55 PERFORMANCE REVIEWS & PLANNING SESSIONS

The employee's immediate supervisor will conduct employee performance reviews with all of his or her employees approximately 90 days after initial employment and in the first quarter of each calendar year thereafter. Informal performance feedback and planning may occur more frequently.

Employee performance reviews are designed for the employee and the supervisor to discuss the employee's current job tasks, current job performance, encourage/recognize positive attributes, discuss positive approaches for meeting work-related goals, and learning new skills. Various performance measures will be utilized to assist in determining performance ratings. Employees will be asked to complete a Self-Evaluation and bring it to the formal performance review. Each employee will have an opportunity to review their Job Description during this review and sign indicating their acceptance of the description of duties.

### 3.56 CORRECTIVE ACTION & DISCIPLINE

Every employee is expected to conduct themselves in an ethical and professional manner at all times. Our Agency is governed by many external and internal influences. Each employee is responsible for acquiring, supplementing, and maintaining the knowledge needed to comply with all governing State statutes, Federal statutes, DMH directives, DMH procedures, CMS directives, CMS procedures, CCDDR policies, CCDDR procedures, Targeted Case Management requirements, Medicaid protocols, and any other Agency-related governing sources. Management personnel will always assist in the continuing education of the changes within our Agency and rules governing it. Internal directives will be issued on a regular basis and employees are expected to comply with all directives, policies, procedures, protocols, and statutes. When an employee deviates from rules, directives, and standards, Management is expected to take corrective and/or disciplinary action. Nothing in this manual alters the employees' at will status. An employee may be subject to verbal consultations, written disciplinary actions, temporary suspensions from employment, and immediate termination at the discretion of the Executive Director in consultation with the Human Resources Officer and/or supervisor(s), depending on the situation and/or infraction. Each infraction, violation, or penalty will be weighed based on the severity of the situation, the experience of the employee, the circumstances surrounding the situation, and the attitude of the employee while engaging with Management during the counseling meetings. Insubordination or inappropriate behavior will not be tolerated at any time from any employee.

### 3.57 EMPLOYMENT TERMINATION

Employment is based on mutual consent, and both the employee and the agency have the right to terminate employment at will, with or without reason and with or without notice.

Nevertheless, to maintain adequate service to our clients we ask employees who are resigning from their position with the Agency to submit sufficient notice so that minimal disruptions in workflow occur. We understand it is not always possible, but the Agency prefers that employees give no less than 2 weeks' notice prior to leaving the Agency. Any employee who leaves employment for any reason shall upon termination return all files, records, keys and other materials that are the property of CCDDR. The cost of replacing non-returned items and any outstanding financial obligations owed to the agency will be deducted from the employee's final paycheck.

Employee personnel files are the property of CCDDR and will not be released to any employee. Contents of an employee's own file may be viewed in the presence of the Executive Director and/or Human Resources Officer, and requests for copies of any documents in the file should be made to the Executive Director and/or Human Resources Officer.

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CAMDEN COUNTY SB40 BOARD OF DIRECTORS  
**RESOLUTION NO. 2018-15**

**APPROVAL OF AMENDED CLIENT-FAMILY HANDBOOK**

**WHEREAS**, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

**WHEREAS**, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, plans, and job descriptions and creates new Bylaws, policies, plans, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

**NOW, THEREFORE, BE IT RESOLVED:**

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend its Client-Family Handbook.
2. That the Board hereby amends and adopts its Client-Family Handbook (see Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary, Vice Chairman, or Treasurer

\_\_\_\_\_  
Date



Attachment “A” to Resolution  
2018-15



# **CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES**

## **CLIENT-FAMILY HANDBOOK**

**(Revised 7/20/2015, 6/15/2017, 3/19/2018)**

**Note- People First version of handbook can be found starting on pg. 16**

# **WELCOME TO CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES!**

## WHO WE ARE

Camden County Developmental Disability Resources (CCDDR) is the “doing business as” (dba) name of the Camden County Senate Bill 40 Board. Our agency was created in August 1980 with passage of the “Senate Bill 40” tax levy in Camden County. The tax levy which supports our agency is authorized by Sections 205.968-205.972 of the Revised Missouri Statutes, and is designed to meet the needs of Camden County citizens with developmental disabilities in areas of employment, residential, and related services.

CCDDR is a political subdivision of Camden County, and subject to Missouri's Sunshine Law.

