

**BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE**  
**Agenda for January 10, 2022 at 1:00 PM**

Meeting Location: Branch County Courthouse, Commissioner’s Meeting Room,  
31 Division St., Coldwater, MI

1. Call to Order
  - a. Roll Call
  
2. Public Comment
  
3. New Business
  - a. HO Evaluation Policy\*
  - b. Personnel Policy Manual Updates\*
  - c. By-Laws\*
  - d. Draft Meeting Schedule\*
  
4. Public Comment
  
5. Adjournment

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## Health Officer Performance Evaluation Policy

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Effective Date: 1/27/2022
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Approved By:
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**Purpose:** The purpose of this policy is to define how the Health Officer will be evaluated.

**Authority:** Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

**Responsibility:** The Board of Health or a designee appointed by the Board shall be responsible for the administration and enforcement of this policy.

The Board of Health shall evaluate the performance of the Health Officer annually at the September Board of Health meeting using the following process:

- The Secretary to the Board will provide each Commission assigned to the Board of Health with a link to the performance evaluation tool, after the Board of Health Meeting proceeding the evaluation.
- To validate responses for the purpose of quality control, each evaluation considered will required the author's name. Responses received with no name, or from anyone other than a current Board of Health member, will be discarded.
- Each evaluation response, in whole, will be provided in the evaluation packet for the Health Officer and the Board of Health Members. A composite of all responses will also be provided.

Per the current contract, upon a satisfactory evaluation, the Board of Health may award up to \$5,000 in merit pay. The merit pay shall be voted on at the September meeting, and paid as a supplemental payroll charged to the fiscal year which the Health Officer was being evaluated on.

**Adopted:**

## **Summary of Proposed Changes to the Personnel Policy Manual**

The Agency continuously strives to provide a comprehensive set of administrative policies. As part of this process, we routinely review the existing policy document to determine 1) if the policy is still relevant and needed, 2) whether the purpose or goal of the policy is being met, and 3) to determine if changes or clarifications are needed to ensure that staff and supervisors are understanding and administering the policies in the same manor across the entire Agency.

The changes summarized below are a compilation of changes that have been identified through routine business, programmatic audits, discussions with the agency's attorney, or issues that came up that were not clearly addressed in current policy. These proposed changes have been reviewed by and approved by the Agency's attorney.

- Page 4 – Background check policy was updated to ensure compliance with contractual requirements.
- Page 4 – Update language regarding the probationary period to make it 12 working months instead of a one-year.
- Page 6 – Removed unnecessary duplicate language.
- Page 7 – Added information in the personal conduct requirements section to address sexual misconduct, domestic violence, and dating violence in the workplace. This change is results from a programmatic audit, where it was identified that these items were not clearly spelled out in current policy.
- Page 8 – Added information to the personal conduct requirements section prohibiting supervisors from dating staff they directly supervise.
- Page 8 – Added language to clarify that part-time employees do not work more than 25 hours per week. Current law requires part-time employees who average 25 hours per week or more to receive paid-time off and the agency has no set policy for this; therefore, part-time employees must not work more than 25 hours per week.
- Page 13 – Updated language to indicate that overtime is paid if an employee works more than 40 hours per week, rather than 80 hours per pay period.
- Page 13 – Added clarifying language to the jury duty reimbursement to indicate that employees only need to surrender payment they received for hours of service, not expense reimbursements.
- Page 15 – Added language to clarify that employees who are on medical leave will receive bi-weekly invoices for their continued medical coverage.
- Page 16 – Added language to clarify that employees who are on medical leave will receive b-weekly invoices for their continued medical coverage.
- Page 19 – Added sexual misconduct and dating violence to this section as allowable reasons to utilize paid sick leave.
- Page 25 – Added language that requires employees to work the day before and the day after a paid holiday to be eligible to receive holiday pay, unless the employee has a pre-approved vacation day or a doctor's slip. Also added language to clarify that employees on extended leaves are not eligible to receive holiday pay.
- Page 25 – Added clarification to the language that compensation for required work on a holiday applies to all employees.

- Page 28 – Added excessive absenteeism to the Group 1 disciplinary offenses.
- Page 29 – Added violation of the social media policy, sexual misconduct, dating violence, and domestic violence to the Group 2 disciplinary offenses.
- Page 29 – Added HIPAA violations, listing on the, CPS registry, sex offender registry, or criminal background check failure to the Group 3 disciplinary offenses.
- Page 30 – Added language to indicate that representatives present during grievance hearings must be employees of the agency.
- Page 31 – Added language to clarify how the grievance process proceeds if the Health Officer is the direct supervisor.
- Page 32 – Added a whistleblower policy.
- Page 35 – Removed old policy language related to a family emergency contact number which is no longer valid.
- Page 37-42 – Replaced old electronic mail policy, computer usage policy, and internet policy with new more robust computer usage & internet policy.
- Page 42-44 – Added new social media policy
- Page 45 – updated language in the subpoena policy to make it easier to understand.
- Page 49 – updated language in the substance abuse policy to make it easier to understand.
- Page 50 – updated language in the drug testing policy to correct grammatical errors.
- There were also various document formatting changes that did not change the content of the policy.

## PURPOSE OF THE PERSONNEL POLICY MANUAL

This manual was developed to describe some of the expectations of our employees and to outline the policies, benefits, and procedures available to eligible employees. Employees should familiarize themselves with the contents of the Personnel Policy Manual as soon as possible, for it will answer many questions about employment with Branch-Hillsdale-St. Joseph Community Health Agency.

No personnel policy manual can anticipate every circumstance or question about policy. As time goes on, the need may arise and the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health reserves the right to revise, supplement, or rescind any policy or portion of the manual from time to time as it deems appropriate, in its sole and absolute discretion.

This Personnel Policy Manual supersedes any and all previous personnel policies created separately and collectively by the Branch-Hillsdale-St. Joseph Community Health Agency Board of Health.

This Personnel Policy Manual shall be distributed to appropriate agency personnel at the time of hire. Copies of subsequent updates of this manual shall be provided to appropriate agency personnel as soon as possible after the adoption of such updates.

Board of Health  
Branch-Hillsdale-St. Joseph  
Community Health Agency

## **SECTION 1: DEVELOPMENT OF PERSONNEL POLICIES**

### **A. COMPOSITION OF THE PERSONNEL POLICY MANUAL COMMITTEE**

There shall be a committee composed of the Health Officer, a designee of the Health Officer, a representative and alternate from each of three counties - Branch, Hillsdale, and St. Joseph.

### **B. SELECTION OF OFFICE REPRESENTATIVES AND ALTERNATES**

A request for volunteers as representatives shall be conducted at the beginning of each calendar year. Representatives shall serve for a two-year term from their respective offices. Employees elected shall serve the first year as the alternate representative and the second year as the representative. In the event the office of representative or alternate representative is vacated during the elected term, a request for a volunteer to replace the alternate will be conducted in the office involved. If the representative vacates, the current alternate representative shall move into that position. These names will be posted annually in the mail room of each office.

### **C. MEETING SCHEDULE OF THE COMMITTEE**

The committee shall meet at least once a year to provide suggestions to the Health Officer regarding the personnel policies. Each office shall have one vote. If both the alternate representative and representative from an office are present, they will be allowed one vote. In the event of a tie vote, the issue is to be tabled until the next scheduled meeting, at which time if the issue still results in a tie then it is considered defeated. The chair of the committee will be elected by the representatives and alternates during the first meeting. The Health Officer will not have voting privileges.

A secretary shall be selected from the committee and will arrange for minutes of each committee meeting to be distributed to each committee member. The committee members are responsible for posting the minutes in each office. The announcement of personnel policy committee meetings and the minutes from the meetings will be sent to 'everyone@bhsj.org' through the Agency's employee's email system and in the Personnel Policy folder on the Coldwater shared drive. Each employee shall be responsible for reading the minutes and providing input to a member of the committee.

### **D. IMPLEMENTATION AND INTERPRETATION OF THE PERSONNEL POLICIES**

The Health Officer shall be responsible for the implementation of the approved personnel policies within this manual. The Administrative Services Director shall be available to the employees and management regarding the interpretation of the personnel policies.

## SECTION 2: EMPLOYMENT POLICIES, PROCEDURES AND REQUIREMENTS

### A. EMPLOYMENT POLICIES

1. Employment Relations. The Board of Health believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly with their immediate supervisors.

2. Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the agency will be based on merit, qualifications, and abilities. The agency does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, national origin, age, disability, or any other characteristic protected by law. The agency will make reasonable accommodations for qualified individuals with known disabilities. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

3. Job Posting. The agency provides employees an opportunity to indicate their interest in open positions and advancement according to their skills and experience. Job openings will be posted and normally remain open for five (5) workdays. Each job posting will include the dates of the posting period, job title, department, grade level, essential duties and qualifications.

4. Immigration Law Compliance. In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and eligibility.

5. Hiring of Relatives. Employment of more than one member of the family may be permitted, providing each individual possesses the necessary qualifications and competed in the usual manner with other qualified applicants.

6. Conflict of Interest. An actual or potential conflict of interest occurs when an employee is in the position to influence a decision that may result in personal gain for that employee or for a relative as a result of the agency's business dealings. If employees have any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to their immediate supervisor as soon as possible the existence of any or potential conflict of interest so that safeguards can be established to protect all parties. For the purposes of this policy a relative is any person related by blood or marriage.

7. Outside Employment. Employees may hold outside employment as long as such employment does not present a conflict of interest or in any way interfere with the efficient discharge of duties required to satisfactorily function in the position held with the agency.

8. Pre-Employment Medical Exam and Drug Test. After an offer has been made to an applicant entering agency employment, the new hire shall undergo a medical examination and drug test at the agency's expense. The offer and assignment to duties is contingent upon satisfactory completion of these exams. Information on employees' medical condition or history will be kept separate from other employee information and will be maintained confidentially.

9. Background Check. When an offer has been made to an applicant entering agency employment, the new hire shall undergo an ICHAT background check, a search of the state and national sex offender lists, and a central registry check for anyone working with children or vulnerable adults (as required by contracts and/or grant funding). The offer and assignment to duties is contingent upon satisfactory completion of this background check process. In order to maintain compliance with the boilerplate language in requirements of the agency's grant contracts, any findings in background checks may be reviewed by the Agency's attorney. Any finding that would cause compliance issues with the contracts will cause the conditional offer of employment to be rescinded. The Agency reserves the right to will conduct annual background checks on all employees.

All employees are required to notify the Administrative Services Director immediately of criminal convictions, pending felony charges, or listing on the CPS Registry. Failure to comply may result in discipline, up to and including dismissal.

10. Hire Date. The date an employee was hired. In the event that an employee had been employed and left employment and subsequently rehired, the Hire Date will be the most recent date of hire.

11. Anniversary Date. The Anniversary Date is the Hire Date or if an employee moves into a new job classification the Anniversary Date will change to the date that the new job classification becomes effective.

12. Continuous Length of Service. Continuous Length of Service is defined as the period of time in which an employee continues in agency employment without interruption subject to the conditions described in other sections of this manual.

13. Orientation. The immediate supervisor will provide each new employee an introduction to their co-worker, work environment, job responsibilities, procedures, and policies. All necessary employment forms and paperwork must be completed on the first day of work with the Administration division.

14. Probationary Period. All new and rehired employees will be on a ~~one-year-twelve-month~~ probationary period following their date of hire or rehire. At any time during the ~~one-year~~twelve-month probationary period, the agency ~~or the employee for any reason~~ may terminate employment for any or no reason. If an employee is granted an approved medical leaves during their probation, the probationary period will be extended to ensure the Agency has the full twelve months of time worked to evaluate the employee. Employees in their probationary period have no bumping rights. Seniority will be calculated by the date of hire in a position.

15. Work Schedule. Work schedules may vary throughout the agency. Immediate supervisors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.

16. Performance Evaluations. Immediate supervisors and employees are encouraged to discuss job performance and goals on an informal, day-to-day basis. The immediate supervisor shall prepare the formal evaluations at three months, at six-months and at the one-year probationary period and then every subsequent year following the hire or reassignment of employees.



17. Residency Requirement. There shall be no residency requirement that employees live within the boundaries of the areas served by the agency.

18. Approval for Hiring. Final approval of the hiring of all agency employees shall rest with the Health Officer.

19. Removal from Payroll. An employee who is defined as “casual” and does not work in three (3) consecutive months shall be removed from payroll.

20. Reporting of Accidents/Incidents. The employee must report any & all accidents/injuries within 24 hours to the Administrative Services Director.

21. Reporting of Neglect/Abuse/Exploitation. Employees must report any and all suspected case/cases of abuse, neglect, and exploitation immediately by calling State of Michigan Centralized Intake at 855-444-3911. Employee must also notify immediate supervisor.

22. Identification Badges. All employees are issued an identification badge and are required to wear it during the performance of their job duties. In the event the badge is lost, stolen, or damaged the employee must notify the Administrative Division for a replacement immediately.

23. Sign In/Sign Out Policy. All employees shall sign in when they arrive at work and sign out at the time of leaving the building at any time during the day. This is required so we know who is in the building and who isn't in the event of an emergency. Sign out sheets are in the mail room. Each staff member will be responsible for their own time in and out.

24. Drivers Licenses and Car Insurance. Every employee must possess a valid driver's license and car insurance—you will be asked to present copies of these to the Administrative Division at hire and upon renewal.

## B. PERSONNEL FILE PROCEDURE

1. Contents of the Personnel File. The agency maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, performance evaluations, documentation of reassignments and salary increases, and other employment records.

2. Review of the Personnel File. Personnel Files are the property of the agency and access to the information they contain is restricted. Generally, only the immediate supervisor, division director, and other agency personnel who have a legitimate reason, as determined by the Health Officer to review the information in a personnel file, are allowed to do so. Employees are entitled to inspect the contents of their personnel files. Employees who wish to inspect their own personnel file should contact the Administrative Services Director. With reasonable advance notice, employees can review the content of their personnel files in the presence of the Administrative Services Director.

3. Personnel Data Changes. Employees are responsible for promptly notifying the Administrative Division of any changes in personnel data. Changes relating to personal information such as mailing addresses, telephone numbers, individuals to be contacted in the event of an emergency, dependents covered by agency provided insurance, or marital status must be accurate and up to date.

4. Verification of Employment Requests. No information will be shared on an employee until verified with that employee. Verification needs to be made before giving any institutions any information on any employees. ~~No information will be shared PERIOD until validated by the Administrative Services Director.~~ **No information will be shared until validated by the Administrative Services Director.**

## C. PERSONAL CONDUCT REQUIREMENTS

1. General Statement of Policy. It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The agency expects employees to perform their job in a manner that will protect the interests and safety of all employees and the agency. Violation of the following Personal Conduct Requirements may lead to progressive disciplinary action, up to and including termination of employment.

2. Personal Appearance. Employees are expected to present a clean and neat appearance and to dress according to the requirements of their position. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

3. Agency Phone, Cell Phone, E-mail and Fax Usage. Employees should practice discretion when making personal phone calls and sending e-mail or faxes. Employees shall be required to reimburse the agency for any charges resulting from their personal use of the telephone, fax machine, or copier. Any employee, who has misplaced, lost, or damaged agency property must report such to their supervisor or the Administrative Services Director as soon as possible. The employee may be asked to reimburse the agency for the replacement/repair of said item or items if the loss or damage was a result of negligence by the employee.

