

**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY
BOARD OF HEALTH
AGENDA
February 22, 2018**

Pledge Allegiance

1. Roll Call
2. Approval of the Agenda*
3. Approval of the Minutes*
4. Public Comment

5. Health Officer's Report
6. Medical Director's Report

7. Committee Reports:
 - a. Program, Policies, and Appeals – has not met
 - b. Finance Committee – has not met

8. Financial Reports/Expenditures*

9. Unfinished Business
 - a. Personnel Policy Manual*
 - b. Community Foundation Funds

10. New Business
 - a. AAA Cost Sharing Policy Revision*
 - b. Employee Recognition for years of service
 - c.

11. Departmental Reports
 - a. Personal Health & Disease Prevention
 - b. Environmental Health
 - c. Area Agency on Aging

12. Other
 - a.

Next meeting

March 22, 2018 Coldwater office

Branch-Hillsdale-St. Joseph Community Health Agency
Board of Health Meeting Minutes
February 2, 2018

The Branch-Hillsdale-St. Joseph Community Health Agency Board of Health meeting was called to order at 9:00 a.m. by Chairman, Al Balog, with the Pledge of Allegiance to the Flag of the United States and roll call as follows: Mark Wiley, Kathy Pangle, Terri Norris, Don Vrablic, Bruce Caswell, and Al Balog.

Also present: Rebecca Burns, Theresa Fisher, Laura Sutter, Donna Cowden, and Jeff Macklin.

Mr. Wiley moved to approve the agenda with support from Ms. Norris. The motion carried.

Ms. Pangle moved to approve the minutes from the previous meeting with support from Mr. Vrablic. The motion carried.

Public comment: Nothing at this time.

Rebecca Burns, Health Officer, reviewed her special report. Items discussed: notification that the funds from the closed health plan are now being distributed to the agency from the Branch County Community Foundation.

Ms. Norris moved to ask the Community Foundation to keep the funds until which time it is determined how the funds will be spend, with support from Mr. Vrablic. The motion carried.

Committee Reports:

- Program, Policy, and Appeals Committee - Mr. Wiley moved to approve the minutes from the previous meeting with support from Mr. Vrablic. The motion carried.
- Finance Committee – Had not met.

Financial Reports/Expenditures

- There were no financial reports presented at this meeting.

Unfinished Business:

Mr. Caswell moved to approve the amended budget with support from Mr. Wiley. The motion carried.

New Business:

- a. Mr. Caswell moved to restore the CSHCS LBS Representative position to full-time status with funds that the Agency will be receiving from the Branch County Community Foundation. Ms. Pangle supported the motion. The motion passed.
- b. Mr. Wiley moved to restore the WIC Clerk Tech position in Branch County to full-time status with funds that the Agency will be receiving from the Branch County Community Foundation. Ms. Norris supported the motion. The motion passed.
- c. Ms. Norris moved to restore the part-time WIC Clerk Tech position in Branch County with funds that the Agency will be receiving from the Branch County Community Foundation. Ms. Pangle supported the motion. The motion passed.

- d. Mr. Wiley moved to restore the \$37.262 cut from the AAA Community Living Program budget with funds that the Agency will be receiving from the Branch County Community Foundation. Ms. Pangle supported the motion. The motion passed.
- e. Ms. Norris moved to change the timeframe for when raises are brought to the finance committee from July to November of each year, to be voted on by the full board in December. Mr. Caswell supported the motion. The motion passed.

Ms. Pangle moved to adjourn the meeting with support from Ms. Norris. The motion passed and with no further business the meeting was adjourned at 10:10 a.m.

Respectfully Submitted by:

Theresa Fisher, BS
Secretary to the Board of Health



"Your Local
Health Department"

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BOARD OF HEALTH MEETINGS FOR 2018

January 25, 2018

9:00 A.M.

Location: Coldwater

July 26, 2018

9:00 A.M.

Location: Hillsdale

February 22, 2018

9:00 A.M.

Location: Coldwater

August 23, 2018

9:00 A.M.

Location: Coldwater

March 22, 2018

9:00 A.M.

Location: Coldwater

September 27, 2018

9:00 A.M.

Location: Coldwater

April 26, 2018

9:00 A.M.

Location: Coldwater

October 25, 2018

9:00 A.M.

Location: Coldwater

May 24, 2018

9:00 A.M.

Location: Coldwater

December 13, 2018

9:00 A.M.

Location: Coldwater

June 28, 2018

9:00 A.M.

Location: Three Rivers

January 24, 2019

9:00 A.M.

Location: Coldwater

**Branch-Hillsdale-St. Joseph
Community Health Agency**

2018 Board of Health Members

Branch County:

Terri Norris, Commissioner
207 North Broadway Street
Union City, MI 49094
269-753-2980 (Home)
tnorris@countyofbranch.com

Don Vrablic, Commissioner

Vice-Chair

512 Warren Road
Coldwater, MI 49036
517-238-5545 (Home)
517-812-3630 (Cell)
DVRABLIC@charter.net

Hillsdale County:

Mark Wiley, Commissioner
9471 Hicks Road
Quincy, MI 49082
517-869-2715 (Home)
269-569-0955 (Cell)
wileyma1@yahoo.com

Bruce Caswell, Commissioner

8940 E. Bacon Road
Hillsdale, MI 49242
517 523-3067 (Home)
517 425-5230 (Cell)
bcaswell@frontier.com

St. Joseph County:

Kathy Pangle, Commissioner
258 S. Nottawa Street
Mendon, MI 49072
269-496-7823 (Home)
269-251-9030 (Cell)
Tiger_kat9mm@hotmail.com

Allen Balog, Commissioner

Chair

P.O. Box 324
Three Rivers, MI 49093
269-501-3977 (Cell)
ajinsur@aol.com

Committee Appointments are as follows:

Finance Committee:

Allen Balog
Bruce Caswell
Terri Norris

Program Policy and Appeals:

Mark Wiley
Kathy Pangle
Don Vrablic

**Branch-Hillsdale-St. Joseph Community Health Agency
Health Officer's Report to the Board of Health for January 25, 2018
Prepared by: Rebecca A. Burns, M.P.H., R.S.**

Agency Updates

Branch-Hillsdale-St. Joseph Health Plan – Jeff and I will be meeting with Colleen Knight from the Branch County Community Foundation next week Monday to finalize an agreement to accept the funds being dispersed from the closure of the Health Plan. After several communications with Ms. Knight and upon her recommendation; the Agency will receive all of the funds now and place them with the Branch County Treasurer as outlined in the Agency's Investment Policy. Jeff and I will also be meeting with Branch County Treasurer Ann Vrablic on Monday to discuss how the funds will be invested. Then work can begin on a plan for use of these dollars.

Accreditation – The Agency will be undergoing cycle 7 of the Michigan Local Public Health Accreditation Program, March 5-9. The review looks at administrative capacity which includes powers and duties, quality improvement, and the local health department's plan of organization, local public health operations which includes food service, on-site wastewater, communicable disease, immunization, hearing, vision, and HIV/AIDS & STD, and finally categorical services which for BHSJCHA includes WIC and Children's Special Health Care Services (CSHCS). The computer review of CSHCS was done earlier this week and went well! CSHCS will wrap-up it's review next week, a week ahead of schedule due to scheduling issues with the reviewers. The Director's along with their staff have put considerable time into reviewing and doing self-audits in preparation.

Insurance Billing – The Agency's issue with not being able to bill Blue Cross/Blue Shield insurance that I reported on last month has been corrected. All individuals that the Agency scheduled for a delayed immunization have been contacted and offered the opportunity to move up their immunization appointment.

Active Shooter Awareness Trainings: The Agency's Coldwater office conducted an Active Shooter training with the Branch County Sheriff's office on August 25, 2017. It was well received by the staff in that office. The Agency's Emergency Preparedness Coordinator, Jim Cook, was able to take the Active Shooter Response Training (ALICE) in January and is now certified. The offices in Three Rivers and Hillsdale will receive their Active Shooter Awareness trainings under Jim's direction on March 19th and March 20th, both from 9 to 11 a.m. The most valuable part of this training for me was understanding how law enforcement must act when they arrive on an Active Shooter scene in addition to what steps we can take as an Agency and what I can do individually. Jim is available to provide this training in other locations within Branch, Hillsdale, and St. Joseph counties.

Flu – Flu in Michigan continues to be reported as Widespread. Our most recent report of the week ending February 10th did indicate some decreases in the SW region but the SE region was still reporting increases in the disease. The communicable disease staff have informed me of 4 adult deaths during this flu season in the three counties with influenza either listed as a cause of death or a complication of. It is still not too late to get the flu shot. Although the flu shot has limited effectiveness, as reported previously, having the flu shot can lesson the symptoms for those that do contract the disease.

In the February 16, 2018 issue of MMWR (Morbidity and Mortality Weekly Report, a publication of the CDC) the U.S. interim flu vaccine effectiveness estimates were published. The article reported:

- Overall adjusted vaccine effectiveness against influenza A and influenza B virus infection associated with medically attended acute respiratory illness was 36% (95% confidence interval [CI] = 27%–44%)
- VE (vaccine effectiveness) was estimated to be 25% (CI = 13% to 36%) against illness caused by influenza A(H3N2) virus, 67% (CI = 54%–76%) against A(H1N1)pdm09 viruses, and 42% (CI = 25%–56%) against influenza B viruses.

While not great, these aren't as low as the previously reported Canada or Australia estimate.

Classification & Compensation Study – Theresa and I have been reviewing the Agency's current Classification & Compensation Study which was completed in 1984 and recognize that is long overdue for an update. A proposal from Municipal Consulting Services LLC was requested, which we now have in hand. This company's list of past experience includes Branch and St. Joseph Counties and a long list of others including local health departments in Michigan. A copy is provided for you as an attachment to my report. If you have suggestions for other companies that can provide a similar proposal for this work, please let Theresa and I know.

Staff Vacancies/New Staff – The Agency has posted a part-time Administrative Support Clerk position in the Coldwater office that is being vacated.