The board meets on the third Monday of each month, those meetings are held at 4:00 p.m. at a location determined by the board, to which location notice is provided on the agenda per the Missouri Sunshine Law. If a recognized holiday falls on the third Monday of the month, the board will hold its meeting on the following Monday. Unless otherwise indicated, all meetings are open to the public, per the Missouri Sunshine Law.

Agencies which either receive funds or are eligible to receive funds from CCDDR include, but are not limited to:

- Lake Area Industries
- Future Care, Inc.
- Lake of the Ozarks Developmental Center
- Missouri Mentor
- Arc of the Lake
- Arc of Missouri
- Special T Acres
- Independent Living Resource Center
- Achieving Life Skills
- Park Place
- Bridges
- Easter Seals
- Children's Learning Center

CCDDR' Support Coordination program was initiated in 2006. The board provides this service to all eligible persons in Camden County on a contract basis with the Department of Mental Health, Division of Developmental Disabilities.

Eligibility is determined by DMH/DD according to statutory guidelines that define a developmental disability as: a condition that manifests prior to age 22, with the expectation that it will continue lifelong, and one that causes substantial functional limitations in at least 2 life areas.

The nine-member Board of Directors of CCDDR is appointed by the Camden County Commission. Board members serve three year terms, and in many cases are family members of persons with developmental disabilities.

### OUR MISSION

“We provide persons with developmental disabilities the necessary tools to achieve self-determined lives, while ensuring quality services.”

### VALUES

We believe that our community thrives when all individuals become capable of participating in the spectrum of community life; we respect and promote the recognition of individual dignity and self-worth; and we promote accountability to taxpayers with regard to prudent use of tax funds and accountability to clients and families with regard to effectiveness and quality of services.

### THE PERSON-CENTERED PLANNING PROCESS

In years past, services for persons with developmental disabilities authorized in their annual plan were focused on an individual's deficits, and trying to fit a person into existing programs and facilities. In short, the focus was on the disability, not the person; on the needs of the provider, not the unique needs of the individual.

Today, we focus on a person's strengths and abilities, and how they want to live their life. Rather than trying to fit persons into existing programs and facilities, supports are tailored to meet the unique needs of the individual served. In short, our focus today is on the person, not the disability; on tailoring supports to meet the unique needs of the individual, instead of trying to fit a person into a particular program or facility.

Person-Centered Planning recognizes these essential components and empowers clients and families to make fundamental decisions about how they are supported.

Essential Aspects of Person-Centered Planning are:

- a commitment to know the individual and seek to understand him/her
- a conscious resolve to be of genuine service to the person/family
- a willingness to be guided by the person
- a willingness to struggle to achieve difficult goals
- flexibility, creativity and openness in trying what might be possible
- a willingness to enhance the humanity and dignity of the person
- a commitment to “look for the good in people and help bring it out”

Person-Centered Plans:

- use ordinary language and images rather than professional jargon
- actively search for a person’s gifts and capacities in the context of community life
- strengthen the voice of the person and those who know the person best
- define desirable changes in the person’s life, creating personal outcomes and goals in 6 domains:
  - Daily Life and Employment
  - Community Living
  - Social and Spirituality
  - Healthy Living
  - Safety and Security
  - Citizenship and Advocacy
- result in actions that achieve those desired changes

Each member of the Planning Team, including the family or person supported, plays a vital role in developing the plan and ensuring continued action towards the achievement of the person’s desired goals and outcomes.

### Roles of the Various Team Members

The family or the person supported:

- identifies the people to invite into the planning meeting
- works with the Support Coordinator/Plan Facilitator in designing the planning session and subsequent meetings
- is open to sharing ideas, interests and aspirations
- actively participates in developing outcomes and goals
- follows through on commitments
- provides honest feedback to the team

### The Support Coordinator:

- assists the family or individual in setting up the meeting and inviting others as requested/needed
- makes sure that appropriate documentation is completed
- reviews other assessments that have been conducted (health, behavioral, risk, etc) prior to developing or updating a plan
- ensures that recommendations regarding support or service needs are addressed in the plan
- knows when plans are due and assures that planning meetings are conducted in a timely fashion
- makes sure plans are dated and signed at least annually by the person or their guardian and the Support Coordinator
- ensures that addendums are dated and signed by the person, his/her guardian and the Support Coordinator
  
- reviews the plan to be sure the Individual Support Plan Guidelines criteria is met
- assists the person and those who are writing the plan in understanding Person-Centered Planning
- ascertains the person, the guardian, and the support staff have copies of the plan
- assist persons served in meeting their personal needs and goals and in obtaining the greatest degree of independence and inclusion possible in everyday community life

### Planning Guidelines

Other members of the Planning Team, referred to as the Support Team, are those additional individuals who will make sure that necessary action is taken to achieve plan outcomes. The Team may include family members, friends, teachers, professionals, and community members—anyone who is responsible for doing something for or with the individual. The people at the table should be those who can construct the most potentially successful plan. The individual and the Support Coordinator should work together to determine who is responsible for inviting these individuals to attend the Planning Meeting.

