Community Connections provides individualized, customer-guided supports that encourage independence, community belonging, and quality of life

PERSONNEL POLICIES & PROCEDURES

Revised 04/2026

COMMUNITY CONNECTIONS
GENERAL EMPLOYMENT POLICIES AND PROCEDURES
Introduction

Community Connections' greatest asset is the people it employs. As employees, we carry out the mission and deliver the highest standards of quality care. We are expected to put company values into action, adhering to all agency policies and procedures and the laws and regulations governing our actions. Acting ethically, at all times and in all circumstances, demonstrates our highest commitment to our customers, the agency and one another.

This manual provides a guide for how to act and make decisions as an employee of Community Connections. Each of us is expected to read, understand and follow the policies and procedures within this manual.

Together, we share the responsibility of ensuring the integrity of our commitments. We have a responsibility to help one another be compliant and to notify an agency supervisor or other manager when problems arise. We have the responsibility to ask questions when we are unsure and to always strive to do the right thing.

The Executive Director is the only employee that has the right to make exceptions to any policies or procedures. All exceptions need to be approved in writing.

The Executive Director is the HIPAA Security Officer for Community Connections.

The format of this manual is as follows:

Purpose Describes:
- Why the organization has this policy

Policy Describes:
- What the "rules" are
- How employees are expected to act under certain conditions

Procedure Describes:
- How policy is implemented
- Where they must go to get particular kinds of information
- What the timelines are for prescribed events

Community Connections serves a wide variety of customers through three unique but interconnected departments. Throughout Community Connections materials the use of the word "customer" and "client" are used to describe the individual(s) the agency serves.

COMMUNITY CONNECTIONS
PERSONNEL AND ADMINISTRATIVE
POLICY AND PROCEDURE MANUAL
Reviewed: 4/2026

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SECTION **Employment**

SUBJECT **A.1.01 - Definitions of Employment and Employee Classification**

PURPOSE To provide uniformity and equality in applying personnel policies and procedures

SCOPE All Community Connections employees.

POLICY Community Connections maintains standardized definitions of employment status and employee classification for the purpose of personnel administration, payroll transactions, and benefit eligibility. All job descriptions include appropriate classification details, and these classifications are reviewed and updated as needed by supervisors in collaboration with Human Resources.

DEFINITIONS

***Exempt*:** Employees whose positions meet specific tests established by the Fair Labor Standards Act (FLSA) and Alaska State law and who are exempt from overtime pay requirements. These employees typically serve in management, supervisory, professional, and administrative positions.

Non-Exempt: Employees whose positions do not meet FLSA exemption tests and are eligible for overtime pay at one and one-half times their regular rate for hours worked in excess of 8 hours per day or 40 hours per week.

Regular Full-Time (ACA): Employees working an average of 30 or more hours per week or 130 hours per month are considered full-time, according to the Affordable Care Act, for purposes of health coverage.

Fully Benefitted Full-Time: Direct Service employees are considered Fully Benefitted Full-Time if they work 38 hours or more per week, as averaged over a pay cycle. Office-based Staff are considered Fully Benefitted Full-Time if they work 40 hours or more per week as averaged over a pay cycle.

Regular Part-Time: Employees who do not meet the required hours' threshold for either full-time classification will be considered part-time. This includes Direct Service employees working less than 38 hours per week, and Office-based Staff working less than 40 hours per week, as averaged over a pay cycle.

Temporary: Employees working for a determined period of time. Ending date will be noted on the employment agreement.

Seasonal: Employees working during a specific time period of the year (summer months, the holiday season, etc.), not to exceed 6 months.

***Initial Probation*:** Employees who are in the initial 6 months of their employment or reemployment with the company.

Position-Specific Probation: Employees who transfer within the company from one job to another and are in the initial 6 months of their new position.

***Disciplinary Probation*:** Employees who have returned to a probationary status due to performance concerns.

***Orientation Period*:** A time for the employer to evaluate the employment situation and initiate a meaningful acclimation and training process

PROCEDURE
Employees are classified based on two core factors:

1. FLSA Status (Exempt or Non-Exempt)
2. Employment Type (Regular Full-Time, Fully Benefitted Full-Time, Regular Part-Time, Temporary, or Seasonal)

Exempt vs Non-exempt: Employees will be classified as either exempt or non-exempt. Cases in which the exempt/non-exempt status of any employee is in doubt, the Executive Director or designee will review position duties and responsibilities against Fair Labor Standard Act exemption tests and reach a provisional decision.

Employment Type:

Regular Full-Time: Per the ACA, employees are considered full-time if they work an average of 30 or more hours or more per week or 130 hours per month. Employees in this classification are eligible for PSL, holiday pay if full-time hours are met with the holiday, jury duty pay, emergency air ambulance services, retirement and health insurance on an annual basis if they average 130 hours per month over the look-back period.

Fully Benefitted Full-Time: Direct Service employees in this classification work 38 hours or more per week as averaged over a pay cycle. Office-based Staff in this classification work 40 hours or more per week as averaged over a pay cycle. Employees in this classification are eligible for health, dental, vision, life insurance, emergency air ambulance services, retirement, regular paid leave, holiday pay, and jury duty pay. Employees in this classification are eligible to accrue, and use paid sick leave (PSL).

Regular Part-Time: Employees who do not meet the required hours' threshold for either full-time classification will be considered part-time. This includes Direct Service employees working less than 38 hours per week, and Office-based Staff working less than 40 hours per week, as averaged over a pay cycle. Employees in this classification are eligible for holiday pay if full-time hours are met with the holiday, jury duty pay, emergency air ambulance services, and retirement. Per ACA, if 130 hours are worked in a month, the employee is eligible for health insurance on an annual basis if they average 130 hours per month over the look-back period. Employees in this classification are eligible to accrue and use PSL.

Temporary: Employees classified as temporary are not eligible for regular benefits including health, dental, vision, life insurance, regular paid leave, or jury duty pay but are eligible for emergency air ambulance services. Employees in this classification are eligible to accrue and use PSL, as well as receive holiday pay if full-time hours are met with the holiday.

Seasonal: Seasonal employees are not eligible for regular benefits including health, dental, vision, life insurance, regular paid leave, or jury duty pay but are eligible for emergency air ambulance services. Employees in this classification are eligible for holiday pay only if they meet full-time hour requirements during the applicable pay cycle. They are also eligible to accrue and use PSL.

Reclassification: If a seasonal employee works longer than 6 months, they will automatically be reclassified as either Regular Full-Time or Regular Part-Time and become eligible for the

corresponding benefits. Changes to classification must be documented on an Employment Agreement Change form and processed through Human Resources.
If an employee falls below the required minimum hours for their classification for four consecutive pay cycles, they will automatically be reclassified as part-time, unless they are on approved medical leave. Once reclassified to part-time, employees will not be eligible for reclassification to full-time until they have worked four consecutive pay cycles at or above the required minimum hours for their position.

Probation and Orientation Periods:

Orientation Period: All newly hired employees will engage in a one-month orientation period which is designed to support onboarding, training, and acclimation into the organization.

Initial Probation: All employees, initially hired or re-hired at Community Connections, will be subject to a 6-month initial probation period. This period of time is meant to assess an employee's ability to perform the duties assigned. During this period, employees are not allowed to accrue or use regular paid leave. PSL will start accruing and be available for use immediately upon hire. This period is inclusive of the Orientation Period.

Position-Specific Probation: Whenever an employee transfers within the company into a new position, they will enter into a 6-month position-specific probation.

Disciplinary Probation: Employees placed on Disciplinary Probation will not accrue or use regular paid leave. PSL will accrue at the regular rate and remain available for employee use.

Employment Agreements:

Employment Agreement: At time of hire, all new employees receive an employment agreement which specifies their rate of pay, FLSA status, classification, and expected work schedule.

Employee Agreement Change: Any subsequent changes in FLSA status, classification or employment type must be documented using an Employment Agreement Change form, completed by the supervisor and processed through Human Resources.

Employees may not self-select their FLSA status or work type classification. FLSA status and classifications are determined by job description, operational need, and are documented at hire or reclassification on an Employment Agreement form.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.4.01 – Personal Leave; A.4.02 - Leave Sharing Plan; A.4.04 - Holidays; A.4.05 – Insurance Benefits; A.4.06 – Jury Duty Pay, A.4.07 – Retirement Plans; A.4.08 – Family and Medical Leave Act
Form	Employment Agreement; Employment Agreement Change
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.02 - Equal Employment Opportunity and Affirmative Action**

PURPOSE To maintain a business practice free from illegal discrimination

SCOPE All Community Connections employees and applicants

POLICY No person shall be discriminated against in any employment practice because of race, color, national origin, religion, sex, marital status, pregnancy, parenthood, age, veteran status, sexual orientation, gender identification, gender expression or disability.

PROCEDURE

Community Connections makes every effort possible to receive and resolve complaints alleging discriminatory practices in employment relations. Community Connections strongly encourages employees and applicants to bring questions, issues and complaints to the attention of a supervisor or other agency management. Following is the standard procedure to make and resolve allegations.

- An employee or applicant believing they have been discriminated against notifies agency management or senior HR personnel about the allegation.
- The employee receiving the complaint forwards that to the Executive Director within 24 hours of receiving the complaint.
- The Executive Director or their designee seeks additional information about the allegation. The individual making the allegation may be asked to file a formal complaint. Following are some of the actions the Executive Director may take:
    - Inquiries and/or Investigation into the allegation
    - Mediation between parties involved
    - Informal hearing
- The Executive Director makes the final determination and notifies the individual making the allegation in writing or through a meeting or both within 10 workdays.

Employees not satisfied with the final determination may utilize the Grievance Procedure.

Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion or discrimination because of any role they may have played in a complaint proceeding.

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See Also:

Community Connections Personnel Policy	A.6.03 – Employee Grievance
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.I.8
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.03 - Recruiting a Diverse Workforce**

PURPOSE To ensure cultural competency and diversity in all recruitment activities

SCOPE All Community Connections employees

POLICY Community Connections will make every effort to recruit and hire a diverse workforce (including diversity in ethnicity, race, religion, age, gender identification, gender expression, sexual orientation, and disability) that is representative of the people and cultures in our communities.

PROCEDURE

One of Community Connections' core values is strength in diversity. In line with this, management will utilize recruitment and advertising strategies and venues that are accessible to a broad range of people and cultures served by the organization. Periodically, management will review the workforce diversity makeup in relation to populations served and make adjustments to the recruitment and advertising strategies and venues as necessary. Diversity will be sought in management positions, direct service positions, support service positions, contractors, volunteers and Board membership.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.04 - Filling Vacant Positions through Advertising and Internal Recruitment**

PURPOSE To offer employees the opportunity for advancement or to bring a part-time employee up to full-time hours when an employee is wanting more hours

SCOPE All Community Connections employees

POLICY Community Connections recruits qualified applicants to fill vacant positions through a variety of recruiting strategies. Whenever possible, internal applicants will be considered for promotion opportunities or bring a part-time employee up to full-time hours when an employee is wanting more hours.

PROCEDURE

When positions become vacant, management will decide on the best recruitment strategy. When a position is advertised external to the organization, an internal posting will also always be done. Other strategies include newspaper advertising, posting on the internet web sites (Chamber of Commerce, State of Alaska job posting), social media, radio ads, college recruitment boards, to name a few.

All recruitment will be done through HR personnel or their designee.

For applicants that were not hired, applications received, notes from interviews, and reference checks will be kept on file for a minimum of one year.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.I.8
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.05 - Employee Retention**

PURPOSE To maintain a high-quality workforce by investing agency resources into employee retention activities

SCOPE All Community Connections employees

POLICY Community Connections will develop and implement employee retention processes and activities that are effective at retaining a high-quality workforce.

PROCEDURE

The Executive Director and Senior Management will identify and implement various retention activities and events over the course of the year. Retention activities may include the following: recognition of special events in employee life, employee picnics or other types of gatherings, employment anniversary dates, employee work sessions, annual staff survey, and recognition of exemplary service. Activities will be offered to all employees in an equitable manner.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.06 - Adherence to Americans with Disabilities Act (ADA)**

PURPOSE To provide employees with a work environment free from discrimination

SCOPE All Community Connections employees

POLICY Community Connections offers equal employment opportunities for qualified individuals and makes reasonable accommodations for employees experiencing a disability.

DEFINITIONS

The Americans with Disabilities Act (ADA) is a comprehensive federal civil rights law that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to be employed.

PROCEDURE

For purposes of the ADA, individuals are considered to have a disability if they currently have a physical or mental impairment that substantially limits one or more major life activity, they have a history of such impairment, or they are perceived to have such impairment. ADA also prohibits discrimination on the basis of an individual's relationship to someone with a disability.

Reasonable accommodation is available to employees and applicants, as long as the accommodations do not cause undue hardship on the organization.

Individuals protected by the ADA should discuss their need for possible accommodation with HR personnel.

Confidentiality will be maintained to the extent practicable.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.07 - Criminal Background Checks**

PURPOSE To ensure the safety and peace of mind of Community Connections customers

SCOPE All Community Connections employees, contractors, and volunteers

POLICY Background Checks and Federal Medicaid Exclusionary Screening shall be conducted on anyone working with children and vulnerable adults.

DEFINITIONS

Barrier Crimes: Crimes that would exclude an individual from employment as required by the State of Alaska Department of Health and Social Services

Exclusion: For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally funded health care programs. The Office of Inspector General, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections 1128 and 1156 of the Social Security Act, and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. The basis for exclusion includes such things as convictions for program-related fraud and patient abuse, licensing board actions, and default on Health Education Assistance Loans.

PROCEDURE

All employees, contractors, and affiliated individuals who will have access to protected health information of customers or employees or who will have unsupervised access to customers, are required to go through the State of Alaska background check process. Those individuals who are not background checked, working for or on behalf of Community Connections, will be supervised at all times while in the presence of customers and will have no access to protected health information of customers or employees at any time.

Community Connections routinely monitors for potential problems by reviewing the court system database, routinely monitoring the Alaska Background Check System for status changes and reviewing the Internet postings for public court appearances on a daily basis. Employees are obligated to report within 24 hours any incident that might rise to the level of a barring condition. In the event monitoring or self-reporting results indicate criminal charges/convictions may arise, Community Connections immediately reports to State licensing agencies. When these charges/convictions meet the “barrier crime” threshold, the employee’s employment will be immediately terminated or unsupervised access to customer and protected health information eliminated. When the crimes do not meet the barrier crime threshold, a determination will be made by the Executive Director whether continued employment shall be approved.

All background check results are to be placed in the personnel file of the employee.

State of Alaska Background Check

The State of Alaska Background Check Unit (BCU) provides centralized background check support for programs that provide for the health, safety, and welfare of persons who are served by the programs administered by the Department of Health and Social Services (DH&SS) and subject to the statutory requirements of: AS 47.05.300–47.05.390. No employee may provide independent, direct care to a customer until they have received a provisional clearance from the BCU.

Community Connections submits the provisional request and fingerprints of the employee on their date of hire. It typically takes the State approximately 2-5 days to return a provisional clearance to Community Connections once fingerprints are received. Upon receiving a positive provisional clearance, Community Connections will notify the employee's supervisor, and they may schedule work as appropriate. The cost of fingerprints and other background check procedures will be paid by Community Connections.

In the event the State finds, through provisional clearance or FBI fingerprinting background check, that a "barrier crime" may have been committed, the employee is immediately barred from working directly with customers and will be terminated or unsupervised access to customer and protected health information eliminated.

Within 14 days of an individual ceasing employment or affiliation with the agency, the individual will be separated or terminated from the agency background check account.

Medicaid Exclusionary Lists

Community Connections will check the Federal (Office of Inspector General) and State (Department of Health and Social Services) Database for Healthcare Exclusions on the date of hire and periodically throughout employment. Should an employee be excluded from participation in a federal or state healthcare program, it may be immediate grounds for termination.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	Barrier Crime Listing, New Hire Packet
Related Standards/Licensing/Grant Requirements	AS 47.05.300-05.390 SS Act Sec 1128 & 1156 CARF 1.I.2
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.08 - Credential Verification**

PURPOSE To conduct initial and ongoing verification of credentials for all applicable personnel

SCOPE All Community Connections employees whose positions require credentialing to perform their job duties

POLICY The agency will maintain records that verify credentialing.

PROCEDURE

All positions requiring specific credentials, such as certificates, licenses, and/or work experience, will have these requirements described in the job description. Documentation substantiating these requirements will be kept within the personnel file. This documentation might include such things as a photocopy of diploma, college transcripts, reference checks, copies of licenses, application statements, etc.

At, or prior to the date of hire, the supervisor responsible for filling the position will work with HR personnel to request written evidence of the highest-level credential or license that is required from a primary source. If the position requires a particular license, verification can be done through a State of Alaska professional licensing search. For educational credentials above a high school degree if required for the position, it is the responsibility of the employee to request a copy of the official transcript and/or diploma is sent directly to Community Connections. After credentials have been checked and verified, a copy of the records will be placed in the employee's permanent file and the expiration date recorded in the employee tracking database.

Community Connections administrative staff will conduct occasional reviews (at least annually) of all employee files to ensure that credentialing (and other required) documentation is on-file and up-to-date.

It is the employee's responsibility to maintain all necessary credentials/licenses, and to ensure that updated copies of these documents are given to the supervisor for inclusion in their personnel file. When updates of required credentials are not made available on or before the expiration date of the credential, the employee may be placed on unpaid leave or have their employment terminated at the discretion of the Executive Director.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.I.4
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.09 - General Agency and Program Specific Orientations**

PURPOSE To familiarize new employees with agency mission, core values, policies and procedures, and general practices within the agency and program by which they are hired

SCOPE All Community Connections employees

POLICY All newly hired employees are required to attend the general agency orientation and program specific orientations.

PROCEDURE

Supervisors and the administrative staff are responsible for completing the new hire checklist with new employees on the date of hire. All new employees will be assigned to the next available general orientation session and are required to attend that orientation. In the event there are extenuating circumstances and the employee is unable to attend the assigned session, they must notify their supervisor who will seek to obtain an authorized excusal from the Executive Director.

Directors are responsible for developing the protocol for orientation to their specific program. Program orientation will include at a minimum:

- Job descriptions, performance standards, and general expectations
- Program mission, philosophy of services, etc.
- Overview of services available within the program
- Overview of performance review practices and timelines
- Introductions to service partners within and outside the agency

Supervisors are responsible for ensuring that their employees receive orientation to their department within the first week of hire.

Orientation will be documented in the employee's personnel file.

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See Also:

Community Connections Personnel Policy	
Form	New Employee Orientation Checklist
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.10 – Employee Records**

PURPOSE To establish standards by which information is maintained about an employee and their employment with Community Connections

SCOPE All Community Connections employees

POLICY All information that Community Connections gathers about an employee during their employment with the agency, will be maintained in files that ensure accuracy, privacy, and legal compliance.

PROCEDURE

Personnel Files

These files are maintained for the purpose of collecting and documenting an employee's performance as it relates to job requirements. The following guidelines will be followed:

- Active Files - Personnel records for current employees are confidential and shall be kept in centralized locked files. Duplicate personnel files of any kind are not allowed.
- Personnel Files will include:
    - Performance management documentation
    - Training documentation
    - Position and wage information
    - Communication documentation
    - New hire and orientation paperwork
- Terminated Files - Personnel records for former employees are confidential and shall be kept in centralized agency archive files. Personnel records for employees not eligible for rehire will be kept indefinitely. Personnel records for other former employees may be destroyed after seven years with the exception of 401K beneficiary paperwork which must be removed from the file and kept indefinitely.
- Employee Review - Active employees may review their personnel files twice a year under the direct supervision of their immediate supervisor or HR personnel. A request to review one's personnel file must be in writing. Copies of information in the file may be provided and will be paid for by staff making the request at a cost of 25 cents per page.
- At no time will health information, social security cards, birth certificates, payroll-specific documentation or personal subjective notes be maintained in an active personnel file.
- Access to personnel files is limited to the employee's supervisor, those in the chain of command above the supervisor, a hiring supervisor when considering an internal applicant, and employees conducting human resource, payroll, and compliance activities.

Benefit Files

These files are maintained for the purposes of collecting and documenting an employee's wage and benefit information. HR personnel maintain all benefit files in a centralized location. Access is limited to HR personnel and the Executive Director. Terminated employee files will be combined with the personnel file for archiving per above.

Medical Records Files

These files are maintained for the purposes of collecting and documenting an employee's medical-related information. Any health-related issues that have affected an employee during their employment tenure will be filed here. The following guidelines will be followed in regards to these files:

- Medical record files are maintained in a centralized location at the two primary office sites, Ketchikan and Craig. These files are maintained by Health and Safety personnel designated by the Executive Director. Files are separated by active and terminated employees. The following information must be kept in the files:
  - Medical File Authorization
  - TB Test Results
  - Hepatitis B acceptance or declination
  - Work restrictions or absences for medical related reasons
- Worker's Comp files are maintained by HR personnel. At the close of each calendar year, and after filing the required Occupational Safety and Health Administration reports, closed case packets are filed in the employee's medical record file.
- Americans with Disabilities Act inquiries and responses are maintained in the medical records file as each case is handled.
- Family Medical Leave Act (FMLA) files are maintained for the purposes of collecting and documenting employee time off for qualified FMLA leave. HR personnel maintain these files. At the close of each calendar year, closed FMLA packets are filed in the employee's medical records file.

Medical record files for all terminated employees will be destroyed after 30 years. Access to health and safety files is strictly limited to HR personnel and those responsible for dealing with specific health and safety issues.

Investigations

Investigative notes and reporting will be maintained in a centralized corporate record file as designated by the Executive Director.

Terminated Employees may submit a written request to inspect or have copies of their personnel file made. Requests for inspection will be accommodated within five business days, and the agency will charge $25 per quarter hour for time spent on the request. For copies, HR personnel will work with the terminated employee to determine which records they want copied. Copies will be made at a cost of 25 cents per page and processed no later than five business days after receipt of the written request. Personnel records of employees are typically destroyed after 7 years while health and safety files are maintained for 30 years before destruction.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.E.3
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.11 - Employee Separation**

PURPOSE To ensure timely and accurate processing of employee terminations and to encourage positive employee/employer interactions

SCOPE All Community Connections employees

POLICY Employee terminations will be handled consistently, pursuant to agency guidelines. Either Community Connections or the employee may terminate the employment relationship at any time with or without reason.

DEFINITIONS

Voluntary Termination: Employee and Employer mutually agree to terminate the employment relationship. Reasons for voluntary termination might include:

- Resignation or retirement when an employee notifies their supervisor they are leaving employment.
- An employee remains absent for three or more consecutive working days without notice to the agency.
- An employee remains inactive for more than 12 months.
- An employee fails to return from leave of absence as arranged with the agency.
- An employee fails to return from reduction in force upon recall.

Involuntary Termination: A separation where an employee typically does not agree to the termination. Reasons for involuntary termination might include:

- Violation of employee standards of conduct, unsatisfactory job performance, or any other reason deemed by the agency to warrant discharge.
- Reduction in Force due to financial or operational reasons resulting in the elimination of a specific position.

PROCEDURE

Voluntary Termination

When an employee voluntarily resigns, the following steps are followed:

1) The employee submits a written resignation to their supervisor.
2) The supervisor immediately submits the written resignation to HR personnel and requests a termination packet.
3) All equipment, keys, paper or electronic files, and other agency property is collected from the employee on or before their last workday.
4) On or before the employee's last workday, the supervisor will complete the termination checklist and the employment agreement change, attaching these to the employee's final timesheet.
5) The supervisor submits the termination checklist to HR personnel on the date of termination, along with the employee's final timesheet.

The employee is paid by the next regular payday, that is at least 3 business days after the last day worked.

Involuntary Termination

When an employee is involuntarily terminated, the following steps are followed:

1) The supervisor notifies HR personnel immediately.
2) The employee is notified of the termination.
3) The HR, IT, and AR departments disable all employee accounts, deactivate keys, process final billings, etc.
4) The supervisor completes the termination checklist and employment change agreement.
5) Payroll personnel are notified by HR personnel to process the employee's final paycheck and all related benefits within 3 business days of termination.
6) When the employee is not eligible for rehire, the reason must be documented in writing in the personnel file, and the Executive Director or their designee must give approval.
7) Employees who are involuntarily terminated are not eligible for a payout of their PTO balance. PSL is eligible for payout upon termination, up to 56 hours, excluding prior PSL utilized that calendar year.
8) If the employee is rehired within 6 months, any previously accrued and unused PSL will be immediately reinstated and available for use at the time of rehire, in accordance with PSL law set by the State of Alaska.