Hepatitis A Outbreak – As I have been reporting, Michigan is in the midst of a serious Hepatitis A outbreak. Current case count as of February 14, 2018 is 751 with 609 hospitalizations and 25 deaths. The list of counties with outbreak associated cases has increased again. Our three counties currently are not considered part of the outbreak.

BHSJCHA continues to look for individuals and groups that we can immunize to prevent this disease in our communities. The primary source of transmission is reported to be person-to-person and by illicit drug use. We urge citizens in our community to consider the following to protect themselves:

- Get vaccinated against hepatitis A
- Wash hands after using the restroom and before eating or preparing meals for yourself or others
- Use your own towels, toothbrushes, and eating utensils
- Do not have sex with someone who has HAV infection
- Do not share food, drinks, drugs, or smokes with other people
- If you think you may have hepatitis A, see your medical provider
- If you have hepatitis A, please cooperate with your local public health to help protect others



Hepatitis A vaccination is safe and effective. The following individuals should get the HAV vaccine:

- Persons who are homeless.
- Persons who are incarcerated.
- Persons who use injection and non-injection illegal drugs.
- Persons who work with the high risk populations listed above.
- Persons who have close contact, care for, or live with someone who has HAV.
- Persons who have sexual activities with someone who has HAV.
- Men who have sex with men.
- Travelers to countries with high or medium rates of HAV.
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C.*
- Persons with clotting factor disorders.

Confirmed Cases Referred August 1, 2016-February 14, 2018 Meeting the MI Hepatitis A Outbreak Case Definition			
County (or city)	Total Cases	County (or city)	Total Cases
Macomb	210	Clinton	3
City of Detroit	161	Mecosta	2
Wayne	131	Saginaw	2
Oakland	99	Allegan	1
St. Clair	31	Clare	1
Washtenaw	15	Gratiot	1
Ingham	14	Hillsdale	1
Monroe	14	Huron	1
Genesee	11	Ionia	1
Isabella	8	Kent	1
Calhoun	6	Leelanau	1
Lapeer	6	Lenawee	1
Livingston	6	Newaygo	1
Sanilac	6	Schoolcraft	1
Shiawassee	5	Van Buren	1
Eaton	4	Other*	1
Grand Traverse	4		
*Jackson Michigan Department of Corrections			
Indicates counties with outbreak-associated cases that are not included in the outbreak jurisdiction			

Legislative Updates – There is some indication that there may be an attack on the Michigan Smoke-free Air Law. I'll keep you informed if legislation is dropped.

Medical Director's Report to the Board of Health

H. Lauren Vogel, D.O., M.P.H.

February 22, 2018

A History of Evolution in Medicine

cha 2/18

The practice of medicine remains an art. The latest transition in the art of medicine is the focus on preventive disease. Advancements from the middle ages of medical practice included the development of hospitals in the fourth century.¹ Specialized equipment, collections of physicians with focus on different illnesses and provision of lodging for the poor and travelers were components of the hospital institution. These were considered secular and were under religious control throughout most of the middle ages. Public health was not recognized as an important contributor to wellness in the Western world until late in the 18th century. The nursing profession originated as early as the 5th century BC.

Pharmacies were established around the year 754 where medications prescribed by the physician were compounded by the pharmacist. The use of drugs in medieval times was often a hit or miss phenomenon. Many herbs were used as medicines and some are still used today. Cloves, nutmeg, cinnamon, liquorice, pepper, garlic, cabbage, pomegranates and ginger were used for stomach ailments. Opium, mandrake and deadly nightshade were used and safety warnings were also given.

Surgery was still in its infancy and surgical outcomes were often poor. Prior to the thirteenth century surgeons suggested that leaving some pus in wounds was beneficial for healing. It was during this century that antiseptics were developed with wine-soaked bandages. Anesthetics utilizing opium were used during the 13th century also. Cesarean sections were performed in the early middle ages but few mothers or infants survived the experience. In 1500 was the first recorded case of both the mother and baby surviving.

Quarantine as a method to prevent disease originated because of the plague in the mid 1300's. Travelers by sea and land were isolated for 40 days before being allowed to dock or enter the city.² In the 1800's, isolation was used to prevent the spread of the white plague (tuberculosis). In the 21st century, isolation to prevent Ebola and SARS were in place.

In the far East, successful brain surgery and therapy for mental illness was documented in the mid 1500's. Although not documented, failures were probably more common than successes but the occasional success was followed by refinement of techniques over time. During this classical period patients received free health care and medications. Although the scientific approach to medical care was being practiced with regularly, most physicians of that time considered disease to be an imbalance of body humors which consisted of blood, phlegm, black and yellow bile. The toothbrush was invented in the 17th century by the Chinese but only the wealthy could afford a toothbrush.

Smallpox was a major contributor to germ theory when in the 18th century it was observed that milkmaids who caught cowpox were immune to smallpox. In 1796 Jenner introduced vaccination but did not realize how or why it worked. The mentally ill were not regarded as human and were confined to chains or placed in asylums. People paid to observe the insane in the asylums similar to today's viewing of animals in the zoo. More humane treatment of the mentally ill became prevalent in the late 1700's.

During the 19th century germ theory was advanced. Vaccines for rabies were developed. The infectious agent for tuberculosis, anthrax, leprosy, tetanus, diphtheria and cholera were discovered. Gas anesthetics were discovered and used in the late 1800's. During the 20th century development of the ECG machine, the sulfa and penicillin antibiotics were discovered and streptomycin was used to treat tuberculosis. The

iron lung and dialysis machines were also developed during this century.³

Medicine for the present and future is focused more on preventive skills. Patient education, further refinement of immunizations, robotics for surgical care and development of Accountable Care Organizations and the Medical Home are parts of the current and evolving medical plan. In the middle ages, the clergy controlled much of how medicine was practiced. In the 21st century pharmaceutical companies, insurance providers and the governments control much of how we practice. The church still has some governance however. Patients are not the current controllers of how medical care is practiced and may not even be involved in determining their care.

The focus of the 21st-century health care system must be the patient. Such a system will ensure that patients have access to the safest and highest-quality care, regardless of how much they earn, where they live, how sick they are, or the color of their skin. Patients must be the first priority and the focus of the transformed system.⁴

Because of the development of electronic media and services, medical care has become more regimented. Access to current medical information is much easier and utilization of this knowledge is expected by patients, physicians and the third parties that dictate medical care. Developing techniques that prevent disease have replaced the focus on finding and treating existing disease. Physicians and medical organizations must be able to communicate among themselves for 21st century medicine to advance medical services for the population.

Development of universal medical records via information technology is the initial step in this process.⁴ Coordination of the technologies with integration of the different systems that allow sharing of patient information and availability of scientific medical education is necessary. The change will be painful. The cost to develop and utilize an electronic medical record is significant. The change in individual practices that restructure how data is collected and stored (paper or electronic) is difficult. The redesigned focus on preventive techniques as the forefront for medical practice is foreign to many physicians.

The changes necessary to continue to improve patient well-being and reduce morbidity and mortality require better electronic documentation. This requires physician retooling and is not a time efficient phenomenon. However, without better documentation in an electronic record the next step in the process of medical care evolution will be impossible.

REFERENCE

1. Top 10 Medical Advances from the Middle Ages. November 2015. Medievalists.net . <http://www.medievalists.net/2015/11/top-10-medical-advances-from-the-middle-ages/>. Accessed March 2017.
2. Alvarez S. The concept of quarantine in history: from plague to SARS. *Journal of Infection* (2004) 49, 257–261. March 2012. <http://www.medievalists.net/2012/03/the-concept-of-quarantine-in-history-from-plague-to-sars/>. accessed March 2017.
3. Lambert T. A Brief History of Medicine. <http://www.localhistories.org/medicine.html>. Accessed March 2017.
4. Frist WH. Health Care in the 21st Century. *NEJM.N Engl J Med* 2005; 352:267-272. January 20, 2005. DOI: 10.1056/NEJMsa045011. Accessed March 2017.

January 1 through 31,2018		
A Good Neighbor Heating & Cooling	CSHCS	899.00
ACD.Net	Telephones 3 offices	2,615.85
AFLAC 0444	Payroll Deduction	1,903.32
Alerus Financial (Retirement)	Payroll Deduction	790.00
All Nations Temple Church	Refund - Well & Septic Voided & Refunded	575.00
Armstrong Health Care	WIC / AAA Contractual Consultant	2,307.32
Blue Cross Blue Shield	Health Insurance	54,863.63
Branch Area Transit Authority	Elderly Transportation Service	1,745.82
Branch County Commission COA	Home & Community Based Services	5,039.11
Branch County Complex	Rent - Maintenance Coldwater Office	13,397.46
CAA of South Central	Home & Community Based Services	13,823.13
Care-N-Assist	Care Management	1,326.00
CDW Government Inc.	Computer Supplies	1326.99
Century Bank Basic Flex Health Plan	Payroll Deduction	1,408.92
Century Bank EFPTS	Federal & Fica Taxes	42,683.95
Century Bank Master Card	Air Cards	70.00
Century Bank Master Card	Office Supplies - Vista print	46.98
Century Bank Master Card	Training - EP	107.90
Century Bank Mers	MERS DB /Retirement	28,400.47
Century Bank State	Michigan Tax	6,466.79
Charter Communications	Sturgis Internet & Phone Line	74.97
Cintas	Rugs & Lab Coats - Cleaning	110.49
City of Coldwater	Water Lab Test	120.00
City Of Three Rivers	Water / Sewage & Lab Testing	112.87
Clear View Auto Glass & Plowing	Building Expense - Three Rivers Plowing	815.00
Companion Life Insurance Co.	Life Insurance Premiums/2 months	2,058.58
Connect America	Care Management	166.50
Crossroads Health & Home Services Ulmtd	Care Management	254.40
Crossroads Home Care	Care Management	1,002.00
Current Office Solutions	Office Supplies/Copier Charges	1,315.95
DJC Property/Consultant	Consultant	3,720.00
Dr. Vogel	Medical Director - Contractual	4,236.80
Enabling Development Inc.	CSHCS	19.00
Fairfield Inn	Training - EH	79.50
Fawn River Mechanical	Building Maintenance - TR	318.50
Frontier	Sensaphone & Fax Line Service	308.45
GDI	Building Expense - TR Cleaning/Supplies	2,228.03
Hemocue	Medical Supplies	432.00
Hillsdale Board Of Utilities	Building Expense - HD	2,028.59
Hillsdale County Treasurer	Building Expense - HD	3,814.28
Hillsdale County Treasurer	Monthly Cleaning of Dental Clinic	806.93