### The Support Team should:

- engage in active and respectful listening
- be willing to focus on the positive and possible
- make meaningful and relevant contributions
- be committed to assisting in setting goals and taking action steps
- participate in subsequent meetings until involvement is no longer needed
- follow through on commitments

## The Division of Developmental Disabilities Person-Centered Planning Guidelines

On January 1<sup>st</sup>, 2017, the Division of Developmental Disabilities (DDD) updated a document called The Individual Support Plan Guidelines. The purposes of the Guidelines are to:

- describe the Division's values in supporting people
- ensure that plans meet Home and Community Based Waiver requirements
- provide consistency in what information must be in a plan particularly that concerned with supporting the person's health and safety
- describe the role of each Planning Team member
- provide examples of different planning tools

A copy of the Division's Person Centered Planning Guidelines may be found at: <http://dmh.mo.gov/docs/dd/ispguide.pdf> or may be obtained from your Support Coordinator.

### WHAT TYPES OF SERVICES ARE AVAILABLE?

Through the Person-Centered Planning Process, each individual served will have an Individual Support Plan which outlines the various services, both generic and specialized, required to meet the individual's unique needs. Service options and supports which are identified for the client in the plan shall foster:

- personal competencies and control over his/her life
- active participation in the community
- relationships with non-disabled peers
- natural environments for health, education & habilitation
- protection of rights
- effective use of public resources

The following are examples of some of the paid services that may be authorized in an individual's ISP to address needs that are identified in the plan. Note that aside from Support Coordination, which is available to all clients, each service may have additional eligibility guidelines and may be subject to available funds:

- Autism services
- Respite services
- Crisis intervention
- Self-Directed Services
- Medicaid Home & Community Based Waiver program (includes a variety of long-term services for those eligible for this program, such as Residential Habilitation, Day Habilitation, Personal Assistant Services, Employment Services, etc.)
- Missouri Children with Developmental Disabilities Waiver
- Partnership for Hope Waiver

- Community Support Waiver
- Comprehensive Waiver
- Support Coordination

The availability of services is dependent upon available resources- county, state and federal- to fund the services outlined in the plan. If funding for a service is not available, the individual will be put on a waiting list for the service until funding becomes available. As funds become available, individuals on the waiting list will be served based upon their Priority of Need (P.O.N.) score. Persons with higher P.O.N. scores will be served first.

#### WHAT SHOULD I EXPECT FROM MY SERVICES?

1. They are available when you need them.
2. They meet your individual needs.
3. You are involved in the planning of the services.
4. Agency staff is properly trained to provide the services authorized in the Individual Support Plan.
5. You have a choice of who provides the service.
6. You have a choice of the type of job and where you work.
7. You and your family are satisfied with the quality of your life and services.
8. Your services lead to greater independence.

#### TARGETED CASE MANAGEMENT

Any person in Missouri who has a developmental disability is entitled to have a Support Coordinator (Case Manager). Support Coordinators assist persons with developmental disabilities access the services they need and achieve the outcomes which have been identified in their ISP. They also act as staunch advocates for the people they serve. Support Coordinators also monitor the quality and effectiveness of services received by clients from providers of services.

Each individual who is found eligible for services from the DDD in Camden County is assigned a specific Support Coordinator employed by CCDDR, who will become acquainted with the individual and work with him or her to identify, locate, access, and monitor the services that meet the individual's particular needs. CCDDR contracts with the Department of Mental Health, DDD, to provide Support Coordination services to all eligible persons in Camden County. In order to maintain quality Support Coordination services, our agency strives to maintain caseload sizes at a 1 to 35 ratio (35 persons assigned to 1 Support Coordinator).