4. Smoking Policy. In keeping with the agency's intent to provide a safe and healthful workplace, smoking or the use of E-cigarettes is prohibited in any agency facility or within 50 feet of the building.

5. Breaks and Lunch Periods. Employees will be granted two (2) paid fifteen-minute breaks during the full workday. Employees will have a ½ hour unpaid lunch period for each full workday. The timing of the breaks and lunch periods will be at the discretion of the department head and in compliance with labor law. It is the supervisor's responsibility to have staff coverage during all service hours, allowing for uninterrupted breaks and lunches.

6. Drugs and Alcohol in the Workplace. It is the agency's desire to provide a drug-free, safe and healthful workplace. Employees may not use, possess, distribute, sell, or be under the influence of illegal drugs or alcohol while on agency premises or while conducting agency business-related activities off agency premises. Please refer to the Agency's Substance Abuse Policy.

7. Harassment in the Workplace. The agency is committed to providing a workplace that is free of discrimination and unlawful verbal and physical harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, non-verbal, or physical conduct of a sexual nature. All allegations of harassment should be reported, in writing, to the Administrative Services Director's office as soon as possible. In the event the Administrative Services Director is the alleged harasser, the allegations of harassment should be reported, in writing, to the Health Officer.

8. Sexual Misconduct, Domestic Violence and Dating Violence in the Workplace. The agency is committed to providing a workplace that is free of discrimination, unlawful verbal and physical sexual misconduct, domestic violence and dating violence. Sexual misconduct is defined as sexual assault, stalking, and sexual harassment. Domestic violence is defined [AJB1] as a pattern of coercive behavior, including acts or threatened acts, that is used by a perpetrator to gain power and control over a current or former spouse, family member, intimate partner, or person with whom the perpetrator shares a child in common. —as unwelcome sexual advances, requests for sexual favors, and other verbal, non-verbal, or physical conduct of a sexual nature. Dating violence is defined as a pattern of assaultive and controlling behaviors that one person uses against another in order to gain or maintain power and control in the relationship. All allegations of sexual misconduct, domestic violence and dating violence that occurs in the workplace or by an agency employee should be reported, in writing, to the Administrative Services Director's office as soon as possible. In the event the Administrative Services Director is the alleged harasser, the allegations of harassment should be reported, in writing, to the Health Officer.

89. Attendance and Punctuality at Work. To maintain a safe and productive work environment, the agency expects employees to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on the agency. When employees cannot avoid being late to work or unable to work as scheduled, they must notify their immediate supervisor as soon as possible in advance of anticipated tardiness or absence.

910. Solicitation. In an effort to ensure a productive and harmonious work environment, persons not employed by the agency may not solicit or distribute literature or products in the workplace at any time for any purpose without the permission of the Health Officer. Employees may not solicit or distribute literature or products concerning outside event and organizations during working time without the permission of the Health Officer.

4011. Contributions. Contributions by employees to community organization fund drives shall be entirely voluntary. Agency management personnel or Board of Health shall at no time estimate or determine what amount such contributions shall be.

4412. Use of Agency Equipment. Equipment essential in accomplishing job duties is expensive and may be difficult to replace. When using agency property, employees are expected to exercise care, and follow operating and safety standards and guidelines. Employees shall not engage in the improper, careless, negligent, destructive, or unsafe use or operation of agency equipment. In the event that any Agency owned or leased equipment is misplaced, stolen, lost, or damaged you must report it to the Administrative Services Director immediately. Employees may be asked to reimburse the Agency for the repair/replacement of said item or items if it is deemed the employee was careless and negligent. For legal liability reasons, employees are not to transport non-employees during work time unless special authorization is given.

4213. Political Activity. Employees are subject to the rights and limitations of the Hatch Act.

4314. Gifts and Favors. Employees or their immediate family shall not be permitted to accept loans, gifts of money or goods, services or other preferred arrangements for personal benefit under any circumstances directly or indirectly involving possible influence or appearance of influence upon the manner in which they perform work, make decisions to otherwise discharge their duties as an employee.

1415. Confidentiality of Information. The agency shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Protected information contained in reports, records or communications of the agency shall be considered confidential. Unauthorized disclosure of such information by staff members shall be considered sufficient grounds for dismissal.

16. Dating Supervisors. Supervisory staff are strictly forbidden from dating staff they directly supervise. This includes consensual romantic or sexual relationships. Non-consensual relationships constitute sexual harassment and ~~are explicitly prohibited~~ should be reported immediately so appropriate remedial action may occur.

#### D. EMPLOYEE CLASSIFICATIONS

1. Full Time. An employee who is regularly scheduled to work at least 37.5 hours per workweek.
2. Minimum Full Time. An employee who is regularly scheduled to work less than 37.5 hour per workweek but a minimum of 30 hours per workweek.
3. Part Time. An employee who is regularly scheduled to work at least 20 hours per workweek but less than 25 hours per workweek.
4. Casual. An employee who works irregular hours.
5. Contractual Employees. An individual performing a service, job or duty as outlined in the terms of a contract are not subject to the Agency's travel reimbursement, pay schedule, vacation or sick time schedule or other benefits unless stated in their contract, but are subject to portions of the Personnel Policy that relate to personal conduct.
6. Seasonal Employees. An employee that has been hired to work in a specific program which is suspended each year and the program is scheduled to begin again within 12 months. Employee on seasonal layoff will not earn vacation, sick time, or cash-in-lieu while on layoff. The employee while on seasonal layoff will not be covered by the Health Insurance Policy offered by the Agency and will be transferred to COBRA. The Agency will not issue payments for any benefits which come due while the employee is on seasonal layoff. Such benefits include cash-in-lieu or longevity payments. Any longevity payments normally paid or the cash-in-lieu benefit earned by the employee prior to being placed on seasonal payoff will be paid once the employee returns to work or at the end of our current fiscal year or if the employment is terminated during the seasonal layoff period.

#### E. EMPLOYEE PROMOTION OR RECLASSIFICATION

The rate of pay, for employees who have been promoted to a higher level position, will be adjusted to the minimum rate of pay of the higher level or to that salary step on the higher level above their current rate of pay, whichever is higher.

The rate of pay, for employees who have been reclassified to a position in a lower level, will be paid at their current level or adjusted to their salary step rate of pay, whichever is lower.

The health officer shall authorize all reclassifications.

F. EMPLOYEE TRANSFER

The rate of pay, for employees who have transferred to a position in the same classification, the rate of pay shall be determined by the Health Officer and the division Director based on employee knowledge and training needed.

G. WORK RELATED TRAVEL

Employees who use their own personal vehicles for agency business will be reimbursed at the rate established by the Board of Health. The Board of Health set travel reimbursement at the standard mileage rate as set by the IRS each year. However, if the Health Officer determines that there are budgetary concerns of the agency, any increase in the agency's Travel Reimbursement must be postponed until the budgetary concerns have been addressed.

1. Agency Travel Policy. Travel expense reimbursement is based upon the following:

- Every employee is assigned a home base office
- Any employee or contractual employee of this Agency who drives a vehicle for business related activities or receives mileage reimbursement from this Agency must possess at all times, a valid driver's license that does not restrict their driving for Agency related business.
- Within the health district, employees are paid mileage from their home base to the place of work assignment and back to their home base. If an employee leaves from their residence to a work assignment other than their home base, the mileage is paid from their residence if the distance is less than from their home base.
- Employees who request to work at an agency office that is not their home base shall not be reimbursed for travel time and mileage from the home base to the office where they have chosen to work.
- Employees assigned by their immediate supervisor to job responsibilities at an agency office that is not their home base shall be reimbursed for mileage.
- Meal expenses incurred within a work day are reimbursed only if they are pre-approved by an immediate supervisor. Supervisors shall use discretion approving meal expenses for offsite training, hosting visiting officials, etc.
- Reimbursement for travel outside the health district must be pre-approved by the division director.
- Travel time that occurs outside of assigned business hours will be reimbursed in accordance with the adjusted time policy.
- Reimbursement for training and related expenses (tuition, meals, etc.) must be pre-approved by the division director. To begin the pre-approval process, employees shall submit an agency Training form, detailing the anticipated training expenses, to their supervisors.
- Travel mileage between offices shall be calculated as follows:
  - Coldwater to Hillsdale, 25 miles

- Coldwater to Three Rivers, 40 miles
- Coldwater to Sturgis, 26 miles
- Three Rivers to Sturgis, 23 miles

## H. STAFF DEVELOPMENT

The Board of Health encourages employees to develop professionally through training and continuing education. Subject to management approval and agency budgetary constraints, employees will be assisted to attend identified training and education events. Attendance at approved conferences, training, or exams shall be treated as a special work assignment. The agency will require an employee to sign a payback agreement to protect the agency from a premature departure of the employee once high-investment specialty training is concluded.

1. Staff Development Procedure. Pursuant to Section 2, Part H of the Branch-Hillsdale-St. Joseph Community Health Agency’s Personnel Policies the following procedure has been developed and approved for implementation regarding employee requested training.

- All regular full-time, minimum full-time, and regular part-time employees are eligible to apply in writing for staff development assistance.
- Applications for staff development assistance shall be endorsed by the appropriate division director, then reviewed and approved by the health officer for being in the “best interest of the agency”.
- Approved applicants must maintain employment throughout the training period.
- Approved applicants are eligible for reimbursement of courses taken, not to exceed \$3,000 in four consecutive quarters, three consecutive trimesters, or two consecutive semesters.
- Pre-approval of expenses must be obtained prior to the beginning of the school term.
- Covered course expenses are tuition and books.
- All courses must be through an accredited institution.
- All courses must be part of an educational program that relates to the employee’s current position or a future position with the agency.
- An employee may request reimbursement for the course or training by submitting a copy of the receipt showing that the fee had been paid by the employee along with the following:
  - An employee must obtain a grade of “C” or better at the undergraduate level and “B” or better at the graduate level.
  - Upon the completion of the course(s) and the posting of grades the employee must present the grades to the health officer.
- Employees who leave before one year’s time after the last staff development reimbursement payment must reimburse the agency a pro-rate share of that last payment. This requirement may be waived by the health officer upon appeal.

## SECTION 3: COMPENSATION POLICIES

A. MONETARY COMPENSATION

1. Rate Determination. The Board of Health shall approve an employee salary scale that seeks to assure that covered salaries are externally competitive and are internally comparable in terms of job difficulty and responsibility. A copy of the approved salary scale shall be available in each office.

2. Starting Wage. A newly hired employee will start at the minimum of the approved salary range for the position for which they were hired. The Health Officer may approve that an employee be started above the starting wage but not at a wage exceeding the maximum of the salary range. The Health Officer shall seek approval from the Board of Health of any new hire that is started above the first-year step on the employee salary scale.

3. Credit Transfer. A division director may recommend to the Health Officer that an employee transferring from a full time or minimum full-time position to another full-time position or minimum full-time position at the same salary range be credited with their prior service for salary.

B. PAY PERIODS

1. Schedule. All employees are paid on two-week cycles beginning on Saturday at 0:01 a.m. and ending on Friday at midnight. Payday is on the Friday one week following the close of the pay period. If the regular payday falls on a federal banking holiday, employees can receive their paychecks the last day of work prior to the federal banking holiday.

2. Payroll Reporting Responsibility. All employees are responsible for submitting a completed time sheet to their immediate supervisor for approval and processing no later than 9 a.m. of the first work day following the end of the payroll period. The immediate supervisors are responsible for seeing that all submitted and approved time sheets are electronically processed to the agency accounting office no later than 10 a.m. of the first work day following the end of the payroll period.

C. ADDITIONAL TIME POLICY

The additional time policy applies to staff that are required to work on Saturday, Sunday or in excess of normal business hours or on Agency observed Holiday to conduct Agency work at scheduled venues. Staff will receive a minimum of two (2) hours for reporting on the weekend and if the time worked exceeds two (2) hours they will receive an additional ½ hour for each ½ hour worked. The agency recognizes two types of additional time; adjusted-time and overtime.

1. Adjusted Time Schedule

**Policy:** Full time staff members are limited to a 75 hour per pay period work schedule. Minimum full-time staff members are limited to a 60 hour per pay period work schedule. Part-time staff members are limited to less than 60 hours per pay period work schedule, as specified by their supervisor.

For most staff, their work schedule coincides with the Agency's regular work hours: 7.5 hours per day, Monday through Friday. (Note: While normal business hours are 8 a.m. to 4 p.m., clinic staff, working a late clinic which starts later than 8 a.m. and ends after 4 p.m., should consider a late clinic normal business hours).

Certain positions within the agency (i.e., communicable disease nurse, health educator, sanitarian, outreach worker, etc.) may have work assignments as part of their job duties/responsibilities which require work that can only be done outside of the Agency's normal work schedule. Due to these requirements, the work schedule for these employees can be adjusted, with prior written approval from their division's director, to accommodate these specific duties and responsibilities. (During the affected pay period, the employee will work to accommodate any overages in hours on one day by taking time off on one or more subsequent days. Days selected to adjust for time overages shall be low volume work days or days with limited work commitments.)

Staff members are instructed that, without prior written authorization of the health officer and their director, they are not allowed to work more than their budgeted hours as identified on their Payroll Status Wage Form and are not eligible for overtime payments.

**Procedure:**

- A.** Employees who have work commitments which fall outside of the Agency's regular work hours of Monday through Friday will submit an adjusted time schedule form to their director for the pay period prior to the time being adjusted.
- B.** The form will indicate the Employee's name, Employee Number, and the pay period being adjusted.
- C.** Employees will identify the number of hours they are working each day, and include the start and end times for each day.
- D.** Employees will identify the reason for the adjustment for those days where they are working outside their normal 7.5 hours per day.
- E.** Employees will document that for those days in which they are working more than 7.5 hours, they have made an appropriate adjustment on a subsequent day. Employees will do their best to work with their directors to assure that these adjustments are not made on days which will result in unnecessary work assignment shifts or undue hardship for their co-workers or to the Agency. Scheduled adjustments to offset time in excess of a 7.5-hour day should occur on days that are low volume or with limited commitments.
- F.** Employees will certify that they will not deviate from the schedule or work in excess to the schedule by signature without prior notification and approval. In addition, they will also certify they will not work in excess of budgeted hours without written approval of their director and the health officer. An employee cannot use paid time off to exceed their budgeted hours.
- G.** Once received, the director will provide written approval in a timely manner, but no later than 24 hours prior to the start of the adjustment.
- H.** Written requests and approvals can be submitted in paper form, fax or electronically, as the director prefers.



- I. The director will keep documentation of adjusted work schedules as required by document retention policies.
- J. Failure to submit adjusted work schedule forms and to comply with the adjusted policy and procedures will result in progressive disciplinary action.

2. Compensation for Overtime. Hourly/Professional/Technical – When the Agency’s budget permits, or as otherwise required by law[AJB2], staff that work in excess of eighty (~~80~~40) hours in a single ~~pay period~~week may be compensated at one and one-half their regular rate of pay for the time in excess of ~~80~~40 hours. Staff may only work in excess of their budgeted schedule with prior division Director and Health Officer written approval. Paid time off is not considered as time-worked toward the calculation for overtime. Employees will only be compensated at time and a half only if they actually worked more than 40 hours in a week.