Notice and Leave Payouts upon Termination

For leave payout guidelines, see Policy A.4.01 - Paid Regular Leave (PTO) and Paid Sick Leave (PSL).

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.4.01
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.I.8
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.12 - Reduction in Force and Recall**

PURPOSE To provide guidelines for reduction in the work force and recall procedures

SCOPE All Community Connections employees

POLICY Economic conditions, changes in technology, or other unforeseen circumstances may require adjustments in staff levels by means of a personnel reduction in force. Before competent employees are separated due to lack of work, the agency will explore reasonable possibilities for reassignment.

DEFINITION

***Reduction in Force*:** An involuntary separation based on strategic or financial reasons, resulting in elimination of a specific position.

1. Temporary reduction: Work is no longer available, but recall is expected within 12 months.
2. Permanent reduction: Work is no longer available. Recall is not expected (job eliminated, employment agreement expired, department closed, etc.)

PROCEDURE

These procedures will guide reductions in the workforce:

- When the number of employees must be reduced, employee length of service and performance will generally govern. Where two or more employees are of similar ability, length of service will be a consideration.
- The agency may occasionally retain certain employees without regard to length of service because of the employee's special knowledge, skill, training, or experience.
- When possible, two weeks' notice will be given to employees scheduled to be terminated.
- When a reduction in force is required, the employee may be notified and released the same day due to confidentiality and security.
- Employees on temporary reduction will be reinstated at their paid leave accrual rate if recalled within 12 months.

These guidelines will guide workforce recall efforts:

- Before hiring new employees from outside the agency, qualified employees who had been terminated due to a reduction in force will be considered for employment. An employee will be considered qualified if, in management's sole discretion, a reasonable period of training can be expected to lead to qualification.
- When considering recall of employees with similar skills and abilities to positions for which they qualify, past performance and date of hire will be considered as primary selection criteria. Employees recalled will not be required to serve a new orientation/probation period.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employment**

SUBJECT **A.1.13 - Employee Exit Survey**

PURPOSE To determine and document the reasons employees leave the agency, to provide an opportunity for the airing of unresolved grievances, and to solicit constructive feedback to improve the agency

SCOPE All Community Connections employees

POLICY Separated employees, whether voluntary or involuntary, will receive a questionnaire to be returned to Community Connections. The business office will make every attempt to accommodate employees requesting an exit interview.

PROCEDURE

The agency will use the exit survey form to cover the following points:

- Job duties and benefits
- Organization policies and practices
- Quality of supervision
- Reason for leaving

Notes from an in-person exit interview will be taken and turned over to HR personnel for filing. Survey result will be summarized and reviewed on an annual basis. They will be referenced when reviewing employee satisfaction and retention efforts.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	Exit Survey
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Conduct**

SUBJECT **A.2.00 - Employee Code of Ethics**

PURPOSE To ensure ethical behavior in all employees' conduct

SCOPE All Community Connections employees

POLICY Employees are expected to put company Core Values into action, adhering to all agency policies and procedures and the laws and regulations governing actions. Acting ethically demonstrates the highest commitment to customers, the agency and other employees.

PROCEDURE

In demonstrating ethical conduct, employees will:

- Always keep the health and safety of every customer at the forefront of all actions and decisions.
- Commit to full compliance with all state and federal laws, regulation, and requirements and Community Connections policies and procedures.
- Perform assigned duties and responsibilities with the highest degree of integrity, safety, and professionalism.
- Demonstrate courtesy and respect to all.
- Follow standard and workplace safety precautions, warnings, and regulations in carrying out all duties and in caring for customers. Report on all customer, environmental, or safety hazards or concerns promptly.
- Devote full effort to job responsibilities during work hours and meet or exceed established job performance expectations.
- Resolve work-related issues and disputes in a professional manner and through established Community Connections policies and procedures.
- Report circumstances or concerns that may affect satisfactory work performance to management, including any inappropriate (fraudulent, illegal, unethical) activities of other employees.
- Refrain from off duty conduct which reflects unfavorably on the agency or the employee's suitability for agency employment.
- Will not accept favors, gifts of any monetary value, incentives, or any other form of compensation from clients, family members or those in any way connected to clients, vendors, contractors, or any person or entity doing business with Community Connections. In those cases, where an item is sent to or received by Community Connections as an expression of gratitude, that item will be placed in a general area for the benefit of all staff to enjoy. When a charitable contribution is made, it shall be receipted as for the benefit of the organization.
- In all business, contractual relationships and marketing practices, Community Connections employees will fairly, accurately and honestly represent Community Connections and its services. Community Connections employees will not engage in any form of deceptive business practice or advertising.
- Except for personnel who are certified as Notary Publics, Community Connections employees shall not act as a witness to documents such as Power of Attorney,

guardianship, and/or advance directives without the written approval of the Executive Director. Employees who are certified as Notary Publics may witness these types of documents for clients, personnel, and other stakeholders in accordance with state law. Any employee who witnesses a document should be neutral and have no financial or other interest involved. Agency contracts may only be signed by the Executive Director or designee during times of her or his absence. All employees may countersign documents such as intake forms, release of information forms, treatment plans etc. as directly related to their job duties.

- Provide the Director with immediate written notification if he or she has been convicted for a violation of a criminal statute.
- Work cooperatively to achieve program and agency goals and objectives.
- Ask questions when unsure and always strive to do the right thing.

This listing is not meant to be inclusive; rather a reminder of conduct routinely encountered in daily employment activities.

CONFLICTS OF INTEREST AND PERSONAL FUNDRAISING

To uphold the integrity of service delivery and ethical standards:

- Employees must not allow personal, financial, or other outside interests to influence decisions regarding client care, service delivery, or organizational operations.
- Employees are prohibited from engaging in any personal fundraising activities directed toward clients, client families, vendors, contractors, or any entity associated with Community Connections.
- Employees shall not solicit or accept any form of personal donations, gifts, or financial contributions while carrying out their professional duties.
- Any situation that may represent a conflict of interest, including personal relationships, financial interests, or external activities, must be disclosed immediately to a supervisor.
- Violations involving conflicts of interest or personal fundraising may result in disciplinary action, up to and including termination.
- Charitable contributions intended for the agency must be processed in compliance with Community Connections' donation policies and used solely for the organization's benefit.

REPORTING CODE OF ETHICS VIOLATIONS

- Any concerns about ethical violations will be submitted in writing by the reporting party. The reporting individual who reports concerns can expect no reprisal because of their reporting.
- Staff should report first to their supervisor. If the issue is with the supervisor, they should submit their report to the Executive Director or their designee. Supervisor will inform the Director and Executive Director or their designee.
- A written concern about a potential ethical violation will be investigated immediately by the Executive Director or their designee. Community Connections reserves the right to suspend an employee during the investigational stage if the nature of the report is serious enough to warrant it.
- If the concern is found to be unwarranted, the reporting party will be informed, and the matter will be dropped. No notation will be placed in the personnel files.
- The initial investigation will be completed within five working days from receipt of the reported violation.

- If the initial investigation results in verification of an ethical code violation, these procedures will be followed:
  - All investigation information will be documented.
  - If necessary, the Community Connections insurance carrier will be notified.
  - The employee involved in the ethical violation will be interviewed.
  - Appropriate disciplinary action will be taken; this action may include written warning, suspension or termination.
  - If the individual charged with the violation is a licensed professional, the violation shall be reported to the appropriate licensing board.
  - If the violation results in termination of employment, the Board of Directors will be notified.
  - Situations that are deemed to be reportable either under the law, or the guidelines of regulatory agencies will be reported as soon as possible to the appropriate agency.
  - The final written report will be completed within five days of completion of the investigation.
- The documented investigation will be completed within 15 working days of notification that a continued investigation is required.

Making false accusations regarding code of ethics is a direct violation of Community Connections policies and procedures.

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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.6.02 – Conflict Resolution, A.6.04 – Representation of the Agency, A.6.05 – False Claims and Whistleblower Protection
Form	
Related Standards/Licensing/Grant Requirements	CARF
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.01 - Confidentiality of Private Employee Information**

PURPOSE To ensure rights to privacy are respected

SCOPE All Community Connections employees

POLICY All employees with access to private employee information will treat that information with the utmost of confidentiality. Private employee information will be shared within the agency on an "as needed" basis and with consideration of the employee's wishes. Community Connections will follow the Health Insurance Portability and Accountability Act (HIPAA) as it applies to an employee's health information. Confidentiality will be maintained while an individual is active and will extend beyond termination indefinitely. The only exception to this policy would be when an individual is legally required to report or release information.

DEFINITIONS

***Confidentiality*:** Refers to the safeguarding, by a recipient, of information about another person.

***Privacy*:** The right of an individual to keep information about themselves from others.

Private Employee Information: Any information that, under the circumstances surrounding disclosure, a reasonable person would regard as confidential. This information includes:

- Health Information
- Disability Information
- Social Security Numbers
- Wage or salary information
- Any other information an employee requests be kept confidential unless it regards a breach of a Community Connections policy or a state or federal law.

Health Information: Any information, including genetic information, whether oral or recorded in any form or medium that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

PROCEDURE

Following are general guidelines employees are expected to follow regarding other employee information:

- Written employee records will be considered private and will be kept out of sight in locked locations.
- Staff will take reasonable precautions to hold sensitive conversations regarding an employee's health or disability information in private locations.
- Electronic employee health information will be stored, transferred and disposed of in accordance with the "Data Storage, Transfer, and Disposal" policy (A.8.07).
- Employees may disclose their own private information and may give permission to others either verbally or in writing to disclose the information.

Privacy Practices Regarding Employee Health Information

- Community Connections will maintain a Notice of Privacy Practices for Employees which will be provided to employees upon request.
- Staff, contractors, volunteers, and the Board of Directors will follow the duties outlined in the privacy notice.
- Community Connections will maintain a Business Associates Agreement with health insurance benefits advisors.
- Community Connections will maintain a Privacy Officer to answer questions and field complaints regarding privacy issues and to maintain a log of breaches to confidentiality as required by HIPAA.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	Notice of Privacy Practices for Employees
Related Standards/Licensing/Grant Requirements	CARF 1.E.3
Related Operational Procedure	OP.1.03 Data Storage, Transfer, and Disposal

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.02 - Employees and Customer Relationships**

PURPOSE To ensure professional and ethical relationships between employees and customers

SCOPE All Community Connections employees

POLICY Relationships between employees and customers should remain on a professional level and may not hinder the employee's effectiveness as a service provider or in any way exploit the customer's rights.

PROCEDURE

Community Connections employees will recognize and understand the nature of their relationship with customers, including professional boundaries and the implications of dual relationships. Employees will make active efforts to discuss boundaries with each customer they serve.

Employees will be educated by each program regarding professional boundaries. It is important for employees not to assume that protocols regarding boundaries for one program or customer are identical to another program or customer.

Professional Boundaries

Community Connections values the diversity of the customers we serve. It is important for employees to consider the cultural significance of any gift or invitation offered and employees must exercise good judgment when faced with such an offer so as not to offend the customer or the customer's family. Any gifts and/or invitations, either offered by a customer or an employee, should be discussed with the immediate supervisor for a determination on its appropriateness.

- Employees may not accept gifts from customers that exceed a nominal value.
- Employees may not spend personal money on customers including birthday presents, flowers, cards and other types of gifts. If an employee would like to give the customer something in recognition of an event or accomplishment it should be purchased with program funds, at the approval of the Director, and presented on behalf of the program.
- Employees may not spend personal time with a customer taking part in activities outside the scope of their role as a service provider. For example; attending parties, helping with a move, joining the customer for dinner, and going to a movie or any other activity that is not included in the customer's service or treatment plan. Employees should speak with their supervisor if clarification is needed in specific situations.
- Employees will not engage in social networking with a customer who is receiving services from the program the employee works in.
- Employees are prohibited from going door-to-door (office) to solicit for personal or other fundraising efforts. Personnel are allowed to place a sign-up sheet in the staff break room or Residential Services offices, accompanied by an email announcing to staff that the sign-up is available, if approved by Director and/or Executive Director.

Senior and Disability Services

- Employees may not accept gifts from customers that exceed a nominal value.
- Employees may not spend personal money on gifts for customers that exceed a nominal value. Employees are encouraged to make a gift or card rather than purchase something. Both the purchasing and accepting of gifts by employees should not be a routine occurrence and the immediate supervisor should be notified when it becomes routine.
- On rare occasions, employees may spend personal time with a customer taking part in activities outside the scope of their role as a service provider (attending parties, helping with a move, joining the customer for dinner, going to a movie, or any other activity that is not included in the customer's service or treatment plan). Whenever this occurs, the employee will notify their supervisor. The supervisor may ask the employee to refrain from such activities when they have reason for concern.

Dual Relationships

Dual Relationships occur when multiple roles exist between a service provider and the customer. It can be confusing for both parties to have a professional relationship with someone in one environment and a personal relationship in another environment. Service providers, due to their role as skill builder, educator or counselor have a position of authority and power. Employees are expected to be aware of the power dynamics that occur within dual relationships. Employees need to take every precaution to ensure that customers do not feel exploited due to an imbalance in power.

Dual relationships are frequent in small communities. There may be times that a customer is already well known by employees either in professional interactions or personal and social interactions. Employees may be in situations of purchasing services and goods from customers. It is the employee's responsibility to ensure that the imbalance of power within the service provider/customer relationship is not exploited.

It is important for the employee and their supervisor to continually assess that relationship to maintain professional boundaries when engaging in service-related activities. Employees will ensure that working relationships are not confused with friendship or other personal relationships.

Natural Supports

Our services are offered in small communities and many employees function as coaches, volunteers and participants in community activities. Many customers will come into contact with employees during their personal time as the employee functions as a leader or participant in community events. Employees will maintain confidentiality in these situations and be mindful of clarifying for customers the role that the employee serves as a community member and NOT a service provider during these interactions.

If an employee is ever concerned about the boundaries with customers, they will consult with a supervisor or director immediately.

If a relationship becomes questionable, the situation will be reviewed by the Executive Director to determine whether a need for corrective action exists. In situations involving the Executive Director or when additional guidance is recommended, the Board of Directors will review the situation.

Originally Drafted/
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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Conduct**

SUBJECT **A.2.03 - Personal Relationships between Employees**

PURPOSE To protect the integrity of agency information, services and employee efforts, prevent supervisory and morale problems, and ensure all employees are treated in an ethical and equitable manner

SCOPE All Community Connections employees

POLICY A supervisory employee will not supervise anyone who is a family member or with whom the supervisor has a close personal relationship. This policy applies to all employees without regard to gender or sexual orientation of the individuals involved.

DEFINITIONS

Supervisory Relationship: Includes primary supervision and all who have oversight and evaluative input.

Family member: Current spouse, children, parents, grandparents, brothers, sisters and in-laws and includes "step" relationships.

Close personal relationship: Is typically one involving a consensual romantic or sexual relationship. This may also include a very close friendship and/or living situation whereby the supervisor is not perceived as being impartial or objective in their decision making about the supervisee.

PROCEDURE

While all employees are expected to maintain professional relationships, those with supervisory responsibilities bear the obligation of maintaining appropriate professional relationships with those they supervise. Supervisors are in the best position to appreciate the effect of relationships prohibited by this policy and are in the best position to avoid such relationships.

When a family relationship or close personal relationship is established, it is the responsibility and obligation of the supervisor involved in the relationship to immediately disclose the existence of the relationship to their immediate supervisor and HR. HR personnel will inform the other individual of the disclosure and may take steps to verify that a close personal relationship is mutually consensual. Failure of the supervisor involved in the relationship to immediately disclose the relationship may result in corrective action up to and including termination of employment.

The relationships described above are discouraged. When they occur, HR personnel will be informed within 24 hours and:

- either or both individuals will be transferred to another available position; or
- the supervisory and evaluation responsibilities will be reassigned; or
- either or both employees will be terminated as determined by the Executive Director to be in the best interest of the agency.

In any situation, should the relationship adversely affect the job performance of either individual, corrective action may be taken.

When there is any question regarding this policy or what may define family member or a close personal relationship, seek clarification from HR personnel.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.04 - Other Employment**

PURPOSE To ensure employees working other jobs, do not adversely affect the reputation of the agency

SCOPE All Community Connections employees

POLICY Community Connections employees may receive compensation for other employment as long as the employment is not in conflict with their duties or Core Values of Community Connections.

PROCEDURE

The agency recognizes the rights of employees to engage in paid activities other than their employment with Community Connections. Employees have an obligation to prioritize their employment with Community Connections over any other paid activities. Prior to any other paid activity commencing, the employee must meet with their supervisor to discuss any concerns the other paid activity may pose. When the supervisor identifies potential concerns or conflicts of interest, the employee and supervisor will meet with the Director for final resolution.

The following considerations will be made when an employee engages in other types of paid activities:

- Other work will not interfere with normal working time periods nor with the proper efficient discharge of the employee's duties.
- Employees must disclose those instances when they, their spouse, or other immediate family member is engaged in a business similar in nature to Community Connections.
- Employees must disclose any activity involving compensation, including a retainer, commission, consulting fee, or any other fee arrangement.
- Other work will not be done during scheduled office hours for Community Connections, in agency facilities, or using agency equipment or supplies.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.05 - Attendance Management**

PURPOSE To provide a method to manage employee attendance and maintain efficient operations

SCOPE All Community Connections Employees

POLICY All employees have the responsibility to maintain a good attendance record.

DEFINITIONS

Unexcused absence: An unexcused absence is defined as any absence from work during scheduled working hours (including overtime), excluding absence for work-incurred injuries, illness, vacation, jury duty, death in the family, or previously approved leave of absence with or without pay.

Tardiness: When an employee arrives late or leaves early from a scheduled shift and/or the required working hours for their position.

PROCEDURE

For employees to successfully carry out their duties, they must be able to work during scheduled shifts and maintain an attendance record that supports quality, consistent service delivery. Employees are expected to work scheduled shifts according to the schedules developed by their supervisor. When employees or customers want to deviate from the established schedule, they will first notify the supervisor/service coordinator for approval.

Supervisors will administer attendance standards and procedures outlined below, regardless of employee position, eligibility for leave benefits, or length of service.

Notification:

- *Advance notice*: All employees are required to give as much advance notice, as possible, for tardiness or absence. If advance notice is not possible, notification by phone must be given by the employee to their supervisor.
- *Time of notice*:
  Support Specialist: Notification calls must be at least two hours prior to the start of the employee's scheduled shift
  Other positions: As determined by supervisor.

Employee to maintain contact: When an absence will exceed what was originally scheduled, the employee is responsible for notifying their supervisor immediately. Any absence that is extended without notification will be considered unexcused.

Scheduling absences: Employees who must be absent for personal reasons or medical appointments will be advised to schedule such appointments outside working hours, if possible. When the need to be absent from work is known in advance, the employee will notify the supervisor immediately.

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See Also:

Community Connections Personnel Policy	A.4.01 – Personal Leave

Form	Leave Request Form
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.06 - Required Work Hours**

PURPOSE To provide customers, other agencies, peers, and supervisors with access to staff employed by the agency

SCOPE All Community Connections employees

POLICY Full-time, office-based employee hours and days of work are during Community Connections stated office hours unless special arrangements are made with the immediate supervisor.

Direct Service employees will be scheduled to work based upon customer needs and as agreed to by the employee and supervisor.

PROCEDURE

The office hours for all programs and departments are as follows:

The Children's Mental Health Program in Ketchikan operates from 8:00 AM to 5:00 PM during the school year, and from 8:00 AM to 4:00 PM during school breaks, including summer.

The Early Learning Program has individualized schedules, but a representative will be available from 8:00 AM to 4:00 PM to take calls.

The Ketchikan and Prince of Wales offices operate from 8:00 AM to 4:00 PM.

Each department is responsible for ensuring that at least one office staff member is available during the specified business hours to field calls and inquiries. The designated staff member must clearly communicate their availability to the front desk to ensure proper routing of calls and requests.

Each department head is also responsible for ensuring that their area is appropriately staffed to meet client and agency needs within the specified office hours. When a flexible schedule is required, either for a specific position or due to the personal circumstances of an in-office employee, the employee will meet with their supervisor to discuss possible alternatives. If the schedule change is expected to last less than two weeks, the supervisor may approve the adjustment. For changes exceeding two weeks, the supervisor and employee must seek approval from the Director of their area.

If you would like to adjust your shift to accommodate a break and work longer hours, you are required to obtain approval from your supervisor. However, not all requests can be granted, as decisions are based on client needs and the agency's ability to operate effectively.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.07 - Dress and Personal Appearance**

PURPOSE To establish guidelines for appropriate dress, appearance, and personal hygiene while conducting the work of the agency

SCOPE All Community Connections employees

POLICY Employees are required to maintain appropriate, professional, neat and clean dress and appearance. Personal hygiene habits should not impact other employees and customers.

PROCEDURE

The nature of our work varies dramatically across programs and positions within programs. As a result, what may be appropriate for one employee to perform their job functions, may not be appropriate for another. When uncertain, please seek guidance from your supervisor.

Apparel: Employees are to wear clean attire that is appropriate to the employee's job function. The following are some examples of inappropriate dress (this is not a complete list):

- Tee shirts with holes, shirts displaying inappropriate advertising or writing including profanity or drug/alcohol related messages
- Any revealing or provocative clothing, with the exception of appropriate swimwear during water sports activities

Personal Hygiene: Good personal hygiene habits must be maintained. Employees are expected to report to work clean and well groomed, including regular showering or bathing.

Colognes and Perfumes: We strive to be a scent-free agency due to potential allergy-related reactions. We encourage staff to minimize use of scented products. In the event another employee or customer has allergic reactions to a scent, the employee may be asked to discontinue using the product.

Employees are expected to know and follow the dress code of any school building or public facility in which work is conducted.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.08 - Violence, Abuse, Harassment**

PURPOSE To establish the agency's position on harassment, violence, and abuse and promote a comfortable work environment

SCOPE All Community Connections employees

POLICY All forms of violence, abuse and harassment are prohibited by Community Connections. All employees are expected to conduct themselves in a manner which is not or will not be interpreted by another employee or group of employees to be offensive. Employees will not engage in any violent, abusive or harassing behaviors. Employees are expected to report any incidents of violence, abuse or harassment they have experienced or witnessed.

Confidentiality will be maintained to the extent permitted by the circumstances.

PROCEDURE

The following forms of workplace harassment, violence and abuse are strictly prohibited:

Verbal or physical conduct that:

- Has the purpose or effect of creating an intimidating, hostile, embarrassing or offensive working environment
- Has the purpose or effect of unreasonably interfering with an individual's work performance
- Otherwise adversely affects an individual's employment opportunities

Unwelcome sexual advances, requests for sexual favors, sexually oriented physical conduct, communication or conduct of a sexual nature which is obscene or which degrades others, or other conduct or communication of a sexual nature when:

- Submission to the above conduct is made either explicitly or implicitly a term or condition of an individual's employment
- Submission to or rejection of the above such conduct is used as the basis for employment decisions affecting such individual
- The conduct or communication described above has the purpose or effect of unreasonably interfering with an employee's work performance, or creating an intimidating, hostile or offensive environment
- The fact that someone did not intend to sexually harass an individual is generally not a defense to a complaint of sexual harassment. In most instances, it is the conduct and behavior of the actor, viewed objectively, which determines if the acts constitute sexual harassment.

Sexual harassment may include but is not limited to:

- Unwelcome sexual flirtations, advances or propositions, including subtle pressure toward sexual activity
- Requests or demands that another engage in sexual activity accompanied by implied or overt promises of preferential treatment concerning an individual's employment status

- Communications of a sexual content or connotation, in any medium or manner, which communications are abusive, offensive or degrading, for example, sexually oriented jokes, stories, remarks, or display of inappropriately suggestive objects or pictures
- Any sexually motivated, unwelcome touching of another person's body, for example, pinching or patting another in a context which has sexual connotation or intentionally brushing against an employee's body
- Sexual harassment refers to sexually oriented behavior or communication which is not welcome and which is personally offensive, shocking or degrading. Sexual harassment does not include personal compliments welcomed by the recipients, or social interactions or relations freely entered into or among employees or with prospective employees.
- Sexual harassment includes misconduct in a sexual context or of a sexual nature which results in discrimination for or against an employee. Such practices would also include any job related action that is based upon an individual's acceptance of, resistance to, or refusal of sexual overtures. This form of sexual harassment may be more difficult for employees to cope with when individuals offer or threaten to use the power of their position to control, influence or affect the career, salary or job of another employee in exchange for sexual favors, but is nonetheless prohibited and should be reported.

