

Greene Arc, Inc.

Policy and Procedure Manual

582 Parking

Please be advised, the parking spaces that are outlined with blue paint (not the handicapped parking spaces) are designated for Agency vehicles. However, employees that are **utilizing** an Agency vehicle may park their car in those spaces for convenience and safety purposes.

These employees are usually in the Semi-Independent Living Program or the Supported Employment Program, but this is not limited to those programs. Due to their work schedule, they may need to return to the facility after hours when it may be dark.

Therefore, if you are not using an Agency vehicle, please park in the employee parking lot. If you are uncertain where the employee parking lot is located, please speak to your immediate supervisor.

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583 Cellular Phones

Agency Group Homes: Each group home has been issued a cellular phone that is the property of Greene Arc, Inc. As the cellular phone user within your group home or any other group home, please be aware of the following conditions for using the cell phone.

Personal calls are prohibited on these phones. All managers will receive a copy of the bill and will be reviewing all calls (incoming/outgoing). If for any reason there is a personal call that is charged to Greene Arc, Inc., the responsible employee will be held accountable for paying for the call and will be subject to disciplinary action. The disciplinary process will be enforced if personal calls are made using Agency phones. Any reported damages or loss of the cell phone will be investigated. If it is determined that an employee is responsible for the damages, the employee will be responsible to pay all repair or replacement costs and will be subject to disciplinary action.

Main Facility: There is to be no cellular phone use, including hands-free devices, during work hours. Each employee has access to a landline phone, and as such has no reason to use a cellular phone.

Business Cellular Phones Assigned to Employees: Employees that are issued a cellular phone by Greene Arc are allotted 200 anytime minutes, unlimited nights and weekends (9:00 p.m. to 6 a.m.) and unlimited mobile to mobile minutes. If you go over your allotted minutes, you will be responsible for the additional charges and will be subject to disciplinary action.

If the cell phone is lost or damaged, you will be financially responsible and will be subject to disciplinary action. In addition, the costs will be deducted from your pay. The amount owed will be determined according to current market price and availability.

Please Note:

Employees should always attempt to contact other employees first on their assigned landlines, where applicable.

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Anti-Texting Policy: In light of Pennsylvania's anti-texting law, all Greene Arc employees are encouraged to put their full focus on driving. Please be advised of Greene Arc's cell phone policies:

1. Employees who drive a company vehicle may **not** use a cell phone while operating the vehicle.
2. Greene Arc allows for a 15-minute break in the morning and afternoon as well as 30 minutes for lunch. It is during those break times that the Company permits the use of personal cell phones for making calls or sending/reading text messages. Texting throughout the work day is the same as making personal phone calls on Company time, which is prohibited. Time engaged in those activities is, in essence, stealing from the Company.
3. Employees who drive a Company vehicle, who are transporting an individual receiving services and who are being paid mileage, are prohibited from texting while operating the vehicle. It is the law!

584 Dress Code

1. The personal appearance of Greene Arc employees is important to the Agency because the impression that employees make on the public, other agencies, funders, monitors, family members/caregivers and our individuals influences the image of Greene Arc. Employees are expected to maintain a well-groomed appearance at all times. Employees should use good judgment regarding their appearance, which includes clothing and jewelry. Employees must keep in mind the nature of their work, their own safety and that of coworkers and individuals, as well as the *professional* image that Greene Arc desires to maintain.
2. Employees who will be meeting with external organizations, officials (such as elected officials, funders, monitors), board members, physicians, County staff, attending or conducting presentations, attending meetings or in any other situation, must wear business or professional attire.
3. On a daily basis, employees should use discretion and wear proper attire for the office environment. Casual attire (tank tops, sleeveless dresses or tops, walking shorts/walking short suits, tight short skirts, shorts, skorts, thermal knit dresses/pants/shirts, and camouflage attire) by either sex is unacceptable and not permitted.
 - Clothing should be clean, hemmed, wrinkle-free and in good condition.
 - Leggings may be worn under dresses or with a shirt that is mid-thigh.
 - Sheer clothing or clothing attire that exposes excessive amounts of skin, including bare midriffs, bare backs or cleavage is unacceptable.
 - Denim jeans must be clean and free from rips and frays. No sagging or low-riding jeans.
 - No pullover hoodies.
 - No lounge pants, yoga pants, active wear leggings, sweatpants, with and without cuffs, or any variation of sweatpants.
 - T-shirts are permitted as long as they adhere to the following guidelines:
 - a. Must be clean, well-fitting and free of any rips, holes or excessive wear.
 - b. Should not display any political, religious, offensive, inappropriate or controversial images, language or logos. Only professional and respectful designs are permitted. Employees must ensure their t-shirt choices reflect the professional standards of Greene Arc, Inc.

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- Examples of acceptable office clothing include: dresses, suits, pant suits, shirts or blouses that either tuck in or come well below the waist, men's dress shirts and ties, dress pants (includes corduroy), denim dress shirt, and long skirts. Leggings may be worn, however, professional appearance is still required. Therefore, appropriate blouse, shirt, tops, etc. must be long enough (mid-thigh) to be acceptable. During summer months, capri pants no higher than calf area may be worn. If you have any questions in regard to proper attire, check with your immediate Supervisor, the Human Resources Director or the Executive Director.

Employees will be notified if their dress is not appropriate and, at the judgment of their Supervisor, the Human Resources Director or the Executive Director, will be sent home to change. In such case, the employee will need to utilize personal or vacation time to compensate for lost work time.

4. We understand that hairstyles are a form of individual expression. However, we also prioritize maintaining a professional appearance. Hair should be clean, combed and neatly trimmed or arranged. Unkept hair is not permitted. Sideburns, mustaches and beards should be neatly trimmed. Hairstyles should be appropriately professional and should not present a distraction in the performance of the employee's job function. Employees with long hair styles should wear hair pulled back off their face and neck to avoid interfering with job responsibilities, such as mechanical or electrical equipment use. Hair color should be within naturally occurring color tones. Extreme hair colors such as green, purple, blue, pink, etc., are prohibited.
5. No dangling jewelry is to be worn in program areas or residences.
6. We recognize the importance of self-expression while maintaining a professional environment. The following guidelines for tattoos and piercings must be followed:
 - Tattoos are permitted if they are not offensive, sexually explicit or otherwise inappropriate for a professional setting. Facial or neck tattoos are not permitted and employees must keep them covered during work hours.
 - Facial jewelry such as eyebrow rings, nose rings and lip rings is unprofessional and cannot be worn during business hours or while on duty. Only clear stud retainers are permitted for facial piercings during work hours. No other type of facial piercing jewelry is permitted. Tongue piercings are prohibited due to potential safety risks and their impact on speech.

584 Dress Code

- To minimize safety risks, Direct Support Professionals are only permitted to wear stud earrings. Dangling or hoop earrings are not permitted due to the risk of them being grabbed, pulled or caught on objects. By limiting ear piercings to studs, we can minimize these risks and ensure a safer work environment for all staff and individuals we serve.
7. Only closed-toe shoes are to be worn in work (program) areas. No open-toe sandals, flip-flops, etc. If employees working in the VTC, but not in a program area, choose to wear open-toe shoes, they must have another pair in the building in case they are needed in an emergency to go into a program area. In regard to this issue, the group homes are not considered “work areas,” however, for safety reasons and appearance, flip-flops **are not** to be worn. Group home staff must wear closed-toe shoes while on duty, regardless of their shift. Spiked heels and high platform shoes are not safe and should not be worn in any work area or group home. Heels that are two (2) inches high or less are acceptable.
 8. Tennis shoes may be worn as long as they are neat and clean shoes.
 9. Hygiene is very important. Offensive body odor and poor personal hygiene is not acceptable.
 10. Exceptions to these standards must be approved by the Executive Director for medical-related problems, special work assignments or religious exceptions.
 11. Non-compliance to this policy will result in disciplinary action.