The Targeted Case Management program allows qualified entities to bill Medicaid for some of the time spent assisting individuals who are eligible for services from the DDD accessing comprehensive medical, social, educational, and other specialized services. Support Coordinators employed by the Regional Office, by a County SB 40 Board (such as



CCDDR), or by Affiliated Community Service Providers (ACSPs) are professionals who are trained in the field of Mental Health and/or closely related fields. Support Coordinators are required to be Qualified Developmental Disability Professionals, or “QDDPs”. Such individuals are required to have a degree in Special Education, Sociology, Psychology, Social Work, or a closely related human services field and one year of direct experience in working within the field of developmental disabilities. Support Coordinators provide “case management” and are sometimes also referred to as “Case Managers”.

Support Coordinators log all time they spend communicating directly with - or on behalf of - the individual or a responsible party; in person, by telephone, or through written correspondence. Other activities recorded are travel, telephone calls, creation of letters to providers, case documentation, and consultations with other professionals.

Actual costs for case management services are billed to private insurance or Medicaid when such coverage exists or to the individual or a financially responsible representative, when the Department of Mental Health’s Standard Means Test has established an ability to pay. The Standard Means Test provides guidelines to determine if a client’s family or the client who lives in his or her natural home has the “ability to pay”. Case Management services billed to private insurance or to Medicaid, are reported on an “Explanation of Benefits” notice as “Targeted Case Management Services”.

Examples of case management services (time spent by the Support Coordinator) which may be billed include, but are not limited to:

- assisting the individual or his/her family in completing applications and submitting appropriate documentation, arranging meetings, etc., to determine the individual’s eligibility for Regional Office services
- calling a provider to make an appointment or to arrange a specific service
- talking with a responsible party in person or by telephone who is requesting assistance in obtaining services or who wishes to discuss changes in the individual’s life, or attending to a crisis situation
- sending letters to the individual, the individual’s family, and service providers to schedule a Person-Centered Plan meeting
- conducting the Individual Support Plan meeting and writing the ISP
- visiting the individual in the home, including travel time to and from the home
- reviewing the services the individual receives on a monthly basis and determining if the service continues to meet the individual’s need
- writing notes in the individual’s case record to document all service needs being met, all service needs not being met, continuing efforts made to meet those needs, changes in an individual’s needs, etc.
- completing forms and documenting the individuals records when the individual’s case is closed.

## SUPPORT COORDINATION OUTCOMES

CCDDR has developed Performance Indicators with regard to the Support Coordination services it provides, as a means to ensure the quality and effectiveness of services provided. These indicators cover four primary areas: Efficiency, Effectiveness, Satisfaction, and Service Access. An annual report is provided to our Board of Directors and other interested parties with regard to progress made toward meeting the criteria outlined in our Performance Indicators, and this report is available upon request.

## SUPPORT COORDINATION MONITORING

Your Support Coordinator will monitor the services you or your family member receives at least quarterly (every 3 months). For individuals who receive Medicaid Waiver services, the review of services will occur monthly; individuals living in waived residential settings must have a face to face visit monthly. Monitoring services includes a review of the monthly progress notes written by the provider agency; contact with the client to determine his/her level of satisfaction with the service/support; on-site observation during the provision of the service/support; and any intervention necessary to assure successful provision of the service/support. Your Support Coordinator will work with you to determine the level of contact you or your family needs in order to best meet your outcomes.

### Availability of Services

Some States and perhaps even areas of Missouri have a wait list for services. Camden County has been able to offer Support Coordination services to ALL qualified applicants thus far. While it is unlikely that circumstances will develop to cause CCDDR to establish a wait list; the following considerations will determine when services can begin:

- Severity of disability, level of care required to maintain life
- Availability of natural supports
- Safe, secure environment
- Likelihood of harming self or others

DMH/DD utilizes a tool to measure need called the Prioritization of Need. This tool will be completed by CCDDR SCs, scored by Regional Office staff and maintained in the State Database(CIMOR). CCDDR will use the same scale used by DMH/DD to determine a client's position on the wait list.

## GUARDIANSHIP AND CHOICE

Many people receiving Support Coordination services from CCDDR have persons appointed as their legal guardians or conservators. Our agency will work with the legal guardian or conservators in identifying service/support options available and/or needed, in addition to assisting the individual who requires the service/support, to make meaningful choices in

selecting a provider agency.

In addition, for persons who receive residential services or other services that provide opportunities for choice, CCDDR and the provider agency will encourage choice-making by the individual receiving the service in those areas that do not require an appointed guardian decision. For example, choices in activities, choice of foods, choice in home decorations, choice in employment, etc.