D. LONGEVITY COMPENSATION

1. Purpose and Eligibility. Longevity Compensation is granted to full time and minimum full-time employees based on their consecutive years of full time and/or minimum full-time service. Part time and casual employees are not granted longevity compensation.

2. Amount Granted. The amount of longevity compensation granted to eligible employees varies with the number of consecutive years of service from their anniversary date as shown in the following schedule:

5-9 Years of Service	=	\$150
10-14 Years of Service	=	\$300
15-19 Years of Service	=	\$450
20 Years Plus of Service	=	\$600

3. Payment Schedule. Longevity compensation payments will be paid out to eligible employees during the first payday following the employee’s anniversary date. Seasonal employees receive longevity as outlined under the seasonal employee definition.

E. JURY SERVICE

1. Purpose and Eligibility. Jury Service Compensation is available to eligible employees to encourage employees to fulfill their civic responsibility by serving jury duty when required. If an employee of the Branch-Hillsdale-St. Joseph Community Health Agency has been called to serve, notification to the employee’s immediate supervisor and the Administrative Services Director is required for jury service compensation.

2. Amount Compensated. Employees will be compensated at their normal rate of pay, provided they surrender all compensation received for hours served from other sources associated with their jury duty services.

3. Giving Notice. Employees must give reasonable advance notice to their immediate supervisor and the Administrative Services Director of their summons to serve as a possible juror. Employees must also give periodic updates in respect to anticipated jury service completion time.

4. Maintenance of Benefits. All paid leave benefits: vacation leave, sick leave, and holidays will continue to accrue during jury service. All insurance plans the employee participated in prior to the jury service will continue during the jury service.

F. 457 DEFERRED COMPENSATION ACCOUNTS

The agency offers two “457” or deferred compensation plans that allow employees to put pre-tax or post-tax dollars away for future retirement needs. All employees are eligible for benefits that are subject to state and federal regulations. Employee participation is voluntary.

G. MERS RETIREMENT PROGRAM

The agency provides a compulsory retirement plan through the Municipal Employees Retirement System (MERS) for its employees classified as full time and minimum full time. In 2015, the Agency’s MERS plan changed from defined benefit to defined contribution. Eligible employees contribute 3% of their gross wages to MERS. The agency contributes an amount determined by MERS as the employer match contribution for those employees under the defined benefit plan. The agency contributes 5% of an employee’s gross wages to MERS for those employees on the defined contribution plan. A 55/25 waiver for all participating employees is in effect.

H. HEALTH CARE SAVINGS PLAN (MERS)

A post-employment Health Care Savings Program (HCSP) is an employer-sponsored program that allows employees to save money by getting reimbursed for medical expenses and or health insurance premiums after termination of service from their employer. All contributions made to the program are tax free, will accumulate tax free, and since payouts are used for reimbursing medical expenses they will remain tax free. The Health Care Savings Plan was suspended effective January 1, 2018.

I. BASIC FLEX

The Agency offers staff the opportunity to transfer a portion of their gross pay to a flexible spending plan. The employee determines a dollar amount to be set aside in a special account that can be used to pay for qualifying expenses as they occur. Only full-time and minimum full-time employees qualify to use Basic Flex. See the Accounting department for additional detail regarding this plan.

IRS regulations state that if an employee or an employee’s spouse is enrolled in a General Purpose Flex plan, the employee would be disqualified from establishing a Health Savings Account (HSA)

J. AFLAC

The Agency offers AFLAC as part of a flexible spending plan.

K. REIMBURSEMENT FROM SOURCES OTHER THAN THE AGENCY

In the case where some other organization reimburses an employee for job-related expenses, employees shall be allowed reimbursement from one source only for job-related expenses. If reimbursement from a non-agency source is sufficient to cover expenses incurred by an employee, the employee shall submit an expense voucher to the agency, and the reimbursement from the non-agency source shall be turned into the agency.

## SECTION 4: INSURANCE BENEFITS

### 1. HEALTH INSURANCE

1. Purpose and Eligibility. The agency provides access to health (medical, dental, and vision) insurance for eligible employees and their families. Full time and minimum full-time employees and their dependents until age 26 are eligible for access to health insurance coverage under the agency's plan. Part time and casual employees are not eligible for access to health insurance coverage through the agency's plan.

2. Start of Coverage. Application for health insurance coverage must be made with the Administrative Division upon hiring. Coverage for eligible employees should become effective the first day of employment.

3. Cash-in-Lieu of Health Insurance. Those employees that meet the following eligibility requirements:

- a. are full time or minimum full time as outlined in (1.) above, and
- b. provide proof of health insurance from another provider on an annual basis to the Agency,

Eligible employees may elect to receive a cash-in-lieu payment. This payment is made after the conclusion of each fiscal quarter. An eligible employee as defined above, may elect to take the dental and vision plan and receive a cash-in-lieu payment that is reduced.

4. Insurance Benefit During an Unpaid Leave.

a. FMLA qualifying event: Employees on an unpaid leave who are eligible for FMLA are charged their regular cost of the health care plan premium during the qualifying FMLA period. A bi-weekly invoice will be provided and employees have a 30-day grace period in which to remit payment. If payment is not received, the insurance will be cancelled.~~Employees are asked to write a check for this cost while on FMLA.~~

b. Non-qualifying FMLA leave: If an employee is taking unpaid leave, the employee is responsible for the entire cost of the health care plan premium. This rate will be figured on a daily basis of the monthly premium. Contact the Administration Division regarding what the daily charge would be based on the health care plan selected. A bi-weekly invoice will be provided and employees have a 30-day grace period in which to remit payment. If payment is not received, the insurance will be cancelled. Any cost owed to the Agency by the employee will be subtracted from the next pay check issued to the employee.

### 2. LIFE INSURANCE

1. Purpose and Eligibility. The Agency provides term life insurance in the amount of \$15,000 for eligible employees. Full time and minimum full-time employees are eligible for life insurance coverage. Part time and casual employees are not eligible for life insurance. Group life insurance coverage will decrease to \$11,000.00 on the first day of the month after an employee's 65<sup>th</sup> birthday

and further shall decrease to \$8,000.00 on the first day of the month after an employee's 70<sup>th</sup> birthday.

2. Accidental Death and Dismemberment Coverage. As part of the agency's life insurance plan, each full time and minimum full-time employee is also covered up to \$15,000 for accidental death and dismemberment. Employees who are on layoff may purchase continuation life insurance coverage.

### 3. SHORT TERM DISABILITY INSURANCE

1. Purpose and Eligibility. The agency provides short-term (up to twenty-six weeks) disability insurance for eligible employees who are unable to work because of a qualifying disability due to injury or illness. Full time and minimum full-time employees are eligible under the agency's short-term disability plan. Part-time and casual employees are not eligible for short-term disability insurance.

2. Scope of the Plan. Eligible employees are provided with disability insurance that becomes effective 30 days after the disability and pays 70% of an employee's weekly earnings up \$400.00 during the eligibility period.

3. Restrictions. Eligible employees may not collect disability payments in addition to accrued leave time. Only one source of payment either from disability insurance payments or accrued leave time can be collected during any one-time period. Employees who are on layoff are not covered by the short-term disability insurance.

4. Relationship to Worker's Compensation. Disabilities covered by worker's compensation are excluded from the agency's short-term disability plan coverage.

~~4. Relationship to Worker's Compensation. Disabilities covered by worker's compensation are excluded from agency's short term disability plan coverage.~~

5. The Medical Insurance. The employee is responsible for their portion of the bi-weekly payment of the health care plan they have selected while on short term disability. Invoices will be generated and sent out bi-weekly. Employees are given a 30-day grace period to send in the payment. If payment is not received, the agency will give notice that the policy will be cancelled. If the employee does not qualify for FMLA protection, or FMLA protection has expired, the employee is responsible for paying 100% of the premium for their medical insurance.

### 4. UNEMPLOYMENT INSURANCE

The agency participates in the state/federal unemployment insurance program. All employees are eligible for benefits that are subject to state and federal regulations.

### 5. WORKER'S COMPENSATION

The agency provides a comprehensive worker's compensation program that covers employee injuries or illnesses sustained in the course of employment that requires medical, surgical, or hospital treatment. All employees are eligible for benefits that are subject to applicable legal

requirements. All work-related injuries or illnesses are to be promptly reported within 24 hours to the Administrative Services Director.

F. PROFESSIONAL LIABILITY INSURANCE

The agency provides liability insurance coverage for all employees engaged in the day-to-day operations of the agency. The agency shall include surety bond coverage.

G. SOCIAL SECURITY

The agency participates in the Federal Social Security Plan. All employees shall supply the payroll department with the necessary information for reporting.

H. COBRA REQUIREMENT

1. Purpose and Eligibility. The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives regular full-time employees and minimum full-time employees (who have participated in the health insurance plan) the opportunity to continue health insurance coverage when a “qualifying event” would normally result in the loss of health insurance eligibility.

2. Qualifying Event Defined. Under COBRA, qualifying event is defined as resignation, termination of employment, or death of an employee; reduction of employee’s work hours or a leave of absence; an employee’s divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

3. Payment of Costs. Under COBRA, the employee or beneficiary pays the full cost of coverage at the agency’s health insurance premium rates plus an administration fee.

**SECTION 5: EMPLOYEE LEAVE POLICIES**

A. VACATION LEAVE

1. Purpose & Eligibility. Vacation Leave with pay is available to eligible employees. Full time employees are eligible for vacation leave and minimum full-time employees are eligible for vacation leave on a pro-rata basis. Part time and casual employees do not accrue vacation leave.

2. Amount Accrued. The amount of vacation leave employees accrue each year varies with the length of consecutive years of employment. The following accrual schedule assumes a thirty-seven and one-half hour workweek:

First 5 years of service = Sixteen (16) days or 4.61 hours per pay period  
After 5 years of service = Twenty-Two (22) days or 6.34 hours per pay period

After 10 years of service = Twenty-Eight (28) days or 8.07 hours per pay period

The following accrual schedule assumes a thirty-hour workweek:

First 5 years of service = 3.68 hours per pay period

After 5 years of service = 5.06 hours per pay period

After 10 years of service = 6.456 hours per pay period

3. Start of Accrual. Employees begin to accrue vacation leave from the date of employment. Earned vacation leave is available for use at the end of the first 2 months of employment.

4. Vacation Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional vacation leave until their return to service.

5. Requesting a Vacation Leave. Employees must request advanced approval from their immediate supervisor to utilize accrued vacation leave. Requests will be reviewed based on a number of factors, including department operational needs and staffing requirements.

6. Rate of Payout. Vacation leave will be paid out at the employee's pay rate at the time of vacation leave.

7. Maximum Accrual. Employee may accrue vacation leave up to twice the maximum annual accrual allowance schedule. Once an employee has accrued the maximum, no additional vacation leave will be accrued until the employee has used vacation leave to reduce their total below the maximum. The following accrual is for full-time employees:

First 5 years of service = 240.00 hours maximum

After 5 years of service = 330.00 hours maximum

After 10 years of service = 420.00 hours maximum

Minimum full-time maximum accrual is:

First 5 years of service = 210 hours maximum

After 5 years of service = 270 hours maximum

After 10 years of service = 360 hours maximum

8. Upon Termination. Upon termination of employment, employees will be paid for all unused accrued vacation leave that has been earned through the last day of work. Payment will be received as a lump sum pay off of the accrued vacation leave.

## B. SICK LEAVE

1. Purpose & Eligibility. Sick Leave with pay is available to eligible employees for periods of temporary absences for the following purposes:

- a. a personal mental or physical illness or injury or to seek treatment for such illness or injury, including a Medical/Dental or preventative care appointment;
- b. a mental or physical illness or injury or to seek treatment for such illness or injury of a family member or any person that the employee is designated as the primary caregiver in accordance with FMLA. A family member includes any child, stepchild, foster child, parent, spouse, grandparent, grandchild, sibling, or any other individual included in the

definition of “family member” under Sec. 2(g) of Paid Medical Leave Act (PMLA), MCL 408.962(g).

- c. to permit an employee to work less than their regularly scheduled work hours until full recovery following a prolonged illness, injury or surgery;
- d. for purposes of bereavement for events not covered under the bereavement policy;
- e. due to the closure of the Health Department, the primary Health Department worksite the employee, or to care for the child of the employee due to the closure of the child’s place of care, if such closure is by order of a public official due to a public health emergency;
- f. if the employee or a family member of the employee is the victim of [sexual misconduct](#), domestic violence, [dating violence](#), or sexual assault, for medical care or counseling, the receipt of [victim services](#), relocation or legal services, or participation in level proceedings related to or resulting from the [sexual misconduct](#), domestic violence, [dating violence](#), or sexual assault;
- g. for any other purpose not listed above but identified in Section 4 of the PMLA, MCL408.964(1)(a) – (b).

2. Amount Accrued. Each full-time employee shall accrue sick leave at the rate of 3.46 hours per pay period and each minimum full-time employee shall accrue sick leave at the rate of 2.76 hours per pay period. Each employee that works a minimum of 25 hours per week on average, but less than 30 hours per week and does not otherwise qualify as a minimum full-time employee, shall accrue sick leave at the rate of 2.31 hours per pay period. Part time and casual employees who work less than 25 hours per week on average do not accrue sick leave.

3. Start of Accrual. Employees begin to accrue sick leave from the date of employment. Earned sick leave is available for use at the beginning of the third month of employment.

4. Sick Leave and Leaves without Pay. Employees who are on a leave without pay do not accrue any additional sick leave until their return to service.

5. Notification of Supervisor. An employee requesting to use sick leave must notify their immediate supervisor as soon as possible, preferably before the scheduled start of their next workday. The immediate supervisor must also be contacted on each additional day of absence.

6. Extended Absences. An employee who is off on sick leave three or more consecutive workdays may be required by their immediate supervisor to submit a physician’s verification of illness prior to returning to service. Such verification must include the reason for the absence and any job restrictions that may exist prior to returning to work.

7. Rate of Payout. Sick leave is paid at the employee’s pay rate at the time of illness or injury.

8. Maximum Accrual. Employees will be allowed to accrue sick leave up to a maximum of 263 hours. Once an employee has accrued the maximum, no additional sick leave will be accrued until the employee has used sick leave to reduce their total below the maximum. Once a year in December, an employee that has accrued sick leave over 200 hours will be paid for those hours. All payments will be made in the last payroll of the calendar year.

9. Limitation on Payment of Accrued Sick Time. Upon resignation of employment, in good standing, employees who have accrued sick leave on the date that they tender their resignation will be paid their accrued and unused hours of their sick leave up to, but not to exceed, a total of 200 hours. Payment may be made in a lump sum. The purpose of this payment is to encourage

employee who intend to resign their employment to continue working through the effective date of their resignation.

In all other cases where the conditions of this policy are not met, an employee forfeits payment for sick time that has accrued, but remains unused, on the date their employment is terminated. Resignation in good standing is defined in Section 7 (G) below.