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585 Smoking Policy

Greene Arc - VTC

Greene Arc is a non-smoking/tobacco free facility. Therefore, it is prohibited to use any tobacco products (smokeless tobacco) inside our facility. This includes all Agency vehicles.

Smoking is only permitted at the designated smoking areas while at the Greene Arc facility. These areas have the smoking receptacles available. It is also unacceptable to move smoke receptacles once placed in appropriate location.

It is **prohibited** to smoke while individuals are in the area. Therefore, employees are **not** permitted to smoke while loading or unloading our individuals from vans.

Smoking during a fire drill is **prohibited**. We are conducting fire drills to ensure the safety of individuals and staff. This is not a smoke break.

Please keep smoking to the breaks that you are provided throughout your workday.

Greene Arc Residential Homes

All residential Community Homes are non-smoking/tobacco free. Individuals and staff may smoke at the outside areas of the home (porch, patio, deck, etc.).

Staff are not permitted to leave individuals-served unattended in order to smoke.

All individuals and staff are to practice safe smoking habits and ensure that each outside area provides the proper receptacles to extinguish any smoking material.

Non-compliance to this policy will result in disciplinary action.

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586 Meal Allowance

Employees will be reimbursed at the following rates when required to travel away from the primary work site, otherwise with prior approval from the program Supervisor:

- Breakfast: \$6.00 Maximum – must be between the hours of 12:00 AM and 10:59 AM.
- Lunch: \$8.00 Maximum – must be between the hours of 11:00 AM and 3:59 PM.
- Dinner: \$16.00 Maximum – must be between the hours of 4:00 PM and 11:59 PM.

If you stay overnight for a work-related event, \$30.00 per day is the maximum amount you will be reimbursed.

Employees will also be reimbursed in these amounts when eating out with a client on an approved outing.

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600 First Aid

In the event of a life-threatening emergency, call 911. If an accident or illness should occur, no matter how slight, notify your Manager or Supervisor immediately so that appropriate medical treatment can be administered.

With the number of reported cases of AIDS and other bloodborne pathogens continuing to rise, it is imperative that employees take extreme care in case of an accident, both on and off the job. The transfer of any body fluid (blood, saliva, urine, etc.) may pass on a bloodborne pathogen. Use caution to avoid contact with these body fluids. Each first aid kit contains plastic gloves. Please be sure to use them. If this is not possible, use a strong disinfectant to clean up afterwards.

On the job injuries will be handled in accordance with Workers' Compensation laws. Any employee who is injured while on the job must notify the Supervisor and Human Resources immediately to be eligible for coverage provided under our Workers' Compensation Policy.

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601 Residential Sites – Safety

Any employee who is at a residential site must be sure to keep the screen/storm doors **unlocked** at **ALL** times. It is a fire hazard and mandated by the Department of Public Welfare, who oversees our licensing. It is essential in order to keep our residents safe in case of fire.

The Residential Supervisor will do random surprise overnight fire drills to get a more accurate picture of how we are doing in our evacuation procedures. It will not be unusual for the Residential Supervisor to “show up” in the middle of the night.

If the screen/storm doors are found locked, it will result in the staff responsible receiving disciplinary action.

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602 Fire Drill Policy

- An unannounced fire drill shall be held at least once a month.
- Fire drill must be held during normal staffing conditions and not when additional staff is present.
- A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the fire alarm or smoke detector was operative.
- Individuals shall be able to evacuate the entire building (or to a fire safe area designated in writing within the past year by a safety expert) within 2-1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire expert may not be an employee of the home or Agency. Staff assistance shall be provided to an individual only if staff persons are always present at the home while the individual is at the home.
- A fire drill shall be held during sleeping hours at least once every four (4) months.
- Alternate exit routes shall be used during fire drills.
- Fire drills shall be held on different days of the week and at different times of the day and night.
- Individuals shall evacuate to a designated meeting place outside the building or within the fire safe area during each drill.
- A fire alarm or smoke detector shall be set off during each fire drill.

702 Drug and Alcohol Use

I. STATEMENT OF POLICY:

The Company is committed to maintaining a safe, healthy and productive work environment, which is free from the adverse effects of drugs and alcohol. This policy has been developed to establish guidelines for providing and maintaining such an environment.

II. STATEMENT OF RULES CONCERNING DRUGS AND ALCOHOL:

Employees are required to report for work in a mental and physical condition that allows them to work safely and productively. The following is prohibited conduct under this policy:

1. The use, consumption or sale of alcohol at Company work locations;
2. Reporting for work, working or coming onto Company work locations at any time after having used alcohol or being impaired by alcohol;
3. The use, consumption, manufacture, sale, distribution, transfer or possession of drugs or associated drug paraphernalia, or the misuse of prescription drug medication at Company work locations;
4. Reporting for work, working or coming onto Company work locations at any time after having used drugs or while impaired by drugs; and
5. Notwithstanding anything to the contrary in II(3) or II(4) above, an employee's possession or use of prescription medication is not prohibited, provided (a) the employee has a valid prescription for the medication; (b) the prescribing physician is fully aware of the job duties the employee is expected to perform; and (c) the employee's use of the prescription medication is consistent with the prescribed use.

III. CIRCUMSTANCES UNDER WHICH DRUG AND ALCOHOL TESTING WILL BE CONDUCTED:

Individuals will be tested for drug and alcohol use under the following circumstances:

- **Reasonable Suspicion:** Drug and alcohol testing will be done when there is reasonable suspicion for the Company to believe that an employee is at work or has reported to work after using drugs or alcohol or while impaired by drugs or alcohol. Any employee to be tested under these circumstances will receive company-provided transportation to the nearest testing facility.

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702 Drug and Alcohol Use

IV. TESTING PROCEDURES:

The following procedures will be used to test for drugs and alcohol:

- Drugs will be tested using a urine drug test. Alcohol will be tested using a breath alcohol test (“Breathalyzer”).
- Laboratory tests of urine specimens for the presence of drugs will be performed by a laboratory facility. Results of all laboratory tests for drugs will be sent to a Medical Review Officer (MRO) for review.
- When collecting urine samples, split samples will be obtained and placed in two containers (A and B). Sample A will be tested. If the results of the initial screening test is positive, a confirmation test will be performed on Sample A. If confirmation results are positive, this will serve as confirmation of a positive test.
- If the MRO determines that the results of Sample A are confirmed as a positive test for drugs, the employee will be offered the opportunity to have Sample B tested at the sole expense of the employee. Testing of Sample B will be conducted in the manner directed by the MRO and according to the standards set forth in this policy. If Sample B tests positive for drugs, this will result in a final finding of a positive test.
- The results of Breathalyzer tests for alcohol are final.
- The types of substances to be tested are:
 1. Marijuana (THC, cannabinoids)
 2. Cocaine
 3. Phencyclidine (PCP - angel dust)
 4. Amphetamines (including methamphetamines)
 5. Opiates (including heroin, codeine and morphine)
 6. Benzodiazepines (including valium and Xanax)
 7. Barbiturates
 8. Methadone
 9. Propoxyphene
 10. Methaqualone (Quaaludes)

Confidentiality of the test results will be maintained by the Company except that such test results may be released to supervisory employees with a need to know the results as part of any disciplinary procure or as otherwise authorized by the employee.