January 1 through 31,2018		
Hillsdale Public Health	Rent - Hillsdale Office	7,375.00
Indiana Michigan Power	Building Expense - TR	1,053.11
Indiana State	State Tax	119.97
Lab Corp	Lab Fees	71.40
Lake Michigan Mailers	Postage Pick Up Service / 1 month	35.00
Malph	Dues 2018	4,737.00
Maplecrest	Rent - Sturgis Office	550.00
McKesson	Medical Supplies	95.68
Mers 5% Alerus Financial DC	Defined Contributions 5% EES	5,487.20
Michigan Insurance	Workers Comp Quarterly Payment	181.68
Michigan Municipal Risk	Professional Liability - Agency	8,681.50
Michigan Sate Disbursement Unit	Payroll Deduction	662.98
Moving Mindes	CSHCS	111.09
Nationwide	Payroll Deduction	4,034.08
Next IT	Equipment Maintenance	790.00
Optum Insight (Netwerkes.Com)	Billing Service	247.02
Pitney Bowes	Quarterly Postage Machine Rental	539.10
ProAssurance Casualty Company	Professional Liability - Physician	1,157.00
Prometric	Food Safety Exams	550.00
Prompt Care	Drug Testing - 2 Employees	69.00
Republic Waste Services	Building Expense - TR Quarterly	122.30
Reserve Account	Postage	3,000.00
Richard Clark	Building Expense - CW	1,800.00
Rickett's Lawn Care	Building Expense - Lawn Care Three Rivers	354.00
RX Optical	CSHCS	68.30
SEMCO Energy	Building Expense - TR	143.42
Shred It	Document Destruction	90.00
Sonit	Internet Consultant	495.00
St. Joseph County COA	Home & Community Based Services	18,423.62
St. Joseph Trans Authority	Older Adult Transportation	1,970.57
Staples	Office Supplies	51.19
State Of Michigan	Water Lab Test	180.00
Sturgis Hospital	CSHCS	437.51
Three Rivers Health	Rent - Dental Clinic	2,775.00
Thurston Woods	Care Management	3,548.16
VRI Lifeline Of Michigan	Care Management	510.00
Wal Mart Misc.	Safe Kid's Supplies	325.31
Xmission	Email Provider	233.05
Total Of Invoice List		274,895.72

Branch-Hillsdale-St Joseph Community Health Agency
Balance Sheet
As of 1/31/2018

Current Period Balance

Assets

Cash on Hand	4,324.87
Cash with County Treasurer	827,780.85
Accounts Receivable	48,881.01
Due from State	93,372.27
Due from Other Funding Sources	108,463.63
Prepaid Expenses	82,657.73
Biologic Inventory	<u>104,256.70</u>
Total Assets	<u>1,269,737.06</u>

Liabilities

Accounts Payable	145,695.39
Payroll Liabilites	101,653.60
Capital Improvements	25,000.00
Deferred Revenue	49,150.22
Deferred Revenue BR	34,591.66
Deferred Revenue HD	37,895.00
Deferred Revenue SJ	49,751.00
Unearned Revenue	19,418.27
Biologics	<u>104,256.70</u>
Total Liabilities	<u>567,411.84</u>

Net Assets

Operation Fund Balance	248,622.15
Restricted Fund Balance	362,753.59
Designated Fund Balance	<u>90,949.48</u>
Total Net Assets	<u>702,325.22</u>

Total Liabilities and Net Assets 1,269,737.06

BHSJ Community Health Department
 Schedule of Cash Receipts and Disbursements
 August 31, 2017 thru January 31, 2018

8/31/2017 Cash Balance		\$ 934,490.83
Plus: Cash Receipts		\$ 541,353.01
Less: Cash Disbursements For:		
Payroll:	\$ (129,802.96)	
Accounts Payable:	\$ (353,173.88)	\$ (482,976.84)
<hr/>		
9/30/2017 Cash Balance		\$ 992,867.00
Plus: Cash Receipts		\$ 474,576.13
Less: Cash Disbursements For:		
Payroll:	\$ (142,149.63)	
Accounts Payable:	\$ (501,603.55)	\$ (643,753.18)
<hr/>		
10/31/2017 Cash Balance		\$ 823,689.95
Plus: Cash Receipts		\$ 362,932.98
Less: Cash Disbursements For:		
Payroll:	\$ (133,928.93)	
Accounts Payable:	\$ (369,429.87)	\$ (503,358.80)
<hr/>		
11/30/2017 Cash Balance		\$ 683,264.13
Plus: Cash Receipts		\$ 479,934.09
Less: Cash Disbursements For:		
Payroll:	\$ (218,919.02)	
Accounts Payable:	\$ (374,672.44)	\$ (593,591.46)
<hr/>		
12/31/2017 Cash Balance		\$ 569,606.76
Plus: Cash Receipts		\$ 667,729.56
Less: Cash Disbursements For:		
Payroll:	\$ (135,189.07)	
Accounts Payable:	\$ (274,366.40)	\$ (409,555.47)
<hr/>		
1/31/2018 Cash Balance		\$ 827,780.85

Branch-Hillsdale-St Joseph Community Health Agency
Expense By Program - Summary 1/1/2018 Through 1/31/2018

RU Code	RU Name	Current Month	YTD	Total Budget - Amendment1	% Total Expended
*	324 Sturgis Hospital	\$ 70.50	\$ 3,630.85	\$ 2,843.00	127.71%
*	010 Agency Support	\$ 44,204.22	\$ 107,104.10	\$ 178,869.00	59.87%
*	325 CSHCS	\$ 23,933.33	\$ 89,585.06	\$ 189,000.00	47.39%
*	745 Type II Water	\$ 8,224.31	\$ 31,526.85	\$ 68,642.00	45.92%
*	032 Emergency Preparedness	\$ 14,088.88	\$ 52,988.58	\$ 118,838.00	44.58%
*	022 Coalition for Tobacco Control	\$ 3,377.85	\$ 15,149.37	\$ 36,349.00	41.67%
*	017 Senior Reach	\$ 834.94	\$ 4,924.19	\$ 12,011.00	40.99%
*	321 CHC Tele-A-Health	\$ 4,890.51	\$ 16,182.30	\$ 41,442.00	39.04%
*	326 Vision (ELPHS)	\$ 7,616.22	\$ 27,567.87	\$ 76,792.00	35.89%
*	338 Immunization VQA (Gov't Issue)	\$ 35,185.85	\$ 184,296.23	\$ 538,732.00	34.20%
*	138 Immunization IAP (Private Stock)	\$ 30,070.27	\$ 204,324.74	\$ 601,959.00	33.94%
	021 Dental Clinic - Three Rivers	\$ 2,775.00	\$ 11,100.00	\$ 33,300.00	33.33%
	029 Dental Clinic - Hillsdale	\$ 806.93	\$ 3,227.72	\$ 9,683.00	33.33%
	109 WIC	\$ 84,299.01	\$ 304,382.93	\$ 914,838.00	33.27%
	327 Hearing (ELPHS)	\$ 6,589.35	\$ 24,821.30	\$ 76,442.00	32.47%
	331 STD	\$ 10,477.75	\$ 38,731.36	\$ 120,867.00	32.04%
	605 General EH Services	\$ 5,179.80	\$ 19,472.58	\$ 62,274.00	31.26%
	714 Onsite Sewage Disposal	\$ 24,672.15	\$ 92,750.92	\$ 296,620.00	31.26%
	721 Drinking Water Supply	\$ 24,672.15	\$ 92,750.91	\$ 296,620.00	31.26%
	704 Food Service	\$ 36,980.12	\$ 122,863.63	\$ 396,984.00	30.94%
	012 Area Agency on Aging	\$ 82,660.19	\$ 363,219.75	\$1,186,318.00	30.61%
	341 Infectious Disease	\$ 17,091.44	\$ 62,617.25	\$ 216,718.00	28.89%
	108 WIC Breastfeeding	\$ 6,655.37	\$ 22,452.92	\$ 78,535.00	28.58%
	101 Workforce Development	\$ 5,881.77	\$ 15,435.74	\$ 54,986.00	28.07%
	107 Medicaid Outreach	\$ 8,640.12	\$ 36,042.39	\$ 134,035.00	26.89%
	332 HIV Prevention	\$ 1,376.16	\$ 5,009.49	\$ 27,023.00	18.53%
	335 MCH Public Health Functions &	\$ 3,444.86	\$ 9,015.78	\$ 52,045.00	17.32%
	115 MCH Enabling Women	\$ 2,968.03	\$ 7,767.60	\$ 62,905.00	12.34%
	345 Lead Testing	\$ 223.03	\$ 2,063.41	\$ 21,157.00	9.75%
	018 Aging Mastery	\$ 17.32	\$ 756.32	\$ 10,000.00	7.56%
	023 Capital Expenditures	\$ -	\$ -	\$ 100,000.00	0.00%
	112 CSHCS Medicaid Outreach	\$ -	\$ -	\$ 40,897.00	0.00%
Totals		\$497,907.43	\$1,971,762.14	\$6,057,724.00	32.55%

*IDEALLY, EACH PROGRAM SHOULD BE AT 33.33% EXPENDED (RU 032, 326 AND 327 SHOULD BE AT 44.44%)