Psychological trauma may include but is not limited to:
- Threats, obscene phone calls or texts, an intimidating presence, and harassment of any nature including stalking, shouting, or swearing

Personal Injury may include but is not limited to:
- Injuring another person physically or engaging in behavior that creates a reasonable fear of injury to another person

Emotional distress may include but is not limited to:
- Engaging in behavior that subjects another individual to extreme emotional distress

Weapon misconduct may include but is not limited to:
- Possessing, brandishing, or using a weapon of any kind

Property damage may include but is not limited to:
- Intentionally damaging property

Threats may include but is not limited to:
- Threatening to injure or harm an individual or to damage property

Retaliation may include but is not limited to:
- Retaliating against any employee who, in good faith, reports a violation of this policy.

If any of these employee behaviors are observed or experienced, they are to be **reported immediately** to a supervisor, senior HR personnel, or the Executive Director. In some cases, depending on the circumstances and level of immediate threat, local law enforcement may be called immediately.

All employees are expected to work actively to maintain a work place which is free from unlawful discrimination in all departments and at all levels of employee relations. Employees are

expected to conduct themselves in their daily activities in such a way as to ensure that no discrimination occurs in any action with respect to compensation, benefits, privileges, transfers, layoffs, returns from layoffs, training and social programs.

Employees who have been subjected to harassment based on sex, age, race, family status, religion, national origin, gender identity, gender expression or disability, or who believe that another employee has received more favorable treatment due to such discriminatory behavior should immediately notify senior HR personnel or the Executive Director. The employee's concerns will be promptly investigated and, to the extent reasonably possible, confidences will be preserved. The employee will not suffer retaliation for reporting such concerns.

Community Connections recognizes the sensitive nature of sexual and other harassment concerns and charges, and is committed to receiving, processing and concluding them in strict confidence. However, in order to properly review, investigate and process any such charge, and depending upon the nature of any particular charge, disclosure of that charge may include more people than the person who was harassed and the person being charged with the harassment.

Making false accusations regarding violence, abuse, or harassment is a direct violation of Community Connections policies and procedures.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	***Reference:*** The Alaska Human Rights Law (AS 18.80.220) Title V and VII of the Civil Rights Act of 1964
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.09 - Substance Abuse**

PURPOSE To assure a safe and professional work environment, ensure quality of services, maintain high safety, health, and work performance standards and to reduce work-related accidents, injuries and damage which may be caused by drug or alcohol use or impairment.

SCOPE All Community Connections employees

POLICY The use of drugs and/or alcohol during work time is prohibited.

DEFINITIONS

***Accident*:** May involve loss of human life, issuance of a moving traffic citation under state or local law, medical treatment other than first aid administered away from the scene, or significant property damage

Alcohol concentration: The alcohol in a volume of breath expressed in terms of grams of alcohol - per 210 liters of breath - as indicated by an evidential breath test.

Alcohol Use: The consumption of any beverage or mixture, including any medication or mouthwash containing alcohol (ethanol, isopropanol, or methanol).

Drug(s): A substance considered unlawful under AS 11.71 or under federal law, or the metabolite of the substance.

Drug testing: Testing for evidence of the use of a drug.

***Failing a drug test*:** The test results show positive evidence of the presence of a drug or drug metabolite in an employee's system in amounts that exceed cutoff levels established by this policy.

***Sample*:** Urine or breath from the person being tested.

***Screening Test or Initial Test*:** An analytic procedure to determine whether an employee may have a prohibited concentration of drugs or alcohol in a specimen.

Screening by Urine Analysis

THC (Marijuana)	**50**	**ng/ml**
Cocaine Metab.	**300**	**ng/ml**
Opiates	**2000**	**ng/ml**
PCP (Phencyclidine)	**25**	**ng/ml**
Amphetamines	**1000**	**ng/ml**
Methamphetamines	**1000**	**ng/ml**

Screening by Evidential Breath Test

Alcohol **.02**

Refusal to submit: Failure to cooperate and provide a drug or alcohol sample, after receiving notice of the test in accordance with this policy. A refusal will be treated the same as a positive test result. A refusal to test for alcohol occurs when a covered employee fails to provide an adequate breath for testing without a valid medical explanation after receiving notice of the requirement to be tested in accordance with the provisions of this policy or engages in conduct that clearly obstructs the testing process.

Use of Drugs: Includes being under the influence of legal or illegal drugs and partaking of drugs during work hours.

Under the Influence of Drugs: The state a person is in after he/she has taken drugs that interfere with sound judgement and acceptable behaviour.

PROCEDURE

Prohibited Conduct

The following conduct is prohibited:

- The use, possession, manufacture or distribution or sale of an illegal drug, controlled substance, alcohol, marijuana, or drug paraphernalia on or in agency-owned property or while on agency business or during working hours.
- Storing any illegal drug, controlled substance, alcohol, marijuana, or drug paraphernalia, in or on agency-owned or supplied property (including vehicles).
- Reporting to work, working, or acting or appearing on behalf of the agency while under the influence of legal or illegal drugs or a controlled substance whose use is unauthorized.
- Failing to notify the employee's supervisor before beginning work that the employee is taking medications or drugs which may interfere with the safe and effective performance of duties.
- Refusing to immediately submit to a drug or alcohol test when requested by the agency, in accordance with this policy.
- Violating any criminal drug or alcohol law or statute while working.
- Failing to notify the agency of any arrest or conviction under any criminal drug or alcohol law or statute by the next workday following the arrest or conviction.
- Testing positive for drugs or alcohol in violation of this policy.
- Tampering with, adulterating, altering, substituting or otherwise obstructing any drug or alcohol testing process required under this policy.
- Reporting to work, working, or acting or appearing on behalf of the agency while having an alcohol concentration of .02 or greater, or if the employee is otherwise impaired by or under the influence of alcohol.
- Consuming, using or being under the influence of alcohol while on duty.
- Consuming, using, or being under the influence of Tetrahydrocannabinol (THC) while on duty.
- Consuming, using, or being under the influence of a prescription medication that interferes with the employee’s ability to safely and effectively perform their work.
- Refusal to take a required drug or alcohol test, a positive drug or alcohol test, or engaging in conduct which otherwise violates this policy

Conditions for Testing

The agency may test employees for drugs and/or alcohol under the following conditions:

- **Post-Accident Testing**: Employees whom the agency reasonably believes may have contributed to an accident in the workplace or during worktime may be required to undergo drug and/or alcohol impairment testing.
    - Such a test will be conducted as soon as practicable after the accident but not later than 32 hours after the accident for drugs and not later than 8 hours for alcohol. Community Connections will make reasonable attempts to obtain a sample from an employee after an accident, as defined below, but any injury should be treated first. An employee who is subject to post-accident testing ***shall not*** consume alcohol for 8 hours after the accident or until the employee has taken an alcohol test, whichever occurs first.
    - An employee who is subject to post-accident testing must remain readily available for such testing and may not take any action to interfere with the testing or the results of testing.
    - Employees who do not comply with the post-accident testing requirements, or who fail or refuse to provide a sample for testing, will be considered to have refused to submit to testing and will be subject to appropriate disciplinary action, including termination of employment.
- **Reasonable Suspicion Testing**: Upon reasonable suspicion, management may require an employee be tested for alcohol and/or drug use (controlled or illegal) when it appears that the employee's work performance or workplace behavior is being affected in any way by drugs or alcohol.
    - Reasonable suspicion includes but is not limited to: Specific observations related to work performance, appearance, behavior, body odors and/or speech. Reasonable suspicion determinations will be made by supervisors. The observing supervisor shall document the event and record the behavioral signs and symptoms that support the reasonable suspicion.

Testing Procedure

The following procedures will be followed when testing an employee:

- Supervisors must receive approval from HR personnel or designee prior to requiring an employee to undergo alcohol or substance use testing.
- All substance use tests will be conducted at a facility approved or certified by the Substance Abuse and Mental Health Services Administration, using recognized procedural safeguards and confidentiality requirements. The initial test will be paid for by Community Connections.
- Refusal by an employee to submit to a drug or alcohol test required by Community Connections, or testing positive for illegal drugs or alcohol, may result in corrective action depending on the facts and circumstances of the situation, up to and including termination.

Positive Screen Result

In instances of a positive test result:

- The employee is considered unqualified to work and is not permitted to return to work until she/he agrees to follow the recommendations requested by HR personnel. HR personnel may request the employee undergo an assessment from a Substance Abuse Professional.
- Upon successful completion of all or part of the recommendations, an employee may resume work. The employee may be required to agree in writing to unannounced testing for a period of time, not usually exceeding 24 months after returning to work. A positive test under these conditions or anytime thereafter may result in immediate discharge.
- Initial screening charges are covered by Community Connections. Follow-up screening charges will be covered by Community Connections when an employee remains employed.

In those cases where an employee has been terminated, required screenings for reemployment are paid by the employee.

Notification when taking prescribed medications

When a physician prescribes medication for an employee that may impair the employee's ability to work safely or the employee is in doubt whether it will impair their work, the employee must discuss the situation with their supervisor before working under the influence of the prescribed medication. Any medical issues discussed will be kept confidential.

Confidentiality of Results

Community Connections complies with 42 CFR Part 2 and the Health Information Portability and Accountability Act of 1996 (HIPAA) in protecting alcohol and substance abuse related information of employees. Information is maintained in a confidential file accessible only to authorized employees.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.9; 2.A.26
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.10 - Use of Tobacco Products-Employees**

PURPOSE To provide guidelines for employee use of tobacco products, including electronic cigarettes, during work time

SCOPE All Community Connections employees

POLICY Employees serve as role models for customers. As such, employees will refrain from using, buying or displaying any tobacco products, including electronic cigarettes, when in the presence of customers and their families. All Community Connections facilities and vehicles are considered smoke and tobacco free.

PROCEDURE

Employees will respect and adhere to the policies of the facilities in which they conduct services, including such facilities as schools, public buildings, places of business, and residential buildings.

All Community Connections owned or managed facilities are tobacco, smoke and vape free interiors. Each facility has smoking rules associated with the exterior grounds. In some cases, there is a designated area. In other cases, the entire grounds are tobacco, smoke and vape free. Employees are expected to know and adhere to each facility's rules.

Employees will not use tobacco or nicotine products in any agency owned vehicle and will refrain from using them in any other vehicle while working.

Employees are responsible for ensuring that tobacco and nicotine products are out of sight and out of reach of customers during the provision of services and during work hours.

Originally Drafted:
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 2.A.26
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.11 - Telephone Use**

PURPOSE To provide guidelines for using agency and personal telephones

SCOPE All Community Connections employees

POLICY Employees will use agency telephones and personal telephones, during work time, in a way that is most effective to conduct agency business and does not interfere with the provision of services.

PROCEDURE

Efficient telephone service is vital to agency business. Employees will adhere to the following guidelines:

- Hold personal calls, both incoming and outgoing, to emergencies and keep them as brief as possible. Personal emergency calls should be limited to five minutes.
- Outside of emergencies and work-related calls, cell phones should be put away during the working day. This means that employees are not checking non-work-related emails or texts, social media, electronic gaming, or any other phone application.
- Services take priority over personal phone calls during work.
- Personal long-distance calls are not to be made on agency telephones.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.12 - Employee Children in the Workplace**

PURPOSE To promote a work environment that supports maximum productivity while supporting familial relationships

SCOPE All Community Connections employees

POLICY Community Connections will consider, on an individual basis, an employee's ability to bring their newborn and children to worksites as deemed appropriate to the location and job duties of the employee.

PROCEDURE

Community Connections does not allow employee children to be present at work for a length of time or on a regular basis unless otherwise approved by the employee's Program Director and Executive Director.

Newborns may be brought to the office during their first 24 weeks of life with Director and Executive Director approval. This situation is conditional upon the baby, parent and co-workers adapting to the changed work situation. When bringing the baby to work becomes disruptive, the employee will need to make other arrangements.

When a particular community job site is suited to having children present and the customer/guardian specifically requests the employees' children participate in activities, the employee may seek permission from their supervisor and Director to have their children present.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.13 - Corrective Action**

PURPOSE To set forth supervisory guidelines for a corrective action process aimed to document and correct undesirable employee behavior

SCOPE All Community Connections employees

POLICY Whenever a regular employee's performance, attitude, work habits or conduct is unacceptable to the business practices of Community Connections, corrective action shall be taken. Corrective action may take the following forms:

- Written warning
- Written reprimand
- Suspension without pay
- Disciplinary probation
- Termination of employment

In most instances, corrective action will proceed in the order set forth above. Depending on the circumstances, including the nature and seriousness of the specific incident and the employee's past performance and conduct, a specific incident may justify combining or bypassing one or more of the above forms of corrective action.

PROCEDURE

A supervisor should seek guidance from their Director and HR personnel when a potential disciplinary action progresses. The following formal disciplinary measures will be in written format, drafted by HR personnel or their designee, and a signed copy of the disciplinary action in the employee's personnel file. In each case, the employee and supervisor will meet to discuss the disciplinary action, the facts as presented and expectations for future performance. Employees are always welcome to respond in writing to a disciplinary action.

Written warning
A written warning is issued when an employee fails to meet set performance expectations. Violations to policies may require additional training to minimize the chances for repeat offences. The training will be conducted and documented by HR, the Director, or designee.

Written reprimand
A written reprimand is issued when a written warning's expectations have not been met and/or an employee's actions or inactions warrant this stronger write-up.

Suspension without pay
Suspension without pay is a form of corrective discipline used when it is deemed that a written reprimand is not strong enough and termination is too strong. Suspension without pay may be for disciplinary reasons or to conduct an investigation into the allegations the behavior and/or actions of the employees are in conflict with the organization. Granting of suspension without pay is at the sole discretion of the Executive Director.

During a suspension without pay, an employee may not use any earned personal leave. Holiday pay and personal leave benefits are not earned while an employee is suspended without pay. An employee on suspension without pay and whose hours fall below 130 hours in a month will

not be covered by Community Connections insurance benefit plans. No step increases will occur during this period.

Disciplinary Probation

Disciplinary Probation is a corrective action deemed appropriate for an employee's serious lack of performance or misconduct. During the period of disciplinary probation, the employee will not accrue personal leave and may not use any earned but unused personal leave and is ineligible for leave without pay unless the employee provides a satisfactory explanation to his or her supervisor of the legitimacy of the reason(s). An employee on disciplinary probation and whose hours fall below 130 hours in a month will not be covered by Community Connections insurance benefit plans. Disciplinary probation may be for any period not to exceed six months. During the disciplinary probation period, the employee must show the improvement necessary to remain employed. If the employee fails to correct his or her performance or repeats the unacceptable conduct during the disciplinary probation period, the employee may be terminated from employment. All disciplinary probation actions will be approved by the Executive Director.

Extension of Initial Hire and Position Specific Probation

Extension of probation occurs when an employee's performance has not met the standards of the position. This will be done through a written statement, with clear expectations of how to meet the performance standards of that position and the timeline to match. The extension may never extend beyond an additional six months. All probation extensions will be approved by the Executive Director or their designee who will also decide which benefits may be allowed during the extension period. A copy of the written statement will be placed in the employee's personnel file. HR personnel are to be notified of all probation extensions using the Probation Review Notice.

Termination of Employment

Employment with Community Connections is based on the mutual consent of the employee and Community Connections. Accordingly, either the employee or Community Connections may terminate the employment relationship at any time, with or without reason.

Notification to HR Personnel

The supervisor immediately notifies HR personnel when an employee has been suspended, placed in a probationary status or terminated.

Keep Confidential

Supervisors will keep confidential all action taken regarding employee conduct. Exceptions may be made while seeking advice from their supervisor, Director, HR and/or Executive Director as the corrective action warrants. Claims of wrong-doing may be investigated, depending upon the claim.

Employees are expected to engage in professional conduct following a corrective action. This includes following the organization's Core Values by not undermining the organization or supervisor with negative talk to other employees. Such conduct would be considered a violation of the Core Values and a basis for further corrective action. Employees are encouraged to follow the employee grievance procedures if they feel it is necessary.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	Corrective Action Form
Related Standards/Licensing/Grant Requirements	CARF 1.I.8
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.14 – Involving Others in Customer Services**

PURPOSE To ensure employees remain focused on the customer and their goals during all working times

SCOPE All Community Connections employees

POLICY Community Connections employees respect customer confidentiality and remain focused on the customer's goals at all times. Employees will not involve unaffiliated individuals in the customer's service, particularly friends and family of the employee, unless expressly invited by the customer's guardian (or the customer when they have no guardian) and approved in writing by the Program Director.

DEFINITIONS

Unaffiliated Individuals: Any individual not included in the following categories:

- Employee or contractor of Community Connections, actively engaged in service delivery, focused on the customer
- Employee or contractor of Community Connections, actively engaged in service monitoring, auditing, quality assurance, or other necessary business-related activity associated with the customer receiving or employee providing services
- General community member, engaged in the same activities as the customer, having no involvement with the employee providing services
- General community member with no or incidental involvement of either customer receiving or employee providing services

Involvement: To include and/or engage another individual beyond incidental activities. To monitor and/or provide supervision to another.

PROCEDURE

When providing direct service to a customer, employees dedicate their full time and attention to that customer, always remembering to keep confidential all information about the customer. This means they do not involve unaffiliated individuals during services. While unaffiliated individuals are defined above, they most commonly fall into the realm of an employee's family members, friends, and significant other.

In the event the customer's guardian (or the customer when they have no guardian) specifically requests the presence of an unaffiliated individual to participate in activities or for socialization purposes, the customer may seek permission from their Service Coordinator and Director for an exception. When permission is granted, it will be done in writing and for time-limited, specific purposes. These exceptions are conditional upon the perceived benefit to the customer due to the unaffiliated individual's presence. When the unaffiliated individual's presence proves to detract from the quality of care given to the customer, the Service Coordinator and/or Director have the authority to remove the exception.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Employee Conduct**

SUBJECT **A.2.15 – Involving Animals in Customer Services**

PURPOSE To ensure employees remain focused on the customer and their goals during all working times

SCOPE All Community Connections employees

POLICY Community Connections employees will not involve unaffiliated animals in service delivery.

DEFINITIONS

Unaffiliated Animal: Any animal not listed below:

- Registered service animal of the employee or other individuals participating in services
- Customer's pet
- Wild animal appearing in their natural setting

Involve: To include and/or engage beyond incidental activities. To monitor and/or provide supervision.

PROCEDURE

When providing direct service to a customer, employees dedicate their full time and attention to that customer. This means they do not involve unaffiliated pets during services.

In the event the customer's guardian (or the customer when they have no guardian) specifically requests the presence of an unaffiliated pet to participate in activities, the guardian (or the customer when they have no guardian) may seek permission from their Service Coordinator and Director for this exception. When permission is granted, it will be done in writing and for time-limited, specific purposes. These exceptions are conditional upon the perceived benefit to the customer due to the unaffiliated pet(s) presence. When the pet(s) presence proves to detract from the quality of care given to the customer the Service Coordinator and/or Director have the authority to disallow the involvement during the employee's work shift.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Wages and Payroll**

SUBJECT **A.3.01 - Timesheets and Paydays**

PURPOSE To establish the hours of employment in the agency's work day and work week, and to establish pay cycles and paydays to administer wages, salaries, and overtime

SCOPE All Community Connections employees

POLICY Employees are accurately paid on a regular schedule, according to a timesheet they authorize as correctly documenting their time worked.

PROCEDURE

Timesheets are due every other Monday, unless requested earlier by the employee's supervisor or it falls on a holiday, in which case it would be Tuesday. Employees are required to submit signed timesheets accurately recording their attendance. Time in and out should be reflected accurately to the quarter hour. The first 7 minutes are rounded down and the next 8 are rounded up. Supervisors are responsible for verifying timesheets for the Payroll Department.

Paydays are every other Friday, unless it falls on a holiday, in which case it would be the previous work day. Employees may choose to be paid either by direct deposit or paycheck.

Employees electing direct deposit will fill out appropriate paperwork, to include required electronic consent for email vouchers. Bank documentation or a voided check are required. The final paycheck will be issued based on the employee's current payment selection. If the employee's selection is a paper check, it will be mailed via USPS.

Employees electing paper checks: checks will be mailed via USPS to the employee's mailing address on file. Any exception requests must be submitted to HR personnel a minimum of five business days prior to the pay date.

Any payroll adjustments should be reported to Payroll personnel immediately and will be corrected in the following pay cycle.

Employees are encouraged to fill out their timesheets on a daily basis, at the end of each shift. Submitting timesheets with inaccurate information may be considered fraudulent activity and may result in disciplinary action up to and including termination.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Employee Timesheet
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Wages and Payroll**

SUBJECT **A.3.02 - Calculation of Compensation**

PURPOSE To accurately and consistently calculate employee pay

SCOPE All Community Connections employees

POLICY The agency complies with the overtime provisions of the Fair Labor Standard Act and State of Alaska regulations governing wage and hour standards. Exemption from these provisions will be claimed for an employee only when it can clearly be established that the employee's duties and responsibilities meet the requirements for exemption. The agency consistently applies pay standards for customer cancelled shifts and breaks.

PROCEDURE

The agency's workweek starts at 12:00 AM on Sunday and ends at 11:59 PM on Saturday. Each workday runs from 12:00 AM to 11:59 PM.

Overtime:
Overtime is calculated at one and one half times the employee's regular hourly rate of pay for all hours worked in excess of 8 per day and/or 40 per week.

When an employee arrives at a scheduled time and place to begin their shift and the customer is unexpectedly unwilling or unable to participate, the employee will make reasonable attempts to engage the customer in services. "Reasonable attempts" will be defined by the individual supervisor and employee. If the customer continues to be unable or unwilling to participate in services, the employee will contact their supervisor to be reassigned. If the supervisor is unable to reassign, the employee may record a minimum one hour of time as a "customer-cancelled shift."

An exempt employee's salary will be prorated for the number of hours worked in a given pay cycle when full-time hours are not met.

Breaks and Rest Periods Policy
Community Connections follows Alaska State regulations regarding breaks:

- **Breastfeeding Mothers**: Employees who are breastfeeding will be provided with adequate time to express breast milk during work hours. Breaks for this purpose are paid if they last less than 20 minutes.
- **Employees 18 and Older**: Employees aged 18 and older are not required by law to receive break periods. Therefore, Community Connections does not provide paid breaks for employees 18 and older.

If you would like to adjust your shift to accommodate a break and work longer hours, you are required to obtain approval from your supervisor. However, not all requests can be granted, as decisions are based on client needs and the agency's ability to operate effectively.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Wages and Payroll**

SUBJECT **A.3.03 - Wage Scale Administration**

PURPOSE To offer competitive pay and promote consistency and fairness in the agency compensation system

SCOPE All Community Connections employees

POLICY Community Connections will hire personnel at wages comparable with the prevailing wage for that specific position and the candidate's education and experience relative to the position. Pay increases for employees will be based on longevity, prevailing wage, and the overall financial condition of the agency.

PROCEDURE

Community Connections maintains a series of wage scales that cover all positions. Each wage scale details the standards by which the scale is applied. The wage scales will be reviewed and updated regularly, at least annually, by the Executive Director. Considerations will include prevailing wages for specific positions and the program/agency financial health.

Salary Scale Guidelines for New Hires:

1. Step 1 = Entry level, no experience. Each step equals one year of experience.
2. Placement above Step 1 requires prior approval from the Director and Executive Director, or designee and documentation of comparable relevant experience.
3. With the Executive Director's approval, a training rate may apply to new hires who do not meet the minimum requirements for the position. Upon meeting the requirement for the position, staff will be moved to the next step up.
4. Experience identical to the new job may count year for year. Every three years of related experience may count as one year on this scale as determined by the Executive Director.