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V. TESTING THRESHOLDS FOR DRUGS AND ALCOHOL:

The detection thresholds shown below will be used to differentiate between positive and negative test findings.

- A. **Urine Tests:** A test yielding a concentration at or above the initial screen threshold listed below will be considered positive and subject to a confirmation test. A confirmation test yielding a concentration level at or above the confirmation threshold shown below will result in confirmation of a positive test.

Substance	Initial Screen Threshold	Confirmation Threshold
Marijuana	50 ng/ml	15 ng/ml
Cocaine	300 ng/ml	150 ng/ml
Phencyclidine (PC)	25 ng/ml	25 ng/ml
Amphetamines	500 ng/ml	250 ng/ml
Opiates	300 ng/ml	300 ng/ml
Benzodiazepines	200 ng/ml	200 ng/ml
Barbiturates	200 ng/ml	200 ng/ml
Methadone	300 ng/ml	200 ng/ml
Propoxyphene	300 ng/ml	200 ng/ml
Methaqualone	300 ng/ml	200 ng/ml

If a test reveals the presence of a prescription drug, the employee will be requested by the MRO to produce a valid prescription for the drug. The MRO will then contact the prescribing physician to inquire if the drug was prescribed, whether its use is consistent with the prescription and if it takes into account the employee's job duties. Failure to provide a valid prescription within five (5) days of request by the MRO will result in a positive test result. If a valid prescription is produced, but the MRO determines that its use was inconsistent with the prescribed use or not consistent with the employee's job duties, such will result in a positive test result. Failure to have a prescription for the drug detected will also result in a positive test finding. Any positive result as described herein will result in the finding of prohibited conduct under this policy.

- B. **Breathalyzer Tests:** Employees who are found to have a confirmed blood alcohol concentration level of .04 or greater for the presence of alcohol will be discharged following a review of the facts by a designated Company official.

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VI. DISCIPLINARY ACTION:

Discipline for a violation of this policy will be administered as follows:

- An employee who engages in any conduct prohibited under Section II, or as otherwise set forth in this policy, will be subject to disciplinary action, up to and including termination;
- An employee who is tested for drugs or alcohol, and whose said test yields a positive result according to the detection thresholds set forth in Section V of this policy, will be subject to disciplinary action, up to and including termination;
- An employee who refuses to submit to a drug or alcohol test required under this policy, who refuses to sign an authorization for release of tests results to the Company, delays or attempts to delay the testing process or fails to cooperate with the Company in obtaining such tests as required under this policy, will be subject to discipline, up to and including termination;
- An employee who fails to comply with any request or direction of the MRO will be considered to have given a positive test and be subject to discipline, up to and including termination; and
- An employee who provides or attempts to provide a urine sample that is not his or her own will be deemed to have given a positive test and will be disciplined, up to and including termination.

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703 Sexual and Other Unlawful Harassment

It is the policy of the Company that harassment of applicants and employees, including sexual harassment, on the basis of race, color, religion, ancestry, national origin, age, gender, genetics, sexual orientation, marital, familial, or disability status or status as a covered veteran or any other legally protected group, is unacceptable and will not be tolerated.

This policy applies to all employees. It covers harassment by employees of the Company (including supervisor and management), customers, vendors or other third parties with whom the Company has business dealings. The Company will not tolerate offensive or otherwise unprofessional behavior which it determines is inappropriate in the workplace, even if it is not sufficiently severe or pervasive to meet the legal definition of a hostile environment.

Workplace harassment can take many forms. It may be, but is not limited to, words, signs, offensive jokes, cartoons, pictures, posters, email jokes or statements, pranks, intimidation, physical assaults/contact or violence.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as follows:

Quid Pro Quo – Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute quid pro quo when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment and/or (2) submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting an individual.

Hostile Environment – Is one which unwelcome sexual advances, requests for sexual favors and verbal or other conduct of a physical nature occur and when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Some examples of sexual harassment include but are not limited to:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Making threatening reprisals after a negative response to sexual advances
- Visual conduct such as leering, making sexual gestures or displaying sexually suggestive objects, pictures, cartoons or posters
- Verbal conduct such as making derogatory comments, epithets, slurs, sexually explicit jokes or comments about an employee's body or dress

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703 Sexual and Other Unlawful Harassment

- Verbal sexual advances or propositions
- Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual or suggestive or obscene letters, notes or invitations
- Physical conduct such as touching, assault or impeding or blocking movement and retaliation for reporting harassment or threatening to report harassment

Any employee who feels that he or she has been the subject of harassment (or who has reason to believe that someone else has been the subject of harassment), including sexual harassment, has the obligation to notify his or her supervisor or other member of management in oral or written form. The complainant is expected to provide information that the Company requests, including a detailed account of the incidents complained of, witnesses (if any), dates and other information considered relevant by the Company. A prompt investigation of the matter will be made. All employees (whether complainant, witness or accused) are required to be truthful, accurate and cooperative during the Company investigations. Information obtained during the investigation will only be told to another on a need-to-know basis. As the reporting employee or a witness employee, the Company will not retaliate against you for prompting or participating in the investigation.

The Company prohibits retaliation against any employee who complains of harassment or who participates in an investigation. All aspects of the complaint-handling procedure will be handled discreetly, however, it may be necessary to include others on a need-to-know basis.

All incidents of prohibited harassment that are reported will be investigated. The Compliance officers listed above will immediately undertake or direct an effective, thorough, and objective investigation of the harassment allegations. The investigation will be completed as soon as practicable and a determination regarding the reported harassment will be made and communicated to the employee who complained and to the accused harasser. If a complaint of prohibited harassment is substantiated, appropriate corrective action, up to and including discharge, will be taken. Appropriate action will also be taken to correct the effects of the harassment and to deter any future harassment.

Permissable
day

704 Attendance and Punctuality

Greene Arc expects employees to be reliable and punctual. You should report for work on time and as scheduled. If you cannot come to work or if you will be late for any reason, you must notify your Supervisor, on-call Supervisor and the front desk receptionist 2 hours in advance of the shift start. Employees are required to call in each day they will be tardy or absent.

Unplanned absences can disrupt work, inconvenience other employees and affect productivity. If you have a poor attendance record or excessive lateness, you may be subject to disciplinary action, up to and including termination of employment.

Immediate Supervisors are responsible for reviewing and verifying attendance and recording all occurrences.

An **unscheduled absence** will be recorded as one (1) occurrence. Each tardy or unscheduled early departure will be recorded as one-half (1/2) an occurrence. **No occurrence will be recorded for scheduled absence.**

Scheduled absences include: Pre-scheduled sick days, one (1) call-off per month following the current contract guidelines for calling off or a call-off verified by a doctor's excuse. A doctor's excuse must be presented before your next shift or within 24 hours, whichever comes first, stating may return (date) to Greene Arc without restrictions or limitations, that date, to be considered a scheduled absence. Excuses may be received by fax, email or screenshot via cell phone.

Unscheduled absences include: Tardiness and leaving work early before your shift, if not previously approved by Management. Call offs not within the contractual guidelines, calling off without sick time, calling off more than (1) time per month (unless by doctor's order). A doctor's excuse must be presented before your next shift or within 24 hours whichever comes first, stating you may return (date) without restrictions or limitations. As in the past, excuses may be faxed, emailed or screenshot via cell and submitted to Greene Arc, Inc.