**AGENCY IS CURRENTLY .78% UNDER BUDGET AT THIS POINT IN TIME.

- **RU 324 (Sturgis Hospital):** Budget drastically reduced as program ended in November. Received a small amount of overhead allocation in January (built into journal entry). Will be brought in line with budget at amendment #2 when actuals are completed.
- **RU 010 (Agency Support):** Many one-time and quarterly expenses hit this program in January. Should fall back within budget as the year progresses and these expenses don't repeat.
- **RU 325 (CSHCS):** Once this program is 100% expended, all additional expenditures will be moved to RU 112, where we can take advantage of a federal matching reimbursement. This program is expected to be over the normal 33.33% at this time.
- **RU 745 (Type II Water):** Associate has been working almost entire time in this program year to date. As activity decreases, these expenses should fall back in line with the budget.
- **RU 032 (Emergency Preparedness):** 9 month program and should be at 44.44%.
- **RU 022 (Coalition for Tobacco Control):** Much more activity this time of year. Should fall back into budget when schools begin letting out for summer.
- **RU 017 (Senior Reach):** Budgeted expenses drastically reduced (due to less time to be worked in program). Should begin falling within budget as year progresses.
- **RU 321 (CHC Tel-A-Health):** Overhead costs for coordinator have been hitting this program since October. These will fall off starting in February and budget should fall back in line as year progresses.
- **RU 326 (Vision ELPHS):** 9 month program and should ideally be at 44.44%.
- **RU 338 (Imms - Gov't Issue):** Slight increase in activity toward the beginning of the year. Should continue to fall within budget as year progresses.
- **RU 138 (Imms - Private Stock):** Many supplies (drugs) were purchased toward the beginning of the year, should continue to fall within budget as year progresses.

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 decision 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 a background check. The offer and assignment to duties is contingent upon satisfactory completion of this background check. The Agency reserves the right to conduct annual background checks on all employees.
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 six-month probationary period following their date of hire or rehire. At any time during the six-month probationary period, the agency or the employee for any reason may terminate employment.
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 and at the six-month 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.

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. 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.

9. 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.

10. 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.

11. 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.

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

13. 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.

14. 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.

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.
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 outside the health district shall be reimbursable only if travel occurs during assigned business hours.
- Travel time that occurs within the health district and outside of assigned business hours will only be reimbursed if the employee is required to attend training or perform a job duty by their supervisor.
- Reimbursement for training and related expenses (tuition, meals, etc.) must be pre-approved by the division director and the health officer. 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, staff that work in excess of eighty (80) hours in a single pay period may be compensated at one and one-half their regular rate of pay for the time in excess of 80 hours. Staff may only work in excess of their budgeted schedule with prior division Director and Health Officer written approval.

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 shall provide a statement indicating the total amount of compensation received for jury duty. If jury duty compensation does not equal the usual salary, the agency shall reimburse the employee the difference. If jury duty compensation equals or exceeds the usual salary, there shall be no additional reimbursement by the agency to the employee.

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. 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. 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 65th birthday and further shall decrease to \$8,000.00 on the first day of the month after an employee's 70th 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 agency's short-term disability plan coverage. The employee is responsible for their bi-weekly payment of the health care plan they have selected.

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 6-month probationary period.

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 can be received by two methods: (1) Lump sum pay off of the accrued vacation leave. (2) With a two-week notice to the payroll department, the employee may elect to contribute part or all of your remaining vacation hours into the MERS HCSP.

9. Bi-annually on January 1st and July 1st, any eligible vacation days can be deposited into the MERS Health Care Savings Plan (HCSP) up to 75 hours (10 days) in one calendar year. (The eligibility description of the HCSP also is stated in Section 3: Compensation Policies)

B. SICK LEAVE

1. Purpose & Eligibility. Sick Leave with pay is available to eligible employees for periods of temporary absences for the following reasons: (1) Sick leave may be used in the event of personal illness or injury, or a Medical/Dental appointment. (2) Sick leave may be used in the event of illness, injury of an immediate family member. Immediate family shall be defined as spouse, son, daughter, parent, brother, or sister or any person that the employee is designated as the primary caregiver in accordance with FMLA. (3) Sick leave may be used following a prolonged illness, injury or surgery, to permit an employee to work less than their regularly scheduled work hours until full recovery. (4) Sick leave may be used for purposes of bereavement for events not covered under the bereavement policy.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. Part time and casual employees 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. Absence from Work Longer than Three Days. 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 may request that their sick time over 200 hours be paid to them and/or placed in their Health Care Saving Plan (HCSP). If the employee does not request payment of their sick hours over 200 into their HCSP, then those hours will automatically be paid to them. All such 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 either: (1) in a lump sum, (2) in the form of a contribution to the employees MERS Health Care Savings Plan. The employee must elect one of these two options at least two-weeks prior to their last scheduled work day. 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 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.

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

- New Year's Day
- Martin Luther King, Jr. Day
- President's 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 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. 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.)
- 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: 1st offense, written warning; 2nd offense, one-day suspension without pay, 3rd offense, three-day suspension without pay; 4th offense, seven-day suspension without pay, 5th 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
- Willful disobedience to the proper directive of a supervisor, or other acts of insubordination
- Consumption of any alcoholic beverages during work hours
- Any other offenses of like consequences

The disciplinary procedure in this group shall be: 1st offense, three-day suspension without pay, 2nd offense, seven-day suspension without pay, 3rd 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
- 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 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.

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.

Section 8: 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, all scheduled staff will be compensated at their normal pay rate.

If an agency office is open, employees who are unable to report due to weather conditions may use annual vacation or personal time 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. Handicapped persons 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 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. Handicappers 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 9: Information Technology Policies

A. Electronic Mail 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.

Section 10: 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.

Level 1 Disciplinary Sanctions shall be administered in a progressive manner. Disciplinary sanctions shall be reported to the applicable professional licensing board as appropriate.

Level 2 Curiosity or Concern (no personal gain) - This level of violation occurs when an employee intentionally accesses or discusses patient information for purposes other than the care of the patient or other authorized purposes but for reasons unrelated to personal gain. Examples include, but are not limited to: an employee looks up birth dates, address of friends or relatives; an employee accesses and reviews a record of a patient out of concern or curiosity; an employee reviews a public personality's record.

Disciplinary Sanctions:

First offense: Depending upon the facts, oral or written warning documented and maintained in the employee's personnel record.

Second offense: Depending upon the facts, a final written warning and suspension for 3-30 days without pay, documented and maintained in the employee's personnel record, or termination.

Third Offense: Termination

Except in the case of termination, the employee shall be required to review the Confidentiality Policy and sign a new Confidentiality Agreement. Disciplinary sanctions shall be reported to the applicable professional licensing board as appropriate.

Level 3: Personal Gain or Malice—This level of violation occurs when an employee accesses, reviews or discusses patient information for personal gain or with malicious intent. Examples include but are not limited to: an employee reviews a patient record to use information in a personal relationship; an employee compiles a mailing list for personal use or to be sold.

Disciplinary Sanctions: Termination. Report to applicable professional licensing board. Reporting and filing requirements:

For all levels of violation, all written documentation relating to the violation and subsequent actions will be kept on file in appropriate administrative files for no less than six years after the date of the final resolution of the violation, or for a period of time specified by our practices document retention policies or applicable state or federal laws, whichever is longer. The disciplinary action and appropriate documentation shall also be placed in the employee's personnel file.

Mitigation:

Our practice is required to mitigate to the extent practicable, any harmful effect that is known by our practice of a use or disclosure of Protected Health Information that is in violation of its policies and procedures or the requirements of HIPAA or its business associate.

Refraining from Intimidating or Retaliatory Acts

Our practice may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise of any right under granted under HIPAA, or for participation by the individual in any process established by HIPAA this includes:

Any individual or other person for:

Filing of a complaint with the Secretary;

Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing; or

Opposing any act or practice made unlawful by HIPAA, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.

Disclosures by Whistleblowers and Workforce Member Crime Victims

Disclosures by Whistleblowers: A covered entity is not considered to be violation of the HIPAA requirements if a member of your workforce or a business associate discloses Protected Health Information, provided that: The workforce member or business associate who believes in good faith that your practice has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided potentially endangers one or more patients, workers, or the public; and

The disclosure is to:

- I. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of a practice or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the covered entity; or
- II. An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct that is unlawful or violates professional or clinical standards, or that the core services or conditions provided by your entity potentially endangers one or more patients, workers, or the public.

Disclosures by workforce members who are victims of a crime:

A covered entity is not considered to be a violation of HIPAA if a member of your workforce who is the victim of a criminal act discloses Protected Health Information to a law enforcement official, provided:

A. The Protected Health Information disclosed is about the suspected perpetrator of the criminal act; and

B. The individual agrees to the disclosure The Protected Health Information disclosed is limited to the Following Information:

Name and Address

Date and place of birth

Social Security Number

ABO Blood types and rh factor

Type of Injury

Date and time of treatment

Date and time of death, if applicable

Description of distinguishing characteristics, including height weight, gender, race,

Hair and eye color, presence or absence of facial hair, scars

And tattoos.

C. Subpoena Procedure

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

D. Sanctions for Violations of Confidentiality

POLICY:

Our practice must have and apply appropriate sanctions against members of the workforce who fail to comply with the appropriate laws protecting the privacy and confidentiality of Protected Health Information. This statement does not apply to disclosures made by Whistleblowers and workforce member crime victims or individuals filing a complaint with the secretary; testifying, assisting or participating in an investigation, compliance review, or hearing under Part C or Title 11: or opposing a practice or act made unlawful, provided the individual has a good faith belief that the practice is unlawful and the manner of opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.

PROCEDURE:

Violations of patient confidentiality have been divided into the following three levels with the corresponding disciplinary action for each level of violation.

Level 1. Carelessness—This level of violation occurs when an employee unintentionally or carelessly accesses, reviews or reveals patient information to him/herself or others without a legitimate need to know the patient information. Examples include, but are not limited to: employees discuss patient information in a public area; employee leaves a copy of patient medical information in a public area; employee leaves a computer unattended in an accessible area with a medical record unsecured.