For step determination, refer to the wage scale and seek guidance from your supervisor, human resources and Executive Director.

Step Increases:

Employees will receive pay increases annually on their position anniversary date, unless otherwise capped. Once employees have reached the end of the pay scale, they will receive a bonus of 3% of their annual wages.

Step increases are initiated by HR personnel and are determined based upon such factors as the agency/program financial health, and renewing funding sources. The Executive Director has the final say with any pay determinations.

HR personnel will generate the step increase forms and route to the supervisor and employee for signatures. Copies will be given to the employee and the original will be filed in the personnel file.

Merit Increases:

When an employee demonstrates exceptional performance that exceeds job expectations and duties, the supervisor may request a merit increase be awarded to the employee. Directors and Executive Director must approve all merit increases. The supervisor must document in writing clear, objective examples of how the employee has exhibited exceptional performance. A performance review may be required. A merit increase is typically one step above what the employee is currently being paid. Annual step increases would still apply on the employee's position anniversary date.

Merit increases are typically given no more than once every three years to any one employee. Priority will be given to merit increases focused on direct service staff.

Other:
Children's Mental Health Therapists will typically see a two-step increase in their pay when they become licensed.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.01 Paid Regular Leave (PTO) and Paid Sick Leave (PSL)**

PURPOSE To provide a traditional time-off benefit (PTO) that will provide for a restful break in year-round routine and support the organization's goals of attracting and retaining quality employees. Also to provide employees access to a sick leave benefit (PSL) to be used at the employee's discretion. These leave benefits both help foster a healthy work-life balance.

SCOPE All eligible Community Connections employees

POLICY Employees who have met the paid leave eligibility requirements are encouraged to take paid leave, utilizing their available hours. Paid leave has no monetary value unless or until it is used, cashed out, or the employee terminates employment.

PROCEDURE

Accrual Amounts and Timing

- Employees not on the ELP wage scale (PTO) - Leave will accrue for every pay cycle that full-time hours are met (see full-time classification, Policy A.1.01) based on the accrual schedule and will increase each year accordingly until capped.
- Employees on the ELP Wage Scale (ELP Developmental Specialists II & III) (PTO) - Leave will accrue for every pay cycle that full-time hours are met (see full-time classification, Policy A.1.01) based on the accrual schedule and will increase each year accordingly until capped.
- Probationary Employees (Fully-Benefitted Full-Time) (PTO) – Leave will accrue based on the schedules mentioned above but will not be available to employees during their initial probation. This balance will be labeled "PROBATIONARY" and visible to employees on their paystubs.
- Paid Sick Leave (PSL): Leave will accrue for all employees at the minimum rate of 1 hour for every 30 hours worked beginning at time of hire and can be used as it is accrued. Employees may accrue and utilize a maximum of 56 hours per calendar year.

PTO will accrue during the initial six-month probationary period but will not be available to employees until probation has been successfully completed. Upon successful completion of an employee's initial probation, and completion of 1,040 work hours, accrued PTO will be activated and transferred to the appropriate leave plan.

Part-time employees, whose status changes to full-time, may begin using their accrued PTO once they have successfully completed their initial probation and accumulated 1,040 hours of work since the date of hire.

Eligibility for PTO will be based on hours worked each pay cycle. If an employee falls below the required full-time minimum hours for their position (80 for office-based staff, 76 for direct service staff), their PTO balance must be utilized to bring them to the required full-time hours for their position. When they do not have enough PTO hours to make them full-time, and all paid leave options are exhausted, the employee will not accrue PTO for that pay cycle. HR personnel will notify employees when their hours fall below full-time.

Employees placed on disciplinary probation as a part of a corrective action plan will not accrue or use their PTO during that time. PSL will still accrue and be available for use.

A previously terminated employee, or employees changing classification (FT/PT), will be reinstated to their prior PTO accrual rate if the change is made within three months of the most recent termination or reclassification.

Maximum Paid Leave Hours Accumulated

Unused PTO can be carried over from year to year, however, there is a cap on the total number of hours you can have in your PTO bank at any given time. Once you reach the 188.50-hour cap of PTO, you will not accumulate any more hours until you drop below the cap. After your balance goes below the cap, you will begin accruing hours again. However, you will not receive retroactive credit during the pay cycles you were at the cap limit.

Unused PSL can be carried over from year to year, however, there is a cap on the number of hours you can accrue annually. Once you reach the maximum of 56 hours of PSL per calendar year, you will not accrue any more hours until the beginning of the new calendar year.

Management of Paid Leave

You are responsible for managing your PTO and PSL balances and should plan ahead for how it will be used. This means developing a plan for taking vacations, as well as appointments and personal business. It also means holding some time in "reserve" for the unexpected, such as emergencies and illnesses.

Approvals

All planned leave must be pre-approved by the supervisor. Any planned leave of three or more days must be pre-approved in writing on the Leave Request Form and submitted to the employee's supervisor a minimum of two weeks prior to leave time, except for emergencies. Leave is not guaranteed until the supervisor has approved it. Leave will be granted depending upon business and customer needs.

PTO may be utilized for any purpose.

Per the State of Alaska, PSL is to be used for the following purposes:

1) An employee's or family member's mental or physical illness, injury or health condition; need for medical diagnosis, care, or treatment; or need for preventative medical care.
    a. "Family member" means an immediate family member as defined pursuant to AS 39.52.960(11); a domestic partner; a foster child, legal ward, or person to whom the employee stands in loco parentis; a foster parent, adoptive parent, legal guardian, or a person who stood in loco parentis when the employee was a minor child; or any other individual related by blood or whose close association is the equivalent of a family relationship; or
2) Absences necessary due to domestic violence, sexual assault, or stalking, provided the leave is to allow the employee to obtain for the employee or a family member: medical or physiological attention; services from a victim's aid organization; relocation or steps to secure an existing home; or legal services, including participation in any investigation or civil or criminal proceeding

In emergency situations and periods of illness, it is expected that employees will notify their supervisor as soon as they are aware that they must miss a scheduled shift for any reason.

Supervisors are not permitted to request justification or documentation when PSL is utilized. If PSL or PTO is utilized for 3 or more consecutive days due to illness, HR will reach out to the employee for FMLA purposes.

Utilization

Full-time Office-based Staff, whether exempt or non-exempt, are expected to utilize paid leave to fulfill the maximum full-time hours (80) required for their position, each pay cycle, unless leave without pay is approved by supervisor.

In the case that a full-time employee has been instructed to remain out of work by a healthcare provider due to a workplace injury and a claim has been reported to workers' compensation insurance, the employee will have the choice of whether to utilize paid leave to maintain full-time hours or not. Although workers' compensation may provide partial compensation for missed work hours due to a workplace injury, it will not provide full pay, nor for the full range of benefits that maintaining full-time hours through the use of paid leave provides.

The maximum number of leave hours used in any pay cycle will not exceed the total number of scheduled working hours in that pay cycle, factoring out overtime worked.

PTO Cash-Out

Fully benefitted full-time employees may request to cash out a portion of their PTO once per fiscal year in the amount of 24 to 40 hours. The remaining balance after the cash-out is processed must be a minimum of 80 hours, plus any planned leave, which will be taken into account at the time the request is processed by HR. PSL is not eligible to be cashed out during employment.

Termination, Reduction in Force, and Paid Leave Payout

Employees who provide their supervisor with the required minimum notice prior to termination or are subject to a reduction in force will be eligible to receive pay for their accrued but unused PTO and PSL. PTO payouts have a cap of 188.50 hours. PSL payouts have a cap of 56 hours, excluding prior PSL utilized that calendar year. For non-exempt employees, not in managerial positions, required minimum notice means 14 calendar days prior to termination or classification change. For exempt and managerial employees, required minimum notice means 30 calendar days prior to termination or classification change. PTO taken during the notice period does not count as part of the notice, unless approved by the supervisor and HR.

If termination occurs prior to the completion of the initial 6-month probationary period or the termination is involuntary, the employee will not be eligible to receive any PTO payout.

Originally Drafted/
BOD Approved: 11/1999
Last Revision: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Leave Request
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.02 – Employer and Employee Crisis Leave Plan**

PURPOSE To assist employees who experience extended absences and have exhausted their available PTO, or require additional support due to certain emergencies, through donations of PTO from fellow employees and the agency.

SCOPE All Community Connections employees, excluding those classified as temporary or seasonal, are eligible to participate in the Employer and Employee Crisis Leave Plan

POLICY Community Connections offers employees the opportunity to donate and receive PTO in cases of personal medical emergency, family member medical emergencies, bereavement, or crises events that require extended leave. Employees who have exhausted their available PTO may apply for donated hours through the Crisis Leave Plan. All PTO donations are voluntary, confidential, and administered according to the guidelines outlined in this policy.

DEFINITIONS

Medical Emergency: A medical condition of either the employee or the employee's family member (as defined below) requiring an absence of three or more consecutive days and resulting in a substantial loss of income due to the exhaustion of available PTO.

Family Member: Includes spouse, parents, parents-in-law, children, brothers, sisters, grandparents, grandchildren, step-parents, step-children, foster parents, foster children, guardianship relationships, domestic partners (both same-sex and opposite-sex), and spouses or partners of the above. Close personal friendships may also be considered family depending on the situation.

Crisis Event: A significant event that creates an unexpected and urgent need for leave. Examples include, but are not limited to:

- Natural disasters (e.g.: flood, fire, earthquake)
- House fires or severe home loss
- Sudden hospitalization of a spouse, partner, or dependent
- Other emergency caregiving needs requiring the employee to travel to provide extended care

Bereavement: death of a Family Member as defined above. Bereavement may also apply when the deceased was a close personal friend who qualifies as a Family Member due to the circumstances of the event.

PROCEDURE

Donating PTO Process:

- Employees wishing to donate PTO hours must complete the Personal Leave Donation Authorization Form and submit it to HR.
- Donations are voluntary and irrevocable.

- Employees may donate PTO throughout the year, provided their leave balance remains above 80 hours.

All donations are voluntary, and the identity of donors will remain confidential.

Employer and Employee Crisis Leave Plan:
Crisis Leave Plan is available for employees experiencing a personal medical emergency, family member medical emergency, bereavement or crisis event requiring extended leave. Employees must exhaust their regular PTO before requesting Crisis Leave.

- **Eligibility:** Employees may apply for Crisis Leave when they have exhausted their regular PTO **and** must be out for three or more consecutive days for one of the following:
  - Personal medical emergency
  - Family member medical emergency
  - Bereavement
  - Crisis event, including
    - Natural disasters
    - House fire or severe home loss
    - Sudden hospitalization of a spouse, partner, or dependent
    - Other emergency caregiving needs requiring travel to provide extended care
- **Request Process:**
  - Employees must submit a Crisis Leave Request Form to HR for review.
  - An internal committee will assess eligibility under the definitions.
- **Leave Approval:**
  - Approved time is paid as regular wages and will be deducted from the Crisis Leave Bank.
    - Full-time employees: up to $1000
    - Part-time employees: up to $500
  - If more time is needed, full-time employees may request up to three days of Employee Crisis Leave, paid from their future leave bank.
  - Crisis Leave may be received once every other fiscal year.

Exceptions and Appeals:
Any exceptions to the procedures outlined above may be approved by the Executive Director or their designee. Appeals for donation requests or emergency leave should be directed to HR for review.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Personal Leave Donation Form
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.03 - Leave of Absence without Pay**

PURPOSE To allow employees to receive extended time away from work

SCOPE All Community Connections employees

POLICY Leave without pay may be authorized for a length of time depending on the employee's position and program/agency status.

PROCEDURE

All unpaid leave must be pre-approved by the supervisor. Any unpaid leave of three days or greater must be pre-approved by the employee's supervisor as documented on the Leave Request Form. In emergency situations, written requests will be made at the earliest possible time. Leave without pay in excess of two weeks must be approved in writing by the supervisor and Director.

The Executive Director's leave without pay requests are considered by the Board of Directors.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	Leave Request
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.04 - Holidays**

PURPOSE To provide a competitive time-off benefit and to recognize traditional holidays

SCOPE All Community Connections employees

POLICY Eligible employees will receive regular holiday pay.

PROCEDURE

Community Connections observes the following holidays:

Holiday	Date Observed
New Year's Day	January 1
Martin Luther King Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Seward's Day	Last Monday in March
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Indigenous People's Day	Second Monday in October
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving Day	Fourth Friday in November
Christmas Day	December 25

When any of these holidays fall on a Saturday or Sunday, they will be observed on the Friday preceding or Monday following the holiday.

Employees will be eligible for regular holiday pay in the amount of 8 hours at their regular rate of pay immediately upon being classified as full-time or seasonal. When an employee does not meet full-time hours for any given pay cycle (holiday hours may be used in calculating full-time hours), they will not be eligible for holiday pay that pay cycle.

Direct service employees working Thanksgiving Day and/or Christmas Day will receive pay at time and a half for up to the first 8 hours of time worked. Part-time, temporary and seasonal staff will receive holiday pay for these two holidays paid at their regular rate of pay, equivalent to the number of hours worked that day, up to a maximum of 8 hours.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.05 - Insurance Benefits**

PURPOSE To provide a competitive benefit and promote the wellness of employees

SCOPE All Community Connections employees, not classified as temporary or seasonal

POLICY Employees working 130 hours or more per month will be offered insurance benefits according to the contract terms negotiated with the carriers.

PROCEDURE

HR personnel will provide employees with information about the above benefits and any changes as they occur. Changes typically occur on an annual calendar year basis with a December open enrollment period.

Newly hired employees are subject to a one-month orientation period. As a result of this orientation period, newly hired full-time employees are eligible to receive insurance the first day of the month, following 30 days of employment. Employees must complete and submit enrollment paperwork to HR personnel prior to the eligibility start date.

Any employee not classified as temporary or seasonal, that has met the above orientation period will have their hours reviewed on an annual basis. If the employee has averaged 130 hours per month over the look-back period, they will be offered coverage for the next calendar year. Any employee who has insurance and does not average 130 hours per month over the calendar year will lose coverage for the following calendar year.

When a full-time employee falls below the minimum required work hours to maintain their insurance, the employee must use their available PTO to make up full-time hours. If the full-time employee does not have PTO available, they may have the opportunity to request leave donations, if eligible. HR personnel will work with employees as this issue arises to determine whether the reasons for leave are satisfactory for donation requests.

Hours will be reviewed for health insurance benefit eligibility on an annual basis to determine eligibility for the upcoming plan year. The Measurement Period is November 1st – October 31st with an Administrative Period of November 1st – December 31st for a coverage start date of January 1st.

When an employee, classified as full-time, does not meet the eligibility hours, the employee will lose their health benefits or may elect to pay for them through COBRA. COBRA contains provisions giving certain employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events.

Employees who qualify for insurance through Community Connections, are classified as full-time, and maintain minimum full-time hours but have proof of health insurance coverage through another source, may waive health, dental and vision coverage through Community Connections to receive a monthly cash payment (amount determined annually by Executive Director at insurance renewal time).

Employees will be given an opportunity to change benefit plans, add dependents, or elect the cash payment option once per year during the open enrollment period and/or at any time their

status changes. Examples of allowable status changes include loss or acquiring other insurance, change of marital status, birth, and adoption (allowable status changes are defined by the Federal Government). Allowable status changes must be made within 60 days of event occurrence. For a full listing of allowable status changes, contact HR personnel.

Originally Drafted:
Last Revision: 11/1999
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.4.02 Leave Sharing Plan
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.06 - Jury Duty Pay**

PURPOSE To allow employees to fulfill a civic duty without suffering loss of income

SCOPE All Community Connections employees, not classified as seasonal or temporary

POLICY Eligible employees will receive wage payment for jury duty served during their regularly scheduled work hours, based on average hours worked

PROCEDURE

Employees will immediately notify their supervisor upon receipt of jury duty notice and will keep their supervisor apprised of the status.

If postponement is an option, the employee will discuss the best alternative dates with their supervisor.

The employee will record, on their time sheet, jury duty served during their regularly scheduled workday.

The employee will remit to Community Connections any jury duty compensation paid by the State.

Originally Drafted/
Board Approved: 10/2000
Last Revision: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.07 - Retirement Plan**

PURPOSE Provide employees the opportunity to invest in their retirement and to provide a competitive employment benefit

SCOPE All Eligible Community Connections employees

POLICY The agency will maintain a 401K plan for employee retirement contributions. The company may match the employee contributions in the 401K plan at a rate determined annually by the Executive Director.

PROCEDURE

401K

Community Connections will determine the organization's matching contribution on an annual basis.

Employees will be eligible for the employer match on the first day of the month after completing one year of eligible service (at least 1,000 hours), providing that they are an eligible employee on that date.

During new hire orientation, employees will receive retirement plan information for review and will either elect or decline enrollment in the 401K plan at that time. If interested in enrolling, employees will receive an enrollment guide booklet. If employees choose to decline enrollment, they are still eligible to enroll anytime thereafter.

Newly enrolled employees' elective deferrals will become effective as soon as administratively possible, typically the next paycheck after receipt of enrollment paperwork.

Employee changes to the 401K plan will become effective as soon as administratively possible, typically the next paycheck following notification of change, either electronically or hard copy.

You will become vested in – which means you will earn ownership of – the matching employer contribution according to this schedule:

Years of Service	Vested %
Less than 2	0%
2	25%
3	50%
4	75%
5 or more	100%

A previously eligible, terminated employee being rehired is eligible to participate in the plan and receive the employer match immediately upon rehire.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.08 - Family and Medical Leave Act**

PURPOSE To comply with the Federal Family and Medical Leave Act (FMLA)

SCOPE All Community Connections employees who are eligible according to the eligibility criteria below

POLICY The agency will comply with all provisions of the Federal Family and Medical Leave Act (FMLA). FMLA leave is unpaid unless covered by available Paid Regular PTO or Paid Sick Leave (PSL). Employees are required to use their available PTO and PSL concurrently with FMLA leave before taking unpaid time.

Eligibility To be eligible for FMLA leave, employees (1) must have been employed by Community Connections for at least 12 months, (2) must have worked at least 1,250 hours during the 12-month period immediately preceding the leave, and (3) must work at a work site within 75 miles of where Community Connections employs at least 50 people.

PROCEDURE

Reasons for and Amount of FMLA Leave

FMLA may be taken by eligible employees for the following purposes:

- The birth of or placement of a child with the employee for adoption or foster care;
- To care for an employee's spouse, child, or parent who has a serious health condition;
- For an employee's serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- Qualifying Exigency Leave: For any qualifying exigency/urgent need arising out of the fact that an employee's spouse, child, or parent is a military member on covered active duty or call to covered active duty status.
- Military Caregiver Leave: Provides up to *26 weeks* of FMLA leave during a single 12-month period to care for a covered service member with a serious injury or illness, when the employee is the spouse, child, parent, or next of kin of the service member.

***Married co-workers**: If two spouses both work for Community Connections, they are limited to a combined total of 12 weeks of FMLA leave (combined total of 26 weeks for military caregiver leave).*

FMLA leave is granted for a maximum of 12 weeks (or 26 weeks in a case involving leave to care for a recovering service member) in a rolling 12-month period. Community Connections uses the "rolling" 12-month method to establish the 12-month period with the exception of military leave. At any time, eligible employees will be entitled to 12 weeks of leave, less the amount of FMLA leave taken in the immediate preceding 12 months. Employees may take leave on a continuous basis, intermittently or on a reduced leave schedule if it is medically necessary or otherwise permitted. An employee who takes intermittent or reduced schedule leave may be transferred to an alternative position temporarily if it better accommodates the leave schedule.

Requesting Leave and Procedure

HR personnel, or their designee, is the FMLA Administrator and maintains detailed procedures, far too lengthy to include here. All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to your supervisor or to HR personnel. You do not have to specifically ask for FMLA leave but you do need to provide enough information so the agency is aware it may be covered by the FMLA. HR personnel follow up as necessary. Following are some of the topics that HR personnel will discuss with any employee contemplating FMLA:

- How an employee formally requests leave
- Privacy and Leave request forms
- Medical Certification
- Scheduling FMLA and tracking of leave used
- Pay and Benefits provided to an employee during FMLA – whether at a cost or no cost.
- Other employment prohibited while on leave
- Resolution of Disputes
- Return from leave and position assignment

Employee Status and Benefits during Leave

While an employee is on leave, the agency will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the agency will require the employee to reimburse the amount paid for the employee's health insurance premium during the leave period. Under current agency policy, the employee may pay a portion of the health care premium, depending on their elected plan. While on PTO or PSL, the employer will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must continue to make this payment, either in person or by mail. HR personnel will notify the employee regarding when their share of the health care premium is due. This will be based on the agency's pay schedule. If the payment is more than 30 days late, the employee's health care coverage may be dropped retroactively and for the duration of the leave. The employer will provide 15 days' notice prior to the employee's loss of coverage.

The above noted procedures will change upon changes to the Family Medical Leave Act to stay in compliance with that Act.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	FMLA Forms
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.09 - Military Leave of Absence**

PURPOSE To support employee service in the U.S. Armed Forces

SCOPE All Community Connections employees serving active duty in a branch of the U.S. Armed Forces

POLICY Community Connections complies with the Uniform Services Employment and Reemployment Rights Act (USERRA). An employee who is called to active duty or is required to attend training or field exercises in a branch of the U.S. Armed Forces will be granted a leave of absence according to applicable state and federal law.

PROCEDURE

To receive military leave, an employee must provide advance notice of military service to their supervisor. Notice may be either written or oral.

The supervisor, in conjunction with HR personnel, will review return to work, reemployment requirements and rights of reemployed persons with the employee. These requirements and rights will conform with applicable state and federal laws in place at the time of leave.

Employees covered by a health plan at the time of leave will have the option to continue health coverage through COBRA and pay the full premium under the plan. A person whose health plan was terminated by reason of service in the uniformed services may not be required to complete a waiting period for reinstatement of coverage following reemployment.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Benefits**

SUBJECT **A.4.10 - Liability Insurance**

PURPOSE To protect customers and staff in the event of an accident or lawsuit

SCOPE All Community Connections employees

POLICY Liability insurance will be provided for all employees subject to the terms, conditions, and exclusions of the applicable policy.

PROCEDURE

Questions regarding the agency's liability insurance should be directed to the Executive Director.

Originally Drafted/
BOD Approved: 11/2009
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Performance**

SUBJECT **A.5.01 - Job Descriptions and Performance Standards**

PURPOSE To provide a process by which the job performance of each employee is appraised for purposes of quality assurance and professional development

SCOPE All Community Connections employees

POLICY Job descriptions and performance standards shall be maintained for all positions. They will reflect minimum qualifications, reporting relationships and essential job duties. Job descriptions and performance standards shall be available for review by anyone.

PROCEDURE

Job descriptions and performance standards will be reviewed annually and revised as appropriate. The Executive Director or their designee approves all job descriptions and performance standards.

Full-time employees will typically receive a performance review at approximately six months and approximately annually thereafter.

Part-time employees will typically receive a performance review at approximately two years and approximately biennially thereafter.

Supervisors will typically perform a 360 degree feedback process at the first six-month review for full-time employees and every three years, or as warranted thereafter. It will be the responsibility of a terminating supervisor to complete any staff performance review that is due within three months from the supervisor's termination date.

The review and feedback process will conclude with an employee development plan and/or training plan.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.5.02, A.5.03
Form	
Related Standards/Licensing/Grant Requirements	CPA and RCCF Licensing; CARF 1.I.6
Related Operational Procedure	

SECTION **Employee Performance**

SUBJECT **A.5.02 - Terms of Probation**

PURPOSE To provide a period during which both the employee and supervisor may evaluate the suitability of ongoing employment in terms of knowledge, skills, ability, and interest

SCOPE All Community Connections employees

POLICY All positions shall have a probationary period of six months, unless otherwise documented at the time of employment. Additionally, an employee may be placed on probation as part of a corrective action. Termination may occur during the probationary period for any reason with or without cause.

PROCEDURE

New Hire Probation: Newly hired or rehired employees will go through a 6-month probationary period. Supervisors will determine successful completion or extension just prior to the 6-month anniversary date. This will be done in writing and sent to HR. The probationary period may be extended in writing by a supervisor, with the approval of the Executive Director or their designee and Director due to performance concerns. Whenever probation is extended, the employee will receive written documentation.