C. **BEREAVEMENT LEAVE**

1. Purpose & Eligibility. Bereavement Leave with pay is available to eligible employees who need immediate time off to deal with a death in the immediate family. Immediate family shall be defined as spouse, son, daughter, parent, brother, or sister. Full time and minimum full-time employees are eligible for bereavement leave. Part time and casual employees are not eligible for paid bereavement leave.

2. Amount Available. Eligible employees may utilize up to three (3) days of bereavement leave per event.

3. Requesting Bereavement Leave. Employees should request approval from their immediate supervisor for needed bereavement leave.

4. Rate of Payout. Bereavement leave is paid at the employee's rate of pay at the time of the emergency leave.

5. Use of Bereavement Leave. Bereavement leave is set up to assist employees with the death of an immediate family member. Bereavement leave cannot be carried from one calendar year to the next.

6. Upon Termination. There is no accrued bereavement leave for employees upon termination.

D. **FAMILY AND MEDICAL LEAVE**

Family and Medical Leave , as specified in federal law (Family and Medical Leave Act of 1993), is available to eligible employees who wish to take time off from work duties to attend to the personal circumstances as outlined in the law. A detailed policy has been approved by the Board of Health

FAMILY AND MEDICAL LEAVE POLICY

In compliance with the Family Medical Leave Act of 1993 and the Branch-Hillsdale-St. Joseph Community Health Agency Personnel Policies:

It is the Branch-Hillsdale-St. Joseph Community Health Agency's policy to grant unpaid family and medical leaves of absence to all full-time and regular part-time employees who worked 1,250 hours or more during the 12 months prior to the request for family and medical leave. You are entitled a maximum of 12 work weeks of leave during any calendar year for one or more of the following purposes:



X To care for your child after birth, adoption or placement of a child in your home for fosters care. Such leave may be taken only in the first year after the birth, adoption or placement of the child.

We shall require medical certification (or rectification on a reasonable basis) of the existence of a "serious health condition" of you or your eligible family member, which certification shall contain the date the health condition commenced, the probable duration of the condition, the appropriate medical facts within the health care providers knowledge regarding the condition. Medical Certification Forms may be obtained from Director of Human Resources.

In certain cases, the following additional information may be required in the Medical Certification:

If the leave is required because of the serious health condition of an employee's child, parent or spouse, a statement that the eligible employee is needed to care for the covered individual and the amount of time necessary for such care.

If the leave is needed because of the employee's own serious health condition, a statement that the employee is unable to perform the function of his/her position.

For an intermittent leave or a reduced leave schedule for planned medical treatment for the employee, the dates that such treatment is expected to be given and the duration of such treatment; or if not for planned treatment but for rehabilitation, a statement of the medical necessity for and duration of such intermittent leave or reduced leave schedule.

For an intermittent leave or leave on a reduced schedule for a child, spouse or parent, a statement that the employee's leave is necessary for the care of such individual or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.

We may obtain a second opinion of another physician to verify the health condition certified by your physician.

In the event a conflict exists between the medical opinion of the employee's or covered family member's health care provider and that of the Company in the second opinion examination, a third examination will be required to be performed by a health care provider selected and paid for by the Company. In such instances, the opinion of the third health care provider will be final and binding on the Company and the employee.

Leave may be taken intermittently, when medically necessary, provided that if such leave is recurring, we may require you to transfer temporarily to an available position (at the same pay and benefits) which better accommodates recurring periods of leave.

As part of the leave granted under this policy, you must first use all accrued and unused vacation, sick or earned time off days during a period of family or medical leave.

If you are taking a family and medical leave because of a serious health condition, which makes you unable to perform the functions of your position; you may also be eligible for short or long term medical disability benefits. You may not elect to discontinue

your family and medical leave at the time you begin receiving medical disability benefits.

All employment benefits that are calculated on an accrual basis, such as vacation, sick time or paid time off, will not accrue during a leave under this policy.

All current group medical insurance benefits will continue during periods leave under this policy, subject to continued payment of your employee premium contribution, if any, which was in effect before your leave.

Participation in pension or retirement plans will continue, subject to the terms and conditions of the plan.

An expected date of return will be determined at the beginning of the leave. If you fail to return within three (3) working days of the expected date of return, you will be considered as having voluntarily resigned employment, without further notice from the employer.

You will be required to report to your supervisor at least every four (4) weeks to report on your status and the possibility that you will be able to return to work at the end of the leave period. You must give the Director of Human Resources five (5) days' notice of the date you expect to return from such leave.

You may not accept nor seek any other employment while on such leave or your employment will be terminated.

When you are released for work by your attending physician, you may be required to make an appointment with our designated physician in order to return to work. The designated physician has the authority to delay or deny your return to work if it is determined that your ability to meet the physical requirements of your position are in question or if it is determined that your condition presents a health hazard to other employees.

X To care for a spouse, child or parent who has a serious health condition.

X To allow you to recover from or receive treatment for a serious health condition which makes you unable to perform the functions of your position.

## DEFINITIONS

For purposes of this policy the following definitions apply:

Calendar Year—the employer has elected to use the “rolling year” method for determining the “12-month period” in which the 12 weeks of leave entitlement occurs. The calendar year is measured backward from the date an employee uses any FMLA leave. Each time an employee takes leave under this policy the remaining leave entitlement would be any balance of the 12 weeks, which has not been used during the immediately preceding 12 months.

Child--includes a biological, adopted, foster child, stepchild, legal ward who is under 18 or older than 18 if incapable of self-care because of a mental or physical disability.

Parent--biological parent or individual legally recognized as a parent to an employee when the employee was a child.

Serious health condition--an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider (i.e., a doctor of medicine or osteopathy who is licensed to practice medicine or surgery by the state in which he/she practices).

#### PROCEDURES FOR REQUESTING AND MAINTAINING LEAVE

If the leave is based upon the expected adoption or placement of a child, or for planned medical treatment of you or your child, spouse or parent, you must provide not less than thirty (30) days' notice of the time your leave is to commence.

If you need to take Family or Medical leave, you must provide us with enough information to determine whether or not you are entitled to such leave as soon as you are able, preferably, before the leave commences.

#### REINSTATEMENT AFTER LEAVE

Eligible employees taking leave under this policy will be reinstated to their former position, or to an equivalent position, with equivalent benefits and other terms and conditions of employment. However, no employee is entitled under this policy to any right, benefit, or position other than that to which the employee would have been entitled had he/she not taken leave. Thus, for example, if a layoff or some other extenuating circumstances or business condition arises which affects the employee's position, reinstatement may not be possible. Additionally, employees on a leave extension are not guaranteed reinstatement.

The Branch-Hillsdale-St. Joseph Community Health Agency also reserves the right, however, to deny leave reinstatement to "key employees," where such denial is necessary to prevent substantial economic injury to the Agency's operations. Key employees will be notified of the Agency's intention as soon as a determination is made. In the event such notice is given to a key employee already on leave, the employee will be offered the opportunity to terminate his/her leave and immediately return to work. Key employees notified while on leave, who decide not to return to work, will remain on leave. Key employees are defined as the highest paid 10 percent of the employees employed by the Agency, within 75 miles of the facility at which the employee is employed.

#### E. EDUCATIONAL LEAVE

1. Purpose & Eligibility. Educational Leave without pay is available to eligible employees who wish to take time off from work duties to pursue professional educational goals. The department head determines eligibility for educational leave with concurrence from the Health Officer.

2. Amount Received. Eligible employees may request educational leave for a defined period of length. Requests will be evaluated based on a number of factors, including department operational needs and staffing requirements.

3. Requesting an Educational Leave. Employees must request an educational leave from their immediate supervisor. Each request for educational leave must be in writing.

4. Rate of Payout. Educational leave will be unpaid unless the employee has accrued vacation leave to utilize.

5. Suspension of Benefits. All paid leave benefits: vacation leave and sick leave will be suspended during the unpaid educational leave. Health insurance benefits may continue during the unpaid educational leave. If an employee is taking unpaid leave, the employee is responsible for the entire cost of the Health Insurance premium. This rate will be figured on a daily basis of the monthly premium.

#### F. MILITARY LEAVE

1. Purpose & Eligibility. Military Leave without pay is granted to employees who are absent from work because of short term and long-term service in U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable state laws.

2. Amount Received. Employees may request up to ten (10) days per calendar year for use as short-term military leave. Employees may request an indefinite period of time for use as long-term military leave.

3. Requesting Military Leave. Employee must give advance notice to their immediate supervisor, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.

4. Rate of Payout. Military Leave will be unpaid unless the employee has accrued vacation leave time to utilize.

5. Continuation of Benefits. Continuation of health insurance is available as required by USERRA based on the length of the leave and subject to the terms, conditions and limitations of the health insurance plan for which the employee is eligible.

6. Termination of Benefits. The military leave and the right to restoration of his/her former position shall automatically terminate if the employee voluntarily remains in the military service beyond the requirement of minimum service.

#### G. LIFE ENRICHMENT LEAVE

1. Purpose & Eligibility. Life Enrichment Leave without pay is available to employees wishing to take time off from work duties to pursue personal enrichment activities. Full time and minimum full-time employees are eligible for sabbatical leave. Part time and casual employees are not eligible for sabbatical leave.

2. Amount Received. Eligible employees may request to take up to two months of life enrichment leave each calendar year. Requests will be evaluated based in a number of factors, including department operational needs and staffing requirements.

3. Requesting Life Enrichment Leave. Employees must request life enrichment leave from their immediate supervisor. Each request for life enrichment leave shall be in writing.
4. Rate of Payout: Life enrichment leave will be unpaid unless the employee has accrued vacation leave time to utilize.
5. Suspension of Benefits: All paid leave benefits: vacation and sick leave will be suspended during the unpaid life enrichment leave. Employees will be responsible for the cost of health insurance benefits.

## SECTION 6: HOLIDAY POLICY

### HOLIDAY PAY

1. Purpose & Eligibility. The agency has designated 11 days for observance of holidays. These holidays are granted with pay for eligible employees. Full time employees are eligible for holiday pay at a rate of 7.5 hours per holiday. Minimum ~~full-time~~full-time employees are eligible for holiday pay only if the holiday falls on a day that they are scheduled to work. Part time & casual employees are not eligible for holiday pay. To be eligible for Holiday pay, employees must either have preapproved vacation days, a medical slip from a doctor, or work their scheduled work days both before and after the holiday. Employees who are on FMLA, leave without pay, or other extended leaves do not qualify for holiday pay.

2. Designated Holidays. The following days are designated as holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

3. Scheduling. In the event Christmas Eve, Christmas Day, New Year's Eve Day, New Year's Day and/or Independence Day fall on Sunday the following Monday is recognized as an agency holiday. If an aforementioned holiday falls on Saturday, the preceding Friday is recognized as an agency holiday.

4. Rate of Payout. Holiday days will be paid out at the employee's pay rate at the time of the holiday.

5. Compensation for a Holiday Worked: Employees (including supervisors) required to work during an agency designated holiday shall be compensated at one and one-half times the current rate of pay for the time worked in accordance with the additional time policy. Eligible employees will also receive holiday pay. Employees must receive prior approval from their division director before working on a holiday.

## **SECTION 7: TERMINATION PROCEDURES**

### **A. RESIGNATION**

Resignation is a voluntary act initiated by the employee to discontinue employment with the agency. All employees should give at least ten (10) working days but where possible twenty (20) working days written notice of their intention to terminate employment with the agency. All employees that are ending their employment with this Agency must inform the Administration division so that all necessary paper-work can be completed prior to their resignation.

### **B. DISCHARGE**

Discharge is a non-voluntary act initiated by the employer to discontinue the employment of the employee with the agency. Any employee may be discharged by the immediate supervisor, provided notification is given to the Health Officer and provided the steps of progressive discipline have been followed.

### **C. LAYOFF**

Layoff is a non-voluntary act initiated by the employer to discontinue the employment of the employee with the agency for non-disciplinary reasons. Employees may be laid off for the lack of sufficient work or funds. Employees shall be laid off and recalled according to seniority within their service division. Employees on layoff may bump into a position for which they are qualified and trained that is held by a person with less seniority within their service division.

Employees who are notified of a layoff may appeal the decision of layoff utilizing the Grievance Procedure outlined in Section 8 of this manual.

### **D. FURLOUGH DAYS**

As a result of unforeseen or unplanned budgetary deficiencies, the Health Officer may order that furlough days be taken by employees. An employee required to take a furlough day does not report to work that day and does not receive any payment for that day. When an employee is taking a required furlough day they will accrue the same benefits and seniority as when they are on a paid leave. The employee will not be able to use sick leave when taking a required furlough day.

### **E. JOB ELIMINATION**

Job elimination is a management action taken to address a chronic and seeming permanent situation of lack of sufficient work or funds. Employees whose jobs are eliminated are not entitled to bumping rights. Employees who are notified of a job elimination may appeal the decision of job elimination utilizing the Grievance Procedure outlined in Section 8 of this manual.

### **F. RETURN OF AGENCY PROPERTY**

Employees are responsible for all agency property and materials issued to them or in their possession or control. Employees must return all agency property and materials immediately upon request or termination. Where permitted by applicable laws, the agency may withhold from the employee's check or final paycheck the cost of any items that are not returned when required.

G. RESIGNATION IN GOOD STANDING

To resign in good standing an employee must meet all of the conditions listed below:

- (1) Meet with their immediate supervisor and agree to a written plan, acceptable to the Agency for transitional staffing of their position.
- (2) Submit a letter of resignation in accordance with “A” above
- (3) Be eligible for re-hire, or retirement, and have no pending or unresolved disciplinary or grievance issues.

**SECTION 8: PROGRESSIVE DISCIPLINE, AND GRIEVANCE AND APPEAL PROCEDURES**

A. PROBLEM RESOLUTION STATEMENT

The Branch-Hillsdale-St. Joseph Board of Health is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open and frank atmosphere in which any work-related problem, complaint, suggestion, or question receives a timely response from management.

Not every problem, complaint, suggestion, or question can be addressed to everyone’s total satisfaction, but through understanding and discussion, employees and management can develop confidence and trust in each other.

A pre-disciplinary meeting may be used when the Administrative Services Director has been made aware of a situation, action or behavior of an employee that could result in disciplinary action against an employee. The immediate supervisor shall notify the Administrative Services Director as soon as possible when they become aware of a situation that may result in disciplinary action against an employee. The Administrative Services Director shall request, in writing, and within five (5) days of the alleged situation, that a pre-disciplinary meeting be scheduled with the immediate supervisor and employee. Within the request, the Administrative Service Director shall schedule the date, time, and location of the meeting and state the nature of the allegation(s). The employee may bring a personal representative to the meeting. The Administrative Services Director will act as the mediator of the meeting. If the situation is not resolved, the supervisor will continue with the steps listed in the next section (Progressive Discipline). In the event the Administrative Services Director is also the Supervisor; the Health Officer will appoint another director as mediator.

Where appropriate, the following progressive discipline policy and grievance and appeal procedures are superseded by applicable state laws and rules as further outlined in B(4).

B. PROGRESSIVE DISCIPLINE

1. Purpose. The purpose of this policy is to promote the equitable and consistent administration of discipline for unsatisfactory work performance and behavior in the workplace.