Disciplinary Sanctions:

Depending upon the facts, counseling, oral warning, written warning, final written warning or suspension, documented in writing and maintained in the employee's personnel record, or termination. Except in the case of termination, the employee shall be required to review the Confidentiality Policy and sign a new Confidentiality Agreement.

Section 11: **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, 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 suffer from drug or alcohol abuse, may request employer assistance, before the occurrence of any misconduct or the commencement of disciplinary action. You may be eligible for referral to the Employee Assistance Program (EAP) or for a medical leave of absence. We encourage any employee with a problem 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 reserve the right, at our 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.



Cost sharing is a policy that requires a co-payment for certain services funded by the Area Agency on Aging Region III C. The amount each participant will be required to contribute to their services will depend on their income, family size, additional expenses, and the cost of the service. Cost sharing allows the programs in Region III C to continue to assist Branch and St. Joseph County citizens with needed services. All revenue generated will be used to expand the service from which it was generated.

Cost sharing is required for individuals enrolled in the AAA Region III C Community Living Program (CLP) as well as the following services funded through State Merit Award (Tobacco Settlement) and State Respite Care (Escheat) funds:

Adult Day Services
In-Home Respite Care

Each participant will be asked to disclose their financial information and the AAA III C will be responsible for determining the amount of contribution based on the financial information. Participants enrolled in the CLP program choosing not to disclose financial information will be eligible for enrollment and responsible for 100% cost of the plan of care.

The formula below takes into consideration the participant's gross annual income and acknowledges that each individual has normal monthly expenses such as housing costs, taxes, food, and medical expenses. If a participant has unusually high expenses, especially in the case of medical or shelter costs, the AAA III C may make an exception to the Cost Sharing formula and reduce the amount of cost the individual is required to contribute.

For CLP participants, if liquid assets (CD's, annuities, second home, etc.) are above \$53,000 for single, or \$61,000 for a couple, 100% of the cost of the care plan will be the responsibility of the participant.

No participant who is on Medicaid shall be required to make Cost Sharing payments/arrangements. If a participant and/or their family would prefer to pay more than the formula requires, they are welcome to do so. The participant is responsible for paying their cost share contribution directly to the chosen service provider(s) outlined in their individualized Plan of Care.

Once Gross Income has been determined, reference the sliding scale chart to determine the percentage of the unit rate required as cost share payment for each service. For example, a participant in a single household with a gross income of \$33,000 would be required to contribute 60% the In-Home Respite or Adult Day Care unit cost.

According to the Older Americans Act clients receiving federally funded services cannot be denied service if they are unwilling to contribute. If a service recipient refuses to pay their cost share amount and does not have a valid reason for such refusal, service should not begin. Participants/caregivers who refuse to participate in an approved cost-sharing program may be served with other resources if available to the provider.



COST SHARING FORMULA Worksheet

Participant Name: _____

Income Information

Source	Monthly Amount		Annual
Wages	\$	X 12	\$
Social Security	\$	X 12	\$
Veteran's Benefits	\$	X 12	\$
Pension	\$	X 12	\$
Interest/Investment Income	\$	X 12	\$
Rental Income	\$	X 12	\$
Other	\$	X 12	\$
Total Income			\$

Spouse Income Information (if applicable)

Source	Monthly Amount		Annual
Wages	\$	X 12	\$
Social Security	\$	X 12	\$
Veteran's Benefits	\$	X 12	\$
Pension	\$	X 12	\$
Interest/Investment Income	\$	X 12	\$
Rental Income	\$	X 12	\$
Other	\$	X 12	\$
Total Income			\$

Total Annual Household Income: \$ _____

Excessive Monthly Household Expenses

Outstanding Medical Bills	
Rent	
Other	
WAIVER GRANTED?	Yes ____ No ____ Care Consultant initials: _____

Assets

Source	Amount	Frequency	Who

The information above is accurate and complete to the best of my knowledge.

Signature of Participant/Representative Completing this Form

Date

Signature of Care Consultant/AAA IIC Representative

Date



1. Determine the participant's Gross Annual Income by completing the worksheet (page 2).
2. Determine the participant's spouse's Annual Income by completing the worksheet (if applicable).
3. Determine the total Annual Income for the participant and spouse by adding the two totals together.
4. Review the participant's (and Spouse) expenses for determination of any usually high expenses, particularly in the areas of medical or shelter costs. If the participant, based on the AAIIIC's opinion, has unusually high expenses, an exception may be made to the Cost Sharing formula and reduce the amount of cost the participant is required to contribute. The AAIIIC must maintain the information this "waiver" is based on in the participant's file.
5. Using the schedule in the Cost Sharing Policy, determine the percentage, if any, of costs be shared by this participant: _____%
6. Participant's preference for service provider: _____
7. Projected Hours/Units per month: _____ Cost per unit: \$ _____
8. Projected Participant share: \$ _____ per month
(Cost per unit x units per month x percentage to be shared by this participant)
9. Inform participant of the amount per month they will be required to share for this service.

Cost Sharing Formula: Apply the formula below to the gross income of the client.

Gross Income Single Household	Percentage of Unit Rate	Gross Income Married/2-person Household
On Medicaid	No contribution	On Medicaid
135% of poverty \$16,390	No contribution	135% of poverty \$22,225
\$16,391 – 18,890	5%	\$34,921 – 37,420
\$18,891 – 22,890	10%	\$37,421 – 41,420
\$22,891 – 27,890	20%	\$41,421 – 46,420
\$27,891 – 32,890	40%	\$46,421 – 51,420
\$32,891 – 37,890	60%	\$51,421 – 56,420
\$37,891 – 42,890	80%	\$56,421 – 61,420
\$52,436 – over	100%	\$61,421 – over

Liquid Assets: _____ (see page 2)

To the best of my knowledge, the information provided above is complete and accurate. I acknowledge that this information will be kept confidential by the service program.

Signature of Participant or Representative

Date

Signature of Care Consultant/Agency Representative

Date



**BRANCH-HILLSDALE-ST. JOSEPH
COMMUNITY HEALTH AGENCY**

**2018 CERTIFICATE OF RECOGNITION
FOR YEARS OF DEDICATED SERVICE**

**Paul Andriacchi 5 Years
Erin Beckhusen 5 Years
Melissa Cramton 5 Years
Brandie Lennox 5 Years
Tina Schneidmiller 5 Years**

**Elizabeth Howard 10 Years
Aimmee Mullendore 10 Years**

Bonnie Saddler 15 Years

Mary Proctor 25 Years

Personal Health and Disease Prevention Update

February 22, 2018

Communicable Disease: (CD-TB-HIV-STD):

- ❖ Branch County has immunized the city police and fire department for Hepatitis A
- ❖ Staff will be going to Glen Oaks in Centreville to do a HIV/STD prevention talk to their students living in their new dormitories in March

Immunizations:

- ❖ Continue to have flu vaccine and flu remains widespread
- ❖ Outreach continues in homeless shelters, drug rehab centers, food pantries, for high risk individuals for hepatitis A
- ❖ Hillsdale County staff will be immunizing employees at a large dairy farm
- ❖ Three Rivers Hospital has asked us to immunize their staff in outlying clinics

Women, Infants, and Children's Nutrition Program (WIC):

- ❖ 38 Fluoride Varnishes done by WIC nurses in the jurisdiction during January 2018
- ❖ WIC participation slightly up

Children's Special Health Care Services (CSHCS)and Lead:

- ❖ Clients total 804 in our jurisdiction

Hearing and Vision:

- ❖ Hillsdale County tech is all trained

Valarie Newton, R.N., B.S.N.

Director of Personal Health and Disease Prevention

**Personal Health and Disease Prevention-Report to Board of Health
for Month Ending January, 2018**

Program	2017/18 January				2017/18 YTD				2016/17 YTD			
	B	HD	SJ	Total	B	HD	SJ	Total	B	HD	SJ	Total
Hearing Screens												
Pre-school	0	0	0	0	0	57	187	244	146	241	350	737
School Age	325	59	302	686	594	473	1381	2448	957	1007	1938	3902
Vision Screens												
Pre-school	0	0	0	0	0	15	218	233	223	237	239	699
School Age	911	476	830	2217	2363	1627	2613	6603	2807	2381	2073	7261
Children's Special Health Care Services												
	B	HD	SJ	Total	B	HD	SJ	Total	B	HD	SJ	Total
Diagnostics	2	0	0	2	2	0	3	5	0	0	0	3
Assessments-Renewal	13	17	32	62	71	68	123	262	54	64	108	226
-New	9	6	7	22	21	19	27	67	11	20	30	61