Position Specific Probation: When an employee moves from one position within the agency to another, they must complete a 6-month probationary period for the new position. The second probation will not affect benefits or ability to use accrued leave.

Disciplinary Probation: The supervisor works in conjunction with HR personnel to determine corrective action that results in disciplinary probation. The employee will be notified in writing.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.4.01, A.5.01, A.5.03
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Performance**

SUBJECT **A.5.03 - Trainings and Development**

PURPOSE To provide the highest quality services to all customers and to provide employees with access to the training they require to provide these services

SCOPE All Community Connections employees

POLICY Community Connections provides training opportunities to all employees so that they can provide the highest quality services to customers, and to assist them in their own professional growth and development.

PROCEDURE

All employees will be oriented and trained according to their job description and performance standards. Initial general training for all employees will include those identified on the New Hire Orientation Checklist and the Health and Safety Checklist. Employees will be oriented at time of hire and annually thereafter to the specific training requirements of their program as identified in the program's employee handbook and to the program-specific procedures required per regulatory guidance:

- CMH employees will be trained and oriented to the CMH-specific procedures.
- SDS employees will be trained and oriented to the Medicaid Conditions of Participation training standards.

Additionally, all employees providing direct services to customers are oriented to customer service plans and the unique needs of each customer and provided cross-training to ensure knowledge and skills necessary to implement the service plans. Training updates will be required as training certifications exhaust.

As part of the performance management and review processes, a supervisor or employee may identify additional training needs beyond those identified above. When this occurs, the supervisor will work with their Director to identify resources that may meet the needs. This will typically be identified through a written employee development plan. The employee development plan will typically be updated annually for full-time staff and biennially for part-time staff.

Employees may be asked to sign a training agreement that outlines expectations agreed upon with their supervisor. Community Connections pays for the cost of mandatory training and for the employee's time to attend these required trainings.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.5.01, A.5.02
Form	New Hire Checklist, Health and Safety Checklist, Annual Employee Update Certificate, Performance Review Process
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Communications**

SUBJECT **A.6.01 - Organizational Leadership and Lines of Authority**

PURPOSE To clarify lines of authority and communication in the agency

SCOPE All Community Connections employees and Board of Directors

POLICY Community Connections employment agreements and job descriptions will clearly designate an employee's primary supervisor.

PROCEDURE

The Community Connections Board of Directors assumes responsibility for hiring and performance management of the Executive Director. The Board will hire an Executive Director to directly oversee all agency programs, activities, budgets, and employees. The Executive Director will be employed by, and report directly to the Board of Directors.

The Executive Director is responsible for recruiting, hiring and directly supervising key management positions within the organization.

Each Department and/or Director has general oversight into all hiring, recruiting and supervisory efforts of their designated service area.

All employees are expected to use lines of authority by first going to their immediate supervisor to address issues related to their position. Employees are also expected to follow the agency "Conflict Resolution" and "Grievance Procedures" for guidance on how to address issues of concern.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.6.02, A.6.03
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.A.
Related Operational Procedure	

SECTION **Employee Communication**

SUBJECT **A.6.02 - Conflict Resolution**

PURPOSE To provide an informal avenue to support employees in resolving conflicts in the most effective and expedient manner possible

SCOPE All Community Connections employees

POLICY When an employee has an interpersonal conflict, issue or concern with a peer, or supervisor, they are expected to seek to resolve the conflict informally prior to utilizing the grievance procedure. When the concern involves a breach of policy or procedure, the employee has a duty to report the potential violation.

PROCEDURE

Concern not involving Policy and Procedure

1. Employees are always encouraged to communicate directly with the person with whom they have the issue or concern.
2. When they are not comfortable communicating directly with that person they are encouraged to seek support and advice from their supervisor or senior HR personnel.
3. The supervisor or senior HR personnel will advise them regarding how they might appropriately communicate their issues and concerns directly with the person of concern.
4. When the employee is still unable to resolve the issue, they may request that the Director or senior HR personnel act as a mediator and facilitate a meeting with the person(s) involved in the conflict. Prior to mediation, the Director or senior HR personnel may choose to meet separately with individuals involved in the conflict.

Concern involving a potential Policy and Procedure violation:

1. Employees are encouraged to discuss their concerns with the supervisor of the employee who has engaged in the misconduct.
2. When an employee is not comfortable communicating directly with that supervisor, they are encouraged to discuss their concerns with an agency manager or director, within their program.
3. When an employee is not comfortable communicating directly with somebody else within their program, they are encouraged to discuss their concerns with the senior HR personnel or the Executive Director.

Concern involving the Executive Director

When a conflict, issue or concern relates to the Executive Director in their supervisory role the same steps above apply with support being sought from the senior HR personnel. If the concern is not resolved with support of the senior HR personnel, support will be sought from the Board of Directors. Requests for assistance will be submitted to the Board President in writing and include a listing of the issue(s) that are unresolved and the desired outcome. The Board President or designee will meet with the Director who is seeking support in resolving their conflict. Written requests for assistance received by the Board President will be shared with the full Board of Directors during executive session.

At no time will this process conflict or interfere with the supervisor's advisory role.

Originally Drafted/
BOD Approved: 9/2006
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Employee Communication**

SUBJECT **A.6.03 - Employee Grievances**

PURPOSE To find fair and equitable solutions, at the lowest possible level, to problems which may arise from time to time affecting staff employed by this agency

SCOPE All Community Connections employees

POLICY Employees may utilize the agency's formal grievance procedure if they have failed to resolve the issue of concern through more informal measures. Probationary employees may only utilize the grievance procedure through Step II. Employees must exhaust this grievance procedure before seeking judicial relief.

DEFINITIONS

Grievance: any alleged violation of agency policy, federal, state or local law or regulation.

Employee: any current employee or employee terminated within 14 days preceding grievance filing.

PROCEDURE

Grievances should be resolved, if possible, quickly, informally and at the lowest level possible. The employee is expected to discuss it with their immediate supervisor and attempt to resolve it informally. When it cannot be resolved informally, the following procedure shall be followed.

Step I – Director. The employee shall submit their grievance in writing to the Director to be date-stamped for receipt within fourteen (14) calendar days after the employee knew or should have known that he or she had a grievance, whichever is earlier. The written grievance shall contain a description of the alleged violation, the policy or law involved, and the corrective action desired. A meeting between the Director and the employee shall be held within ten (10) calendar days after the grievance is received. The meeting will be attended by a neutral third party designated to provide notes of the meeting. The Director shall respond in writing within ten (10) calendar days of the meeting.

Step II – Executive Director. If not satisfied with the Director's response, the employee may, within ten (10) calendar days of receiving the response, present the written grievance to the Executive Director or designee who shall meet with the employee within ten (10) calendar days for the purpose of resolving the grievance. The Executive Director or designee shall respond in writing to the grievance within ten (10) calendar days after the step II meeting.

Step III - Board Ad Hoc Resolution Committee. If not settled, the employee may submit the grievance in writing to the Board President within ten (10) calendar days of receiving the Executive Director's response. The Board President will appoint a Board Ad Hoc Resolution Committee composed of three (3) members including the Board President. This committee will convene within 30 days to present their decision.

The Board Ad Hoc Resolution Committee's function is to interpret the policies. The Board Ad Hoc Resolution Committee shall consider only the particular issues presented in writing by the Executive Director and the employee. The Board Ad Hoc Resolution Committee shall have no authority or power to add to, delete from, disregard, or alter any of the provisions of the policies, but shall be authorized only to interpret the existing policies as they may apply to the specific facts of the issue in dispute. The decision of the Board Ad Hoc Resolution Committee shall be final and binding and shall be in writing and forwarded to both parties.

Time limits set forth in the preceding steps may only be extended by mutual written consent of the parties described above.

If an employee fails to process a grievance at any step within the time limits described above and the procedure is not waived by mutual written agreement, the grievance shall be considered waived and will constitute a bar to any future actions regarding the grievance. If the employer fails to respond to a grievance at any step within the time limits set forth above and the procedure is not waived by mutual agreement, the grievance shall be granted on a non-precedent-setting basis.

Originally Drafted/
BOD Approved: 2/2007
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.I.8
Related Operational Procedure	

SECTION **Employee Communication**

SUBJECT **A.6.04 - Representation of the Agency**

PURPOSE To ensure representation of the agency's mission, core values, policies and procedures are conveyed accurately to the public

SCOPE All Community Connections employees

POLICY All employees will request permission from the Program Director and Executive Director prior to representing the agency in any written or verbal manner.

PROCEDURE

Prior to representing the agency, an employee will submit a proposal to their Director and the Executive Director. This includes but is not limited to the following types of communication:

- Public meetings
- Public forums
- Letters of support
- Emails to public or community officials
- Requesting donations

Employees who take part in political activity and/or take a public stand on political and legislative issues must make clear that they are acting and speaking as an individual citizen and not as a representative of Community Connections, Inc. The only body empowered to make any official statement for the agency is the Board of Directors or the Executive Director.

When an employee does not have agency permission, the employee will clarify that they speak only as a community member.

Originally Drafted/
BOD Approved: 12/2012
Last Revision: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.G.3
Related Operational Procedure	

SECTION **Employee Communication**

SUBJECT **A.6.05 - False Claims and Whistleblower Protection**

PURPOSE To detect and prevent fraud, waste, and abuse

SCOPE All Community Connections employees, agents and contractors

POLICY Community Connections will work to detect and prevent fraud, waste, and abuse in federal healthcare programs including Medicaid and Medicare, in accordance with the False Claims Act. This policy applies to all employees, contractors and agents. Furthermore, Community Connections employees are required to be familiar with the standard provisions of the False Claims Act and its Whistleblower Provision.

BACKGROUND

The US Department of Justice has provided the following overview of the Federal False Claims Act for Medicaid Providers who are subject to Section 6032 of the Deficit Reduction Act. The False Claims Act, 31 U.S.C. § 3729 et seq., is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of $5,500 to $11,000 for each false claim submitted. The law was revised in 1986 to expand the definition of “knowingly” to include a person who (a) Has actual knowledge of falsity of information in the claim; (b) Acts in deliberate ignorance of the truth or falsity of the information in the claim; and (c) Acts in reckless disregard of the truth or falsity of the information in a claim.

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower provision. The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered. The False Claims Act prohibits discrimination by Community Connections against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to relief. Such relief may include reinstatement, double back pay, and compensation for any special damages.

PROCEDURE

Any employee who has reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the violation to the Executive Director. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited. Any employee who is found to have knowingly submitted, prepared, or condoned false claims, or participated in any form of retaliation shall be subject to corrective action, up to and including the termination of their employment.

Originally Drafted/
BOD Approved: 6/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.A.
Related Operational Procedure	

SECTION **Employee Communication**

SUBJECT **A.6.06 - Response to Governmental Investigations and Audits**

PURPOSE To provide guidance on how to handle any unannounced visits by government representatives

SCOPE All Community Connections employees

POLICY Community Connections is committed to appropriately responding to and not interfering with any lawful audit, inquiry, or investigation. Employees will remain courteous and professional when dealing with investigators or agents.

BACKGROUND

Federal and state law enforcement and regulatory agencies routinely conduct interviews to gather information during audits, inquiries and investigations. It is important that Community Connections responds to any official requests for information consistently and appropriately.

PROCEDURE

Employees will immediately notify their Director when subpoenaed about routine customer cases. All other forms of impending visits, investigations, phone inquiries, and search warrants by a government investigator or auditor will be reported to both the Director and Executive Director immediately.

Visits to any agency facility:

1. If an individual arrives at an agency facility and identifies themselves as a government auditor, investigator or other representative treat them with respect and courtesy. Request identification and the reason for the visit. Write down the relevant details related to the individual's credentials, including agency and contact information.
2. Ask the individual to wait in an unused office or a location where business is not conducted.
3. Immediately contact the Executive Director. The Executive Director or designee will identify the employee(s) to be responsible for responding to the agent's questions.

Requests for records:

Community Connections will only release records created by agency personnel or contractors. Records of other organizations are released by them. Any exception to this will be with Executive Director approval.

Seek guidance from the Executive Director when request for records includes a request to create a new record.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.A.7, 1.E.2
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.01 - Emergency Procedures**

PURPOSE To provide direction to Community Connections employees on how to respond to a variety of emergency situations and disasters that may place staff, customers, and visitors in danger

SCOPE All Community Connections employees

POLICY Community Connections will maintain written, site-specific emergency plans that will be reviewed and updated regularly.

PROCEDURE

Disasters cannot be anticipated with any exactness as to time, size, or character, but a basic plan makes it possible to cope with a situation that otherwise might be unmanageable. The type and size of the disaster will alter certain elements in the plan, but the basic components will serve as a guide to effective and efficient action.

Emergency plan contents: Each site-specific emergency plan will include information on the following:

- *Emergency Telephone Numbers*: Site-specific emergency telephone numbers will be included in all site-specific disaster plans and will be posted at all agency-managed sites. These numbers include but are not limited to fire, police, ambulance, hospital, and poison control.

- *Evacuation Plan:* An evacuation plan will be maintained for each agency-managed site with specific duty assignments and procedures for evacuation team members to assist co-workers, customers, and visitors in case of evacuation. The evacuation plan also includes information regarding location of alarm systems, fire extinguishers, electrical boxes, emergency lighting, emergency supplies, exit locations, and meeting areas.

- *Emergency Type:* Emergency types covered by the plan will include fires, bomb threats, utility failures, medical emergencies, violent or threatening situations, earthquakes, and tsunamis.

- *Procedures for getting more information:* Each site-specific plan will include the contact information for the agency Health and Safety Coordinator who can be contacted with questions about specific procedures or an explanation of an employee's specific duties under the plan.

Sites included in emergency plan: Community Connections will create and maintain site-specific emergency plans for any agency managed location. In instances where a community site not managed by Community Connections is used for work on a regular basis, employees are expected to follow that site's emergency plan. Community Connections will also maintain general emergency procedures for staff providing services in customers' homes or community settings lacking other formal emergency or disaster plans.

Emergency plan evaluation and updates: The Health & Safety Committee is responsible for the review of all emergency plans and will review and update emergency plans at least annually. The Health & Safety Committee will also review the outcome of emergency procedure drills and will make recommendations to address any deficiencies.

Employee training: All Community Connections employees will receive training upon hire and annually thereafter on emergency procedures pertinent to their primary worksite(s) including information on how to operate fire extinguishers. When an employee begins working at a new primary worksite, the supervisor will arrange for the employee to receive training on the new site-specific plan. Employees who are a part of an evacuation team or an emergency response team for a particular location will be trained in their particular duties and responsibilities.

Drills of emergency procedures: Unannounced drills of all emergency procedures will be conducted at least annually at all agency-managed locations. Employees will participate in drills that occur while they are providing services in non-agency locations.

Recordkeeping and emergency plan availability: The Health and Safety Coordinator or designee is responsible for keeping record of all current site-specific emergency plans along with a log of all drills performed. The appropriate site-specific emergency plan will be available at each agency-managed location and will be made available to employees for review upon request by the Health and Safety Coordinator or designee.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.5.24 Health and Safety Committee and Officer
Form	
Related Standards/Licensing/Grant Requirements	○ OSHA 29 CFR 1910.38 ○ CARF 1.H.4-6
Related Operational Procedure	Community Connections Emergency Plans

SECTION **Health and Safety**

SUBJECT **A.7.02 - Infectious Disease Control Plan**

PURPOSE To prevent the spread of infectious disease

SCOPE All Community Connections employees

POLICY Community Connections will maintain an Infectious Disease Control Plan (IDCP) that will be reviewed and updated regularly.

PROCEDURE

IDCP Contents: The IDCP will include sections addressing:

- Determination of employee exposure
- Communication and training of potential hazards the employee may encounter
- Implementation of various methods of exposure control including:
  - Universal Precautions
  - Engineering (physical plant and workspaces) and work practice controls
  - Personal protective equipment (PPE)
  - Housekeeping practices
- Hepatitis B vaccination
- Flu Vaccination
- Post-exposure evaluation and follow-up
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

IDCP Updates: The agency plan will be reviewed and updated at least annually by the Infection Control Committee.

Infection Control Committee: The Infection Control Committee will meet at least quarterly to discuss measures to prevent the spread of infectious disease, implementation of the infection exposure control plan, and circumstances surrounding exposure incidents. Meeting minutes will be kept by the agency Health and Safety Coordinator.

IDCP Training: All Community Connections employees will receive training in universal precautions and infection control at the time of hire and annually thereafter. A copy of the current IDCP will be kept by the agency Health and Safety Coordinator and will be made available to employees upon request.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Incident Report
Related Standards/Licensing/Grant Requirements	• 29 CFR 1910.1030 OSHA Bloodborne Pathogens standard • AS 18.60.880 • AS 18.60.890 • 8 AAC 05.115 • CARF Section 1.H.4 & 1.H.10
Related Operational Procedure	Infection Exposure Control Plan

SECTION **Health and Safety**

SUBJECT **A.7.03 - Facility Safety**

PURPOSE To ensure the safety and health of customers, employees and visitors while in agency facilities

SCOPE All Community Connections employees in all agency owned or managed facilities

POLICY All Community Connections owned or managed facilities will be prepared with adequate safety equipment and supplies and regularly inspected to identify and address potential safety hazards.

PROCEDURE

All Community Connections owned or managed facilities will be prepared with the following types of emergency features:

- Emergency phone contacts posted
- Evacuation Routes posted
- Stocked first aid kit
- Operable and charged fire extinguishers
- Operable smoke and CO detectors (where appropriate),
- Sharps containers
- Emergency lighting
- Other health and safety equipment as required by local and state licensing agencies

The Health and Safety Coordinator or their designee will ensure that all safety equipment is stocked, maintained and inspected on a regular basis. At least twice annually, they will make a physical inspection of all facilities to include:

- Heating and cooling systems
- Electrical systems
- Emergency warning devices
- Walking and working surfaces
- Ingress and egress
- Health and sanitation related to food prep, eating areas and restrooms
- Structural integrity of facility
- Storage of hazardous materials
- Fire protection systems and equipment
- Air contaminants and ventilation
- Recreation/visitation areas

The Health and Safety Coordinator or their designee will ensure at least one external inspection is conducted annually at each facility. Depending on the facility, the following are types of annual external inspections and/or testing:

- Fire alarm systems, including smoke alarms
- Sprinkler systems

- Fire Marshall walk through
- A worker's compensation specialist

Written records of all inspections, their recommendations, and follow-up actions by the agency, will be maintained.

The Health and Safety Coordinator or their designee will perform visual inspections of the facility and all fire extinguishers at least monthly. Fire extinguisher visual checks are noted at each station.

All cleaning and chemical products used in agency facilities or vehicles will be purchased through a centralized process. The agency front desk staff in each location will purchase the products. They maintain inventory records of products that have been approved by the Health and Safety Coordinator. This process ensures the Health and Safety Coordinator has approved the product and has a Safety Data Sheet for all hazardous chemicals being used or stored.

Originally Drafted:
BOD Approved: 1/2008
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.04 - Handling and Storage of Hazardous Materials**

PURPOSE To ensure the safe handling, storage, and disposal of hazardous materials at all program sites

SCOPE All Community Connections employees

POLICY Community Connections employees will follow procedures that provide for safe handling, storage, and disposal of hazardous materials.

DEFINITIONS

Hazardous waste: Waste that is dangerous or potentially harmful to our health or the environment. This includes such things as biohazards, industrial strength cleaning supplies, oil-based paints, fluorescent bulbs, information technology hardware, etc.

PROCEDURE

During the new hire orientation and annually thereafter, staff are oriented to the procedures for handling and storing hazardous materials. These training courses are documented in the employee's personnel file, and a centralized tracking sheet is maintained to ensure compliance.

All hazardous materials will be labeled, and Safety Data Sheets will be made available for all hazardous chemicals used by Community Connections employees.

Safety is the primary goal whenever handling, storing and/or disposing of hazardous materials. In general, staff are asked to follow all warning labels and precautions, use common sense, and if unsure, to ask a supervisor or the Health and Safety Coordinator before acting. Employees should:

- Follow all warning labels when handling, storing and disposing of **cleaning supplies, oil-based paints, copier toner, and any other hazardous chemicals.**
- Follow the Community Connections Policy and Procedure on "Universal Precautions and Infection Control" when coming into contact with any **biohazards including blood or body fluids**.
- **Information technology hardware including used computer monitors** will be brought to the Community Connections' offices with the safe disposition and disposal to be determined by the IT Administrator or designee.
- All **industrial strength cleaning supplies** will be stored in a locked cabinet or room that is not accessible to customers.
- Customer use of **industrial strength cleaning supplies** will be under the direct supervision of staff. Staff will ensure that all these supplies are properly stored and locked after use.
- **Fluorescent light bulbs** will be changed only by maintenance employees or by the landlord in rented space used by the organization. Old bulbs will be stored in a locked area until they can be appropriately disposed of. Fluorescent light bulbs will never be placed in the trash cans within the facility. They should be stored in a safe place until

they can be placed in the dumpster or brought to the community landfill and disposed of according to the procedures of the community solid waste department.

- **Oil-based paints and all solvents** will always be kept in a locked area that is inaccessible to customers. Customer use of these products will only be done under direct employee supervision. These products will not be disposed of in the trash or drains. They should be stored in a safe place until a community-wide hazardous waste disposal event is conducted or will be brought to the community landfill and disposed of according to the procedures of the community solid waste department.
- **Used toner cartridges** will be disposed of either according to the packaging suggestions or brought to the IT Administrator or designee for appropriate and safe disposal.
- **Used batteries** should be saved in a safe place until they can be brought to the landfill and disposed of according to the procedures of the community solid waste department.

For more information on upcoming community-wide hazardous waste disposal events and procedures contact the Solid Waste Facility in Ketchikan or the Public Works Department for the City of Klawock on Prince of Wales Island.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.8.04 Information Technology Hardware and Software A.5.08 Universal Precautions and Infection Control
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.05 - Employee Accidents and Injuries**

PURPOSE To protect the health and safety of all employees and comply with applicable state and federal laws

SCOPE All Community Connections employees

POLICY All work related injuries and illness, regardless of severity, shall be reported immediately to a supervisor to provide prompt and trained evaluation and obtain medical attention as necessary.

PROCEDURE

Safety is everyone's responsibility. Employees should report any unsafe conditions or circumstances to their supervisor to prevent accidents.

For job-related injuries or illnesses, medical attention should be sought as needed. Fellow employees should provide assistance and take emergency measures prior to transport to outside medical facilities when necessary. When emergency medical assistance is needed, dial 911 immediately.

The following steps are followed for all workplace injuries or illnesses:

1. Seek medical attention as necessary.
2. Employee immediately notifies their supervisor of a work-related injury or illness
3. Employee fills out the Incident Report Form.
4. Supervisor notifies the business office within 24 hours.
5. The Executive Director or their designee acts as the Worker's Comp Administrator. HR personnel or their designee determines whether a claim needs to be filed, depending on the severity of the injury or illness.
6. HR personnel complete the necessary claim forms and submits them to the appropriate agencies for processing.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.9
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.06 - First Aid and CPR Certification**

PURPOSE To ensure agency employees are prepared to respond in emergency situations that involve other employees, visitors, or customers

SCOPE All Community Connections employees working directly with customers

POLICY Employees whose positions require First Aid/CPR certification, must become certified and maintain certification through the tenure of their position.

PROCEDURE

First Aid and CPR certification is a requirement of most Community Connections positions. As such, the agency provides certified trainers who conduct classes according to agency needs. The agency maintains a centralized tracking schedule that ensures employees receive timely recertification.

Employees are expected to attend required training and may be pulled from their work schedule when certification is not maintained.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Health and Safety-Customer**

SUBJECT **A.7.07 – Customer Medications**

PURPOSE To ensure the health and safety of customers who require prescription and/or non-prescription medications

SCOPE All Community Connections employees and contractors providing services to customers

POLICY Community Connections maintains a standard protocol for working with customers and their medications. All customer files will include information about a customer's medications, including information noted in Service Plans and on Medication Logs.

DEFINITIONS

Medication: a drug or product, including an over-the-counter product that is intended to be taken by the recipient at a scheduled time or as needed, and that is prescribed for a recipient by an individual.