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704 Attendance and Punctuality

Supervisors will follow the corrective action progression described below to address unscheduled absences, tardiness and unscheduled early departures. When an employee has accumulated two (2) occurrences, each occurrence thereafter will advance the corrective action process, up to and including termination of employment.

- Verbal warning upon two (2) occurrences
- Written warning upon three (3) occurrences
- Suspension upon four (4) occurrences (3 days without pay)
- Termination of employment upon five (5) occurrences

Sick time usage will be reviewed quarterly. If an employee has not been in violation of the call-off/attendance policy for that quarter, the employee will have up to and/or including one (1) occurrence removed from their corrective action scale. The quarterly cycles will be August 1st, November 1st, February 1st, & May 1st.

It is within the sole discretion of Management to categorize your tardiness or absence as excused or unexcused.

Failure to report for work three (3) consecutive days without approval of Management shall be considered resignation without notice.

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706 Return of Property

The Company may loan you property, materials or written information to help you do your job. You are responsible for protecting and controlling any property we loan you. You must also return it promptly if we ask. If you stop working at the Company, you must return all Company property immediately.

Greene Arc may issue a key(s) to its facilities to an employee. Upon request or at termination of employment, the key must be returned to the Privacy Officer.

Any employee who is issued a cell phone must return it upon request or at termination of employment. If the cell phone is lost or damaged, you will be financially responsible. Amount owed will be determined according to current market price and availability and will be deducted from your pay.

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710 Security Inspections

The Company wants to have a work environment that is free of illegal drugs, alcohol, firearms, explosives or other improper materials. We prohibit the possession, transfer, sale or use of these materials on our premises.

We may provide you with desks, lockers and other storage devices for your convenience but these are always the sole property of the Company. Because they are our property, we may allow our representative or authorized agents to inspect them at any time, either with or without advance notice to you. We may also inspect any items that we find inside them.

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711 Disciplinary Actions

The following shall stand as the policy and procedures regarding disciplinary action (once the employee has completed their probationary period) for all circumstances excluding medication administration (policy #425) and Attendance & Punctuality (policy #704)

Greene Arc, Inc. shall have the sole right to discipline, suspend or discharge any employee for just cause. Discipline should normally be progressive and aimed at correcting an employee's violation of policy or our work rules. Disciplinary action may include any or all of the following: counseling, oral warning, written warning, suspension or discharge.

Section 9 of the Collective Bargaining Agreement more thoroughly explains the areas of discipline and discharge. For employees who are not covered by the Collective Bargaining Agreement, the following four (4) actions of discipline may be applied in an attempt to resolve unacceptable conduct and/or poor performance; attendance concerns; and serious infractions of workplace policies, rules and/or procedures:

1. **Employee Counseling or Verbal Reminder (Documented)** – Employee is counseled by the Supervisor following a minor offense in an attempt to eliminate possible misunderstandings and to explain what constitutes proper conduct. The purpose of a documented verbal reminder is to make certain the employee is fully aware of the misconduct or performance problem and what the Company's expectations are for elimination or improvement of the problem, therefore, enabling the employee to avoid recurrence of the incident.
2. **Written Notice** – Employee receives a written notice following serious misconduct or continuation of repeated minor offenses. The purpose of a written notice is to make certain the employee understands the severity of the situation and that further misconduct will most likely result in suspension or discharge.
3. **Suspension or Final Written Warning** – A suspension without pay of up to five (5) days or a final written warning is used to address continuing problems where previous action has been ineffective or following serious misconduct. The purpose of the suspension is to make certain the employee understands the seriousness of the situation, and in the event of a serious infraction, to allow the company time to investigate the situation. The Management Team and Owner will review all suspensions.
4. **Termination** – Employee is discharged as the result of a serious offense or the final step in the accumulation of minor offenses of the same nature. Depending on the seriousness or severity of certain conduct, Supervisors may recommend an immediate written notice, suspension or termination.

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First Occurrence: The staff person will receive a documented counseling detailing the reason for the counseling and the issues and concerns needing addressed.

Second Occurrence: The staff person will receive a documented counseling detailing the reason for the counseling and the issues and concerns needing addressed.

Third Occurrence: The staff person will receive a documented counseling detailing the reason for the counseling and the issues and concerns needing addressed.

After the third written counseling has taken place – the next phase will commence under the category of Overall Job Performance:

Fourth Occurrence: The staff person will receive a **written counseling** (under the category of Overall Job Performance) detailing the reason for the counseling and the issues and concerns needing addressed.

Fifth Occurrence: The staff person will receive a **written warning** (under the category of Overall Job Performance) detailing the reason for the counseling and the issues and concerns needing addressed.

Sixth Occurrence: The staff person will receive a **written suspension notice** (under the category of Overall Job Performance). The staff person will be **suspended** for five (5) days without pay, equating to either 37.5 hours or 40 hours respectively. At the end of the suspension period, Greene Arc will notify the employee in writing regarding a decision to continue or to terminate employment.

NOTE: If a staff person completes a year with no additional disciplinary action from the date of the last documented occurrence – then this process will recommence (in essence – their slate will be wiped clean).

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719 Incident and Accident Reporting

All employees will receive Incident and Accident Reporting training and the Incident and Accident Reporting Manual upon hire. Below is basic information regarding this program.

Daily Hours of Operation: It is Greene Arc's policy that employees are to report any and all incidents/accidents to their **immediate Supervisor**. If something occurs during hours of operation, Monday-Friday 8:00am thru 4:00pm, contact your Supervisor's work phone. If it is extremely important that you speak to your Supervisor and they do not answer their work phone, call their cell phone. Cell phone numbers have been provided to employees.

If your immediate Supervisor is not available, contact **his/her Supervisor** to relay the information. Only when either person is not available should you contact the Executive Director.

After Hours: Greene Arc has established an On-Call system, to which incidents/accidents are to be reported. The number for the On-Call phone is as follows:

Supported Living Program Personnel Call: 724-998-1332 / 309-299-7937 / 724-710-4261

Residential Employees Call: 724-833-2527

This employee will relay the reporting incident to the appropriate person. It is mandatory this procedure be followed, as the On-Call person documents the details of the calls, thus providing necessary information to complete reports. Any employee who has questions about the reporting procedure should contact the Executive Director.

Incidents Requiring Qualified Medical Attention

Direct Care Staff Responsibility: When a situation arises that includes circumstances that are, or might be, affecting the individual's medical well-being, staff are to, as soon as possible, contact their Supervisor or the On-Call Supervisor (depending on the time of day) to report the situation and receive a directive for handling it. **If the incident involves a life-threatening situation, then staff is to proceed according to the EMERGENCY MEDICAL CARE PLAN.**

Management Staff's Responsibility: The Residential Supervisor or On-Call Supervisor will make their determination as to whether or not the individual can be taken to their primary care physician's office or to the emergency room for evaluation, depending on the time parameters. Then the Supervisor will notify the Director of Residential Services as soon as possible and will take any additional directives from the Director that may

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719 Incident and Accident Reporting

need relayed to the staff. The Supervisor will make a detailed entry in the On-Call log and send a detailed email to the Director of Residential Services. The Director of Residential Services will then contact the Executive Director to relay the information and updates as they become available.

Proper Documentation Regarding an Incident:

Supervisor or On-Call Supervisor: In addition to completing the On-Call and/or email documentation, the Supervisor will generate the required HCSIS data (reportable incident).