**Communicable Disease Reporting
Branch County**

Disease Category	January 2018	December 2017	November 2017	2017 YTD	2016 Total
HIV/AIDS	0	0	0	1	0
Amebiasis	0	0	0	7	0
Animal Bite	2	2	1	27	44
Babesiosis	0	0	0	0	1
Campylobacter	2	1	1	9	7
Chicken Pox	0	1	0	1	1
Chlamydia	22	11	9	126	95
Coccidioidomycosis	0	0	0	0	0
Colds W/O Fever	148	201	186	1465	1112
Creutzfeldt-Jakob Disease	0	0	0	0	0
Cryptococcosis	0	0	0	0	0
Cryptosporidiosis	0	0	0	0	1
Encephalitis - Primary	0	0	0	0	0
Encephalitis - St. Louis	0	0	0	0	0
E Coli 0157	0	0	0	0	0
Flu Like Disease	313	145	174	1832	1295
GI Illness	652	646	427	5329	3418
Giardiasis	0	1	1	4	0
Gonorrhea	1	2	1	16	11
Granuloma Inguinale	0	0	0	0	0
Guillain Bar	0	0	0	0	0
Head Lice	37	49	40	421	362
Hepatitis A	0	0	0	0	1
Hepatitis C - Chronic	1	4	3	32	40
Hepatitis C - Unknown	0	0	0	0	0
Hepatitis B - Acute	0	0	0	0	0
Hepatitis B - Chronic	0	0	0	1	3
Hepatitis C Acute	0	0	0	1	0
Histoplasmosis	0	0	0	0	0
H. Influenzae Disease - Inv.	0	0	0	0	0
Impetigo	5	1	2	24	32
Influenza	11	1	0	8	13
Novel Influenza	0	0	0	0	0
Kawasaki	0	0	0	0	0
Legionellosis	0	0	0	0	1
Lyme Disease	0	0	0	0	2
Malaria	0	0	0	0	0
Menengitis - Aseptic	0	0	0	0	0
Menengitis - Bacterial	0	0	0	1	0
Mononucleosis	2	3	28	64	56
Mumps	0	0	0	0	0
Mycobacterium - Other	1	0	0	3	7
Norovirus	0	0	0	1	0
Pertussis	0	0	0	1	0
Pink Eye	11	37	18	174	530
Rabies - Animal	0	0	0	0	0
Salmonellosis	0	1	0	6	5
Scabies	0	2	1	6	10
Shiga toxin-producing (STEC)	0	0	0	1	0
Shigellosis	0	0	0	0	0
Shingles	0	0	0	1	0
Strep pneumoniae, Drug	0	0	0	0	2
Strep Pneumonia Inv Ds.	0	0	0	1	2
Staph Infections	0	0	0	0	0
Strep Invasive Gp A	0	0	0	0	2
Strep Throat	89	146	63	1102	515
Syphilis - Laten	0	0	0	1	1
Syphilis	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tuberculosis	0	0	0	0	0
Unusual Outbreak/Occurrence	0	0	0	0	2
Vacomycin-Inter. Staph. Aureus	0	0	0	0	0
Yersinia Enteritis	0	0	0	0	0
VZ Infection, Unspecified	0	0	0	0	1
West Nile Virus	0	0	0	0	0
Total Reportable	1297	1254	955	10666	7572

* < 5 cases



Health Trends

Communicable Disease Reporting
Hillsdale County

Disease Category	January 2018	December 2017	November 2017	2017 YTD	2016 Total
HIV/AIDS	0	0	0	0	0
Animal Bite	2	5	4	65	62
Campylobacter	0	0	1	9	6
Chicken Pox	1	0	1	13	9
Chlamydia	4	11	6	85	96
Coccidioid	0	0	0	0	0
Colds W/O Fever	88	164	107	989	936
Creutzfeldt-Jakob Disease	0	0	0	0	0
Cryptococcosis	0	0	0	0	0
Cryptosporidiosis	0	0	0	1	7
Encephalitis - Primary	0	0	0	0	0
E Coli 0157	0	0	0	0	0
Flu like disease	253	104	36	1506	709
GI Illness	228	351	110	2126	1895
Giardiasis	0	0	0	0	1
Gonorrhea	1	0	0	5	5
Guillain Bar	0	0	0	0	0
H. Influenza Disease, Inv.	0	0	0	0	0
Head lice	35	35	10	171	191
Hemolytic Uremic Syndrome	0	0	0	1	1
Hepatitis A	0	0	1	2	1
Hepatitis B - Acute	0	0	0	1	0
Hepatitis B - Chronic	0	1	0	4	3
Hepatitis C	0	0	0	0	0
Hepatitis C Chronic	7	1	6	49	43
Hepatitis C Unknown	0	0	0	0	0
Hepatitis C Acute	0	0	0	2	0
Histoplasmosis	0	0	0	0	1
Impetigo	2	0	2	18	17
Influenza	10	0	0	18	16
Kawasaki	0	0	0	1	0
Legionellosis	0	1	0	2	1
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	0	0	2
Menengitis - Aseptic	0	0	0	0	1
Menengitis - Bacterial	0	0	0	0	0
Meningococcal	0	0	0	0	0
Mononucleosis	1	0	6	14	15
Myobacterium - Other	0	0	0	4	1
Norovirus	0	0	0	0	0
Pertussis	0	0	0	2	2
Pink Eye	8	33	20	191	316
Rabies - Animal	0	0	0	0	0
Salmonellosis	0	0	1	7	19
Scabies	1	0	0	10	2
Shiga toxin-producing (STEC)	0	0	0	1	1
Shigellosis	0	0	0	1	0
Shingles	0	1	0	1	1
Staph Infections	0	0	0	0	0
Strep throat	48	47	40	588	264
Strp Inv GP A	1	0	0	1	2
Strep Pneum	2	1	0	10	4
Syphilis	0	0	0	2	0
Trachoma	0	0	0	0	0
Unusual Outbreach or Occurrence	9	0	0	1	0
WNV	0	0	0	0	0
VZ Infection - unspecified	0	0	0	5	2
West Nile Virus	0	0	0	2	0
Zika	0	0	0	0	1
Total Reportable	701	755	351	5908	4633

* < 5 cases

Health Trends

Communicable Disease Reporting St. Joseph County

Disease Category	January 2018	December 2017	November 2017	2017 YTD	2016 Total
HIV/AIDS	0	0	1	3	*
Animal Bite	1	0	0	6	1
Blastomycosis	0	0	0	0	0
Brucellosis	0	0	0	2	0
Campylobacter	3	2	3	16	25
Chicken Pox	0	0	0	11	11
Chlamydia	19	18	10	189	200
Colds W/O Fever	56	299	295	2014	1665
Coccidioidomycosis	0	0	0	0	0
Cryptosporidiosis	0	0	2	4	2
Encephalitis - Primary	0	0	0	0	0
Encephalitis - Post Other	0	0	0	0	0
E Coli 0157	0	0	0	0	0
Flu like disease	646	311	181	2713	1538
GI Illness	226	520	352	3764	3039
Giardiasis	0	0	0	5	6
Gonorrhea	2	4	3	36	26
Guillian-Barre Syndrome	0	0	0	0	0
H. Influenzae Disease Inv.	0	0	0	0	2
Head lice	31	60	88	651	668
Hemolytic Uremic Syndrome	0	0	0	0	0
Hepatitis A	0	1	0	2	1
Hepatitis B - Acute	0	1	0	1	0
Hepatitis B - Chronic	1	0	0	3	5
Hepatitis C Chronic	3	4	4	49	45
Hepatitis C Unknown	0	0	0	1	0
Hepatitis C Acute	0	0	0	0	1
Histoplasmosis	0	0	0	1	4
Impetigo	3	3	3	33	41
Influenza	40	0	0	53	27
Influenza, Novel	0	0	0	0	1
Listeriosis	0	0	0	0	0
Lyme Disease	0	0	1	2	4
Malaria	0	0	0	0	0
Menengitis - Aseptic	0	0	0	0	3
Menengitis - Bacterial	0	0	0	0	2
Meningococcal	0	0	0	0	0
Mono	2	1	3	32	23
Mumps	0	0	0	0	0
Mycobacterium - Other	0	0	1	3	1
Norovirus	0	0	0	25	0
Pertussis	0	0	0	0	1
Pink Eye	12	46	54	437	515
Rabies- Animal	0	0	0	0	0
Rickettsial Dis. - Spotted	0	0	0	0	0
Salmonellosis	0	1	0	13	7
Scabies	2	1	3	11	11
Shiga Toxin-prod. (STEC)	0	0	0	0	0
Shingles	0	0	0	0	0
Shigellosis	0	0	0	1	0
Strep Pneumo, Drug Resistant	0	0	0	0	0
Strep Pneumonia Inv. Dis.	1	0	2	4	10
Strep disorder Inv. Grp. A	0	0	0	1	1
Strep throat	32	129	88	1139	809
Syphilis- Early Latent	0	0	0	0	3
Syphilis - Late Latent	0	0	0	1	1
Syphilis - Primary	0	0	1	1	0
Tuberculosis	0	0	0	0	0
Unusual Outbreak/Occurrence	0	28	0	29	2
Vibriosis	0	0	0	0	0
West Nile Virus	0	0	0	0	0
VZ Infection, Unspecified	1	0	0	1	1
Zika	0	0	0	0	1
Monthly total	1081	1429	1095	11257	8703

* < 5 cases

Branch-Hillsdale-St. Joseph Community Health Agency
Environmental Public Health Services
Report for the February, 22 2018 Board of Health Meeting
Prepared by Paul Andriacchi R.E.H.S, Director of Environmental Health

Food Service Sanitation

We invited the 3 MDARD field staff members from St. Joseph, Hillsdale and Branch County and their supervisor to our weekly food staff meeting on February 13. The purpose of the meeting was to attempt to open up lines of communication between the two agencies and develop a more cohesive working relationship in the areas where our agencies have cross-jurisdictional responsibilities. We were able to address many issues of concern related to communication including complaint and food borne illness investigations (related to MDARD facilities), water sampling requirements, well and septic system construction issues and jurisdiction issues concerning facilities that have both retail food and food service operations. The meeting was very productive and we have invited the MDARD staff to join us on a quarterly basis so we can continue to develop the lines of communication and partnership.



Well & On-Site Sewage

There has been a renewed interest in the legislature for establishing a statewide sanitary code. The latest draft proposal has been discussed at the MALEHA forum and a committee has been collecting feedback from local health departments to bring forth concerns and suggestions to align the proposed legislation with good public health practices. The proposal has many significant pieces that would greatly affect how the on-site sewage program would be administered. I will try to summarize some of the most significant parts of the proposal: 1.) Establishes minimal educational and training requirements for all inspectors. 2.) Establishes a technical advisory committee at the state level that advises the DEQ on guidance standards for design and construction, review of nonproprietary technologies, inspector qualification and continuing educational requirements. 3.) Mandates that no later than 3 years after the effective date of the act, the department will promulgate rules that establish a statewide code containing performance-based standards. 4.) Establishes mandatory evaluation of all conventional, on-site wastewater treatment systems whenever a complaint is filed suggesting failure of the system, proposed changes in use for the system, change in zoning or land use of property or a property owner files for an additional building permit on the same property. Furthermore, the system must be evaluated at least every 10 years thereafter. 5.) Beginning 20 years after the effective date of the act, all conventional on-site wastewater systems must be evaluated at least once every 10 years. 6.) Alternative on-site wastewater systems must be evaluated at least every 5 years after the effective date of the act. 7.) Establishes minimum requirements for the system evaluations, qualification requirements for evaluators, standard forms used for reporting results and the development of a statewide database for recording evaluation results. 8.) Establishes the On-site Wastewater Treatment System Administration Fund within the state treasury. The monies from this fund are to be expended for the following: a.) To administer this act. b.) For grants to local health departments to carry out their responsibilities of this act. c.) For grants to distressed homeowners to repair or replace on-site wastewater systems that have failed.