***Medication Administration*:** the direct application of an oral, nasal, ophthalmic (ear), optic (eye), topical, vaginal, or rectal medication by a provider to or into the body of a recipient, and the use of an epinephrine auto-injector for a severe allergic reaction

Assistance with Self-Administered Medications (ASAM): is comprised of 8 supportive actions. These include:

- reminding the recipient to take medication
- opening a medication container or prepackaged medication for the recipient
- reading a medication label to a recipient
- providing food or liquids if the medication label instructs the customer to take the medication with food or liquids
- observing the customer while the customer takes medication
- checking the customer's self-administered dosage against the label of the medication container
- reassuring the customer that the customer is taking the dosage as prescribed
- directing or guiding the hand of the customer, at the customer's request while the customer administers the medication

Medication Error: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Common events include but are not limited to:

- failure to provide medication administration at, or within one hour before or one hour after the scheduled time,
- a failure to document medication administration
- delivery of medication at a time other than when scheduled, or other than prescribed route or other than prescribed dosage or not intended for the recipient or intended for the recipient but given to another individual.

PROCEDURE

Gathering Medication Information
Information about each customer's current prescription and non-prescription medications will be gathered as part of the intake process and will be a part of the customer's permanent file. This information will include the specific medications the customer is taking, the dosage, and the reason they are taking the medication(s). Documentation of this information will vary from program to program but may be included in a customer's assessment, plan of care, PCA plan or the individual family service plan (IFSP).

Level of Employee or Contractor Involvement with Customer Medication Management
Community Connections' responsibility for customer medication management will be determined by the customer's program enrollment, individual needs, and the other supports present in the customer's life. Procedures for employees and contractors are impacted by the employee's or contractor's type of involvement with a customer's medications and whether the employee or contractor has physical control of the customer's medications.

Customers not receiving any Community Connections assistance or involvement with their medications
These customers may not be eligible for medication assistance through the program that serves them or may not require Community Connections' assistance with their medications because they either self-manage their medications or have other supports in their lives that assist them with managing and/or administering their medications. Community Connections employees or contractors never have physical control of these customers' medications or prescribe the medication.

Customers requiring assistance with self-administration of medication by Community Connections employees or contractors
Assistance with Self-administration of Medication (ASAM) will only be provided if requested by the customer or the customer's representative and if the type of assistance requested is included in the customer's plan of care or service plan. Any employee or contractor assisting with medication will go through ASAM training prior to providing the assistance. A medication log will be maintained for any customer receiving assistance with self-administration of medication (See Medication Logs section below). The level of assistance with self-administration of medication will be customized to the needs of the customer. For example, a five-year-old in a foster home may need a high level of assistance versus an older youth or adult that can manage more of the process themselves. The Plan of Care or Service Plan will describe the types of assistance required. See policy and procedure ***A.7.07a Assistance with Self-Administered Medications for Customers.***

Customers requiring medication administration by Community Connections employees or contractors
For customers of the SDS program, employees and contractors must follow policy ***A.7.07.b Administering Medications SDS*** to be involved in medication administration. CMH employees will not provide medication administration except under ***A.7.07 c Administering Epinephrine Auto-injectors or Inhalers in Emergency Situations CMH.*** In the rare circumstance that a child living in a CMH contracted therapeutic foster home requires medication administration, the contractor would also follow the policy and procedure in ***A.7.07.b Administering Medications SDS.***

Customers with medications prescribed by a Community Connections contractor
In the case that customer medications are prescribed by a provider acting as a contractor of Community Connections, such as a psychiatrist in the Children's Mental Health program, the customer's Service Coordinator is responsible for providing the customer, as well as the treatment team, with medication information each time they begin taking a new medication prescribed by the contracted prescriber. It is also the responsibility of the Service Coordinator to provide and review with customers and their guardians, at the time of beginning a new medication, written information regarding side effects, risks, and who to contact during non-business hours regarding medication reactions. In addition, Service Coordinators will notify all employees and contractors who work with the customer when a new medication or dosage is prescribed of all possible side effects. These two education processes will be documented within the customer file.

Physical Control of Customer Medications
Who has physical control of a customer's medication will be determined by the customer's living situation, individual needs, and the other supports present in a customer's life.

For children
If the child receives assistance with self-administration of medication or medication administration from a Community Connections employee or contractor, the employee or contractor will take physical control of the medication.

For adults:

- **If the adult customer lives with natural supports like family or friends or independently in their own home or apartment:** the customer's medication will be kept in the customer's home in a location that works for them and their family. While the medication is in the customer's home, it will be considered under the customer's control.
- **If the adult customer lives in a Community Connections contracted Assisted Living Home:** the assisted living home is considered to have control of the customer's medication any time the customer is staying in the home.
- **If the adult customer is receiving services outside of their home:** the customer will control their own medication unless their plan for support includes assistance with self-administration of medication or medication administration, and their plan for assistance includes Community Connections contractors or employees taking control of their medication.

Medication Storage
All prescription and non-prescription medications that are taken into physical control by Community Connections employees or contractors are to be stored in a secure, locked location. Medications needing refrigeration will be stored in a locked box in the refrigerator or in a locked refrigerator.

Verifying Medication Contents
Any time physical control of a medication is taken by a Community Connections employee or contractor, the contents of the medication container will be verified.

The employee or contractor may be asked to pick up medication directly from a pharmacy/pharmacist. In these cases, the employee or contractor will verbally confirm with the pharmacist that the medication being picked up is the one prescribed by the customer's physician. The employee or contractor will also ask the pharmacist for a print-out of any possible side effects and contra-indications. The contractor or the Service Coordinator will be

responsible for creating or adding that medication to an existing medication log sheet if the customer receives assistance with self-administration of medication or medication administration.

If medications are received from parents, referral agents, and/or medical providers, it is the responsibility of the employee or contractor assisting with self-administration of medication or providing medication administration to verify that the medication matches the label on the container. This can be done by a variety of different methods including but not limited to:

- Matching the medication against a physical description on the medication container
- Going on-line to a pill identification site such as: www.rxlist.com or www.webmd.com
- Reviewing a copy of the illustrated reference guide, "The Pill Book" - this is updated every two years, and the most recent copy will be reviewed.

When the employee or contractor has any question about whether the medications are the correct medications prescribed or match the container label, the medication should not be available for self-administration or administration until confirmation can be made by a licensed medical provider (pharmacist, physician, nurse practitioner, etc.).

Medication Logs

A Medication Log will be maintained for each customer who receives assistance with self-administration of medication (ASAM) or medication administration. These Medication Logs are to be kept confidential at all times. The log includes key information about the individual to include:

- Name of the customer and known drug allergies;
- Contact information of the doctor, physician, or healthcare provider;
- Name of each medication, dose, route, time, and specific instructions;
- Signature or initials of each employee or contractor who assisted with medications;
- Record of each time the medication was offered and taken; and
- Record of missed dosages, refusals, medication errors, or side effects.

Medication logs must be retained in the customer file at Community Connections. Employees and contractors will provide them to the program at the direction of the Service Coordinator.

To avoid errors, it is advised that pre-made medication labels from the pharmacy be placed on the Medication Log. When possible, appropriate pre-made warning labels should also be placed on the Medication Log (such as "take with food"). Whenever a prescription is changed, the Medication Log must be updated.

Medication Refusal

Within the Children's Mental Health program, when a customer refuses to take medication that is prescribed on a service plan, the situation will be reviewed, and that customer may be considered out of compliance with program requirements, which may serve as grounds for removal from the program.

- **Customers age 21 and younger**: Employee or contractor will immediately notify the Service Coordinator and complete a Community Connections Incident report.
- **Customers age 22 and older**: When a customer, with a designated guardian, refuses medication, the employee or contractor will immediately notify the Service Coordinator who will notify the guardian. The Service Coordinator will complete the State of Alaska Critical Incident report and route it internally and to state workers.

Medication Errors

All medication errors will be documented on an incident report form.

Periodic Review and Evaluation of Compliance
At least twice each year, program management will conduct a random sample review of the medication logs to ensure that they are complete. They will report their findings to the Directors and Executive Director with recommendations if corrective actions are needed. Additionally, the Children's Mental Health Incident Report Review Committee and Senior and Disability Incident Report Review Committee will review incidents and provide recommendations.

Procedures Specific to Children's Mental Health Customers

Permission for Medication
Foster parents are given written permission to provide self-administration of routine medications to children in the custody of the State of Alaska via the Consent for Emergency Medical Care signed by the placing worker.

Children in the custody of the State of Alaska, either through the Office of Children's Services or the Department of Juvenile Justice, must have psychotropic medications approved in writing by both their biological parents and the placing worker. If a child has never been prescribed psychotropic medication and the parental rights have been terminated, the social worker will seek approval from the court system to begin a medication regimen. This may take several weeks.

For children in custody of the State of Alaska, who have been receiving medication on an on-going basis, every medication change must be approved by the parents and the placing worker. The process for approval may take several days as social workers are required to consult with OCS psychiatric nursing staff.

It is the responsibility of the customer's Service Coordinator to ensure that placement workers are provided with information about the prescription so that the placing worker may seek permission from the parents and Office of Children's Services' nursing staff.

For children voluntarily placed by a parent, written permission for over-the-counter medications will be obtained by the Service Coordinator upon placement. The Service Coordinator will notify the parents each time a non-psychotropic medication is prescribed and receive verbal consent. Written consent will be obtained from the parents prior to the provision of any psychotropic medications.

Making Psychiatric Appointments
Service Coordinators will work with parents, guardians, and Community Connections administrative employees to set up on-going medication evaluation appointments. It is the responsibility of foster parents to ensure all continuing medications are refilled for children placed with Community Connections.

Often, medications come with a list of specific contra-indications and/or side effects. It is the responsibility of all employees who work with a particular customer to watch for these side effects and to report them immediately to the customer's physician.

Antipsychotics and Other Drugs that Require Regular Blood Work
Some customers take a prescribed antipsychotic drug or other medications that require blood work to monitor the therapeutic levels and physical responses to the medications. In these cases, the customer's Service Coordinator or Therapeutic Foster Parent will be responsible for scheduling follow-up blood work and provider visits. If requested by the medical provider,

therapeutic foster parents will also document the customer's physical responses to medications in their daily case notes or at the frequency requested by the medical provider.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.7.07.a, A.7.07.b, A.7.07.c
Form	Medication Log
Related Standards/Licensing/Grant Requirements	CPA, RCCF, CARF 1.H.9; 2.A.26, 2.E. ; DBH Grant, 7AAC130.227
Related Operational Procedure	

SECTION **Health and Safety-Customer**

SUBJECT **A.7.07.a - Assistance with Self-Administered Medications for Customers**

PURPOSE To ensure the health and safety of customers who require prescription and/or non-prescription medications

SCOPE All Community Connections employees and contractors providing services to customers

POLICY Community Connections maintains a standard protocol for working with customers and their medications. All employees, working directly with customers, will be trained to provide customer assistance with self-administered medication. Unless otherwise trained to do so, no employee will administer medication to a customer.

DEFINITIONS

***Medication Administration*:** the direct application of an oral, nasal, ophthalmic (ear), optic (eye), topical, vaginal, or rectal medication by a provider to or into the body of a recipient, and the use of an epinephrine auto-injector for a severe allergic reaction

Assistance with Self-Administered Medications: is comprised of 8 supportive actions. These include:

- reminding the recipient to take medication
- opening a medication container or prepackaged medication for the recipient
- reading a medication label to a recipient
- providing food or liquids if the medication label instructs the customer to take the medication with food or liquids
- observing the customer while the customer takes medication
- checking the customer's self-administered dosage against the label of the medication container
- reassuring the customer that the customer is taking the dosage as prescribed
- directing or guiding the hand of the customer, at the customer's request while the customer administers the medication

***Medication*:** a drug or product, including an over-the-counter product that is intended to be taken by the recipient at a scheduled time or as needed, and that is prescribed for a recipient by an individual.

Medication control: the practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the customer.

Medication Error: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Common events include but are not limited to:

- failure to provide medication administration at, or within one hour before or one hour after the scheduled time;
- a failure to document medication administration; or

- delivery of medication at a time other than when scheduled, or other than prescribed route or other than prescribed dosage or not intended for the recipient or intended for the recipient but given to another individual.

PROCEDURE

Employee Training

All employees and contractors who provide services to customers, will be trained to provide customer assistance with self-administered medication. This training will occur during the first week of hire or contracting. Community Connections has a standardized training, approved by the State of Alaska, titled "Assistance with Self-Administered Medications" or "ASAM" for short. Employees will demonstrate competence by taking a quiz at the end of the training. Any employees not satisfactorily passing the quiz will be given a refresher course and practice time. Employees unable to pass the quiz will be prohibited from providing services to customers.

Documentation of successful completion of the ASAM training will be maintained in the employee's personnel file. Additionally, the training will be tracked in the agency's centralized tracking system. No employee will be allowed to provide unsupervised service to a customer until they have satisfied the training requirements.

Service Coordinators will orient employees to customer medication needs, including the customer medication log. New employees will first observe other existing employees providing ASAM to the customer to ensure that they understand and have an opportunity to ask questions before they are expected to provide ASAM to that customer.

Step by Step Procedures for ASAM

The following is a step-by-step process for helping a customer with self-administration of medications. All steps must be followed in the order indicated.

1. Wash your hands: Hand-washing reduces the risk an employee or contractor will spread contamination when they touch the lock box, medication bottle or surfaces near the medication.
2. Have the customer wash his/her hands.
3. Get customer's medication log:
    - Double check that you have the Medication Log for the right individual. It's important for you to work with only ONE individual at a time and to complete the task with that person before helping another.
4. Gather your supplies:
    - Get paper cups for tablets and capsules or a plastic calibrated measuring cup or medication spoon for liquid.
    - Get a glass of water, tissue, and a pen.
5. Remove the medication from storage and confirm it has not expired. As you take each medication container from the individual's storage area, read the medication label and compare it to the Medication Log for the Six Rights**:**
    - Right Individual - First, read the name of the individual on the pharmacy label for whom the medication is prescribed. When assisting a child with any medication, it is essential that you know him/her. If uncertain of a child's name or identity, consult another employee or family member who knows the child.
    - Right Medication - After you have verified that you have the right person, read the name of the medication on the label. To make sure that you have the right medication for the right individual, read the label three times and compare it to the information on the individuals Medication Log.

- Right Dose - Read the medication label for the correct dose, making sure to question the use of multiple tablets providing a single dose of medication, question any change in the color, size, or form of medication, and be suspicious of sudden large increases in medication dosages\
- Right Time - Read the medication label for directions as to when and how often the medication should be taken. Medication must be taken at a specific time(s) of the day. You need to know:
    i. How long has it been since the individual took the last dose?
    ii. Are food or liquids to be taken with the medication?
    iii. Are there certain foods or liquids to avoid when taking the medication?
    iv. Is there a certain period of time to take the medication in relation to foods or liquids?
    v. Is it the right time of day, such as morning or evening?
    vi. What time should the medication be taken when it is ordered for once a day? In the morning? At 12:00 noon? At dinnertime? Usually when a medication is ordered only once a day, it is given in the morning; however, it is best to check with the doctor or pharmacist.
- Right Route - Read the medication label for the appropriate route or way to take the medication. The route for tablets, capsules, and liquids is "oral." This means that the medication enters the body through the mouth. Other routes include nasal sprays, topical (which includes dermal patches or ointments to be applied to the skin), eye (ophthalmic) drops, and ear **(**otic) drops. Other more intrusive routes, such as intravenous administrations, intramuscular, or subcutaneous injections; rectal and vaginal suppositories; or enemas are only to be administered by a licensed health care professional.
- Right Documentation - To document that a medication has been taken: write the date and time in the place provided and initial for each dose of medication on the form provided. This must be done at the time the medication is taken by the individual, not before and not hours later.

6. Preparing the medication by removing it from the original labeled container.
    - Confirm the Six Rights - Right Individual; Right Medication; Right Dose; Right Time; Right Route, Right Documentation
    - Ask Customer to measure the medication:
        i. For tablets or capsules ask the customer to pour the correct dose into the lid of the container or into a small paper cup.
            1. Do not touch the medication with your hands. This leads to contamination and is not allowed under policy.
            2. Pouring a tablet or capsule into the bottle cap first reduces the risk of contamination. If too many pills pour out support the customer in returning the pills from the bottle cap into the container.
            3. It is a good idea to use a separate disposable paper cup for each medication. Be Aware that pouring all medications in one paper cup increases the risk of medication errors.
        ii. For bubble packs, push all the tablets or capsules from the bubble pack into a small paper cup.
        iii. For liquid medication, ask the customer to either:
            1. Use the measuring container provided with the medication
                a. pour the correct dose into the plastic measuring cup held at eye level:

    b. To check correct dosage, view the medication in the cup on a flat surface.
    c. Pour away from the medication label to avoid staining it with spills.
    d. If any medication spills on the bottle, wipe it away.
  2. Use a measuring spoon, support the customer to do the following:
    a. Locate the marking for the dose.
    b. Hold the device at eye level and fill to the correct dosage marking.
    c. Pour away from the medication label to avoid spills.
    d. If any medication spills on the bottle, wipe away.
- Tablets should never be crushed. You should never open or empty the contents of a capsule. If an individual has trouble taking a medication, talk to the individual about his/her preferences and then talk to the individual's doctor about optional ways to take prescribe medication.

7. Talk with the individual about what you are doing and why he/she is taking each medication.
8. Check the measurement by reading the medication label, comparing it to the medication log and confirming the Six Rights - Right Individual; Right Medication; Right Dose; Right Time; Right Route, Right Documentation
9. Place the medication within the individual's reach.
   - Offer a glass of water (at least four ounces) or food as recommended on label.
   - It's a good idea to suggest to the individual that she or he tilt her or his head forward slightly and take a small sip of water before placing the pill in the mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward (as opposed to throwing it back) may decrease the risk of choking. If pills are not taken with liquids, they can irritate the throat and intestinal tract and they may not be correctly absorbed.
   - Some medications must be taken with food or have other special instructions. Make sure that you have read any warning labels and are familiar with any special instructions for taking the medication.
10. Make sure that the individual takes the medication as specified on label.
    - Stay with the individual until you are sure that he or she has swallowed the medication.
    - If there is concern about medication compliance, speak with the treatment team about using the following process to check for swallowing.
    - Ask the individual to open his/her mouth and say "Aaahh", lift tongue, and pull out cheeks so you can see entire mouth to ensure that the medication has been swallowed if required.
11. IMMEDIATELY record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Log.
12. Return the medication containers and/or bubble pack to the individual's storage area.
    - Read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.
    - Never leave the medication container unattended or give it to someone else to return to the locked storage container or area.
13. Make sure sharps and sharps containers provided with any customer using sharps is appropriately disposed of.

IF YOU HAVE ANY DOUBT AS TO WHETHER THE MEDICATION IS IN THE CORRECT FORM AS ORDERED OR THAT YOU CAN ASSIST THE INDIVIDUAL WITH SELF-ADMINISTRATION AS DIRECTED ON THE LABEL, CONSULT WITH YOUR SUPERVISOR, CLINICIAN, AND THE PRESCRIBING DOCTOR OR THE PHARMACIST.

Procedure for Customer Refusal

When a customer refuses to take a prescribed and treatment-indicated medication, or if employees or foster parents forget to prompt a customer to take their medication, and a dosage is missed, employees will do the following:

1. Document the missed medication in the Medication Log, and any instructions from the medical provider regarding future dosages.
2. Follow up with other employees, parents or guardians, and the Service Coordinator.
3. Complete a Community Connections Incident Report and follow the Incident Report policy and procedures.
4. For SDS services, report the occurrence as required on the SDS Critical Incident form and submit it to Senior and Disability Services within 24 hours.

Procedure for Expired Medication

Medications, including over-the-counter medications and ointments that have expiration dates (for ointments the expiration date is usually at the bottom of the tube). Employees will check expiration dates each time they are providing ASAM. ***Do not use expired medications.*** When the medication has expired, the employee will immediately:

1. Contact the Service Coordinator who will contact the physician or pharmacy.
2. When unable to contact the Service Coordinator, directly contact the physician or pharmacy to provide directions.
3. Follow the directions given.
4. Update the Medication Log.
5. Obtain a medication refill as soon as possible as needed.
6. Deliver the expired medications to the Service Coordinator who will destroy expired medications according to regulations.

Side Effects Procedures

Medications have specific contra-indications and/or side effects. It is the responsibility of all employees who work with a particular customer to watch for these side effects. When any side effects are noted, the employees will do the following:

1) Immediately report the side effects to the Service Coordinator who will report it to the customer's physician.
2) When unable to contact the Service Coordinator, directly contact the customer's physician.
3) Follow the directions given.
4) Update the Medication Log.
5) Fill out a Community Connections Incident Report and give it to the Service Coordinator.

Incorrect Dosing or Incorrect Medication Procedures

Medications are given according to dosage. When an incorrect dose or the incorrect medication is accidentally administered, employees will:

1. Immediately contact the Poison Control Line at 1-800-222-1222 or 911.
2. In the case of improper administration, the customer's physician or other medical professional should also be contacted immediately.

3. Update the Medication Log.
4. Fill out a Community Connections Incident Report and give it to the Service Coordinator.
5. Service Coordinators will also provide appropriate documentation to the State of Alaska, when required by Senior and Disability Services.

Review and Assessment

All medication errors are documented on an incident report form. On a quarterly basis, all incident reports are reviewed by each department's quality assurance personnel, and a summary of findings is presented to the Health and Safety Committee. At least annually, program management teams review all incident reports to assess quality improvement opportunities and plan for implementation of those. The results of this review process are included in the Quality Improvement Plan, under the heading "Medication Errors".

Within Senior and Disability Services, a Service Coordinator will file a Critical Incident Report with the State of Alaska, Senior and Disability Services when a medication error results in medical intervention or consultation.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	A.7.07, A.7.07b, A.7.07c
Form	Medication Log, Incident Report
Related Standards/Licensing/Grant Requirements	CPA, RCCF, CARF 1.H.9; 2.A.26, 2.E. ; DBH Grant, 7AAC130.227
Related Operational Procedure	A.7.07, A.7.07b

SECTION **Health and Safety-Customer**

SUBJECT **A.7.07.b – Administering Medications SDS**

PURPOSE To ensure the health and safety of customers who require prescription and/or non-prescription medications

SCOPE All Community Connections employees and contractors providing services to customers within the Senior and Disabilities Program

POLICY Community Connections will maintain a roster of employees trained to provide medication administration to customers. No other employees will administer medications to customers.

DEFINITIONS

***Medication Administration*:** the direct application of an oral, nasal, ophthalmic (ear), optic (eye), topical, vaginal, or rectal medication by a provider to or into the body of a recipient, and the use of an epinephrine auto-injector for a severe allergic reaction.

Assistance with Self-Administered Medications: ASAM is comprised of 8 supportive actions. These include:

- reminding the recipient to take medication
- opening a medication container or prepackaged medication for the recipient
- reading a medication label to a recipient
- providing food or liquids if the medication label instructs the customer to take the medication with food or liquids
- observing the customer while the customer takes medication
- checking the customer's self-administered dosage against the label of the medication container
- reassuring the customer that the customer is taking the dosage as prescribed
- directing or guiding the hand of the customer, at the customer's request while the customer administers the medication

***Medication*:** a drug or product, including an over-the-counter product, that is intended to be taken by the recipient at a scheduled time or as needed and that is prescribed for a recipient by an individual.

Medication control: the practice of providing a secure storage area and controlled access for medications that are brought into a program and used by the customer.

Medication Error: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Common events include but are not limited to:

- failure to provide medication administration at, or within one hour before or one hour after the scheduled time;
- a failure to document medication administration; or

- delivery of medication at a time other than when scheduled, or other than prescribed route or other than prescribed dosage or not intended for the recipient or intended for the recipient but given to another individual.

PROCEDURE

Community Connections will employ a registered nurse to administer medications or delegate medication administration and to train a subset of Senior and Disability Services (SDS) employees with their delegating authority. Medication administration will be offered to all customers within the SDS Program.

Conditions for Administering Medications

Community Connections SDS employees trained to provide medication administration and/or the registered nurse will do so only when ALL of the following are met:

- A medication is time sensitive and may not be delayed or is required as needed by a recipient;
- The recipient or the recipient's representative requests administration of medication by Community Connections and provides a written delegation for medication administration;
- The recipient's service plan specifies that the recipient needs administration of medication by the provider;
- No other individual, otherwise responsible for medication administration for that recipient is available at the time when the recipient requires medication; and
- The individual that provides medication administration has completed the training requirements.