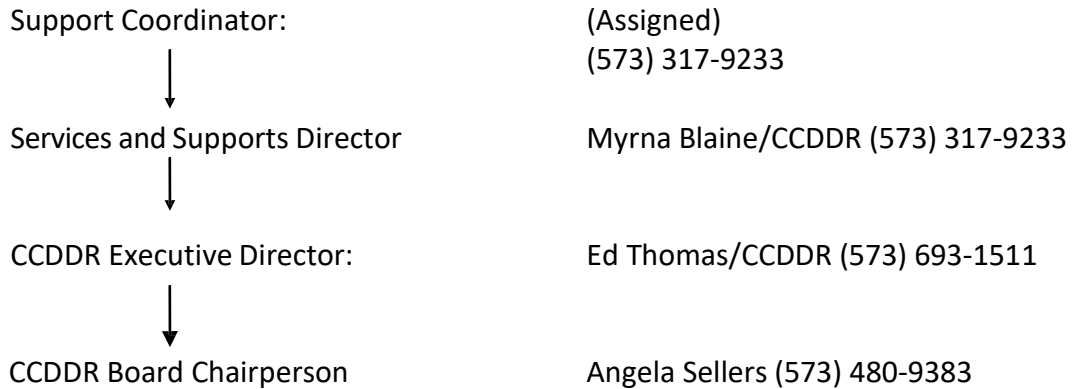
#### FINANCIAL SERVICES AND RECORDS

The Regional Office is mandated to apply benefits (SSI, SSA, Veteran's benefits, etc.) an individual may receive toward the cost of his/her residential services prior to utilizing tax dollars. Some services an individual may want or need will require the individual or his/her parents, guardians, or conservators to share in the costs of the service. The rate of pay will be determined by a standard means test, and is based on a table of ability to pay. Regional Office staff (Reimbursement Officers) will assist in determining this amount, if any. In some cases, the Regional Office will apply to become the direct payee of an individual's benefits. The Regional Office will maintain an account in the person's name and records of the specific use of these funds.

#### CLIENT/GUARDIAN COMPLAINT PROCESS

At any time our clients or their parent/legal guardian have a concern about the service/support given by a provider agency, they should first discuss their concerns with the identified contact person for the provider agency. If they do not feel their concerns were appropriately resolved, they should contact their Support Coordinator for follow-up with the agency. If resolution is not found, then the clients or their parent/legal guardian should contact the Regional Office.

If our clients or their parent/legal guardian are not satisfied with the performance of their Support Coordinator, they should contact the Support Coordinator's supervisor to discuss possible corrective action, and ask to complete a CCDDR Complaint/Grievance Form. Clients or families making complaints will not be retaliated against in any way. The supervisor will have 10 business days to respond to the complaint. If a resolution is not obtained through the supervisor, the following chart identifies the management structure of CCDDR, and clients and their families are encouraged to contact the Executive Director if necessary to discuss their concerns, ask questions, or request a different Support Coordinator. The Executive Director will respond to the complaint within 5 business days.



As a further procedural safeguard, clients and families served are welcome to file a complaint using the DDD complaint process. This process is outlined in the Division of Developmental Disabilities complaint process, Division Directive 3.050. located at: <http://dmh.mo.gov/docs/dd/directives/3050.pdf>

The Rolla Satellite Regional Office can be contacted toll-free at 1-800-828-7604.

CLIENT RIGHTS/CONSENT FOR TREATMENT

CCDDR makes every effort to support and protect the fundamental human, constitutional, and statutory rights of clients served. Individual rights as citizens are not limited except through legal proceedings (such as guardianship), when an individual is posing an immediate danger to themselves or others, or if the planning team has agreed to a limitation of rights and a due process procedure has been followed.

CCDDR protects the rights of clients served in accordance with State of Missouri Statutes (RSMo 630.110 and 630.115) and DDD Rules and Regulations, specifically “Individual Rights of Persons Receiving Services from The Division of Developmental Disabilities”.

Consent for all services authorized in the ISP is obtained from all clients served by CCDDR or their guardian. Consent is also obtained to authorize CCDDR to provide Support Coordination services. Prior to the beginning of service delivery and/or at initiation of service delivery at the initial Person Centered Plan meeting, and then annually thereafter, each client served by CCDDR and/or their legal representative is provided with a copy of CCDDR’s Client Rights & Responsibilities form, and a signature page is obtained. The explanation of rights is in a form which can be understood by the client. All clients served by CCDDR have their rights reviewed annually.