I provide updates on the progression of this legislation as new information becomes available. There have been many proposals for a statewide sanitary code over the past 20+ years and it has never gained any footing so I am not optimistic that this proposal will be any different.

EH Service Statistics Report

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

ENVIRONMENTAL HEALTH SERVICE REPORT 2017/2018

	JANUARY				YTD 2017/2018				YTD 2016/2017			
	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL	BR	HD	SJ	TOTAL
WELL/SEWAGE SYSTEM EVAL.	-	-	2	2	2	1	3	6	7	-	6	13
CHANGE OF USE EVALUATIONS - FIELD	-	-	1	1	6	7	9	22	2	12	15	29
CHANGE OF USE EVALUATIONS - OFFICE	1	-	-	1	11	-	13	24	5	-	12	17
ON-SITE SEWAGE DISPOSAL			-									
PERMITS NEW CONSTRUCTION	2	-	4	6	13	11	25	49	11	16	31	58
REPAIR/REPLACEMENT	2	1	-	3	14	14	16	44	12	17	36	65
VACANT LAND EVALUATION	-	-	-	-	1	2	6	9	-	5	4	9
PERMITS DENIED	-	-	-	-	-	-	-	-	-	-	1	1
TOTAL	4	1	4	9	28	27	47	102	23	38	72	133
SEWAGE PERMITS INSPECTED	3	1	5	9	26	38	45	109	29	34	40	103
WELL PERMITS ISSUED	5	2	7	14	46	28	77	151	42	38	77	157
WELL PERMITS INSPECTED	11	6	43	60	48	39	65	152	44	37	55	122
FOOD SERVICE INSPECTION												
PERMANENT	27	28	19	74	81	86	108	275	94	89	127	310
NEW OWNER / NEW ESTABLISHMENT	1	1	-	2	5	1	4	10	2	3	5	10
FOLLOW-UP INSPECTION	-	2	2	4	6	8	4	18	12	4	12	28
TEMPORARY	2	-	1	3	7	10	13	30	8	6	13	27
MOBILE, STFU	-	1	-	1	2	10	1	13	-	6	2	8
PLAN REVIEW APPLICATIONS	-	-	-	-	-	1	1	2	3	-	1	4
FOOD COMPLAINTS RECEIVED	2	2	-	4	5	2	2	9	3	-	5	8
FOODBORNE ILLNESS INVESTIGATED	-	-	1	1	-	-	1	1	-	-	-	-
FOOD CLASSES												
MANAGEMENT CERTIFICATION CLASS	n/a	n/a	n/a	14	n/a	n/a	n/a	79	n/a	n/a	n/a	25
FOOD HANDLERS CLASS	n/a	n/a	n/a	-	n/a	n/a	n/a	-	n/a	n/a	n/a	-
METH LAB REFERRALS	-	-	1	1	-	-	1	1	2	-	3	5
METH LAB LETTERS SENT	-	-	-	-	-	-	-	-	1	-	1	2
CAMPGROUND INSPECTION	-	-	-	-	-	-	-	-	-	-	-	-
NON-COMM WATER SUPPLY INSP.	-	-	-	-	-	-	2	2	9	5	4	18
SWIMMING POOL INSPECTION	-	-	-	-	10	4	-	14	9	4	-	13
PROPOSED SUBDIVISION REVIEW	-	-	-	-	-	-	-	-	-	-	-	-
SEPTIC TANK CLEANER	-	-	1	1	-	-	1	1	1	-	-	1
DHS LICENSED FACILITY INSP.	1	7	1	9	8	22	23	53	5	17	11	33
COMPLAINT INVESTIGATIONS	-	-	6	6	4	5	8	17	8	3	5	16
LONG TERM MONITORING	-	-	-	-	-	-	4	4	-	-	1	1
BODY ART FACILITY INSPECTIONS	-	2	-	2	-	2	-	3	-	3	-	3

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 01/01/2018 - 01/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
DAYS INN HILLSDALE/MECHETA	HILLSDALE	01/25/18	COMPLAINTS		0	
GREAT WALL	HILLSDALE	01/12/18	COMPLAINTS		0	
WENDY'S	COLDWATER	01/25/18	COMPLAINTS		0	
MCDONALD'S OF QUINCY	QUINCY	01/18/18	COMPLAINTS	0 0	0	0
JAYWALKER RESTAURANT	WHITE PIGEON	01/18/18	ENFORCEMENT A		0	
HAPPY PANTS LLC	HILLSDALE	01/22/18	PREOPENING/NEV	0 0	0	1
SPIRIT CAFE LLC	QUINCY	01/22/18	PREOPENING/NEV	0 0	0	2
AMERICAN LEGION MEMORIAL POST	BRONSON	01/10/18	ROUTINE/FULL	0 0	0	0
AMIGO CENTRE	STURGIS	01/03/18	ROUTINE/FULL	0 0	0	0
BREWSTER'S SMOKEHOUSE	MENDON	01/10/18	ROUTINE/FULL	0 0	0	1
CAMDEN UNITED METHODIST CHURCH	CAMDEN	01/11/18	ROUTINE/FULL	0 0	0	0
CHICAGO STREET PUB INC.	COLDWATER	01/19/18	ROUTINE/FULL	0 0	0	0
CHICKEN COOP	CONSTANTINE	01/02/18	ROUTINE/FULL	0 0	0	0
COLDWATER FREE METHODIST CHURCH	COLDWATER	01/30/18	ROUTINE/FULL	0 0	0	0
DEARTH COMMUNITY CENTER	COLDWATER	01/13/18	ROUTINE/FULL	0 0	0	0
DUTCH UNCLE DONUTS INC	COLDWATER	01/17/18	ROUTINE/FULL	0 0	0	3
FIRST CONGREGATIONAL CHURCH	UNION CITY	01/18/18	ROUTINE/FULL	0 0	0	0
FIRST UNITED METHODIST CHURCH	THREE RIVERS	01/16/18	ROUTINE/FULL	0 0	0	0
FRATERNAL ORDER OF EAGLES #1907	COLDWATER	01/24/18	ROUTINE/FULL	0 0	0	0
GREAT LAKES HEALTH & FITNESS	COLDWATER	01/04/18	ROUTINE/FULL	0 0	0	0
HILLSDALE FREE METHODIST CHURCH	HILLSDALE	01/03/18	ROUTINE/FULL	0 0	0	0
HILLSDALE HOSPITAL	HILLSDALE	01/19/18	ROUTINE/FULL	0 0	0	0
HILLSIDE LANES	HILLSDALE	01/10/18	ROUTINE/FULL	0 0	0	2
LIFESONG COMMUNITY CHURCH	OSSEO	01/02/18	ROUTINE/FULL	0 0	0	0
LITTLE CAESARS #1200-001	THREE RIVERS	01/26/18	ROUTINE/FULL	0 0	0	0
LITTLE CAESARS/ EAST CONCORD PIZZA	COLDWATER	01/08/18	ROUTINE/FULL	0 0	0	4
LUIGI'S PIZZA	LITCHFIELD	01/18/18	ROUTINE/FULL	0 0	0	0
MONTGOMERY UNITED METHODIST CHU	MONTGOMERY	01/11/18	ROUTINE/FULL	0 0	0	0
MOOSE LODGE #677	COLDWATER	01/09/18	ROUTINE/FULL	0 0	0	0
OMARS BAR INC	COLDWATER	01/30/18	ROUTINE/FULL	0 0	0	0
QUINCY UNITED METHODIST CHURCH	QUINCY	01/03/18	ROUTINE/FULL	0 0	0	0
RAYBA'S TENNIS RETREAT	HUDSON	01/19/18	ROUTINE/FULL	0 0	0	0