Required Documentation

The following information about a specific medication must be kept on file PRIOR to any medication administration:

- Written delegation for medication administration from the recipient or recipient's representative, or a nursing delegation.
- Written information about the medication that describes:
  - how to store each medication;
  - potential interaction with other medications the recipient is taking;
  - potential side effects;
  - who to notify in the event of the recipient's adverse reaction; and
  - when the medication is to be taken as needed written information must detail the circumstances in which the medication is administered and whether the delegating authority must be notified before administration.

Medication Logs will be maintained for all customers requiring ASAM or requesting medication administration. At a minimum, the following information will be captured in logs every time an employee performs ASAM or medication administration:

- The name of the medication;
- The dosage administered;
- The time of administration;
- The name of the individual providing ASAM or medication administration; and
- All medication errors.

Registered Nurse Responsibilities

Community Connections will retain a registered nurse to:

- Provide the training specified above. They will select from one of the nursing board certified curriculums.
- Provide oversight and supervision to the trained employees by routinely:
  - Reviewing all medication logs for accuracy, completeness and to identify instances of errors.
  - Ensuring all instances of medication administration have been conducted within the specified policies and procedures.
  - Facilitating quarterly meetings to review all instances of medication errors.
    - Attendees will include those trained in medication administration. Written quarterly reports summarizing findings and recommendations will be retained. Procedures will be revised as necessary to help eliminate future instances of errors.
  - Ensure employee competency through monitoring, evaluation, testing or some other method and provide instructional refreshers as needed.

Employee Training

Community Connections will maintain a roster of employees trained to provide medication administration. All employees who successfully complete the training will receive a certificate, signed by the nurse, and kept in the employee personnel file. Training will be tracked in the agency centralized database.

Directors will determine the roster of employees to be trained. This roster will be updated upon the completion of every training course and made available to all SDS employees working directly with customers.

All employees working with customers are trained to provide Assistance with Self-Administered Medication (ASAM), policy A.7.07 and A.7.07.a. This includes training on customer files and the required documentation necessary to provide either ASAM or medication administration, training on appropriate usage of the Medication Logs, and reporting requirements when there is any medication error.

Procedure for Administering Medication

Employees will strictly follow the training procedures provided by the nurse.

Originally Drafted/
BOD Approved: 10/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.7.07, A.7.07a
Form	Medication Log
Related Standards/Licensing/Grant Requirements	CPA, RCCF, CARF 1.H.9; 2.A.26, 2.E. ; DBH Grant, 7AAC130.227
Related Operational Procedure	A.7.07, A.7.07a

SECTION **Health and Safety-Customer**

SUBJECT **A.7.07.c – Administering Epinephrine Auto-injectors or Inhalers in Emergency Situations CMH**

PURPOSE To ensure the health and safety of Children's Mental Health customers who require the administration of their own epinephrine auto-injector or inhaler in an emergency situation

SCOPE All Community Connections employees providing services to customers within the Children's Mental Health (CMH) department

POLICY The administration of a customer's own epinephrine auto-injector or inhaler in an emergency situation will be offered to all customers within the Children's Mental Health Program.

DEFINITIONS

Emergency Situation: Child appears to be in immediate need of emergency aid in order to avoid serious harm or death.

Medication Error: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Common events include but are not limited to:

- failure to provide medication administration at, or within one hour before or one hour after the scheduled time;
- a failure to document medication administration; and
- delivery of medication at a time other than when scheduled, or other than prescribed route, or other than prescribed dosage, or not intended for the recipient, or intended for the recipient but given to another individual.

PROCEDURE

Employees providing services to children enrolled in the Children's Mental Health Program will be trained to administer an epinephrine auto-injector for a severe allergic reaction or an inhaler for breathing emergencies. Employees in the CMH Program will not administer any other type of medication. In an emergency situation, trained employees will administer a customer's epinephrine auto-injector or inhaler when the customer is unable to do so themselves.

Conditions for Administering an Epinephrine Auto-Injector or Inhaler

Children's Mental Health (CMH) employees trained to provide emergency administration of epinephrine auto-injectors or inhalers will do so only when all of the following are met:

- A customer is in immediate need of the epinephrine auto-injector or inhaler to avoid serious harm or death; and
- No other individual otherwise responsible for emergency administration of epinephrine auto-injector or inhaler for that recipient is available at the time when the recipient requires the medication.

Required Documentation

Medication Logs will be maintained for all customers requiring Assistance with Self-Administered Medications (ASAM) or requesting administration of epinephrine auto-injector or inhaler. At a minimum, the following information will be captured in logs every time an employee performs ASAM or administration of an epinephrine auto-injector or inhaler:

- The name of the medication;
- The dosage administered;
- The time of administration;
- The name of the individual providing ASAM or administration of an auto-injector or inhaler; and
- All medication errors.

Employee Training

CMH employees working with clients who carry epinephrine auto-injectors or inhalers will be trained to administer those medications in emergency situations through a First Aid curriculum. All employees who successfully complete the training will receive a certificate, which will be kept in the employee's personnel file. Training will be tracked in the agency's centralized database.

All employees working with customers are trained to provide Assistance with Self-Administered Medication (ASAM), policy A.7.07 and A.7.07.a. This includes training on customer files and the required documentation necessary to provide either ASAM or emergency medication administration, training on appropriate usage of the medication logs, and reporting requirements when there is any medication error.

Procedure for Administering Emergency Medication

- Assess whether the recipient is able to administer their own epinephrine auto-injector or inhaler;
- Follow protocol listed on the medication label and as reviewed in training; and
- Immediately contact emergency personnel and legal guardian.

Originally Drafted/
BOD Approved: 9/2015
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.7.07, A.7.07a, A.7.07b
Form	Medication Log, Consent for Assistance With Emergency Medication
Related Standards/Licensing/Grant Requirements	CPA, CARF 1.H.9; 2.A.26, 2.E. ; DBH Grant, 7AAC130.227

SECTION **Health and Safety**

SUBJECT **A.7.08 - Tuberculosis Testing**

PURPOSE To ensure the health and safety of employees and the individuals they serve.

SCOPE All Employees

POLICY Community Connections will implement a Tuberculosis screening program for employees and contractors compliant with regulatory or funding requirements. The Health & Safety Committee will review Tuberculosis rates and risk in the communities Community Connections serves along with recommendations from the Alaska Tuberculosis Program annually and will make recommendations about changes to the Tuberculosis screening procedure.

PROCEDURE

The Health and Safety Committee is tasked with implementing infection control measures across the agency. Annually, the Health and Safety Committee will review the Tuberculosis in Alaska Annual Report as well as the TB School Screening Protocols for Schools. When the communities where Community Connections provides services are considered low risk Alaska school districts, Tuberculosis testing will not be required of employees or contractors when not required by regulatory or funding requirements. If any school district served by Community Connections employes is categorized as a high-risk school district, Community Connections will test all employees and contractors engaged in service delivery in those communities annually regardless of regulatory requirements.

Originally Drafted:
Last Revision: 1/2008
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.09 - Weapons - Employees**

PURPOSE To ensure the safety of employees, customers and the public

SCOPE All Community Connections employees

POLICY Employees will ensure the safety of customers and others by preventing knives and firearms from being accessible to customers during service provision.

PROCEDURE

Knives

Employees will not carry any knife into school buildings or onto school grounds.

Employees may carry a pocketknife with a blade length less than 3 inches during the provision of services that include fishing or native arts. This item needs to be generally concealed and remain within the physical control of the employee during these activities.

Employees will not leave pocketknives accessible to customers within their vehicle during the transportation of customers. They must be locked in a glove compartment or trunk.

Employees may utilize knives for the purpose of food preparation during service time.

Employees may maintain possession of filet and/or hunting knives when the pre-planned service activity includes these items. These will be transported within locked containers.

Firearms

Employees will not bring any firearm into agency locations or within agency vehicles. Employees who have a firearm within their personal vehicle during the transport of customers must keep it unloaded, locked and out of the view of customers.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.9; 2.A.26
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.10 - Medications - Employee Personal Use**

PURPOSE To ensure the health and safety of employees and customers

SCOPE All Community Connections employees

POLICY Employee personal use prescription and non-prescription medications, vitamins, and herbal supplements will be kept in locked locations on agency property. When employees transport customers, they will keep these substances in a locked location in the vehicles.

PROCEDURE

Employees will support protecting customers from inappropriate access to prescription and non-prescription medications, vitamins and herbal supplements. This includes acetaminophen, ibuprofen, daily vitamins, and herbal pills and powders.

Employees who bring these items onto agency property will keep any of these products in a location that remains locked except for when items are being removed.

Employees who have these items in their personal vehicle will lock them in their glove compartment or a locking box.

First Aid kits in agency facilities, company vehicles, and employee vehicles used to transport customers, will not contain these substances except acetaminophen at a maximum of two single-use packets.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 2.A.26
Related Operational Procedure	

SECTION **Health and Safety**

SUBJECT **A.7.11 - Health and Safety Committee and Coordinator**

PURPOSE To provide a healthy and safe environment for all employees, customers, and visitors by identifying responsible parties to monitor and ensure compliance

SCOPE Community Connections Health and Safety Committee members and Coordinators

POLICY Community Connections employs at least one employee as the designated Health and Safety Coordinator and maintains a committee that meets not less than quarterly to review health and safety matters, including infection control.

PROCEDURE

Community Connections designates an employee to serve as the Health and Safety Coordinator. That employee or their designee is responsible for the following:

- Conducting inspections of agency owned or managed work areas to identify potential accident and health hazards, such as toxic fumes and barriers to exiting the building, and implementing appropriate control measures
- Making sure that dangerous materials are correctly stored
- Making sure that the organization is aware of, and complies with, requirements relating to safe work practices
- Communicating regularly with the health and safety committee to report on the status of the occupational health and safety program
- Conducting tests of emergency procedures
- Calling committee meetings, preparing their agendas and writing their minutes
- Keeping health and safety records clearly labeled and up to date
- Monitoring fire protection systems and equipment and ensuring annual inspection and maintenance

The Executive Director appoints a committee of not less than 4 members to serve as the Health and Safety Committee. Membership will include, but is not limited to, the Health and Safety Coordinator, the POW and Ketchikan employees responsible for new hire orientations, HR personnel, the Directors of each program, and the Executive Director. The Health and Safety Committee is responsible for the following;

- Promoting health and safety within the organization and developing safer and healthier ways of working
- Identifying training needs for supervisors and their staff regarding health and safety practices and legislation
- Developing health and safety systems, including policies and procedures

Originally Drafted/
BOD Approved: 1/2008
Last Review 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.2
Related Operational Procedure	

SECTION **Security & Technology**

SUBJECT **A.8.01 - Information Technology Hardware and Software**

PURPOSE To maximize the capacity of information technology (IT) hardware and software and to enhance the productivity of Community Connections employees while maintaining security of data

SCOPE All Community Connections employees and contractors using Community Connections equipment or resources.

POLICY IT hardware and software is maintained for Community Connections business-related purposes. All information or data processed on agency owned or controlled technology equipment belongs to Community Connections. Only authorized employees shall install or reconfigure information technology hardware and software.

DEFINITIONS

IT Hardware: Includes, but is not limited to computers, company phones, cell phones, data storage devices, video conferencing equipment, and personal digital assistant (pda).

IT Software: Includes, but is not limited to computer programs, email servers, DVDs, CDs, audio, and video files.

Confidential Information: Includes but is not limited to customer information and staff records.

ePHI: A subset of confidential information. This includes customer electronic protected health information.

PROCEDURE

Only authorized individuals can use equipment and/or Community Connections networks that provide access to ePHI. Office-based employees and SSIII level direct service staff are authorized by the Directors when starting these positions. Support Specialists, contractors, including family habilitation and foster parents, do not normally have direct access to ePHI in Shares on Community Connections networks and will need special Director and/or Executive Director approval before they can access those resources.

All IT hardware and software will be purchased through a centralized purchasing protocol that ensures IT System Administrator approval and assurance that the hardware or software will work with the agency's networking system. All systems, devices, and applications which access confidential information will be identified, evaluated, approved, and inventoried.

Employees are responsible for obtaining any computer or office equipment training necessary to use equipment properly. Some training is available from the Tech Team, but employees are expected to have the general technical skills required for their positions.

All IT hardware and data processed by such equipment must be disposed of in an appropriate manner. As such, it must be returned to the Tech Team to dispose of according to the IT System Administrator's directions.

Any software used on Community Connections assets must comply with applicable licensing agreements and copyrights and must be approved by the IT System Administrator prior to installation. This includes software demos, screen savers, browser toolbars, etc.

From time to time the IT System Administrator will notify employees of security updates to existing software that staff will need to install. When these notifications are sent, employees will install the updates as soon as possible.

Community Connections equipment will not be used for unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which Community Connections or the end user does not have an active license.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.J.1; HIPAA: 45 CFR §164.308(a)(1)(ii)(C); HIPAA: 45 CFR §164.310(b); HIPAA: 45 CFR §164.312
Related Operational Procedure	IT Operational Procedures

SECTION **Security & Technology**

SUBJECT **A.8.02 - Internet Access and Network Use**

PURPOSE To maximize the capacity of agency purchased internet service and company networking hardware to enhance services to customers and the productivity of Community Connections employees

SCOPE All Community Connections employees and contractors using Community Connections equipment or resources.

POLICY Employees and contractors are responsible for effective and ethical use of Community Connections internet and internal network resources. The first obligation as a user is to protect Community Connections information assets. The resources that comprise the Community Connections network are business assets and should not be considered personal property. IT hardware, software, and Internet services have been purchased for agency business use. They are not to be used for personal gain or advancement of individual views. This includes any guest Wi-Fi access provided by Community Connections.

PROCEDURE

General principles of Network and Internet use for business purposes

Only authorized individuals can use equipment and/or Community Connections networks that provide access to ePHI. Office-based employees and SSIII level direct service staff are authorized by the Directors when starting these positions. Support Specialists, contractors, including family habilitation and foster parents, do not normally have direct access to ePHI in Shares on Community Connections networks and will need special Director and/or Executive Director approval before they can access those resources.

- Material that would be considered inappropriate, offensive, or disrespectful to others will not be accessed or stored.
- Employees will protect the security of confidential information by keeping passwords secure and not sharing accounts with others. Employees should take all necessary steps to prevent unauthorized access to this information, being especially cognizant of passwords and account access when performing work remotely. (Your IT Administrator or authorized agent may require your password information in order to assist you with technical support. This should be the only exception.)
- Automatic screen locking, or logoff, will be enabled on devices and applications accessing ePHI whenever supported.
- Staff are *required* to **sign out** of their computer when they have finished working for the day.
- Anyone with access to Community Connections ePHI or email must complete an IT security and a HIPAA training course. The training will be completed when access is first granted and on an annual basis for staff with ongoing access.
- User level passwords will be changed on a regular schedule. Password changes and complexity will be enforced by network policy.
- Employees will not connect personal devices to the internal Community Connections network or to any Community Connections IT device without prior approval from the IT

System Administrator, their designee, or Executive Director. This includes, but is not limited to, cameras, cell phones, laptops, video cameras, and USB drives.

- As a courtesy to others, contact the IT employees before conducting large file transfers from/to the Internet or between the offices.
- Use only network services you have authorization to access.
- Do not send material classified as confidential via the Internet without prior approval and proper encryption, or releases.
- Multifactor Authentication (MFA) is required for access to most web-based services when you are not connected to a Community Connections network. This currently includes services such as Office 365 and our Electronic Health Record portal, CareLogic. Access to those services is also blocked from most foreign countries. Please check with the IT Team if you are traveling out of the country for more information.

Specifically, the Network and Internet should not be used:

- For personal gain or profit.
- To represent yourself as someone else.
- To provide information about employees or customers to people or businesses not authorized to possess that information.
- When it interferes with your job or the jobs of other employees.
- When it interferes with the operation of the Network or Internet for other users.
- To execute any form of network monitoring which will intercept data not intended for the employee.
- To remotely access a system you are not authorized to use. Unless you have prior authorization, do not run port or vulnerability discovery programs or try to get into open ports.
- To upload, or download, large files for personal use. This includes, but is not limited to, music files from sites like iTunes, Internet radio, video files from sites like YouTube, programs, and pictures.

Consult with the Tech Team when in doubt about any use of the Network or Internet.

Although the company's internet and network systems are meant for business use, personal usage is allowed when it is reasonable and does not interfere with work. Use of these must not interfere with employee productivity.

Remote Access Policy

Remote Access requests must be approved by the employee's Director and/or the Executive Director. In most cases, a Remote Work and IT Equipment Request form will need to be filled out and completed. MFA is required for Remote Access. Refer to Policy A.8.06 for more information.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.8.06
Form	Remote Work & IT Equipment Request.docx
Related Standards/Licensing/Grant Requirements	CARF 1.J.2; HIPAA: 45 CFR §164.308(a); HIPAA: 45 CFR §164.310(b); HIPAA: 45 CFR §164.312(a)(2)(iii)
Related Operational Procedure	IT Operational Procedures

SECTION **Security & Technology**

SUBJECT **A.8.03 - E-Mail and Texting Communication**

PURPOSE To maximize the capacity of email and texting communication to enhance the productivity of Community Connections employees, to ensure security of assets, and to ensure communications remain free of harassment

SCOPE All Community Connections employees and contractors using Community Connections equipment or resources.

POLICY Email capability is provided to employees and most contractors for the purpose of aiding in work-related communication. Employees will use this tool in a responsible, effective and lawful manner. Texting is allowed in certain situations to expedite the delivery of customer services.

DEFINITIONS

Internal Email Address: Any Community Connections email address. These are emails that end with comconnections.org and appear in the Global Address list in your Outlook application.

External Email Address: Any non-Community Connections email address. These are emails that DO NOT end with comconnections.org and do not appear in the Global Address list in your Outlook application. An example would be “recipient.name@gmail.com”. When adding an external email address to an email, your Outlook application will display a banner indicating you have added an external address.

PROCEDURE

Community Connections considers email and texting important means of communication and recognizes the importance of proper content and speedy replies in conveying a professional image and delivering good customer service.

When communicating via email or text, remember:

- Do not send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks. When you receive an email of this nature and consider it harassment or an ongoing nuisance, please report it to the Tech Team.
- No form of chain letter will be sent using Community Connections assets.
- Do not send e-mail so that it appears to come from someone else.
- Do not automatically forward your e-mail to a non-Community Connections e-mail address.
- Do not open email attachments or click on hyperlinks in an email from unsolicited or unknown senders.
- Do not use Community Connections email to promote non-work-related religious or political viewpoints.
- Do not email or text confidential information without the proper encryption or appropriate releases.

- Do not email or text customers, or their guardians, without encryption unless the customer has a signed release in their file. Check with the Tech Team for additional information.
- It is OK to email confidential information with other staff, but you must use a secure method of communication. A customer release does not authorize unsecure communication with other staff, contractors, or business associates. It only applies to communications between staff and the customer or guardian.
- Email between internal Community Connections email addresses and Teams communications are approved, secure communication methods.
- Email with confidential information that includes any external email address, must use additional encryption. This would include another employee's, contractor's, or business associate's external email address. The exception to this would be an email from a Community Connections address if the only external email address is a customer or guardian with a signed release.
- Approved methods for encrypted messaging with external addresses include the State's Direct Secure Messaging (DSM), Protected Trust's Secure email, and Microsoft's Office 365 message encryption services. Check with the Tech Team for additional instructions.
- Texting between staff is allowed if secure methods of communication are not practical **AND** identifiable customer information is **NOT** included in the texts. Upon termination, employees will be asked to remove texts from their device if they contain customer information.

Although the company's email system is meant for business use, personal usage is allowed when it is reasonable and does not interfere with work.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.J; HIPAA: 45 CFR §164.310(b);
Related Operational Procedure	IT Operational Procedures

SECTION **Security & Technology**

SUBJECT **A.8.04 - Use of Social Media for Business Related Purposes**

PURPOSE To establish requirements regarding the appropriate use by employees of social media for business reasons

SCOPE All Community Connections employees and contractors acting as agents for Community Connections.

POLICY Only approved employees or contractors are allowed to post on any social media for business related purposes. Employees will not post confidential customer or Community Connections proprietary information.

DEFINITIONS: Social media can take many different forms including, but not limited to: internet forums, chat rooms, blogs and micro-blogs, online profile, wikis, podcasts, pictures, videos, instant messaging, and music-sharing. Examples of social media include Facebook, Messenger, X (formerly Twitter), Instagram, LinkedIn, YouTube, TikTok, Flickr, Reddit, etc.

PROCEDURE

Employees or contractors who have been authorized by Directors or the Executive Director to utilize the company social media presence are representing Community Connections and will follow these guidelines when posting information or responding to posts:

- When you post or comment on social media, always state your name or be speaking as a representative of Community Connections. Always act consistently with Community Connections mission and core values.
- You are accountable for what you write, produce, or record. Participation on social media within an employee's role at Community Connections must be taken seriously.
- Reply to comments quickly when a response is appropriate, always maintaining confidentiality.
- When posting Community Connections materials and information do not share third party copyrighted publications, music, logos or other trademarked images. If you do use someone else's material, give them credit. In some cases, you may need their written permission.
- Write what you know. Write and post about your area of expertise and what you have been approved to share.
- Employees can be held accountable for content created by the employee on social media outlets that negatively reflects upon the organization.
- Before you engage in any social networking that identifies yourself as an employee of Community Connections, or that identifies the agency, please consider whether you are damaging Community Connections' reputation. If you are uncertain, consult your supervisor.
- Be respectful of other employees by not disclosing personal or contact information or posting photographs of coworkers or supervisors without their prior permission.

Originally Drafted/
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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	HIPAA: 45 CFR §164.308(a)(1)(ii)(C); HIPAA: 45 CFR §164.310(b);
Related Operational Procedure	IT Operational Procedures

SECTION **Security & Technology**

SUBJECT **A.8.05 – Information Technology Inspection and Monitoring**

PURPOSE To ensure effective security and overall maintenance of agency equipment, software, hardware, and supporting infrastructure

SCOPE All Community Connections employees and contractors using Community Connections equipment or resources.

POLICY Community Connections may inspect and shall have access to all agency owned equipment including computers and any information thereon and may monitor employee or contractor usage of company internet, network, and e-mail usage at any time. Community Connections reserves the right to audit the networks, systems and physical assets on a periodic basis to ensure compliance with this policy.

PROCEDURE

Any device approved to connect to agency equipment or the agency networks will be considered part of the infrastructure while physically connected to agency equipment or the agency networks and will be subject to this policy as needed to ensure the security and overall maintenance of the agency's systems. Unknown or unauthorized devices physically connected to agency equipment or the agency networks are not allowed and may be seized by Community Connections.

All Community Connections network login attempts are monitored and reviewed on a regular basis per the IT Operational Procedures. Activity on company systems with access to ePHI are also monitored and recorded.

At any point in time, the Executive Director may instruct the Tech Team or other employees to conduct an inspection of agency equipment or hardware and information contained therein.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.J; HIPAA: 45 CFR §164.312(b); HIPAA: 45 CFR §164.308(a)(1)(ii)(D);
Related Operational Procedure	IT Operational Procedures

SECTION **Security and Technology**

SUBJECT **A.8.06 - Remote Access**

PURPOSE To secure and manage remote access to agency data and applications.

SCOPE Community Connections employees and contractors

POLICY Remote access will be conducted in a way that protects the agency network and ensures sensitive information remains confidential.

PROCEDURE

Remote Access Policy:

- Directors will review and approve all remote access requests of up to four hours per day and up to five days at their discretion. Remote access requests outside of these parameters will be subject to discussion.
- Remote Work and IT Equipment Request forms will be completed and given to Human Resources for filing and they will notify the Tech Team. The Executive Director may waive the form requirement as needed. Emails may be accepted in absence of a form in certain cases.
- Remote access for staff working at a remote Community Connections site may be approved by their Director or the Executive Director, without the requirement of the request form.
- If using personal devices to remote into the agency network, the device must be fully updated with operating system patches and current anti-virus software that is set to scan on a regular basis. If a personal device is no longer able to update system patches or antivirus, the device will be denied access.
- Strong and unique passwords must be used for logging onto Community Connections computers.
- Passwords in remote shortcut should not be saved and must be entered each time a remote connection is made.
- Remote sessions must not be left unattended, and all information must remain confidential from other household members. Remote sessions will be terminated by logging off.
- Any Wi-Fi used for a remote connection should have encryption enabled for the wireless network.
- The Tech Team will be notified immediately if there is suspected malware, or Community Connections passwords have been compromised.
- Any remote access to the Community Connections network requires Multifactor Authentication (MFA).
- Remote access from foreign countries is blocked.