No client’s rights can be limited by the planning team without due process as defined by state regulations, including the guardian’s written consent for the limitation and approval by the Rolla Regional Office Human Rights Committee.

## GRIEVANCE PROCESS

If at any time a client and/or their legal guardian feel as though the client's rights have been violated by CCDDR or any other agency in any manner, they are entitled to file a grievance, using the same process outlined previously in the "Client/Guardian Complaint Process" section. CCDDR has policies & procedures in place should a client wish to file a grievance, and the DMH Client's Rights monitor may also be contacted at:

Client Rights Monitor Department  
of Mental Health P.O. Box 687  
Jefferson City, Mo 65102  
1-800-364-9687

## FREQUENTLY ASKED QUESTIONS

Q: What is the Division Developmental Disabilities (DDD)?

A: The DDD is one of three Divisions within the Department of Mental Health with regional offices located around the state. It is at these regional offices where services are obtained. They provide eligibility determination and referral to contract agencies which specialize in services to persons with developmental disabilities. The primary responsibility of Regional Offices is to determine eligibility for services and provide funding for services and assistance to families who have young children and adult persons with developmental disabilities. There are also several state-operated residential facilities for adults and children who have developmental disabilities.

Q: Who is eligible to receive services from the DDD?

A: A developmental disability is a disability which is attributable to cerebral palsy, epilepsy, head injury, autism, a brain dysfunction, or any other mental or physical impairment which occurs before age 22. It must be determined this disability is likely to continue indefinitely and it results in a substantial functional limitation in two or more of the following six areas of major life activities: self care; receptive and expressive language development and use; learning; self-direction; capacity for independent living; or economic self sufficiency and mobility. Eligibility is determined by what's known as a functional assessment as opposed to linking eligibility to a specific diagnosis (see 9 CSR 45-2.010).

Q: Who should I contact if I believe I am eligible or a member in my family is eligible for services?

A: There are 5 Regional/Satellite Regional Offices located throughout the state in the following cities: Albany, Columbia, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, St. Louis (North and South), Sikeston, and Springfield. The addresses and phone numbers of these Regional Offices can be located at: <http://dmh.mo.gov/dd/>

Q: What is the role of a Support Coordinator?

A: Support Coordinators provide support planning, advocacy, resource referrals and help to link individuals to community services. The Support Coordinator is the primary link to the Department of Mental Health, DDD, Regional Office system, and maintains frequent contact with the person receiving services. CCDDR is the authorized/contracted provider for Support Coordination services within Camden County for all persons with developmental disabilities. The Support Coordinator is also responsible for reviewing the provider's progress notes and modifying the ISP in conjunction with the Person-Centered Planning Team as needed to provide the best services possible for the individual receiving services.

If a child or adult is determined to be eligible for services, a Person-Centered Planning Team, which includes the person with the disability and his/her family meet and

determine needed services which are included in a Personal Plan. The Person-Centered Planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes. The Support Coordinator is knowledgeable about where services can be obtained and assists the family or individual in accessing the services to meet the outcomes of the personal plan.

Q: Does CCDDR provide any other services besides Support Coordination?

A: At this point in time, CCDDR does not provide any direct services, but contracts with other area agencies to provide services for Camden County persons with developmental disabilities.

Q: My son or daughter is approaching graduation from high school. Can CCDDR help?

A: For most families, this is the time when CCDDR and the Regional Office become most involved in coordinating services. Depending on the circumstance and wishes of the person with a developmental disability, CCDDR and the Regional Office can coordinate vocational training and job placement services or other supported activities based upon the needs of the individual. Your child is entitled to having a transition plan included in his/her IEP, and CCDDR Support Coordination staff is available to be involved in your child's transition IEP.

Q: Will I get all of the services I want?

A: The extent of services received is based upon the needs of the person with a developmental disability and available funds. The solution may not always be purchasing a specific service the family is requesting, but it must address the need directly in a way the family feels will work. In some cases, services can be obtained from other agencies and may not require funding from the Regional Office and/or CCDDR. If funding is not available for a service which has been determined to be a need for an individual served, the individual is placed on a waiting list for the service and will be removed from the waiting list once funding becomes available. Persons with higher Priority of Need scores will be taken off of the waiting list first. It is important to remember the services are based on the needs of the individual, not necessarily the wants.

Q: How long will it take to get the services I need?