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 01/01/2018 - 01/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
RAY'S TAVERN	READING	01/08/18	ROUTINE/FULL	0 0	0	1
READING CHURCH OF THE NAZARENE	READING	01/24/18	ROUTINE/FULL	0 0	0	0
READING UNITED METHODIST CHURCH	READING	01/08/18	ROUTINE/FULL	0 0	0	0
SOUTH LANES	THREE RIVERS	01/18/18	ROUTINE/FULL	0 0	0	0
ST PAUL LUTHERAN CHURCH	COLDWATER	01/18/18	ROUTINE/FULL	0 0	0	0
SUBWAY	HILLSDALE	01/10/18	ROUTINE/FULL	0 0	0	0
SUBWAY AT WAL-MART	THREE RIVERS	01/25/18	ROUTINE/FULL	0 0	0	0
TACO BELL #32990	STURGIS	01/12/18	ROUTINE/FULL	0 0	0	0
TASTEFUL KREATIONS CATERING	BRONSON	01/10/18	ROUTINE/FULL	0 0	0	0
THE DECK DOWN UNDER	JEROME	01/26/18	ROUTINE/FULL	0 0	0	1
UNION CHURCH OF QUINCY	QUINCY	01/03/18	ROUTINE/FULL	0 0	0	0
COLDWATER BURGER KING #4652	COLDWATER	01/29/18	ROUTINE/FULL	0 0	0	2
HUNGRY HOWIE'S	HILLSDALE	01/10/18	ROUTINE/FULL	0 0	0	2
SUBWAY SANDWICHES #21409	JONESVILLE	01/12/18	ROUTINE/FULL	0 0	0	2
BRANCH AREA CAREERS CENTER	COLDWATER	01/16/18	ROUTINE/FULL	0 1	0	0
COLDWATER UNITED METHODIST CHURCH	COLDWATER	01/30/18	ROUTINE/FULL	0 1	0	0
CULVER'S OF COLDWATER	COLDWATER	01/09/18	ROUTINE/FULL	0 1	0	0
FOE AERIE #2303	THREE RIVERS	01/11/18	ROUTINE/FULL	0 1	0	1
HILLSDALE ASSEMBLY OF GOD	JONESVILLE	01/04/18	ROUTINE/FULL	0 1	0	0
HILLSDALE COUNTY CONSERVATION CLUB	OSSEO	01/26/18	ROUTINE/FULL	0 1	0	0
JIMMY JOHN'S	COLDWATER	01/08/18	ROUTINE/FULL	0 1	0	2
LITCHFIELD-JONESVILLE LANES INC	JONESVILLE	01/25/18	ROUTINE/FULL	0 1	0	0
MIDWAY LANES LLC	COLDWATER	01/09/18	ROUTINE/FULL	0 1	0	1
ROOSTER'S WING SHACK	THREE RIVERS	01/17/18	ROUTINE/FULL	0 1	0	1
BIGGBY COFFEE #254 V&K CAFE DBA	COLDWATER	01/04/18	ROUTINE/FULL	1 0	0	0
COMMUNITY HEALTH CTR OF BR CO	COLDWATER	01/24/18	ROUTINE/FULL	1 0	1	1
THUNDER HOG SALOON	LEONIDAS	01/10/18	ROUTINE/FULL	1 0	1	1
SUBWAY	JONESVILLE	01/24/18	ROUTINE/FULL	0 1	0	1
BROADWAY GRILLE	UNION CITY	01/18/18	ROUTINE/FULL	0 2	0	2
HOUSE OF PIZZA & BBQ	HILLSDALE	01/16/18	ROUTINE/FULL	0 2	0	1
MAIN STREET PIZZA	JONESVILLE	01/30/18	ROUTINE/FULL	0 2	0	1
OLIVIA'S CHOP HOUSE	JONESVILLE	01/26/18	ROUTINE/FULL	0 2	0	0
TOMAHAWK TAVERN	WHITE PIGEON	01/10/18	ROUTINE/FULL	0 2	0	0
BIGGBY COFFEE	THREE RIVERS	01/04/18	ROUTINE/FULL	1 1	1	3
MCDONALDS OF THREE RIVERS #2196	THREE RIVERS	01/09/18	ROUTINE/FULL	1 1	1	1

Branch-Hillsdale-St Joseph Food Establishment Inspection Report

For Date Range: 01/01/2018 - 01/31/2018

Name	Location	Date	Inspection Type	# P / Pf	# P/Pf Fixed During Inspection	# Core
MEEKS MILL CAFE	CONSTANTINE	01/08/18	ROUTINE/FULL	1 1	1	0
THE COFFEE SHOP	NORTH ADAMS	01/23/18	ROUTINE/FULL	1 1	1	3
THE SAUCY DOG'S BBQ	JONESVILLE	01/17/18	ROUTINE/FULL	1 1	1	0
ZHENG'S SUPER GRAND BUFFET	COLDWATER	01/16/18	ROUTINE/FULL	1 1	1	2
OSCAR BROWN'S TAVERN	COLDWATER	01/25/18	ROUTINE/FULL	0 3	0	2
MR. B'S DAIRY BAR	THREE RIVERS	01/19/18	ROUTINE/FULL	1 1	1	3
BAW BEESE AMERICAN LEGION	HILLSDALE	01/23/18	ROUTINE/FULL	1 2	1	1
COTTAGE INN	HILLSDALE	01/29/18	ROUTINE/FULL	1 2	1	1
MADIGAN'S OF LITCHFIELD	LITCHFIELD	01/18/18	ROUTINE/FULL	2 1	2	2
LONE RANGER CAFE	READING	01/05/18	ROUTINE/FULL	1 2	1	5
CLEMEN'S FOOD GROUP- AVI FOODSYST	COLDWATER	01/23/18	ROUTINE/FULL	3 1	3	1
BIG KING BUFFET OF JIANG'S INC	THREE RIVERS	01/25/18	ROUTINE/FULL	2 4	2	4
SAMUEL MANCINOS ITALIAN EATERY	WHITE PIGEON	01/09/18	ROUTINE/FULL	3 4	3	3
SPENCERS RIVERFRONT GRILL	THREE RIVERS	01/05/18	ROUTINE/FULL	5 6	4	3
BEVERAGE CATERING	HILLSDALE	01/06/18	STFU/MOBILE	0 0	0	0
LONE RANGER CAFE	READING	01/17/18	FOLLOW UP		1	
KING DRAGON BUFFET	STURGIS	01/04/18	FOLLOW UP		3	
DAVIS SIDEKICK CAFE	OSSEO	01/02/18	FOLLOW UP		0	
SAMUEL MANCINOS ITALIAN EATERY	WHITE PIGEON	01/26/18	FOLLOW UP		2	

COMPLAINTS 4
 ENFORCEMENT ACTION 1
 PREOPENING/NEW 2
 ROUTINE/FULL 74
 STFU/MOBILE 1
 FOLLOW UP 4
 TOTAL NUMBER OF INSPECTIONS: 86



Coordinator's Report

Enclosures:

1. Community Living Program Cost Sharing Policy Revision *
 2. AASA email correspondence from Sherri King, Field Representative, Dated 2/2/2018
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Updates:

1. Each year the US Department of Health and Human Services (HHS) releases updated Poverty Guidelines. As set forth in the amended Older Americans Act, these figures provide guidance concerning the definition of *greatest economic need*. Further, there are a few services which we can utilize the Poverty Guidelines to frame our Cost Sharing formula or scale. The Community Living Program is one service which the state allows Cost Sharing. In-Home Respite and Adult Day Services are also programs which can require Cost Sharing. Cost sharing allows for program participants (and/or their caregivers/family) to contribute toward the cost of the care provided to them. The current Cost Sharing Policy has regularly been updated to reflect the respective year's Poverty Guidelines. We established and have held the "start" of our Cost Sharing Formula at 215% of Poverty Guidelines (\$25,935 single/ \$34,940 2-person). However, after years of implementing this in the field, this higher income deters contributions for those at or below 215%.

Our Revised Cost Sharing Policy (enclosed) re-defines the "start" of the formula at 135% (\$16,390 single/ \$22,225 2-person). The scale, as you will note, is a sliding scale and begins at sharing in 5% of the cost of the plan of care as developed with the individual. This may mean sharing in an hour of care or paying for an emergency button... It can also mean the participant/family may pay for 100% of the cost of care. Each individual is different and each situation is different. We want to honor peoples' ability and desire to pay/contribute toward the cost of their care, and we do so in a sensitive, non-intrusive manner. Other verbiage has also been added to incorporate liquid assets into the individual's cost share amount. The Cost Sharing Policy Revision, as presented, remains compliant with Michigan Aging & Adult Services Agency Cost Sharing Policy guidelines. We appreciate your review and approval of the Policy. Then, once approved by AASA, Care Consultants will implement the Policy among CLP participants.

2. I've enclosed an email for your review and information. As Becky reported, we anticipate you may have additional questions and may want to have a broader discussion regarding the role and function of the Area Agency on Aging. We look forward to providing additional information to you at our March education session! I will also ask available staff to attend so you may further engage with our tremendously talented team!
3. Fiscal Year 2019 planning has begun! Yes, even though we STILL do not have a full year Statement of Grant Award from AASA for THIS YEAR, we'll start planning for next... More to come!!
4. Save the Date: The 11th Annual Older Michiganian's Day 2018 is MAY 16, 2018 on the East Lawn of the State Capitol!

Friday, February 2, 2018 @ 11:42am

Response received via email, From AASA Field Representative Sherri King.

Hi Laura-

After attending the board meeting on 1/25/2018 and hearing the presentation regarding the reallocation of funds through the Branch-St. Joseph Area Agency on Aging, I would like to share with you some information that may be helpful in your presentation and the deliberation of the board.

Area Agencies on Aging are required to operate under both the Older Americans Act (OAA) and the MDHHS Aging and Adult Services Operating Standards of Area Agencies on Aging (AASA).

Both authorities require that priority is given to the most vulnerable seniors. States, and AAAs are required to target services to *“older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals”*. (Older Americans Act of 1965).

The OAA further states that services be targeted to *“individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings”*. (Older Americans Act of 1965, Section 202, 2(B), Page 21).

At the state level, an indicator of AAA operational compliance addresses the issue of targeting the most vulnerable. Standard C-1, (MDHHS AASA Operating Standards for Area Agencies on Aging, Area Agency on Aging Mission) states, *“Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence”*.

It is our understanding through reviewing your Multi-Year Plan 2016-2019 that your Community Living Program serves those persons in Branch and St. Joseph Counties 60 years of age or older who have complex needs and request to stay in the community rather than go to a long-term care facility. Services include assessments, coordinating home visits from service providers, home delivered meals and coordination of services between agencies, such as Adult Protective Services, law enforcement, medical providers and other services as needed. Your program accepts referrals from these agencies, also. It is also noted that the Branch County Commission on Aging and the St. Joseph County Commission on Aging are both service providers, and do provide services for some of the Community Living participants. They provide support services, such as chore and personal care, but they do not duplicate the services provided by the Community Living Program provided by the AAA, which are to manage clients with multiple and complex needs.

Federal funding from the OAA is also a factor in service delivery. In recent fiscal years (FY), including FY 2018, this funding has come incrementally which creates challenges in planning for service delivery. Area agencies must be vigilant in monitoring expenses and budgets, and making changes as appropriate, in order to provide the greatest level of services possible with available resources.

Sherri King, Field Representative, TASC Division

MDHHS Aging and Adult Services

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