Direct Care Staff: Staff will generate a detailed case note and will complete a detailed entry of the incident in the individual's log, kept at the group home site.

Follow up information pertaining to the incident will need to be generated by each party accordingly:

- Staff to Supervisor
- Supervisor to Director of Residential and/or Executive Director
- Director of Residential to Executive Director (if not already done by Supervisor)

EMERGENCY MEDICAL CARE PLANS

In the event of a medical emergency, staff on duty will provide the following plan of action:

Residential Program:

1. Staff on duty will immediately call 911 and request an ambulance to provide transportation to the nearest hospital.
2. Staff on duty will attend to the needs of the individual until the ambulance arrives.
3. Staff on duty will notify either their Residential Supervisor or the On-Call Supervisor to inform them of the emergency situation and ask for instructions or directions as to whether the staff should accompany the individual to the hospital. The Supervisor will

determine whether this is necessary, depending on the staff ratio of the house at that point in time. The Residential Supervisor or On-Call Supervisor will go to the hospital.

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FRANKLIN ST Supervisor Cell: (412) 605-4983
ROGERSVILLE Supervisor Cell: (724) 710-2660
JEFFERSON Supervisor Cell: (724) 710-2660
SCHROYERS Supervisor Cell: (724) 998-5438
PINE ST Supervisor Cell: (724) 998-5438
ON CALL Cell: (724) 833-2527

4. The Residential Supervisor will notify the Director of Residential Services regarding the individual's medical condition. If the Director is not available, the back-up will be the Executive Director.

DIRECTOR OF RESIDENTIAL SERVICES Cell: (724) 757-5064
EXECUTIVE DIRECTOR Cell: (724) 833-2534

5. The Director of Residential Services will notify the Executive Director.

Supported Living Program:

1. Staff on duty will notify the On-Call staff personnel to inform them of an emergency situation and to ask for instructions/guidance.

On-Call Emergency Cell: 724-998-1332 / 309-299-7937 / 724-710-4261
Cell: (724) 998-1332

2. The staff on duty or the On-Call staff will accompany the individual to the hospital.
3. The On-Call staff will notify the Director of Community Programs regarding the individual's medical condition. If the Director is unavailable, the back-up plan is to notify the Executive Director.

Director of Community Programs Cell: (724) 998-1332
Executive Director Cell: (724) 833-2534

4. The Director of Community Programs will notify the Executive Director.

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720 Complaint Form

Greene Arc, Inc. has developed a “complaint form,” which will be available from the receptionist in the front office. An additional copy is located in the helpful forms section of this manual.

All complaints will be reviewed by the Executive Director. After the complaint has been received, the Executive Director will contact the person filing the complaint or will notify the appropriate management staff to resolve the complaint.

All filed complaints will be kept in a locked file cabinet for future reference. Retaliation against any employee for appropriate usage of the complaint form is unacceptable.

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877 Proxy Authorization Policy

Under the Mental Health and Mental Retardation Act, the facility directors of mental health or mental retardation facilities become the residents' guardians in situations where the residents do not have family or a different guardian to provide health care decisions consent. 50 P.S. § 4417 ©. The term "director" means the administrative head of the facility and includes superintendents. 50 P.S. § 4102.

Therefore, Greene Arc Inc's Executive Director shall serve as the guardian of any resident who does not have a living parent, spouse, issue, next of kin or legal guardian as full and to the same effect.

Alternatively, in his/her absence or unavailability, it shall be Greene Arc's policy for the Executive Director to designate the Residential Director to serve as the residents' guardian.

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878 Diversity, Equity and Inclusion Policy

All employees of Greene Arc, Inc. have a responsibility to treat others with dignity and respect at all times. All employees are expected to exhibit conduct that reflects inclusion during work, at work functions on or off the work site, and at all other company-sponsored and participative events. All employees are also required to attend and complete annual diversity awareness training to enhance their knowledge to fulfill this responsibility.

Any employee found to have exhibited an inappropriate conduct or behavior against others may be subject to disciplinary action.

Employees who believe they have been subjected to any kind of discrimination that conflicts with the company's diversity policy and initiatives should seek assistance from their supervisor or an HR representative.

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878 Diversity, Equity and Inclusion Policy

Diversity, Equity, and Inclusion Policy

Greene Arc, Inc. is committed to fostering, cultivating and preserving a culture of diversity, equity and inclusion.

The individuals we serve are the most valuable asset we have. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and Greene Arc, Inc. achievement as well.

We embrace and encourage our employees' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status and other characteristics that make our employees unique.

Greene Arc's diversity initiatives are applicable-but not limited-to our practices and policies on recruitment and selection; compensation and benefits; professional development and training; promotions; transfers; social and recreational program; layoffs; terminations; and the ongoing development of a work environment built on the premise of gender and diversity equity that encourages and enforces:

- Respectful communication and cooperation between all employees.
- Teamwork and employee participation, permitting the representation of all groups and employee perspectives.
- Work/life balance through flexible work schedules to accommodate employees' varying needs.
- Employer and employee contributions to the communities we serve to promote a greater understanding and respect for the diversity.

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879 Mask Policy

The policy for Greene Arc, Inc. employees and individuals regarding no longer needing to wear masks is as follows:

DO NOT COME TO WORK IF YOU ARE SICK OR ILL, NO MATTER THE SYMPTOMS.

- Masks are no longer required, however, all employees and individuals must have a readily available mask in case a surge occurs.
- Social distancing is still required.
- All staff is temped and screened prior to entry each morning. If any staff are fevered or answers yes to any screening questions, they are sent home and back-up staff will take their place.
- All individuals are temped and screened prior to entry on the van. If anyone is fevered or answers yes to any screening questions, they are not permitted to enter the van.
- All individuals are temped and screened prior to entry each morning. If anyone is fevered or answers yes to any screening questions, they are sent home.
- Frequent handwashing is encouraged throughout the day.
- Surfaces are cleaned and sanitized before and after eating.
- Vehicles are sanitized after each trip.
- Restrooms and frequently touched surfaces are disinfected throughout the day.
- Visual and verbal cues are used to remind everyone to practice social distancing.
- If anyone becomes ill throughout the day, they will be taken to the first aid area and their family will be notified to pick them up. Staff will remain with them until they are picked up. If no one answers the phone, a message will be left for them to contact Greene Arc. Every effort will be made to contact the family. If no response is received within 30 minutes to make arrangements for pick-up, the individual will be sent by ambulance to the ER for medical evaluation. Staff will stay with the individual until a family member arrives at the hospital.
- Letters were sent to families and caregivers asking for them to provide an up-to-date home phone number and cell phone number (if applicable).

Should a potential exposure happen here at the day program, those impacted will be notified.

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880 Personal Property

The Company cannot be responsible for personal property that is lost, damaged or stolen. If you bring personal property/items/belongings into the office or on Company property, you are responsible to keep track of them.

If you do bring personal property, you need to understand that it will not be covered under the Company's insurance and, because of limitations on personal homeowners' policies with business property away from the home premises, it may not be covered under your homeowner's coverage either.

The Company prohibits any items on the premises or worksite that are sexually suggestive, offensive or demeaning to specific individuals or groups, along with firearms or other weapons.