A: There are a number of factors involved in the application, eligibility, and service determination process. Typically, the Regional Office is required to make a determination of eligibility within 30 days of the time an application is received, and additional time may be needed for planning and obtaining the services. If an additional assessment is needed, the time may be extended. If clear information confirming a developmental disability is readily available, it will take a much shorter time. In crisis situations when all the required elements are readily available, the determination and initial service plan may be made within a day or two.

Q: Who should I call if there are problems or concerns with the services I receive?

A: Your best contact is the Support Coordinator whose responsibility it is to work with you to resolve these concerns.

Q: Are there costs associated with these services?

A: Some services are exempt from charges to the client, while others are based on the ability to pay as per a Standard Means Test with the Regional Office. Your Support Coordinator with CCDDR in cooperation with accounting staff at the Regional Office can provide you with specific information related to your situation.

Q: I have limited income, who can help me with the cost to become a legal guardian?

A: Some legal aid agencies will assist if the person wanting to become a legal guardian has limited financial resources. Also, the disabled person's SSI benefits or other income can be saved to pay for guardianship expenses. Your assigned Support Coordinator can assist your family or interested party in locating attorneys in their community who charge reduced rates in the guardianship process.

Q: Is there an unlimited amount of money available to pay for services?

A: CCDDR is supported by a county property tax levy. County funds are often leveraged with state Department of Mental Health, DDD, Regional Office funds and federal funds to obtain and fund needed services. Local, state, and federal funds are limited. This combined with an increasing demand for developmental disability services throughout the state and nation means not all services can be immediately provided. The Utilization Review process attempts to prioritize county, state, and federal funding of services based upon an objective priority of need basis. Your Support Coordinator will be knowledgeable about these funding options.

Q: What should I do if I suspect a family member may have been the victim of abuse or neglect?

A: You should immediately notify your Support Coordinator of your concerns. There are specific statutory requirements under which the Department of Mental Health, DDD, Regional Offices operate and respond to allegations of abuse and/or neglect, as well as other state agencies, such as the Department of Health and Senior Services and Children's Division. The Adult Protective Services maintains a hotline: 1-800-392-0210. All calls will be kept confidential and the caller can choose to remain anonymous.



## **CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES**

### **Ethical Conduct and Values Statement**

Camden County Developmental Disability Resources (CCDDR) will conduct business in a respectful, honest, and trustworthy manner and will strive to provide the highest quality services to persons with developmental disabilities within Camden County.

CCDDR employees will be guided by internal policies and Missouri State Law (Section 630.115, RSMO) pertaining to the rights of persons served. Violations of ethical conduct will be evaluated by management and handled as outlined by state statute or agency policy.

CCDDR leadership will be guided by its bylaws and policies on leadership and legal requirements. Violations of ethical conduct will be brought to the attention of the Executive Director and the Chairperson of the Board of Directors and will be dealt with according to agency policy and bylaws.

CCDDR's financial practices will be handled according to the agency's policies on financial management. CCDDR will conduct its financial practices in accordance with applicable federal, state, and local laws and its by-laws, policies, and procedures.

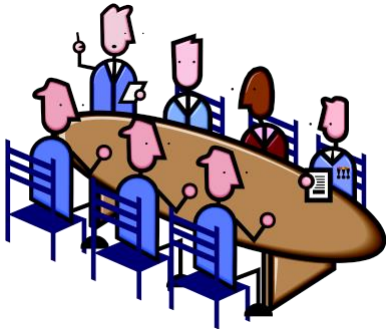
CCDDR's marketing activities will be implemented in a manner which respects the dignity and the privacy rights of persons with disabilities. CCDDR will never knowingly mislead/misinform the public and will be accountable to the public for its activities.

It shall be recognized the persons and families served by CCDDR should be the guiding force behind the organization. All activities of the organization will be directed toward promoting services that are consistent with developing opportunities for clients to achieve their highest level of independence, productivity, and citizenship. The rights of persons served will be protected in accordance with federal, state, and local law and organizational policies.

***The following is an explanation of this handbook in People First language.***

### WHO WE ARE

The Camden County Senate Bill 40 Board was created in 1980. CCDDR was started when people in our county had an election and voted to start an agency to meet the needs of persons with developmental disabilities. There are nine people in charge of CCDDR, called the Board of Directors. These nine people are asked to be board members by the Camden County Commission, the people in charge of running the county.