2. Types of Disciplinary Action. Disciplinary action may call for any five steps – oral reprimand, written warning, suspension without pay, demotion or dismissal. Disciplinary action taken will be dependent on the severity of the problem and the number of occurrences.

Oral Reprimand – This is an action taken by the immediate supervisor in which he/she tells an employee about an action or behavior of the employee which he/she as the immediate supervisor find objectionable and/or wishes corrected. This action must be done in a private setting. The Oral Reprimand is an informal action only for the employee’s benefit and is not relevant to Group I, II, or III Offenses as defined below.

Written Warning – This is an action taken by the immediate supervisor in which the supervisor writes out the action or behavior which the supervisor wishes the employee to change, cease, or begin. The written warning must describe in detail the behavior to be corrected, and must give direct and concrete orders for the future, and must point out the consequences of non-compliance with the Written Warning.

Suspension Without Pay – This is an action taken by the immediate supervisor which removes the employee from the workplace and payroll for a definite period of time. The reason(s) for the suspension must be in writing. The employee does not accrue salary, vacation or sick leave credit during the time of suspension, nor can the employee use such leave time while on suspension. At the end of suspension, the employee returns to the same salary and benefit conditions that existed prior to the suspension.

Demotion – This is an action taken by the immediate supervisor which reduces an employee’s classification to a classification with a lower minimum salary. The reason(s) for the demotion must be in writing. The employee’s salary must be reduced to fall within the range of the new, lower classification, but no lower annual step designation than the one held in the higher classification. The employee’s job duties and responsibilities must be reduced to those of the new, lower classification.

Dismissal – This is an action taken by the immediate supervisor which permanently removes an employee from agency employment. The reason(s) for the dismissal must be in writing. Dismissed employees shall leave the premises at the time of dismissal and will be reimbursed for time remaining in the day. Dismissed employees shall be paid for all unused vacation leave that has been earned through the last day of work through a lump sum pay off. Dismissed employees shall not be entitled to any form of ‘severance pay’.

3. Group Offenses. Examples of behavior that would be cause for disciplinary action are provided below. These examples are divided into three groups of offenses. Guidelines for administering discipline are set forth within each of these groups and the immediate supervisor shall follow these guidelines when dealing with the types of behavior described.

GROUP I OFFENSES include,

- Habitual tardiness at the beginning of a work day or after lunch (Habitual shall be interpreted to mean two instances in one month without sufficient reason, as determined by the immediate supervisor.)
- Excessive absenteeism, or Absenteeism without sufficient reason or proper notification
- Disregard of safety rules or common safety practices
- Abuse of break time
- Use of profanity or obscene language in the presence of fellow employees or the public
- Quarreling with fellow staff members on the premises.



- Inefficient use of work time
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1<sup>st</sup> offense, written warning; 2<sup>nd</sup> offense, one-day suspension without pay, 3<sup>rd</sup> offense, three-day suspension without pay; 4<sup>th</sup> offense, seven-day suspension without pay, 5<sup>th</sup> offense, dismissal. The violations shall be cumulative for a period of not more than one year.

#### GROUP II OFFENSES, include

- Injurious or dangerous pranks
- Physical fighting on the premises
- Faulty work and/or covering up faulty work
- Making or publishing of false and vicious and/or malicious statements concerning a fellow employee
- Abuse of the public, either verbal or physical
- Sexual harassment, [sexual misconduct, domestic violence, and/or dating violence](#)<sup>[AJB3]</sup>
- Willful disobedience to the proper directive of a supervisor, or other acts of insubordination
- Consumption of any alcoholic beverages during work hours
- [Intentionally accessing or discussing patient information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain or other breaches of privacy by negligence](#)
- [Supervisor dating direct report](#)
- [Violation of the agency's Social Media Policy](#)
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1<sup>st</sup> offense, three-day suspension without pay, 2<sup>nd</sup> offense, seven-day suspension without pay, 3<sup>rd</sup> offense, dismissal. The violations shall be cumulative for a period of not more than two years.

#### GROUP III OFFENSES, include

- The misuse or removal from the premises, without prior authorization, of any agency records, confidential information, or of any agency property, except as necessary in the performance of the employee's job duties and responsibilities
- Theft of any property belonging to a fellow employee, a customer, or the agency
- Knowingly falsifying any time slip or other payment voucher, or intentionally giving false information to anyone whose duty it is to make such records
- Absence of three consecutive work-days without notice and without justifiable reason for the failure to report
- Using delegated job responsibilities in an unlawful manner to gain unfair advantage against a fellow employee or the public
- [Intentionally accessing or discussing patient information for personal gain or with malicious intent](#)
- [Listing on the CPS Registry, Sex Offender Registry, or Criminal Background check failure](#)
- [HIPAA violation](#)

- Any other offenses of like consequences.

The disciplinary procedure in this group shall be up to and including immediate dismissal.

4. Exceptions for Severity. There are certain types of employment problems that are serious enough to justify either a three-day suspension, or, in extreme situations, dismissal from employment, without going through the normal progressive discipline steps.

5. Suspension with Pay. It may be necessary to separate an employee from the workplace while an investigation of an allegation against the employee is taking place. At such times, the employee will be placed on suspension with pay pending the investigation. The employee will retain all other fringe benefits during this time.

### C. GRIEVANCE AND APPEAL PROCEDURES

1. Purpose. The purpose of this procedure is to provide a method for complaints to be voiced in an orderly manner such that the proper authorities can resolve such matters fairly and in a timely manner.

This procedure outlines for employees and management the proper steps involved when employees believe that there has been:

Alleged violations or misinterpretation of agency policies but not limited to such matters as conditions of employment, promotion, demotions, dismissals, and layoffs, and a claim of discipline without just cause; and

Alleged discrimination due to political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

2. Content of the Grievance. The content of the grievance shall include the following:

- Who is the grievant?
- What specific event occurred?
- When did it happen?
- Where did it happen?
- What sections(s) of the Personnel Policies have allegedly been violated?
- What adjustments or corrections are requested for each alleged violation?

3. Representation. The grievant may elect to have one representative of their choice at any step in the grievance and appeal procedure. The representative must be an employee of the agency. The name of the representative attending the grievance or appeal proceeding shall be submitted to the agency's Administrative Services Director at least two (2) working days prior to the hearing date. The grievant and one representative, if that representative is a fellow employee, shall be granted the necessary and reasonable absence from work for the scheduled proceeding under this procedure without loss of pay or leave credits.

4. Steps of a Grievance. All grievances and appeals shall be initiated and processed in the following manner:

Step 1. Employee presents the issue in writing to their immediate supervisor within ten (10) workdays after the occurrence of the alleged incident. The immediate supervisor shall respond in writing, to the employee within five (5) workdays of the initial written presentation of the issue.

Step 2. If the grievance cannot be resolved in Step 1, the employee has the option of submitting a written appeal to the Health Officer within five (5) workdays of receiving written notification from their immediate supervisor. The Health Officer shall confer orally with the employee within five (5) days of receiving the written appeal. The Health Officer shall respond back in writing within ten (10) workdays of receiving the written appeal. [If the Health Officer is the immediate supervisor in Step 1 of the grievance process, skip directly to Step 3.](#)

Step 3. If the grievance cannot be resolved in Step 2, the employee has the option of submitting the written grievance to the Board of Health within five (5) workdays of receiving the Health Officer's written response. The Board of Health's Program, Policy and Appeals Committee shall schedule a hearing with the employee at their next regularly scheduled meeting in order to review the grievance. The Program, Policy and Appeals Committee shall respond back in writing within five (5) days of hearing the grievance.

5. Time Limitations. Time for this grievance and appeal procedure shall be computed in terms of workdays, which are defined as Monday through Friday, excluding holidays. In the absence of a timely appeal by a grievant, the last decision at any step of the procedure becomes final. In the absence of a timely answer by any level of management, the grievant may appeal to the next step of the procedure within ten (10) workdays from the expiration of management's time for a decision. Time limits may be extended by mutual agreement in writing. Late appeals at any step may be filed upon showing a good cause for the delay.
6. Appeal Hearing Procedure. The appeal hearing is conducted so that the Board of Health's Program, Policy, and Appeals Committee can review pertinent facts and documents. Some guiding principles apply to the appeal hearing, including:
  - Prior to the appeal hearing, the entire appeal file shall be made available to the Committee and the grievant. The appeal file shall include the initial written grievance and all subsequent management written decisions.
  - Attendance at an appeal hearing is limited to persons determined by the Committee to have a direct connection with the grievance. When requested by the grievant, and the Committee does not object, the hearing may be open to the public.
  - As far as it is operationally possible, the agency must make its employees available as witnesses when requested.
  - The order in which the parties are heard is at the discretion of the Committee.
  - Testimony shall be under oath or by affirmation; both the grievant and their representatives shall be given the opportunity to cross-examine all witnesses who appear to testify.
  - A written record of the hearing shall be kept.
  - Each member of the Committee shall have an equal vote. Decision shall be by majority vote.
7. Freedom from Reprisal. This procedure shall be available to employees and their representatives without restraint, interference, coercion, discrimination or reprisal. No employee of the agency, whether acting in an official capacity for the agency or any other basis,

shall interfere with another employee's exercise of their rights under this procedure. No employee of the agency, whether acting in an official capacity employee or any other basis, shall take or threaten to take, any act of reprisal against another staff member because they have exercised, or expressed an intention to exercise any of these rights under this procedure.

8. Group Grievances. Employees having a common complaint may file a group grievance. The grievance shall be filed at the lowest step of the procedure involving a common level of supervision. Employees must choose one spokesperson and one representative of their choice.
9. Appeal by External Applicant for Employment. An external applicant for employment who is not selected may appeal the selection decision if they believe they were discriminated against because of political opinion or affiliation, religious opinion or affiliation, gender, race, color, national origin, age, or physical disability.

Such appeals shall be made in writing and directed to the health officer within fifteen (15) workdays following notification of non-selection. The health officer shall render a written decision within five (5) workdays of receiving an appeal. If the applicant is not satisfied with the written decision of the health officer, he/she may make a written appeal to the Board of Health's Program, Policy, and Appeals Committee. All appeal-hearing procedures outlined previously would then apply.

#### D. WHISTLEBLOWER POLICY

Purpose: The purpose of this policy is to ~~define and serve as primary document for Whistle Blower's Act~~ further define and supplement the Agency's obligations under the Whistleblowers Protection Act, MCL 15.361, et seq.

Authority: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Application: This policy applies to Board of Health Members and all Branch-Hillsdale-St. Joseph Community Health Agency employees. This policy does not apply to a separate branch of government or co-employer that has its own policies covering the same matters covered in this policy.

Responsibility: The Administrative Services Director or designee shall be responsible for the administration and enforcement of this policy.

In support of this policy and in compliance with the Michigan Whistleblowers' Protection Act and certain federal statutes, it is the policy of the Branch-Hillsdale-St. Joseph Community Health Agency that no employee of the Agency will be discharged, threatened or otherwise discriminated against regarding compensation, terms, conditions, location or privileges of employment because that employee or a person acting on behalf of the employee reports or is about to report a violation or a suspected violation of federal, state or local laws or rules or regulations. Likewise, a violation of any state or federal law protecting an employee from retaliation for reporting violations or suspected violations of the law, is prohibited.

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[Any employee desiring to report a violation or suspected violation of law, may do so by reporting the same to their division Director, the Health Officer, or the Administrative Services Director.](#)

## **SECTION 89: EMERGENCY-WEATHER-DISASTER POLICIES**

### **A. Bad Weather Policy**

The Branch-Hillsdale-St. Joseph Community Health Agency offices shall remain open to provide services to consumers unless one of the following occurs:

1. It is announced on the Coldwater, Hillsdale, Sturgis, or Three Rivers local radio station that an office is closed. This should occur by 7:30 A.M.
2. The immediate supervisor informs employees that the local agency office is closed for the day due to weather.

The Administrative Services Director is responsible for conferring with the Health Officer prior to 7 a.m. to determine whether an office shall be closed. When a determination is made to close an office, the Health Officer and Administrative Services Director utilize the Emergency Call List to notify staff of the decision. In the event an agency office is closed due to the weather, staff will be compensated at their normal pay rate unless they have already been granted approved leave time, either calling in sick or approved vacation time. Staff that have approved time off will be required to utilize their paid time off.

If an agency office is open, employees who are unable to report due to weather conditions may use annual vacation to be compensated. Employees must inform their immediate supervisor that they are unable to report due to weather conditions as soon as possible. Scheduled staff members are expected to use common sense and good judgment in determining their ability to report to work in bad weather.

### **B. Bomb Threat Procedure**

When a bomb threat call comes in, the person receiving the call should remain calm and should cause no undue alarm.

The person receiving the call should do the following:

1. Write down the time the call was received and make notations, if possible, while still listening carefully.
2. If another person is available, notify them by passing a note that you have a bomb threat on the phone.  
The second person should then do the following:
  - a. Notify local law enforcement authorities by calling 911.
  - b. Notify the person in charge:  
Health Officer, Administrative Services Director, or immediate supervisor
3. Keep the caller talking as long as possible. Do not hang up on the caller.
4. Try to find out where the bomb is supposed to be located. Try to pinpoint the area and time it is set to go off.
5. Try to find out something about the bomb, (size, type of explosives).
6. Record the time that the caller hangs up.
7. Try to write down or communicate as many specifics and facts that you can immediately after the call.
8. If you are alone when the call is received, follow the procedure outlined in 2 above as soon as possible after the caller hangs up. If evacuation becomes necessary, this will be a joint decision of the Health Officer, Administrative Services Director, and other Administrative staff present.

### **C. Dr. Strong Policy**

Any employee who feels that he/she is being threatened or is in harm's way shall page on the overhead paging system: Example: "Dr. Strong to Environmental Health" Employees hearing this page should immediately pick up the phone and dial 911. Employees hearing this page should **not** report to that specific location.

#### **D. Emergency Contact List Procedures**

In the event of an emergency or bio-terrorism event the contact tree is in place so that each director and supervisor know who they are in charge of contacting. Contacts may be made by voice or text. Documentation of contacts is made on the Emergency Contact List Documentation Log by the supervisor and forwarded to the Administrative Services Director. The log sheets are filed by the Emergency Preparedness Coordinator. Instructions will be given and employees are to follow them in the case of any emergency situation.

#### **E. Fire Alarm Emergency Plan**

When the fire alarm is activated by pulling the fire alarm box everyone will leave the building and go at least 100 feet from the building. People with disabilities will be assisted by staff. If there is an elevator located in the office, no one will be authorized to use it.

The clinic personnel will be responsible for seeing that all clients have left the clinic. No one will re-enter the building until they are notified to enter. All cars parked near the entrance should be moved as soon as possible.