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881 ISP Team Composition

December 17, 2015

Mandatory Composition of the ISP Team:

- The Individual
 - If the individual is unable to be present, the reason for the absence must be documented on the signature form. The Supports Coordinator will review the results of the meeting with the individual and document this review by having the individual sign the signature form, noting the date the review was held.
- The Supports Coordinator
- The Program Specialist or Family Living Specialist
- The Direct Service Worker for the Licensed Provider
- Other people who are important in the individual's life and who the individual chooses to include

Additional Composition of the ISP Team May Include:

- The individual's family, guardian, surrogate or advocate
- Other Providers of service
- The common law employer or managing employer if the individual has chosen to self-direct

When an individual has a service licensed under 55 Pa. Code Chapters 2380, 2390, 6400 or 6500, no less than three (3) plan team members, in addition to the individual, must attend the ISP meeting. If the individual or surrogate does not wish to attend the meeting, the meeting will proceed as scheduled, with the requirements listed above.

ISP team requirements are according to 55 Pa. Code Chapters 2380, 2390, 6400, 6500: 55 Pa. Code §§ 2380.184(a), 2390.154(a), 6400.184(a), 6500.154(a).

881 ISP Team Composition

Behavioral Attendance Exception Policy to Biannual ISP Team Meetings

The exception to this policy is as follows:

Biannual Meeting Attendance:

Since there are required monthly reports (“Behavioral Supports Monthly Progress Notes,” etc.) submitted to the SCO, we can “waive” attendance at the Biannual ISP meetings.

NOTE: If the individual is in crisis at the time of the biannual, the SCO expects Behavior Support Providers to attend as part of their responsibility to the individual and team.

NOTE: This exception to meeting attendance is based on the Behavioral Supports Specialist completing their monthly report to the SCO and is void if this does not happen. Additionally, if Providers fall behind in sending their reports/notes and/or the SCO has not received them in a timely fashion, it is the expectation that the Provider again attends the biannual.

882 Adult Protective Services Policy

December 17, 2015

Washington County follows the Adult Protective Service (APS) Law to ensure our consumers' health, safety and wellbeing.

Any mandated reporter witnessing the Abuse, Neglect, Exploitation or Abandonment of an adult in our program must take the following steps:

- Make an oral report to the Statewide Protective Services Hotline by calling 1-800-490-8505.
- Within 48 Hours of making the oral report, the reporter must make a written report using the "Mandatory Abuse Report" form PDA/DHSMAR (04/15), available on the DHS website at <http://www.dhs.state.pa.us> under the "Report Abuse" link on the left side of the page.
- The report must be emailed to RA-PWAPSMandatoryRon@pa.gov or faxed to 484-434-1590.
- The reporter must follow all required Incident Management regulations, policies and procedures that are applicable.
- **Note:** If the case involves sexual abuse, serious injury, serious bodily injury or is a suspicious death, the reporter must, in addition to the previous steps,:
 1. Make an immediate oral report to local law enforcement.
 2. Make an immediate oral report to the DHS staff responsible for the APS Program at 717-265-7887.
 3. Within 48 hours of making the oral reports, submit a written report to law enforcement. The forms currently used by the facility, a HCSIS report or an EIM report form are all acceptable.

In addition to the above mandatory steps, any and all of the following offices may be contacted if the alleged victim is receiving services from their programs:

OFFICE OF DEVELOPMENTAL PROGRAMS

If the person has an intellectual disability or autism, the allegation will be referred to the ODP Regional Office where the person resides. The Office of Developmental Programs' Customer Service Line is 1-888-565-9435 and can direct the caller to the appropriate Agency.

882 Adult Protective Services Policy

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

If the person has mental illness or substance abuse issues, the allegation can be referred to the Office of Mental Health and Substance Abuse Consumer Information Line at 1-877-356-5355. Information can then be referred to the appropriate County Mental Health Agency or the Office of Mental Health and Substance Abuse Community Program Manager.

OFFICE OF LONG-TERM LIVING

If the allegation involves an individual with a physical disability, brain injury or other disability served by the Office of Long Term Living or a person living in an assisted living facility, it can be referred to the Office of Long-Term Living Participant Help Line by calling 1-800-757-5042.

PERSONAL CARE HOME

If the allegation involves a person in a Personal Care Home, the case can be referred to the field Office of Administration of DPW, which oversees these programs, by calling at 1-877-401-8835.

NURSING HOME

If the allegation involves a person in a nursing home, contact the Department of Health at 1-800-254-5164 or 717-787-1816 to file a complaint.

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882 Adult Protective Services Policy

Background:

The Adult Protective Services Act (Act 70 of 2010) created a Protective Services program for adults with disabilities between the ages of 18 and 59. Under the Act, the Department of Public Welfare (DPW) is the designated agency to administer the program. The Act requires the Department to, through a competitive bidding process, contract with agencies to investigate allegations of abuse, neglect, exploitation or abandonment and provide Protective Services to adults found to be in need. The services provided by the contract agencies are only short term in nature and are to detect, prevent, reduce and eliminate abuse, neglect, exploitation and abandonment.

The Act defines an adult as “A resident of this Commonwealth between 18 and 59 years of age who has a physical or mental impairment that substantially limits one or more major life activities.”

INVESTIGATION OF CASES

Investigations for Adults Who Are Not Current DPW Consumers or Not Residing in a DPW-Licensed Facility:

For allegations of abuse, neglect, exploitation or abandonment of adults who are not currently a consumer of a DPW service or a resident of a DPW licensed facility, the report will be investigated by the participating Older Adult Protective Services Agency.

As not all OAPSA agencies are participating, investigations will also be conducted by staff and contractors of DPW and PDA. Please see the attached map for how coverage will occur. The APS Investigating Entity will implement the following procedures:

- Assure investigations deemed “priority” begin immediately and, to the extent feasible, the Agency shall conduct a face-to-face interview with the adult no later than 24 hours from the referral.
- If the adult is in need of immediate medical or local law enforcement intervention, call 911. The Agency will also contact law enforcement when there is cause to suspect sexual abuse, serious injury, serious bodily injury or a death that is suspicious.
- Assure investigations deemed “non-priority” begin within 72 hours from the referral of the report.

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882 Adult Protective Services Policy

- Enter the relevant demographic and case-specific information into the Social Assistance Management System (SAMS) database for each case in a timely manner. In addition, enter all Protective Services purchased and provided into SAMS, similar to the process for OAPSA cases.

If the findings of the investigation support that Protective Services are required, the APS Investigative Entity will arrange for the immediate provision of interim services to meet the victim's needs (e.g., home health services, emergency shelter, personal assistance services, etc.). The APS Investigative Entity will seek the least-restrictive possible means of providing Protective Services to the victim.

The APS Investigating Agency will follow the existing protocols for OAPSA for investigation and the provision of services, except where differences exist between the OAPSA protocols and the APS Act. The differences between the two were noted during the training provided to the participating OAPSA agencies. If the APS Investigative Entity has questions during the investigation that require further guidance, it should contact the APS Division within DPW or the OAPSA Division within PDA. The APS Investigative Entity will contact the DPW APS Division if any of the following situations arise:

- The alleged victim is at imminent risk of death, sexual abuse, serious bodily injury or serious injury, but refuses Protective Services.
- Interim services are required for more than 30 days.
- The APS Investigative Entity requires assistance in securing the cooperation of a service provider to provide interim services.
- A recommendation is made to move the victim to a more restrictive setting.

Investigations Involving Current DPW Consumers or Adults Residing in Licensed DPW Facilities:

For adults receiving services from a DPW program or residing in a licensed DPW facility, the responsible program offices will investigate the cases. These cases will be investigated using the existing protocols for the Incident Management process used by the responsible program office. The program office may contact the APS Division for complex cases that require assistance. The DPW program office will track APS-related reports and investigations.