CCDDR collects money paid by taxes. This money is used to meet the needs of persons with developmental disabilities in our county. CCDDR uses this money and gives some of it to other agencies in the area, like the sheltered workshop. CCDDR also has Support Coordinators who help persons with developmental disabilities get the services they want and need.

### THE PERSON-CENTERED PLANNING PROCESS



Our Support Coordinators help persons with developmental disabilities get the services and supports they need. They do this using what is called a Individual Support Plan. This plan is made after getting people with disabilities, their families, and friends to tell their Support Coordinator what they need. The Support Coordinator is there to work for and serve the person with a developmental disability.

Sometimes the services you need may not be available right away, because there isn't enough money to pay for them. If this happens, your name will be put on something called a waiting list. Persons who need services the most are taken off of this waiting list sooner than those who don't need services as much.

Persons we serve have the right to expect our Support Coordinators to do a good job. If you don't feel this is happening, you can complain. One way to complain is to contact the Support Coordinator's boss, called a Supervisor. If you still are not satisfied, you can contact the boss's boss, called the Executive Director. If you still are not satisfied, you can call the person in charge of the CCDDR Board, called the Chairperson. Call (573) 317-9233 for any of these people. If you complain, we will not "hold this against you", something called "retaliation". You can also call the Regional Office to complain. Their number is 1-800-828-7604.

### SUPPORT COORDINATION MONITORING



If you get services funded by the state, your Support Coordinator is responsible for making sure these services are good and you are happy with them. This is called Service Monitoring. If you are in an ISL home or group home, your Support Coordinator will check on your services every month. If you get other services, like in a day program, your Support Coordinator will check on your services every three months. The agencies that provide your services must meet certain standards that show they are doing a good job. Our Support Coordinators are one part of making sure the services you get are good.

## TARGETED CASE MANAGEMENT



CCDDR gets paid for providing Support Coordination. Many persons with disabilities have Medicaid. Sometimes, CCDDR can have Medicaid pay for the Support Coordination services that we provide. This helps CCDDR pay bills, pay our staff and other things.

## CHOICE OF PROVIDER/SUPPORT COORDINATOR



Persons with developmental disabilities we serve can have choices of some things. You have the choice of who your Support Coordinator is. If you are in a program called the Medicaid waiver, you also have choice of what provider agency provides you with services our Support Coordinators arrange for you. There has to be more than one agency available though before you can choose. You can also decide to direct your own supports through the self directed supports program. Let your Support Coordinator know what your choices are.

If you have a guardian, these choices are made by this person.

## CLIENT RIGHTS/CONSENT FOR TREATMENT



All persons have rights, must not be hurt, and must be cared for properly. CCDDR provides you or your guardian with a copy of your rights every year. Some of your rights may be restricted, like if you have a guardian, conservator, or a rights restriction in your plan. Some of your rights cannot be restricted though. Your CCDDR Support Coordinator and your Planning Team work to ensure your rights are protected. Your rights are restricted only if absolutely necessary for your own safety and well being or for the safety and well being of others. If you feel your rights have been violated, call these people:

Client Rights Monitor  
Department of Mental Health  
P.O. Box 687  
Jefferson City, Mo 65102  
1-800-364-9687

Nobody is **ever** allowed to hurt you, take advantage of you, or not care for you properly. This is called abuse and neglect. If someone is hurting you, being mean to you, taking advantage of you (like taking your money), doing something you are not comfortable with (like touching you in private areas), or not taking care of you, **call your Support Coordinator right away at 573-317-9233 or the Adult Protective Services at 1-800-392-0210 if you're over 18 or Division of Family Services at 1-800-392-3738 if you're under 18.**

CCDDR cannot provide you with Support Coordination services until you or your guardian say this is OK. This is called "consent". You or your guardian has the right to give your OK to the services which are determined in your ISP.

When a big change to your plan is made during the year, you or your guardian needs to give your OK on this, too.

HAVE QUESTIONS??



If you need help with anything covered in this booklet, please call us at **573-317-9233** or stop by our office at **100 Third St., Camdenton MO.**

**CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES**

**NOTICE OF RECEIPT OF CLIENT-FAMILY HANDBOOK**

Print name of client receiving services: \_\_\_\_\_

My signature below indicates that I have been provided a copy of the Camden County Developmental Disability Resources Client/Family Handbook.

\_\_\_\_\_  
(Signature Of Client, Parent of Minor Child,  
or Legally Authorized Representative)

\_\_\_\_\_  
(Date)

If signed by a legal representative, relationship to client: \_\_\_\_\_