#### **F. Lock Down Policy**

The Branch-Hillsdale-St. Joseph Community Health Agency takes the safety and security of our staff and clients very seriously. Circumstances may present themselves whereby the Agency must secure its doors and verify the identity of all those who enter. These circumstances may be related to incidents that happen within the Agency or possibly influenced by incidents (such as a prison escape) from outside the Agency. As it is our aim to serve our clients whenever possible we have developed a series of policies that will detail the Agency's actions during such emergencies

##### Lock Down Initiation

The decision to lock down a clinic or building will rest with the Health Officer or any other management level staff person. Any employee who notices an incident or is aware of a threat to another employee or client shall immediately make that information available to one of the above persons. Appropriate action will be taken and the doors to the building will be secured with staff posted to monitor the doors. If the decision is made by the Clinic Coordinator it shall be reported as soon as possible to the Health Officer or Administrative Services Director. These actions will be in effect until such time as the Health Officer or Administrative Services Director shall determine they are no longer appropriate. Circumstances that may initiate a lock down may consist of:

- Domestic violence threat to a client or staff member
- Workplace violence issue or threat
- Civil unrest within the community including protests and picketing of the Agency
- Prison or Jail escapes (mainly Coldwater or Hillsdale)

## Lock Down Procedure (during business hours)

1. Deal immediately with whatever issue has prompted the lock down and call the appropriate authorities as necessary.
2. The staff member directing the lock down should remain calm as to dissuade panic among the staff or clients
3. Secure all entry points into the buildings.
4. Staff and clients may be moved to an interior or more secure area of the building should the situation require it
5. Post a staff member to monitor the entry points even if these points are not to be used to gain entry into the Agency
6. All entry points to the Agency will be posted with a sign directing inquiries to a single entry point these signs will be available in the mail room of each office.
7. If client service can continue, that person monitoring the designated entry point shall verify the identification and purpose of the person seeking admittance prior to their gaining entry.
8. If we are unable to continue client service a sign shall be posted at all entry points indicating that the Agency is closed and will re-open as soon as possible; we apologize for any inconvenience; please direct them to call the Agency phone number or consult our web site for further information.
9. Regardless of which service state we are in Public Safety personnel will be admitted.

## After Business Hours Lock Down

Our Agency is normally secured during our non-service hours; however, circumstances may present themselves which necessitate the Health Officer or Administrative Services Director to designate the building “locked down” until further notice. The normal procedure will be to initiate use of the Emergency Call List process as soon as practical. In the event that staff are already en route to work or did not receive their call they may find that one of the above lock down conditions exists. Either the Health Officer or Administrative Services Director (or their designee – possibly Public Safety) should already be present and will direct the staff accordingly. It is important that staff maintain their Agency identification badge with them at all times so that they may be positively identified by whoever may be monitoring the entrance. If admitted to the building staff will be directed to a conference room where a briefing will take place to advise them of the situation

## **G. Master Disaster Checklist** - Approved 1/31/07

### **Notification**

- Receive notification of situation from HAN; Phone; or other
- If you have interagency call list responsibilities – call those on your list and report back to your designated person as to the success of those calls
- Advise family members of situation and make any arrangements necessary to cover the time you may be absent
- ~~Advise family members of the Family Emergency Contact number which is 517-279-9561 pick option #7 (this extension will be manned by an employee or a recorded message will be available advising the family member where to go for further information) **Remember: This number is for Health Department staff and families only, do not disseminate this to the general public.**~~
- Report for assignment to your designated location



## **Assignment**

- Report to the Incident Commander or their designee to sign in for duty
- Receive assignment and Job Action Guidelines for that assignment
- Receive the appropriate Identification badge, vest, or other such to designate your duty or position
- Read and understand the guidelines; ask any questions prior to reporting to your station
- Upon arrival at your station identify yourself to your supervisor; any further questions regarding your assignment may be answered at this time; be sure to understand the chain of command structure related to your assignment
- Upon reporting to your station, inventory and assess the condition of any equipment you will be responsible for operating, maintaining, or using during the incident. If you require further equipment or items that are missing from inventory, report this immediately to your supervisor for re-stocking or re-supply.

## **H. Office Closure Procedure**

In the event of circumstances that shall warrant closure of any Agency office(s), the employees assigned to that office will be notified. All other agency offices shall be notified of the situation as well.

## **I. Robbery Policy**

When a robbery threat is evident, remain calm and do the following:

1. If another staff person is nearby, notify them by the “code” established within the agency that an emergency is happening and they should immediately contact 911 and the immediate supervisor within the building.
2. Follow the instructions of the robber and do not try to intervene. Give them whatever they demand.
3. Stay calm, and listen carefully and try to remember everything about the individual for future use.

## **J. Tornado Emergency Plan**

In the event of a Tornado Warning the entire staff will evacuate to the inner corridor or the restrooms. Avoiding the West and South walls. All persons will remain there until the warning is over. People with disabilities will be assisted by assigned staff. The Clinic Clerk/Manager or EH Clerk/Manager will collect the sign-in/sign-out log and bring it to the evacuation location.

In the event of a Tornado Watch the radio will be monitored and regular routine will be maintained until a warning is issued. We have an alert system with the Sheriff’s Department to notify of a warning.

The sign-in/sign-out sheet will be evaluated to determine which staff are out working in the field. These staff will be called to inform them of the Warning.

\*\*A Tornado drill will be held once a year on a randomly selected day and time\*\*

## **K. Utility Shut Off Procedures**

Any employee who is notified that any utility in the area is going to shut down their services at any time of the work day at the Agency, must contact the Administrative Services Director so that a judgment of



necessity will be taken into consideration before the shutdown occurs. We do not want services interrupted if it is not necessary and the utility company cannot fix the problem after Agency hours.

#### **L. Burglary or Vandalism to the Agency**

It is possible that an early arriving employee shall discover that a window is broken, door ajar, or other condition which may mean that building has been entered or is unsecured. This staff member shall report this immediately to 9-1-1 for action by Public Safety officials. Under no circumstances should a staff member or client be allowed to enter the building until it is cleared and secured by Public Safety officials.

If this condition is found after entering the building the staff member should immediately exit the building and call 9-1-1. The staff member should then notify the Health Officer or Administrative Services Director. Until the building has been cleared by Public Safety no staff or client should be allowed to enter.

### **SECTION 910: INFORMATION TECHNOLOGY POLICIES**

#### **A. Electronic Mail Policy Computer Usage & Internet Policy**

~~The purpose of this policy is to assure that the Branch Hillsdale St. Joseph Community Health Agency electronic mail (E-Mail) users are aware of the Agency's policies and laws concerning E-Mail services and that these services are used in compliance with these policies and laws.~~

~~Any e-mail address or account associated with the Branch Hillsdale St. Joseph Community Health Agency or assigned by the Agency to individuals, is the property of the Branch Hillsdale St. Joseph Community Health Agency. As property of the Agency, E-mail accounts can and will be monitored for content by the IT staff. Individuals that use the Agency's E-mail systems are expected to do so responsibly. (i.e. To comply with the state and federal laws and other policies and procedures of the Agency.)~~

~~Access to E-mail services, when provided, is a privilege that may be wholly or partially restricted by the Agency when there is substantial reason to believe that violations of policy or law have taken place.~~

~~Use of free e-mail services including, but not limited to the following is strictly prohibited while using the Agency's property: Hot mail, Excite mail, Bigfoot mail.~~

~~No staff member shall use E-mail for the personal amusement if it (1) directly or indirectly interferes with the Agency's operation of computing facilities or electronic mail services; (2) burdens the Agency with incremental cost, or (3) interferes with the individual's employment or other obligations to the Agency. Furthermore, no employee shall use the Agency's E-mail systems or services for the purpose of transmitting copyright infringement, libel, fraudulent, defamatory, harassing, obscene, or threatening messages, or any other communications that are prohibited by law.~~

~~No staff member shall use e-mail to (1) disclose confidential information, (2) promote personal political beliefs, (3) promote personal business interests, (4) promote discrimination, (5) promote sexual harassment, (6) view or download obscenities, (7) or any other communication prohibited by law.~~

~~Since E-mail is not a totally secure medium, employees should consider E-mail as an inappropriate vehicle for the transmission of extremely personal and/or confidential medical records.~~

Failure to comply with this policy may result in suspension of e-mail privileges and/or commencement of disciplinary actions against the employee.

## **B. Computer Usage Policy**

### **Legal Use of Computer Systems**

These guidelines apply to all users of computing resources and computing equipment owned, leased or rented by the Branch Hillsdale St. Joseph Community Health Agency (hereinafter BHSJCHA). Computing equipment includes, but is not limited to, modems, printers, microcomputers, file servers, and networking equipment used to link these components and to the Internet. The user is responsible for the content of any material the user prepares, receives or transmits. It is the user's responsibility to make sure they comply with all Local, State, Federal and International laws governing computer usage, including but not limited to, the following:

- Destruction or damage to equipment, software, or data belonging to BHSJCHA
- Harassment of others
- Unauthorized copying of copyright protected material

### **Ethical Use of Computer Systems**

Computing resources should be used in accordance with the ethical standards of the BHSJCHA. Examples of unacceptable use (some of which may also have legal consequences) include, but are not limited to, the following:

- Violation of computer system security, including but not limited to: Use of computer accounts, access codes, or network identification numbers not assigned to you
- Use of computing facilities for private business purposes unrelated to the mission of the BHSJCHA.
- Screen savers/desktop wallpaper that does not reflect the mission and ethics of the BHSJCHA.
- Violation of software license agreements (Installation of any software that is not owned by the BHSJCHA, including files downloaded from the internet or brought from the users home.)

### **Cooperative Use of Computer Systems**

Day to day operation of BHSJCHA demands the practice of cooperative computing. It includes, but not limited to, the following examples:

- Regular deletion of unneeded files from one's accounts on shared computing resources
- Refraining from unnecessary connect time, information storage space, printing facilities or processing capacity
- Refraining from use of sounds and visuals which might be disruptive to others
- Refraining from unauthorized use of departmental or individual computing resources

### **Sanctions**

Violators of the computer usage policy will be subject to the normal disciplinary procedures of the BHSJCHA. Violations of the policies described above for legal and ethical use of computing resources will be dealt with in a serious and appropriate manner. Illegal acts involving BHSJCHA computing resources may also be subject to prosecution by local, state, and/or federal authorities.

## **C. Internet Policy**

The purpose of this policy is to assure that the Branch Hillsdale St. Joseph Community Health Agency (hereinafter BHSJCHA) internet users are aware of the BHSJCHA's policies and laws concerning internet services and to ensure that this access does not impair network security or result in inappropriate use.

The BHSJCHA's internal network is connected to the Internet and utilizes the same data lines we use for our CMHC system. While the Internet is a great resource for our organization, it is the responsibility of

~~each employee to use this resource responsibly and respectfully. Since use of the Internet will slow down the entire network including CMHC, no staff member shall use the Internet for personal amusement.~~

~~Access to internet services, when provided, is a privilege that may be wholly or partially restricted by the BHSJCHA when there is substantial reason to believe that violations of policy or law have taken place.~~

~~It is against federal law and the BHSJCHA's policy to violate the copyrights or patents of others on or through the Internet. Staff may not download or use copyrighted material without obtaining written authorization.~~

~~No file should be downloaded from the Internet without permission. Such files may contain viruses that could infect one PC or the entire network. Please check with the MIS department if you need any software or files from the Internet.~~

~~Every connection made on the Internet can be traced back to the originator, leaving a trail or log easily tracked by others. The MIS staff can and will be monitoring these logs. Do not use the Internet for tasks that you would not want logged. Internet access is provided for business purposes only.~~

~~No staff member shall use the internet to (1) disclose confidential information, (2) promote personal political beliefs, (3) promote personal business interests, (4) promote discrimination, (5) promote sexual harassment, (6) view or download obscenities, (7) or any other communication prohibited by law.~~

~~The truth or accuracy of information on the Internet should be considered suspect unless it is from an official government site. Make sure you confirm information from the Internet from a separate and reliable source.~~

~~Failure to comply with this policy may result in suspension of Internet privileges and/or commencement of disciplinary actions against the employee.~~

**1. PURPOSE:** To ensure that the use of email and internet activities do not negatively impact the confidentiality, availability, integrity, and reputation of Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ) and their assets and to ensure compliance with applicable federal and state laws. Any wired or wireless connecting to BHSJ network falls under this policy.

**2. PHILOSOPHY:** An authorized user's access to the Internet and/or email services for limited personal use is a privilege that, if not properly monitored and controlled, could result in harm to the organization or violations of certain federal and state laws. The primary use of these services is for business and clinical purposes and thus need be appropriately protected.

**3. APPLICABILITY:** This standard applies to all BHSJ Covered Entities.

#### **4. DEFINITIONS:**

**4.1. Protected Health Information (PHI):** Health information, including demographic information collected from an individual and created or received by a health provider, health plan, employer or health care clearinghouse that relates to the past, present, or future physical or mental health or condition of any individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual that identifies an individual or there is a reasonable basis to believe the information can be used to identify the individual and that is transmitted or maintained by

electronic media or any other form or medium. PHI does not include individually identifiable health information in education records covered and protected by the Family Educational Right and Privacy Act and employment records held by a covered entity in its role as an employer.

4.2. **Sensitive Information or Data:** Data that should be kept confidential. Access to these data shall require authorization and legitimate need-to-know. It includes Protected Health Information, financial information, personnel data, trade secrets, and any information that is deemed confidential or that would negatively affect BHSJ if inappropriately handled.

## **5. POLICIES:**

5.1. All email messages, documents, correspondence, and data obtained through BHSJ or BHSJ network resources are considered BHSJ property.

5.2. Users shall have no expectation of privacy on BHSJ computers, in email or internet use.

5.3. BHSJ may monitor messages and internet use without prior notice.

5.4. Users are responsible for reporting any suspected or confirmed violations of this policy to their supervisor or either the BHSJ IT staff.

5.5. Users shall not misuse their Internet privileges, i.e., spending excessive time on the Internet for non-work-related business or accessing inappropriate sites.

5.6. Users need to refrain from streaming music or radio due to excessive bandwidth on business or personal devices, connected wired or wireless. Refrain from use of sounds and visuals which might be disruptive to others.

5.7. Users shall delete chain and junk email messages without forwarding or replying to them. Electronic chain letters and other forms of non-business related mass mailings are prohibited.

5.8. Personnel shall not use BHSJ resources to view, record, or transmit materials which violate BHSJ policies. Inappropriate messages, pictures, and/or other visual images/materials include, but are not limited to:

5.8.1. **Fraudulent messages** - Messages sent under an anonymous or assumed name with the intent to obscure the origin of the message.

5.8.2. **Harassment messages** - Messages that harass an individual or group for any reason, including race, sex, religious beliefs, national origin, physical attributes, or sexual preference.

5.8.3. **Obscene messages** - Messages that contain obscene or inflammatory remarks.

5.8.4. **Pornographic materials** - This includes, but is not limited to pictures, audio/video files, literature, or newsgroups.

5.9. Users shall not engage in spamming activities. Electronic chain letters and other forms of non-business-related mass mailings are prohibited.

5.10. Users shall not photograph, post, or transmit patient images or information, electronically or otherwise, unless doing so is in accordance with an approved use or disclosure, and approved methods for doing so are utilized.

5.11. Users shall not share sensitive, restricted, or protected health information (PHI) to any cloud provider that has not been approved by the Information Technology Manager (including but not limited to Google Apps, DropBox.com, GoogleDocs, iCloud, etc.).

5.12. Personal email accounts shall not be used for official BHSJ business.

5.13. BHSJ reserves the right to block access to non-business-related material.

5.14. Email transmission of PHI, if necessary, shall be conducted with the highest level of security applied and only in situations where the email is necessary for the treatment of the patient, payment, and health care operations.