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Investigations Involving Residents of DPW-Operated Facilities (State Centers, State Hospitals and Youth Development Centers):

For alleged victims who reside in a DPW-operated facility, the facility should investigate the allegation(s) consistent with its established policy for such cases. Upon completion of the investigation, it will forward its findings to the APS Division within three (3) business days of completion of the report. The APS Division will review the investigative findings and determine if any further investigation or information is necessary.

Mandatory Reporting of Suspected Abuse:

(See Act 70, specifically Section 501 and the definitions of employee and facility)

The Act requires that an employee or administrator (of a facility) who has reason to suspect that a recipient is a victim of abuse or neglect shall make a report. The Act requires employees, including contractors, to report suspected abuse or neglect if they work for any of the following facilities:

- Assisted Living Facility
- Domiciliary Care Home
- Home Health Care Agency
- Home Care Agency
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Nursing Home
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- An organization or group of people that use public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting

During the transition phase, APS reporting requirements will be met if providers submit allegations according to their Department's established Incident Management protocols. If the incident is not covered by a current Incident Management protocol, then a call must be made to the Bureau of Human Services Licensing Hotline at 1-877-401-8835. This is the interim hotline for these calls and it is anticipated that, in the near future, a statewide hotline for this program will be established.

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882 Adult Protective Services Policy

Procedure for Handling Employees Accused of Abuse and Neglect:

(See Act 70, specifically Section 501 and the definitions of employee and facility)

The Act requires, "On notification that an employee is alleged to have committed abuse or neglect, the facility shall immediately suspend the employee or, where appropriate and subject to approval by the Agency and by the appropriate state licensing department with regulatory authority over the facility, shall implement a plan of supervision." During the transition phase, plans of supervision are to be submitted to the participating OAPSA agency and licensing agency. For those counties without a participating OAPSA agency, plans of supervision are to be submitted to the APS Division and licensing agency. Based upon the definition of Facility in Act 70, this applies to employees of the following:

- Assisted Living Facility
- Domiciliary Care Home
- Home Health Care Agency
- Home Care Agency
- Intermediate Care Facility for Individuals with Intellectual Disabilities
- Nursing Home
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- An organization or group of people that use public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting

Notification Process When the Abuse or Neglect is Criminal in Nature:

Employees and/or administrators who have reasonable cause to suspect that a recipient is a victim of abuse involving sexual abuse, serious injury, serious bodily injury or if a death is suspicious, shall immediately make an oral report to the APS Investigative Entity. In addition to reporting to the APS Investigative Entity, oral reports must be made to the PDA and local law enforcement. Within 48 hours of making all oral reports, the employee or administrator shall make a written report to the Agency.

Additionally, within 48 hours of making an oral report, the employee and the administrator shall make a joint written report to appropriate law enforcement officials for abuse involving sexual abuse, serious physical injury, serious bodily injury or if a death is suspicious.

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882 Adult Protective Services Policy

Coordination of Investigations:

To the fullest extent possible, law enforcement officials, facilities and agencies shall coordinate their respective investigations, advise each other and provide any applicable additional information on an ongoing basis. Cases involving law enforcement may, at the written request of the law enforcement agency, require law enforcement to take the lead.

Confidentiality of Information:

Information contained in reports, records of investigation, assessment and service plans shall be considered confidential. Except as provided in Section 306 of the Act, confidential information shall not be disclosed to anyone outside the Agency other than to a court of competent jurisdiction, pursuant to a court order. An agency's access to confidential records held by other entities or individuals, or an adult reported to be in need of Protective Services, shall require the consent of the adult or a court-appointed guardian, except as provided under Section 307 of the Act.

Assuring the Provision of Necessary Long-Term Supports:

Protective Services are intended to be short-term, not to exceed 30 days. As such, it is imperative that adults who need long-term supports promptly receive an assessment, eligibility determination and enrollment into the least-restrictive, most-integrated service setting.

When an APS Investigative Entity identifies that an adult may need long-term supports, it shall notify the appropriate local entity responsible for the assessment/case management (i.e., MH/ID). If the case is not progressing in a timely fashion, or there are differences of opinions on how the long-term supports need to be handled, the APS Investigative Entity will contact the APS Division at 717-783-3670.

If the APS Investigative Entity is unsure about which agency is appropriate to serve the individual, or there does not appear to be a program for the person, the APS Investigative Entity will contact the APS Division. The APS Division will work with the single points of contact within DPW to identify a service solution and assure that a decision is made.

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883 Request for Service Change

December 17, 2015

POLICY: This policy will address the methods, procedures and rationale for changing services for a single individual, an entire service location (house), obtaining a change in Providers or termination of an individual from a program or service due to a **“Health or Safety”** need that has been identified for an individual through any team member (Individual, Supports Coordinator, Program Specialist, Guardian or Family Member).

PURPOSE: To outline the steps and usage of the **“Provider Request for Service Change Form”** will additionally require a **DP 1022** (and possibly House Budget or Cost Report) that must be completed in their entirety in order to modify or discontinue services for an individual.

GUIDELINES: The Washington County Administrative Entity (AE) and Supports Coordination Organizations (SCOs) that support the County must be made aware of and be given the appropriate information in order to assist our individuals in modifying, discontinuing services or obtaining Provider changes.

Request for Service Change: Single Individual Process

1. A **“Health or Safety”** need has been identified for an individual (through any team member).
2. The Supports Coordinator (SC) is notified of the requested **“Health or Safety”** need. The SC will schedule a team meeting to discuss the requested need to determine if a service change is needed. *(The SCs will inform the team members of the agreed upon date, time and place of the meeting via email or letter.)*
 - a. The SC ensures that all pertinent information is gathered at this step (via email).
 - b. If this change is to obtain a new Provider, the Provider Selection Process begins and, once a new Provider has been identified through this process, the SC will schedule a team meeting with the new Provider. In this meeting, the team must discuss the change and the expectations of the individual, family/guardian and the new Provider.
 - i. *The new Provider’s fiscal department will complete the “request for service” form. The information (service type, service level, rate per unit, number of units and total dollar amount of requested change) needs to be accurate and the form must be totally completed. It is the new Providers’ responsibility to have the “Provider Request for Service Form” available*

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for the Supports Coordinator at the meeting. Failure to have this completed at the time of the meeting will cause a delay in the process, as the Supports Coordinator cannot move forward on the request until the Provider submits all requested information.

3. Prior to this scheduled meeting, the Program Specialist (PS) will contact their fiscal department. The Provider's fiscal department will request and complete a **"Provider Request for Service Change Form."**
 - a. The information entered on this form needs to be accurate and complete. It is the *Providers' responsibility* to obtain the **"Provider Request for Service Change Form"** and have it available for the SC at the afore mentioned meeting. Failure to have the form completed at the time of the meeting will cause a delay in the request.
4. At the team meeting, the Provider will present the **"Provider Request for Service Change Form"** to the SC for discussion by the team. At the meeting, the SC will obtain all present team members' signatures upon a signature sheet.
 - a. All amounts, W-Codes, units, budgets need to be examined for appropriateness of the request.
 - b. The SC will complete the Office of Developmental Program's (ODP's) form **DP1022** at this meeting and have the involved individual sign it.
 - i. All necessary steps required in the DP1022 instructions shall be adhered to, including any time frames involved.
 - c. If the identified need is accepted as a "Health or Safety" need by the team, the SC will bring the completed **"Provider Request for Service Change Form"** back to Washington County Behavioral Health and Developmental Services (BHDS) for continuation in the service change process.
 - i. The process time frames start at this meeting.
 - ii. The SC has two (2) days to send the form to the SCO.
5. SC gives to SC Supervisor (SCS), who in turn reviews the request before submission to the AE.
6. AE approval or denial.
7. Returned to SCO.