5.14.1. For users of the BHSJ email system only: To send email transmissions over the Internet (outside the BHSJ networks), PHI and other sensitive information shall be encrypted. Email shall not be transmitted over the Internet from any other email system unless/until an encryption method is approved for that email system.

5.15. Users shall comply with all laws related to copyright, intellectual, and personal property.

5.16. Users shall check their email regularly and delete unneeded email.

5.17. Users shall not knowingly download executable files from the Internet without approval from the IT staff.

5.18. Users shall not knowingly enable anyone to gain unauthorized access or control of any device, application, or system to the data networks

5.19. For the BHSJ network, the use of any software or service that hides the identity of the user or the location of the user while using the Internet is prohibited (including but not limited to proxy bypass or anonymization networks such as Tor).

5.20. Users shall not utilize BHSJ passwords on any non-corporate systems (i.e., banking, personal email, etc.).

5.21. Users shall not circumvent BHSJ technical security controls.

5.22. Users shall not transfer restricted or sensitive information to an unencrypted or unapproved device. Any removable storage media assigned by the Agency to individuals, is the property of the Branch-Hillsdale-St. Joseph Community Health Agency. Removable storage media belonging to the Agency should never be used with other devices or equipment that is not owned by the Agency. Likewise, any removable storage media not belonging to the Agency should not be used with devices or equipment that are owned by the agency.

5.22.1. Users shall notify IT staff immediately in the event of a removable storage media device is lost or stolen, or if the computer is damaged.

5.23. Users shall log off application, workstations, laptops, and devices after use.

5.24. Users shall not store restricted or sensitive information on non-BHSJ equipment such as personally-owned devices unless properly authorized to do so.

5.25. Users shall not provide personal or official BHSJ information solicited by unknown individuals or suspected phishing email or websites.

5.26. Users shall follow the same security policies at any alternate workplaces as those required on the BHSJ networks.

**6. CONTACTS:** For questions regarding the requirements, implementation, and enforcement of this standard, contact the Information Technology Staff.

**7. ENFORCEMENT:** Any user found to have violated this policy may be subject to disciplinary action, up to and including termination of employment or assignment, depending on the severity of the infraction. In addition, BHSJ may report the matter to civil and criminal authorities as may be required by law.

#### **D. Social Media Policy**

This policy covers the use of social media and social networks in the workplace by employees, and by employees outside the workplace. This Policy works in conjunction with, and down not in any way substitute or replace, the Agency's Internet, Electronic Communications, Technology, Harassment and Discrimination Policies.

"Social Media" covers all web-based applications that permit the sharing and collaboration of information via internet communities, social-networking sites, video-sharing sites, wikis, blogs and micro-blogs and others. The Agency has drafted the following policies and procedures to help employees understand the unique issues raised by this evolving communication tool.

- i) The Agency is committed to providing an environment that encourages the use of computers and electronic information as essential tools to support the Agency's business. The Agency provides a computer system, with internet access, to its employees to enable them to communicate with each other and with the Agency's suppliers and customers in an efficient and cost-effective manner. The electronic communications systems and equipment that is the subject of this policy is owned or leased by the Agency and is provided to employees for their use in connection with their work. It is the responsibility of each employee to ensure that this technology, including the access of social media websites, is used in accordance with these policies.
- ii) This policy covers employees who participate in personal social media or other internet activities; it applies regardless of whether the conduct occurs during working or non-working time, and regardless of whether Agency equipment is used.

- iii) Employees should primarily use the Agency's electronic communications systems and equipment for business-related purposes. While occasional personal use of social media websites is permitted, while the employee is on lunch or breaks, such use should be limited to times when the employee is not required to be performing any duties for the Agency, when the use will not conflict with the use of the systems or equipment by any employee who desires to use it for business purposes, and may not in any event be used in a manner contrary to any of the provisions of this Social Media Policy or any other policies that cover electronic communications or workplace technology.
- iv) Employees may not use social media in a manner that compromises the confidentiality of the Agency's confidential or proprietary information, trade secrets or other sensitive information, including PHI.
- v) Employees may not use social media in connection with or to support any business ventures, other than those of the Agency, during Agency work hours, and/or with Agency equipment.
- vi) Employees must refrain from any online activities that could reasonably place the Agency in a negative light or negatively impact its reputation during [AJB4] Agency work hours and/or with Agency equipment.
- vii) Employees may not use or incorporate the Agency's name, logo, imagery, or derivatives thereof in their e-mail addresses, screen names, home pages, screen imagery or otherwise, absent the prior written approval of management.
- viii) If an Agency employee administers a social media profile that relates to an Agency department, the Agency owns that social media profile. ~~At the end of that [AJB5] employee's tenure with the Agency, the~~ The employee must provide the login and password information to the Administrative Services Director and the IT department.
- ix) Offensive, demeaning or disruptive messages are prohibited. This includes, but is not limited to, messages that are inconsistent with the Agency's policy concerning equal employment opportunity and its policy prohibiting sexual and other unlawful harassment. Under no circumstances may the Agency's systems or equipment be used to transmit foul, indecent, scandalous or improper information, via social media or otherwise. Moreover, the use of the Agency's electronic communications systems and equipment in support of political, religious or other controversial causes is an inappropriate use of the system. Additionally, offensive racial or sexual comments are expressly prohibited.
- x) ~~Employees should assume that R~~regardless of any privacy settings on various social media platforms, social media is not private. Information becomes public the moment it is published on the internet. ~~Employees should a~~Assume that co-workers and members of the Agency's management will see anything and everything posted online, and ~~should act~~ accordingly.
- xi) Employees should not expect that anything that ~~is~~ sent or received using the Agency's electronic communication systems and equipment is the employee's private property. ~~It~~ ~~fact, it belongs to the Agency.~~ Employees should not have any expectation of privacy with respect to those communications, whether communicated via social media sites or otherwise. The Agency may, from time-to-time, as it sees fit, monitor, review, intercept or



- gain access to communications employees initiate or receive on the Agency's electronic communications systems and equipment. Employees' use of the Agency's systems will constitute consent to such monitoring, reviewing, interception or access. The Agency may, but has no requirement to, provide notice, either before or after any review of communications.
- xii) Periodically, the Agency may obtain photographs, videos or other likenesses of its employees at Agency-related events, such as outings, holiday parties, and charitable events. If an employee does not want his or her photograph, video or other likeness recorded at such an event posted on the Agency's website, or any social networking site, the employee must inform the Administrative Services Department in writing.
- xiii) ~~Employees are prohibited from providing recommendations or otherwise commenting on the job performance (positively or negatively) of a supervisor or co-worker, subordinate or any other employee of the Agency, past or present. All employees are prohibited from making disparaging remarks about other Agency employees or the Agency itself. All employees are prohibited from making remarks that serve to erode the community trust and confidence.~~ Employees should refrain from making social media postings that could be considered as creating a hostile work environment, as harassing, or otherwise inappropriate or harmful to the agency. Concerns ~~All references, recommendations, and concerns about~~ job performance or other potential complaints against co-workers or supervisors must be handled through the appropriate channels and remain consistent with the Agency's policies.
- xiv) As with all of its policies, the interpretation of the Social Media Policy is within the sole discretion of management and the Agency reserves the right to alter, amend, modify, revoke, suspend or terminate all or any part of this Social Media Policy, at any time, in its sole discretion, with notice to all employees via their Division Directors. Moreover, this policy in no way affects or alters an employee's at-will employment status.
- xv) If, at any time, an employee is uncertain about how to apply these policies and procedures or has any question about his or her participation in social media activities, the employee should contact the Administrative Services Director. Each employee bears his or her own personal responsibility to follow this policy and use good judgment with his or her social media activities. If an employee has any doubt whether online activities violate this policy, he or she should ask their Division Director before engaging in the conduct. ~~Tweeting or Facebooking first and asking questions later, is not acceptable and will not immunize any improper conduct or violation of this policy.~~
- xvi) Employees have an affirmative duty to report to a supervisor, or director, any conduct that violates this Social Media Policy. In such circumstances, an employee should follow the same reporting procedures set forth in the Agency's harassment policy.
- xvii) Any employee who violates this Social Media Policy shall be subject to discipline, as set forth in the agency's discipline policies. ~~including employment termination.~~

## **SECTION 1011: INFORMATION REQUESTS-HIPAA-CONFIDENTIALITY**



## **A. Freedom Of Information Request Procedure**

Any employee or department who receives a letter requesting information on medical records or environmental issues, must forward this request on to the Administrative Services Director who in turns okays the information to be given out or denied to that particular client. A copy is given back to the employee and one copy kept in central file for future referencing.

## **B. Medical Release Procedure**

Any questions regarding who a Medical Release form goes to, should always be directed to the Administrative Services Director. He/she will then send it on to have copies made and sent to the proper place and a copy of the release form will be made and put in to the clients file for future reference.

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## **C. Subpoena Procedure**

Any subpoenas sent to any employee of the Agency must ~~present this~~ be presented to the Administrative Services Director so that he/she may go over ~~them~~ the document and make sure that all rules are followed in complying with the subpoena. ~~They~~ It will be in turn given back to the employee and a copy kept in central file for future referencing.

## **D. Confidentiality/Sanction Policy**

### **Purpose**

HIPAA has required the BHSJCHA to create privacy and security policies in order to fulfill our duty to preserve the confidentiality and integrity of client Protected Health Information (PHI). This policy applies to all Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) employees (regular or temporary), contractors, volunteers, students or other observers, and any others who have access to the BHSJCHA's Protected Health Information.

The purpose of this Confidentiality/Sanction policy is to ensure that employees have the necessary client health information to provide the highest quality care possible while protecting the confidentiality of that information to the highest degree, so that clients do not fear to provide information to our agency.

The BHSJCHA will not tolerate violations of these policies and standards, and such violations may constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

### **Assumptions**

Information will be collected from clients only for the purposes of providing services and for supporting the delivery, payment, integrity, and quality of those services.

Employees will use their best efforts to ensure the accuracy, timeliness, and completeness of data collected from clients. Entries in records will not be altered or destroyed, only amended.

Employees will treat all written, electronic, and verbal information about clients including financial, demographic, and lifestyle information as sensitive and confidential. Employees will recognize that some medical information is particularly sensitive, such as HIV/AIDS, mental health, developmental disability, alcohol and drug abuse, sexually transmitted disease, and communicable disease information. Disclosure of such information could severely harm clients, by causing loss of employment opportunities and insurance coverage, as well as the pain of social stigma. BHSJCHA employees will treat such information with additional confidentiality protections.

## **Security**

Employees will make every effort to maintain confidentiality of written and electronic records by ensuring that only authorized staff will have access to this information during the workday. Protected Health Information will not be left unattended in areas where visitors or other clients may see it. Charts will be placed face down on counter areas and facing the wall in bins so names are not visible, and computer screens will be turned so clients cannot see them. Schedules should not be located where clients or unauthorized persons may view them. Sign in sheets can be used, but should contain names only. All confidential records will be stored in locked areas when unattended. Records will be destroyed by shredding, in accordance with BHSJCHA record retention rules. Any confidential information that is not a part of a permanent record (and is no longer needed) will be shredded, not thrown away in the regular trash.

Precautions will also be taken with electronic devices like computers, laptops, tablets, smart phones and flash drives. Devices will be password protected and locked when not in use, and security measures in place to protect from unauthorized viewing and theft.

If records are taken off site (with Supervisor or Director permission), special care must be taken to know the whereabouts of the records at all times. Staff must take precautions to prevent the access and viewing of these records by unauthorized persons. Paper records should be stored in a locked case or box for privacy and transported in the trunk of a vehicle if possible. Computers being taken off the premises for work should be off or locked when not in actual use. If computers are traveling in a vehicle, ideally, they should also be transported in the trunk. Both paper records in the locked case and computers must be removed from the car and taken with the employee when the employee leaves the car. A computer or paper records that are taken home (with Supervisor or Director permission) need to be kept in a locked home and not left in a vehicle overnight.

## **Privacy**

Every effort should be made to ensure that confidential conversations remain private. Employees must use their best judgment to reduce the risk of unauthorized disclosures by closing doors or reception windows when on the phone or talking to a client, lowering voices, and meeting with clients in clinic rooms rather than in the halls or in waiting rooms.

Employees must also remember that the fact that a client chooses to obtain BHSJCHA services is in itself confidential information. We see many clients out in public during working hours and in our off-work hours. Employees should not acknowledge verbally in public awareness that a client may obtain services at the BHSJCHA. A client has the right to announce that they come to the BHSJCHA for services if they choose. We do not have a right to discuss their visit to the BHSJCHA without their permission.

## **Minimum Necessary**

The BHSJCHA will make all reasonable efforts not to use or disclose more than the minimum amount of Protected Health Information necessary to accomplish the intended purpose. See the Minimum Necessary Policy for further information.

## **Receiving Confidential Information**

Incoming mail is sorted daily and distributed. To protect privacy, confidential information that is received will be placed in envelopes or stapled closed prior to placing in the individual mailboxes.

Incoming confidential faxes will be received and stored in a secure area where clients have no access. They will be separated for delivery to individuals so confidentiality is maintained.

Incoming confidential information delivered by courier services must be distributed to the appropriate staff in an envelope to protect privacy, and stored in a secure area until it is reviewed.

## **Uses and Disclosures of Protected Health Information**

The HIPAA Privacy Act allows the BHSJCHA to use and disclose Protected Health Information for purposes of treatment, payment and health care operations without authorization. Even without specific client consent, we are required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required to provide these services.

Disclosures also permitted without client authorization include the following:

- Those required by law or for law enforcement purposes
- For public health activities, including communicable disease follow-up
- For reporting regarding victims of abuse, neglect, or domestic violence
- For health oversight activities

Clients must give authorization to disclose their Protected Health Information for specific purposes, which are generally other than treatment, payment or health care operations, or to disclose their confidential information to a third party specified by a client. Client authorization is also required to disclose psychotherapy notes to another entity. Psychotherapy notes are those notes of a health professional used to analyze contents of a conversation during private, joint, or group counseling session. Psychotherapy notes do not include any information that is kept in a patient medical record. For further clarification of psychotherapy notes please consult [HHS.gov HIPAA for professionals special topics](https://www.hhs.gov/hipaa/for-professionals/special-topics/) .

Disclosure of PHI is on a “need to know” basis, in that only the information that is necessary to accomplish the purpose is disclosed. Documentation of what PHI is disclosed, as well as when and to whom it is disclosed is recorded in the client’s medical record.

Further detail about the uses and disclosures of Protected Health Information can be found in the HIPAA Manual where specific policies are located including Release of Information, E-mail, Fax, and Texting. All BHSJCHA employees are required to be familiar with these policies. Any questions about the uses and disclosures of Protected Health Information should be directed to a Supervisor or Director.

## **Sanctions**

Any employee of the BHSJCHA, who believes another employee has breached the facility’s security or privacy policies, or otherwise breached the integrity or confidentiality of client or other sensitive information, should immediately report such a breach to a Supervisor or Director.