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883 Request for Service Change

8. SCO Returns to SC, who enters the approved services into the plan.
9. SC Returns to SCS for verification.
10. Services Authorized by AE after plan entry.
11. Provider is notified by mail via the **“Revised ISP Distribution Letter.”**

- **Special Note:** if the service change is due to a “new house/location,” the rate, location and status of the site license must be reported to the Washington County BHDS before any changes can move forward. *Absolutely no service change will be approved without this information.*

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884 Transitions Policy

December 17, 2015

It is the expectation of the Washington County BHDS that our Providers follow the guidelines established in PA Code Chapter 51.31 regarding the "Transition of Participants" when discharging one of our consumers from any program or service.

Specifically, Providers cannot discharge a consumer without at least thirty (30) days written notice to the County or Washington Communities SCO and County AE in addition to attending transition meetings with the consumer's entire team.

Please refer to Ch. 51.31 on the reverse of the Transitions Policy.

884 Transitions Policy

Ch. 51

OFFICE OF DEVELOPMENTAL PROGRAMS

55 § 51.31

§ 51.31. Transition of participants.

- a) When a participant selects another willing and qualified Provider to replace the current Provider, both Providers shall cooperate with the Department or the Department's designee, the participant and the participant's SCO or SCA during the transition between Providers.
- b) The current Provider shall ensure the following:
 - 1) Participation in transition planning meetings to aid in the successful transition to the new, willing Provider.
 - 2) Cooperation with visitation schedules identified during the transition meeting.
 - 3) Arrangement for transportation of the participant to support the visitation schedule.
 - 4) Closing of open incidents in HCSIS.
 - 5) Undue influence is not exerted when the participant is making the choice to a new, willing and qualified Provider.
- c) A Provider that is no longer willing to provide an HCBS to a participant shall provide written notice at least 30 days prior to the date of discharge to the participant, the Department, the Department's designee and the SC when the Provider is not the SCO or SCA.
- d) The Provider shall provide written notification that includes the following:
 - 1) The HCBS the Provider is unwilling or unable to provide.
 - 2) The HCBS location where the HCBS is currently provided.
 - 3) The reason the Provider is no longer willing to provide the HCBS to the participant.
 - 4) A description of the efforts made to address or resolve the issue that has led to the Provider becoming unwilling or unable to deliver the HCBS to the participant.
 - 5) Suggested time frames for transitioning the delivery of the HCBS to a selected willing and qualified Provider.
 - 6) The current Provider name and Master Provider Index number.
- e) Provider shall continue to provide the authorized HCBS during the transition period to ensure continuity of care until a willing and qualified Provider is selected, unless otherwise directed by the Department or the Department's designee.
- f) A Provider shall provide written notification to the Department or the Department's designee if the Provider cannot continue to provide the HCBS until another willing Provider is selected due to emergency circumstances.
- g) A selected willing Provider shall cooperate with transition planning activities including participation in transition planning meetings.
- h) A current SCO Provider shall cooperate with transition planning activities, including utilization of HCSIS transfer functionality and participation in all transition planning meetings that occur during the transition period.
- i) A Provider shall provide available records to the selected willing Provider within 7 days of the date of transfer.
- j) This section does not apply to an SSW Provider and an AWC/FMS Provider.

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885 Infestation/Epidemic Emergency/Crisis Policy

Introduction: Unforeseen incidents may occur at short notice that must be dealt with urgently outside the standard policy framework. While precise procedures cannot be laid down, there is a need for general policy to guide the organizational response to crisis.

Purpose: The Infestation/Epidemic Emergency/Crisis Response Policy is intended to facilitate the management of a crisis within Greene Arc, Inc. and to minimize risks to the individuals (“consumers”) who receive our services as well as personnel. This policy is intended to protect Greene Arc and to implement urgent recovery procedures.

Policy:

1. Reported Infestations/Epidemics which pose a potential threat to Greene Arc consumers and personnel will be investigated and dealt with on a case-by-case basis.
2. Should potential threats be found, Greene Arc reserves the right to protect its consumers and personnel until the potential threats are neutralized or contained.
3. Technical assistance is requested to provide support and specific directions to staff in order to aid in the reduction and elimination of potential threats.
4. Outside resources are utilized to assist with concerns (exterminators, CDC, code enforcement officers, Adult Protective Services, etc.).
5. County Human Services are contacted for assistance.

Greene Arc, Inc.

Policy and Procedure Manual

886 Grievance Procedure

Greene Arc will resolve a grievance within twenty-one (21) days.

- A. If you have a problem that cannot be resolved with your immediate Supervisor, you may talk to their Supervisor.
- B. The grievance is to be written. If you need assistance completing grievance form, you may request a designated person to assist you.
- C. The Grievance Form is available from the receptionist in the front office. The form includes the following: name, nature, date, actions taken for resolution and date resolved.
- D. You may also contact the Pennsylvania Protection and Advocacy, Inc.
- E. All grievances will be submitted to the Executive Director for review and resolution. Once the grievance has been received, the Executive Director will contact the person filing the grievance and will notify the appropriate management staff to discuss the resolution. If you are still not satisfied, you may go to the Board of Directors or an advocate of your choice.

The grievance policy for the individuals is included in the Greene Arc. Individual Handbook given to individuals and/or family members/caregivers upon admission.

Greene Arc's Quality Management Committee will review the grievance procedure annually to determine the number of grievances and their disposition. At that time, should any revisions to the policy be required, Greene Arc will distribute the revised policy to staff, individuals and or family members/caregivers.

The grievance policy and form are also located in Greene Arc, Inc.'s Policy & Procedure Manual. All Greene Arc staff are required to review policies annually.

886 Grievance Procedure

GRIEVANCE FORM

Name of Individual Filing Grievance: _____

Nature of Grievance:

Date: _____

Name of Person Filing on behalf of Participant, if applicable:

Date Resolved: _____

Provider Signature: _____

Participant Signature: _____

Revised 11/2/22

887 Records Management

In accordance with Chapter 51 regulation 51.15

1. In addition to the requirement under § 1101.51 (relating to ongoing responsibilities of Providers), Greene Arc will:
 - a) Document that the HCBS for which it claims payment was provided to the participant and that information submitted in support of the payment is true, accurate and complete.
 - b) Maintain records verifying compliance with this chapter for a minimum of five (5) years after the waiver service is provided, unless otherwise specified.
2. Adhere to the restriction of use or disclosure of information for purposes directly related to the implementation of the ISP.
3. Greene Arc will keep participant records confidential.
4. Greene Arc will not make participant records accessible to anyone (without the written consent of the participant, the person holding the participant's power of attorney for health care or health care proxy or if a court orders disclosure), other than the following:
 - a) The Participant.
 - b) Greene Arc's staff (for the purpose of providing HCBS to the participant).
 - c) The Department or the Department's designee.
 - d) An entity that is permitted to access records under law.
5. Greene Arc will provide records, as requested, to the Department regarding HCBS delivered and payments received for HCBS.
6. Greene Arc may choose to use electronic record documentation under the following conditions:
 - a) The electronic record must be readable.
 - b) The electronic format conforms to the requirements of Federal and State laws.