The Health Officer and Directors will convene a committee to conduct a thorough and confidential investigation into the allegations. The BHSJCHA will not retaliate against or permit reprisals

against a complainant. Allegations not made in good faith, however, may result in discharge or other discipline.

Disciplinary action will follow the policy outlined in the BHSJCHA Personnel Policies. The degree of discipline is a discretionary decision which management will make based on the nature of the offense, the employee's history, and other facts and circumstances deemed relevant. Disciplinary actions may include:

- Verbal warning
- Written warning
- Suspension
- Termination of employment

The BHSJCHA will follow the guidelines in the Personnel Policy manual to determine if a breach has occurred, the severity of a breach and the resulting sanctions recommended for the person involved in a breach.

Violation of the facility's security or privacy policies and standards may constitute a criminal offense under HIPAA, other federal laws such as the Federal Computer Fraud and Abuse Act of 1986, 18 U.S.C.1030, or state laws. Any employee who violates, or is reasonably suspected of having violated, such a law may expect that the BHSJCHA will provide information concerning the violation to appropriate law enforcement personnel and will cooperate with any law enforcement investigation or prosecution.

Further, violations of the BHSJCHA security or privacy policies and standards may constitute violations of professional ethics and be grounds for professional discipline. Any individual subject to professional ethics guidelines and/or professional discipline should expect the BHSJCHA to report such violations to appropriate licensure/accreditation agencies and to cooperate with any professional investigation or disciplinary proceedings.

All employees (regular or temporary), contractors, volunteers, students, or other observers with the BHSJCHA must follow this policy and are required to sign a Confidentiality Statement. Violation of this policy is grounds for disciplinary action, up to and including termination of employment. According to HIPAA rules, a person who knowingly obtains, misuses, or discloses Protected Health Information may incur criminal penalties that include a fine of not more than \$50,000 and/or imprisonment of not more than 1 year. If the offense is "under false pretenses," a person may incur a fine of not more than \$100,000 and/or imprisonment of not more than 5 years. If the offense is with intent to sell, transfer, or use Protected Health Information for commercial advantage, personal gain, or malicious harm, a fine of not more than \$250,000 and/or imprisonment of not more than 10 years may occur.

This Confidentiality/Sanction Policy is intended as a guide for the efficient and professional performance of employees' duties to protect the integrity and confidentiality of Protected Health Information. All employees, contractors, volunteers, students, and other observers with the BHSJCHA are expected to comply and cooperate with the facility's administration of this policy.

## **Section SECTION 412: SUBSTANCE ABUSE POLICY**

The Branch-Hillsdale-St. Joseph Community Health Agency (the Employer) takes seriously the problem of drug and alcohol abuse. We are committed to provide a substance abuse free work place for our patients, clients, and employees. This policy applies to all employees of the Agency, without exception, including part-time, temporary, and on call employees, and volunteers.

### **POLICY:**

1. No employee is allowed to consume any alcoholic beverage or unauthorized drugs while performing his/her job duties for this Agency.

2. No employee may possess, sell or give to another any alcohol, or drug, whether authorized or unauthorized, during assigned work time or while performing any services for the employer. This section shall not apply to employees who are authorized by law or job description to prescribe or dispense medication.
3. An employee may consume or possess authorized medications in the manner prescribed by the employee's physician or directed by the manufacturer.
4. The Employer will not tolerate employees who report for duty while impaired or under the influence of alcoholic beverages or unauthorized drugs.
5. All employees should report evidence of alcohol or drug abuse to a supervisor or a personnel representative immediately. In cases where the use of alcohol or drugs pose an imminent threat to the safety of persons or property, an employee must report the violation. Failure to do so could result in disciplinary action for the non-reporting employee.

DEFINITIONS:

1. Unauthorized Drug- Any drug that cannot be obtained legally or has been illegally obtained, including prescription drugs obtained without a prescription, prescribed or over the counter drugs used other than as properly instructed and drugs sold or represented as being illegal. This definition includes, but is not limited to Amphetamines, Marijuana or Cannabinoids, Cocaine, Opiates, Phencyclidine, or any of their derivatives or metabolites.
2. Authorized Drug – Prescribed drugs that are used as prescribed by a medical professional or over the counter drugs used as intended by the manufacturer.
3. Under the Influence – For the purpose of this Policy, that the employee is either visibly affected by alcohol or an unauthorized drug, or a testing device or medical test or examination demonstrates any detectable amount of an unauthorized drug, alcohol or a metabolite of either, in the employee's blood, breath, urine or body.

VIOLATION OF THE POLICY:

1. Employees who violate the ~~Anti~~-Substance Abuse Policy will be subject to disciplinary action, including termination.
2. After a positive drug test, or upon reasonable suspicion that an employee has violated this policy, a pre-disciplinary hearing will be scheduled, in accordance with the Employer's Personnel Policies.
3. Any employees who suffers from drug or alcohol abuse, may request employer assistance, before the occurrence of any misconduct or the commencement of disciplinary action. ~~You~~ The employee may be eligible for referral to the Employee Assistance Program (EAP) or for a medical leave of absence. ~~We encourage any employee~~ Employees with a problem are encouraged to contact the Human Resources Representative for details. Such requests are considered confidential. An employee referred to the EAP is not relieved from job expectation requirements.

DRUG TESTING:

As a part of our policy to ensure a substance abuse free workplace, employees may be asked to submit to a medical examination and/or tested for the presence of alcohol and/or drugs. The Employer reserves the right, at ~~our~~ the employer's discretion, to examine and test for drugs and alcohol. Some such situations where testing may be requested may include, but not be limited, to the following circumstances.

1. All employees who are offered employment;
2. Where there are reasonable grounds for believing an employee is under the influence of alcohol or drugs;
3. As part of an investigation of any accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident;
4. As a follow-up to a rehabilitation program;
5. As necessary for the safety of employees, patients, clients or the public at large, where allowed by statute;
6. When an employee returns to duty after an absence other than from accrued time off such as vacation or sick leave.

It is a condition of your continued employment that you comply with this Substance Abuse Policy.

# BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY

## BY-LAWS for Board of Health

2021

### ARTICLE I. NAME

The Boards of Commissioners of the Counties of Branch, Hillsdale and St. Joseph under Michigan's Public Health Code, Act 368, P.A. 1978, MCL 333.2415, have established a District Health Department, which is hereinafter called the Community Health Agency.

### ARTICLE II. OBJECTIVES

**Section 1.** These by-laws are subject to the Intergovernmental Agreement between Branch, Hillsdale and St. Joseph counties which governs in the case of inconsistencies.

**Section 2.** The primary purpose of this organization is to provide the necessary policies and administrative controls for Branch, Hillsdale and St. Joseph Counties to strengthen and enforce health regulations, and to improve the quality of public health services to the people residing in this health jurisdiction.

### ARTICLE III. MEMBERS

The governing body of the Community Health Agency shall be the Board of Health, hereinafter called the Board. The Board shall be composed of representatives from the respective counties' Boards of Commissioners, who are current county commissioners, and in accordance with Michigan's Public Health Code, Act 368, P.A. of 1978, MCL 333.2415.

### ARTICLE IV. OFFICERS

**Section 1.** The election of a Chairperson and Vice Chairperson and appointment of committees for the calendar year will be held at the first regularly scheduled meeting in January. The Chairperson and Vice Chairperson shall not be from the same county.

**Section 2.** Following the elections of the Chairperson and Vice Chairperson, a Board member may be designated to attend the annual meeting of the Michigan Association of Local Public Health (MALPH). The Health Officer shall be designated as the primary delegate to represent the Community Health Agency at the MALPH meetings.

**Section 3.** Current officers and committee members shall remain in place until newly elected. In the event that the current Chairperson resigns from the Board, resigns or is removed as a county commissioner from their respective county or no longer meets the requirements to serve on the Board, the Vice Chairperson shall assume the Chairperson's duties. The Board of Health will then at the next regular meeting take nominations for the Vice Chairperson position and elect a new Vice

Chairperson. As these positions are elected on a rotation between the counties the Vice Chair position will be elected from the commissioners from the county in the next rotation.

## **ARTICLE V. MEETINGS**

**Section 1.** The Board will meet on the fourth Thursday of each month at 9:00 AM unless otherwise determined by the Board. In the event that the Board meets less than once per month, claims may be negotiated, resolved or paid prior to the next Board meeting by the Health Officer and Chairperson of the Board of Health, who shall report the action to the Board at its next regular meeting as outlined in Michigan's Public Health Code, Act 368, P.A. 1978, MCL 333.2415.

**Section 2.** The agenda for each Board meeting shall be set by the Health Officer in consultation with the Chairperson of the Board. An individual wishing to suggest a topic for discussion at a Board meeting shall submit a written request for consideration to the Chairperson of the Board at least ten (10) days prior to the meeting. The request shall include the subject matter, estimate time needed, individual(s) to appear and contact information of the requestor.

**Section 3.** For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

**Section 4.** The Board shall abide by requirements of Michigan's Open Meetings Act.

**Section 5.** Special meetings of the Board of Health or its Committees may be held at any time upon call of the Chairperson by providing just purpose and giving at least 18 hours' notice.

**Section 6.** Voting for the expenditure of funds, the adoption of a resolution or ordinance shall be by a roll-call vote. All other votes shall be by voice vote.

**Section 7.** Meetings will be conducted according to the latest edition of Roberts' Rules of Order.

## **ARTICLE VI. QUORUM**

Four (4) members of the Board shall constitute a quorum for the transaction of business.

## **ARTICLE VII. COMMITTEES**

**Section 1.** The Finance Committee and the Program, Policy and Appeals Committee shall be two (2) standing committees established by the Board. The Board may, from time to time, establish special committees and/or additional standing committees for other matters of concern to the Community Health Agency.

**Section 2.** The Board Chairperson, with the approval of the Board, shall appoint a representative from each county to the Finance Committee and to the Program, Policy and Appeals Committee. Appointments to committees shall be made annually.



## **ARTICLE VIII. CONFLICT OF INTEREST**

No Board of Health member will vote or otherwise participate in a decision by the Board of Health if they have a direct personal interest, wherein they may financially or materially gain from the action of the Board of Health.

## **ARTICLE IX. AMENDMENTS**

These by-laws may be amended at any regular meeting by a majority vote of the Board. A proposed amendment shall be submitted in writing to all members at least ten (10) days prior to the meeting. Any amendment thereto shall become effective immediately upon its adoption.

## **ARTICLE X. COUNTY APPROPRIATIONS**

Beginning in January of each year, the respective Treasurers of Branch, Hillsdale and St. Joseph Counties shall deposit their quarterly appropriations of county funding with the Community Health Agency by the 15<sup>th</sup> day of January, April, July and October.

Reviewed and amended by the Board of Health on the 5<sup>th</sup> day of November 2021.

## **DRAFT - 2022 Board of Health Meetings**

**Tentative - Meeting Schedule Must Be Approved at the 1/27/2022 Board of Health Meeting**

Meetings are the 4<sup>th</sup> Thursday at 9 am with the following exception:

November and December meetings are combined to the 2<sup>nd</sup> Thursday in December  
Board Education will begin immediately at the conclusion of the meeting and end by noon.

Date	Time	Location	Board Education Scheduled
January 27	9:00 am	TBD	Yes
February 24	9:00 am	TBD	Yes
March 24	9:00 am	TBD	No
April 28	9:00 am	TBD	Yes
May 26	9:00 am	TBD	Yes
June 23	9:00 am	TBD	No
July 28	9:00 am	TBD	No
August 25	9:00 am	TBD	No
September 22	9:00 am	TBD	Yes
October 27	9:00 am	TBD	Yes
December 8	9:00 am	TBD	No

### Board of Health Committees

Finance Committee – 3 members, one from each county

Program, Policy & Appeals Committee – 3 members, one from each county

The committees meet on the 2<sup>nd</sup> Monday in January, February, and November, and the 3<sup>rd</sup> Monday of March, April, May, June, July, August, September, and October. There will be no committee meetings in December

**Program, Policy, & Appeals Committee will meet at 1:00 PM on the following days:**

January 10, February 14, March 21, April 18, May 16, June 20, July 18, August 15,  
September 19, October 17, and November 14

**Finance Committee will meet at 2:30 PM on the following days:** January 10, February 14,

January 10, February 14, March 21, April 18, May 16, June 20, July 18, August 15,  
September 19, October 17, and November 14

### BHSJCHA Administration

Health Officer: Rebecca A. Burns, MPH, RS o: 517-933-3040 c: 269-501-2503

Medical Director: Karen Luparello, DO

Director of Administration: Theresa Fisher, BS, A+

Director of Personal Health & Disease Prevention: Kali Nichols, MPH

Director of Environmental Health: Paul Andriacchi, REHS

Director of Area Agency on Aging IIIC: Laura Sutter

**Tentative - Meeting Schedule Must Be Approved at the 1/27/2022 Board of Health Meeting**



2425 E. Grand River Ave.,  
Suite 1, Lansing, MI 48912

☎ 517.323.7500

📠 517.323.6346

January 5, 2022

Board of Public Health  
Branch-Hillsdale-St. Joseph Community Health Agency  
Coldwater, Michigan

We are engaged to audit the financial statements of the governmental activities and the major fund of the Branch-Hillsdale-St. Joseph Community Health Agency for the year ended September 30, 2021. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

Our Responsibilities under U.S. Generally Accepted Auditing Standards, *Government Auditing Standards*, and the Uniform Guidance

As stated in our engagement letter dated October 26, 2020, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we will consider Branch-Hillsdale-St. Joseph Community Health Agency's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. We will also consider internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance.

As part of obtaining reasonable assurance about whether Branch-Hillsdale-St. Joseph Community Health Agency's financial statements are free from material misstatement, we will perform tests of its compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit. Also in accordance with the Uniform Guidance, we will examine, on a test basis, evidence about Branch-Hillsdale-St. Joseph Community Health Agency's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement applicable to each of its major federal programs for the purpose of expressing an opinion on Branch-Hillsdale-St. Joseph Community Health Agency's compliance with those requirements. While our audit will provide a reasonable basis for our opinion, it will not provide a legal determination on Branch-Hillsdale-St. Joseph Community Health Agency's compliance with those requirements.

Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free from material misstatement. As part of our audit, we will consider the internal control of Branch-Hillsdale-St. Joseph Community Health Agency. Such considerations will be solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

We are responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.

Generally accepted accounting principles provide for certain required supplementary information (RSI) to supplement the basic financial statements. Our responsibility with respect to management's discussion and analysis, budgetary comparison schedule, schedule of changes in the net pension liability and related ratios, and schedule of employer contributions, which supplement the basic financial statements, is to apply certain limited procedures in accordance with generally accepted auditing standards. However, the RSI will not be audited and, because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance, we will not express an opinion or provide any assurance on the RSI.

We have been engaged to report on the schedule of support services and schedule of expenditures of federal awards, which accompany the financial statements but are not RSI. Our responsibility for this supplementary information, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

#### Planned Scope, Timing of the Audit, and Other

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters could be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

We expect to begin our audit procedures in January 2022 and issue our report on or before March 31, 2022. Aaron M. Stevens, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

This information is intended solely for the use of the Board of Directors and management of the Branch-Hillsdale-St. Joseph Community Health Agency and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

*Maney Costain PC*