Originally Drafted/
BOD Approved: 1/2025
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.8.01, A.8.02, A.8.03, A.8.04, A.8.05
Community Connections Operational Policy	
Form	Remote Work & IT Equipment Request.docx
Related Standards/Licensing/Grant Requirements	CARF 1.J.2; HIPAA: 45 CFR §164.308(a); HIPAA: 45 CFR §164.310(b); HIPAA: 45 CFR §164.312(a)(2)(iii)
Related Operational Procedure	IT Operational Procedures

SECTION **Security and Technology**

SUBJECT **A.8.07 - Data Storage Transfer and Disposal**

PURPOSE To ensure appropriate handling of electronic data, considering confidentiality of customer and employee protected information

SCOPE All Community Connections Employees and Contractors

POLICY Confidential electronic information including ePHI will be transferred, stored, and disposed of in ways that protect information from unauthorized access. The IT Team will conduct regular backups of ePHI and other important data.

DEFINITIONS

Protected Health Information (PHI): All individually identifiable health information held or transmitted by Community Connections or a business associate, in any form or media, whether electronic, paper, or oral. PHI is a term used in HIPAA regulations as they pertain to services provided through the SDS and CMH programs.

Electronic Protected Health Information (ePHI): All individually identifiable health information Community Connections or a business associate creates, receives, maintains or transmits in electronic form.

PROCEDURE

All Community Connections business-related, confidential information will ONLY be stored on agency owned equipment and in agency owned or managed facilities unless the information has been formatted to remove any personal identifying information and/or prior approval has been granted by the Executive Director. Encryption will be used on all Community Connections equipment that stores ePHI. Servers that contain confidential electronic information and ePHI will be located in secure areas that can be monitored by staff or will have additional security such as keyed entry limited to only necessary staff.

Employees will follow guidelines provided by the Tech Team and will store important documents, including ePHI, in approved locations on the network whenever possible. Critical files, especially those containing ePHI, should not be stored directly on the desktop of Community Connections workstation computers.

Access to confidential electronic information including ePHI will be granted based on the user's duties and role using the minimum access necessary. The HIPAA Security Officer, Directors, Executive Director, or HR will approve roles and exceptions.

Access will be disabled immediately upon employee or contractor termination. The HR Team will collect keys, disable key fob access, conduct exit interviews that include a discussion of continued privacy requirements, and notify the Tech Team of the terminations. The Tech Team will disable network and any other accounts that access ePHI and assure that any assigned tech equipment is returned.

Employees will not transfer, post, sync, or create files that contain any confidential company information via the internet without the proper encryption and/or prior approval. This includes, but is not limited to, email, ftp, p2p, chat programs, web forums, blogs, Facebook, and cloud-based services such as a **personal** Microsoft Office 365 accounts, Apple iCloud and Google docs.

Additionally, this information cannot be transferred to any personal electronic device such as cell phones, pdas, memory sticks, USB jump drives, video cameras and computers unless formatted to remove any personal identifying information and prior approval has been granted.

Employees will not store confidential information on any portable device or media without proper encryption and prior approval. This includes, but is not limited to, CDs, DVDs, USB jump drives, memory sticks, video tapes, and laptops. For customer information requests, Community Connections staff may use a company or customer-produced new, unopened USB jump drive. Encryption does not have to be used if the customer declines, but staff should inform the customer of security implications.

Any information on a device or storage media that contains confidential company information must be disposed of in an approved manner. All devices will be turned over to the Tech Team or disposed of according to their direction per the IT Operational Procedures.

Hard copies, including but not limited to printed paper, video tapes, and printed pictures containing confidential company information, will not leave Community Connections facilities without prior approval of the Directors or designee.

Personal mobile device access must follow the guidelines listed below:

- An employee must be authorized for personal device access by their Director or the Executive Director. Requests will be considered on a case-by-case basis.
- The employee must agree to always keep a password on their device. The employee must also agree to enable encryption on their device if it is not turned on by default.
- Multifactor Authentication (MFA) will be required when accessing Community Connections data from a personal device.
- Microsoft 365 apps are approved for accessing Community Connections information. An additional app PIN will be required to use these applications.
- Currently approved non-Microsoft apps include Therap, DocuSign, the UserLock Push App, and CareLogic Mobile and EVV apps.
- When using Microsoft 365 apps, the employee will be required to install a management profile on their mobile device. They must also agree to keep their phone updated at all times. If the phone is not updated in a timely manner, access may be removed from the device.
- Whenever the employee's ComCon network password is changed, the employee will need to manually change the password in the Microsoft accounts on their device.
- Employees will report the loss or theft of their mobile device to their supervisor and the Tech Team immediately. The employee's ComCon network password MUST also be changed immediately to prevent further access of information on the lost device.
- An employee choosing to use a personal device to access Community Connections information will be authorizing Community Connections to remote wipe a lost/stolen device (if needed) to remove any confidential information it may contain. The Tech Team will use reasonable measures to ensure that personal data is not lost, but Community Connections will not be responsible for any loss of personal information caused by wiping.
- Employees should enable any features/apps on their device that can help them locate the device in the event it is lost. The employee should test the effectiveness of the application.
- Accessing Community Connections information will normally use a small amount of data on the employee's cell plan. It is the employee's responsibility to monitor/maintain their

cell data plan. Community Connections is not responsible for any overages in data usage that may occur from accessing the information.

- Occasionally devices can cause issues with server performance. In those cases, the Tech Team will attempt to solve the problem, but in some instances, it may be necessary to disable access on the employee's device.
- Currently, the Tech Team recommends Apple mobile devices for information access. In some instances, the employee's device may not be compatible and will not be able to access the Community Connections and/or Microsoft servers. Please check with the Tech Team for current information on device compatibility.
- The Tech Team can only provide limited support for personal devices. The employee may need to contact their provider for additional assistance.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.E.3; 1.J.1; HIPAA: 45 CFR §164.308(a); HIPAA: 45 CFR §164.310(d)(1); HIPAA:45 CFR §164.312; HIPAA: 45 CFR §164.502(b)
Related Operational Procedure	

SECTION **Security and Technology**

SUBJECT **A.8.08 - Information Technology Assessment**

PURPOSE To ensure information technology hardware and software systems adequately meet the needs of the agency

SCOPE Community Connections IT Employees and Agency Directors

POLICY Community Connections will undertake an IT Assessment at minimum, annually.

PROCEDURE

The Finance Director will utilize regularly scheduled Management Team and IT employee meetings to assess and address the agency's technology needs. IT staff, together with the HIPAA team, will conduct a HIPAA Security Risk Assessment at minimum, annually. Results will be communicated with the Senior Leadership Team. Relevant findings will be communicated to workforce members affected by them.

The plan and assessment will consider HIPAA electronic protected health information and the risks associated to ensure adequate protection of that information. HIPAA Security Risk Assessments will be documented and corrective action plans with plan of action milestones will be developed as needed to mitigate identified security deficiencies. IT staff will conduct a periodic review of information security procedures and system security settings to evaluate their effectiveness. Information security and risk management documents will be kept for at least 6 years.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.J.1; HIPAA: 45 CFR §164.308(a)(1)(ii)(A); HIPAA: 45 CFR §164.308(a)(1)(ii)(B); HIPAA: 45 CFR §164.312(a)(1); HIPAA: 45 CFR §164.316
Related Operational Procedure	IT Operational Procedures

SECTION **Security and Technology**

SUBJECT **A.8.09 – Security Response Team**

PURPOSE To respond appropriately and in a timely manner to security incidents.

SCOPE Community Connections Directors, HR Staff, IT Staff, HIPAA Officers, and Board of Directors

POLICY Security Incidents will be reported immediately and mitigated as quickly as possible. The incident and outcome will be documented and logged with any evidence preserved. It will be reported as needed per HIPAA requirements.

PROCEDURE

When a security incident is reported or discovered, the following staff will be included in the initial Security Response team:

- Executive Director/HIPAA Security Officer
- HIPAA Privacy Officer

The following staff will be included in the initial response team if the incident involves ePHI or IT infrastructure.

- IT System Administrator

Additional Staff will be added based on the evaluation of the initial response team:

- IT Staff – If technical assistance is needed
- HR Associate Director and/or HR Staff – If the incident involves employee conduct, or disciplinary action is required
- Director of the program involved in the incident
- Supervisor of staff involved in the incident.

Originally Drafted/
BOD Approved: 1/2025
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.8.10 Security Response Procedures; A.2.13 Corrective Action; A.9.06 Confidentiality of Customer Information
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.E.3; 2.G.1; HIPAA 45 CFR 164.308;
Related Operational Procedure	

SECTION **Security and Technology**

SUBJECT **A.8.10 – Security Response Procedures**

PURPOSE To respond appropriately and in a timely manner to security incidents.

SCOPE Community Connections Directors, HR Staff, IT Staff, HIPAA Officers, and Board of Directors

POLICY Security Incidents will be tracked, reported, and mitigated immediately, and mitigated without delay. The incident and outcome will be documented and logged with any evidence preserved. It will be reported as needed per HIPAA requirements.

DEFINITIONS:

Protected Health Information (PHI): All individually identifiable health information held or transmitted by Community Connections or a business associate, in any form or media, whether electronic, paper, or oral. PHI is a term used in HIPAA regulations as they pertain to services provided through the SDS and CMH programs.

Electronic Protected Health Information (ePHI): All individually identifiable health information Community Connections or a business associate creates, receives, maintains or transmits in electronic form

Security Incident: The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information in an information system, ePHI, or physical, PHI, documents;
or
The attempted or successful unauthorized access, use, disclosure, modification or interference with system operations in an information system or facility where ePHI/PHI is stored.

PROCEDURE

When a Security Incident is reported, or discovered, the following procedures will take place:

- A security incident will be determined based on the definitions above. Examples of these will include:
  - Theft, or accidental/intentional disclosure, of passwords that are used to access electronic protected health information (ePHI).
  - Virus attacks that interfere with the operations of information systems with ePHI.
  - Physical break-ins that lead to the theft of ePHI or PHI (e.g., computers that contain ePHI, or paper files)
  - Failure to terminate the account of a former employee that is then used by an unauthorized user to access information systems with ePHI.
  - Providing media with ePHI, such as a PC hard drive or laptop, to another user who is not authorized to access the ePHI prior to removing the ePHI stored on the media.

- The incident will be immediately reported to the HIPAA Security and Privacy officers, and IT Systems Administrator if applicable.
- The HIPPA Security and Privacy officers will determine if the Security Response Team needs to be activated.
- The HIPAA Privacy Officer or IT System Administrator will log the incident and collect any evidence or supporting information. The log and supporting files will be kept for at least 6 years.
- The log should contain the following information:
    - Incident number (assigned by Community Connections)
    - Person Logging
    - Person who found or reported the incident
    - Date found
    - Date of incident
    - Any Application that recorded the incident (e.g. Trend, SolarWinds SEIM)
    - Description of the incident. This should include any staff involved.
    - Steps taken to Mitigate. This should include any disciplinary action and/or additional training.
    - Results of investigation
    - Was any ePHI/PHI involved
    - Did this qualify as a breach? If so, log if the incident was reported and if any customers needed to be informed.
    - Who was the incident reported to
    - What remediation steps were taken
    - Any additional notes
- The HIPAA Privacy Officer and Security Officer will notify all necessary entities if applicable, per HIPAA requirements.

Originally Drafted/
BOD Approved: 1/2025
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.2.13 Corrective Action; A.9.06 Confidentiality of Customer Information
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.E.3; 2.G.1; HIPAA 45 CFR 164.308;
Related Operational Procedure	

SECTION **Security & Technology**

SUBJECT **A.8.11 – Personal Use of Social Media**

PURPOSE To establish expectations and guidelines for employees' personal use of social media to protect confidentiality, maintain professionalism, and avoid harming Community Connections.

SCOPE All Community Connections employees and contractors acting as agents for Community Connections.

POLICY Employees may not represent Community Connections on any social media platform without prior authorization. Employees must maintain confidentiality, protect client and coworker privacy, and avoid any posts that could harm CC or reveal identifying information about clients, staff, or community partners.

DEFINITIONS: Social media can take many different forms including, but not limited to: internet forums, chat rooms, blogs and micro-blogs, online profile, wikis, podcasts, pictures, videos, instant messaging, and music-sharing. Examples of social media include Facebook, Messenger, X (formerly Twitter), Instagram, LinkedIn, YouTube, TikTok, Flickr, Reddit, etc.

PROCEDURE

1. **Unauthorized Representation**
    a. Employees must not create, manage, or post to any social media page, group, or account representing Community Connections unless authorized in writing by the Executive Director or designee.
    b. Employees must not respond to public posts or community discussions as representatives of CC unless assigned to do so.
2. **Confidentiality & Privacy**
    a. Employees must not share any information, direct or indirect, that could identify a client, family member, caregiver, coworker, community partner, or program activity.
    b. Employees must not post:
        i. Photos taken in CC offices, vehicles, client homes, schools, or community settings.
        ii. Descriptions of client situations, crises, or services, even if names are omitted.
        iii. Indirect posts that still allow community members to identify the client or situation.
    c. All client information is protected under HIPAA. FERPA, and CC confidentiality policies.
3. **Personal Account Conduct**
    a. Employees may maintain personal social media accounts but must:
        i. Refrain from posting about CC business, internal operations, or client-related matters.
        ii. Clearly identify personal views as their own if referencing their employment.
        iii. Not post harmful, defamatory, unprofessional, or inappropriate content related to CC or its partners.

iv. Maintain professional boundaries, including avoiding “friending” current clients or families.

b. Personal use of social media must not interfere with job duties.

Failure to comply with this policy may result in corrective action, up to and including termination, depending on the severity of the violation.

Originally Drafted/
BOD Approved/
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	HIPAA: 45 CFR §164.308(a)(1)(ii)(C); HIPAA: 45 CFR §164.310(b);
Related Operational Procedure	IT Operational Procedures

SECTION **Security & Technology**

SUBJECT **A.8.12 - Artificial Intelligence (AI) Use**

PURPOSE To guide the safe, responsible, and appropriate use of Artificial Intelligence (AI) tools to support employee productivity while protecting confidential information, including electronic protected health information (ePHI).

SCOPE All Community Connections employees, contractors, and volunteers.

POLICY Artificial Intelligence tools may be used for Community Connections business purposes only. All information processed or generated using AI tools remains the property of Community Connections. AI tools may only be used when they are specifically approved by the organization and when their use complies with confidentiality, privacy, and security requirements.

AI tools are intended to assist employees with work tasks. AI does not replace professional judgment, clinical decision-making, or required documentation standards.

DEFINITIONS:

AI (Artificial Intelligence): Technology that can generate, summarize, or assist with text, data, or other content based on user input.

Approved AI Tools: AI tools that have been reviewed and approved by Community Connections for work use.

Confidential Information: Includes but is not limited to customer information staff records, and internal agency data.

ePHI: A subset of confidential information. This includes customer electronic protected health information.

PROCEDURE:

Approved AI Tools

Employees may use **only** the following AI tools for work purposes:

- **Microsoft Copilot** – Used within Microsoft 365 applications such as Edge, Outlook and Microsoft Teams. **Copilot may only be used when signed in with an official Community Connections account.** Use of Copilot from personal or non-Community Connections accounts is not permitted.
- **Zoom AI** – Used within Zoom meetings and collaboration tools. **Zoom AI may only be used when the meeting is created and hosted using a licensed Community**

Connections Zoom account. Meetings created from personal or unlicensed accounts may not use Zoom AI features.
- **CareLogic AI** – AI features available **within the CareLogic EHR system** and used in accordance with normal EHR documentation and security requirements.
- Use of any other AI service must be approved by the HIPAA Security Officer or HIPAA Privacy Officer.

Use of AI with Confidential Information

- AI tools may be used to assist with writing, summarizing, organizing information, or improving clarity.
- Use only the **minimum necessary customer information** when entering prompts or data into AI tools.
    - When possible, use the word “customer” or “client” instead of the customer’s actual name.
    - Use customer initials only when necessary.
    - Omit other customer-identifying information, such as address, birthdates, email addresses, etc.
    - Only upload photos with customers when a release has been signed.
- AI may not be used to make clinical decisions, diagnoses, or determinations.
- All AI-generated content must be reviewed by an employee for accuracy before use and the use of AI-generated content must be noted.

Prohibited Uses

Employees may not:
- Use public or personal AI tools for work purposes unless approved by the HIPAA Security Officer or HIPAA Privacy Officer.
- Upload full medical records or patient documents into AI tools
- Rely on AI output as an official clinical or program record
- Use AI in a way that violates privacy, confidentiality, or security policies

Training and Responsibility
Employees are responsible for understanding this policy and using AI tools appropriately. When unsure whether AI use is allowed, employees must contact the Tech Team or their supervisor before proceeding.

Security and Monitoring
Use of AI tools within Community Connections systems may be logged and reviewed for security and compliance purposes. Misuse of AI tools may result in corrective action.

Incident Reporting
Any suspected or accidental disclosure of confidential information involving AI tools must be reported immediately to IT or Compliance.

Originally Drafted/
BOD Approved:
Last Review: 4/2025

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.J.1; HIPAA: 45 CFR §164.308(a)(1)(ii)(C); HIPAA: 45 CFR §164.310(b); HIPAA: 45 CFR §164.312
Related Operational Procedure	IT Operational Procedures

SECTION **Standards of Quality**

SUBJECT **A.9.01 - Core Values and Philosophy Statement**

PURPOSE To provide a statement of the agency's mission and core values that serve as the foundation for all Community Connections programs and activities

SCOPE All Community Connections employees

POLICY Community Connections will maintain a statement of mission and core values which apply to all programs and services.

PROCEDURE

All Community Connections employees are expected to contribute to the professional reputation of the agency through understanding and promoting the organization's mission and core values in all aspects of services.

Mission Statement

Community Connections provides individualized, customer guided supports that encourage independence, community belonging and quality of life.

Core Values

We believe that there is strength in diversity and we value those natural individual differences such as culture, religion, personality, and disability that both challenge us and make each of us unique. Our services focus on bringing out the best in each person, and respecting the unique talents, interests, and values of both staff and the individuals we serve. We build on people's strengths.

We are committed to excellence and continuous improvement and will strive to use best practice in our management, and all of the services we provide. If we try something and it doesn't work we are willing to *try another way.*

We seek to maximize community participation of the people we serve. Through thoughtful planning, we provide services in the most natural ways possible, normalizing help while encouraging independence.

We value professional integrity and respect, and these values provide a foundation for how we treat our staff, peers, and the individuals we serve. This means assuming positive intent, practicing direct and supportive communication, maintaining confidentiality and honesty, and working toward mutual understanding.

We believe in the importance of collaboration and shared leadership and work to develop positive relationships and partnerships with the individuals we serve, other organizations, their staff, and with each other. Leadership is encouraged at all levels, *most importantly* in the families and individuals we serve.

This mission statement represents Community Connections' core purpose, highest priorities, and the fundamental force that drives our actions. As employees of Community Connections, we model these values as we perform every aspect of our work.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Quality**

SUBJECT **A.9.02 - Providing Quality Services**

PURPOSE To identify specific ways in which Community Connections staff and programs ensure that all clients are receiving the highest quality services that are available

SCOPE All Community Connections employees

POLICY Programs will provide quality services and establish methods to monitor the provision of quality services.

PROCEDURE

To ensure quality services, programs will establish and adhere to service philosophies relevant to the services provided. Each program will establish and align itself with recognized evidence-based practices. The programs document these practices in operational procedure and provide this information to staff, customers and collaborative partners.

Following are types of methods utilized in monitoring service delivery:

- Customer file reviews are conducted on a regular basis to ensure that all client services are appropriately documented, and that client files are complete and error-free
- Supervisory support is given to employees while providing direct customer services
- Customer service plan reviews are conducted and documented on a regularly scheduled basis
- Regularly scheduled customer and staff surveys
- Supervisory and internal review of documentation
- 360-degree performance reviews that include customer and peer feedback
- Evaluation tools utilized for assessing trainings
- Team meetings to discuss service delivery which include staff, customers and collaborative partners as appropriate

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Quality and Client Care**

SUBJECT **A.9.03 - Agency Performance Improvement**

PURPOSE To emphasize the value that Community Connections places on performance improvement activities

SCOPE All Community Connections employees

POLICY Community Connections is committed to our Core Value of Continuous Improvement. To this end, several methods are employed to collect data to be analyzed for improvement opportunities within programs and throughout the agency.

PROCEDURE

Community Connections employs several formal and informal methods to gather, review, and analyze agency performance data, including the following:

- Annual customer surveys are mailed to customers and families.
- Regular meetings are held regarding each customer and their plan of care. These meetings may be attended by the customer, parents/guardians, and other agency representatives (teachers, counselors, case workers, probation officers, etc.), as appropriate. These meetings offer both the customer and other providers an opportunity to offer suggestions for improving services for the customer. These suggestions and decisions are documented in the written review form and placed in the customer file.
- Grant funded programs and services regularly gather specific performance data as outlined in the grant objectives and evaluation plans. This data is reported to the funding agency and reviewed by the respective program coordinator(s) and Director to identify areas of improvement.
- Annual employee performance reviews include an opportunity for the employee to offer written and verbal input for self, program, and agency improvement. These reviews are regularly reviewed by the Directors.
- Senior Management will meet regularly to discuss current program/agency issues and make timely decisions for improvements to programs and services.
- Programs hold regularly scheduled employee meetings with program employees to discuss customer and program issues, make suggestions for improvement, and to share decisions made at Senior Management meetings that are relevant to all employees.
- At least once each year, the Executive Director meets with key referral and collaborating agencies to solicit feedback for improving programs and services.
- On a monthly basis, Finance personnel provide Directors with a detailed financial report of the current income and expenditures for each program. In addition, the Board of Directors receives updated financial statements and balance sheets on a monthly basis for review and formal approval.
- Annually, employees are given an “Employee Satisfaction Survey” form to complete anonymously. Completed surveys are reviewed by Senior Management and the Executive Director, and a summary is given to the Board of Directors.
- A quarterly review of all incident reports is reviewed by the Health and Safety Committee, including directors. Results are summarized based on type of incident (i.e. medication errors, injury to self/other, use of restraints, etc.). This information is used to assess

quality improvement opportunities and/or successes and included in annual performance measures.

- Directors will review customer grievances quarterly to assess quality improvement opportunities.
- The agency regularly engages in planning efforts that encourage all employees to provide feedback. The data and information that is gathered from the various sources is used in the strategic planning process that the Board of Directors and agency leadership annually undertake.

The information collected from the above noted methods is used in a variety of ways. Primarily, it helps us to ensure ongoing program and agency health and improvement opportunities. All Directors will annually review and summarize their findings in a “Quality Improvement Report”.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Quality**

SUBJECT **A.9.04 - Cultural Sensitivity and Knowledge**

PURPOSE To demonstrate our alignment with our Core Value of Strength in Diversity and to work effectively and sensitively within various cultural contexts

SCOPE All Community Connections employees

POLICY Community Connections will train employees to identify the unique cultural perspectives customers bring to services and will individualize services based upon culturally diverse perspectives.

DEFINITIONS

A Person's Culture: A person's *culture* refers to their beliefs, values, attitudes, religion, social communication and behaviors that is developed through personal experiences as well as passed down within a family or other group. A person or family will have their own micro culture but will also prescribe to the norms of a larger cultural group.

Cultural Sensitivity*: Cultural sensitivity* means being aware that cultural differences and similarities exist and have an effect on values, learning, and behavior as well as valuing the diversity among different cultural groups.

Cultural Knowledge: *Cultural Knowledge* means having an understanding of cultural norms and practices.

PROCEDURE

Community Connections sets an expectation of cultural sensitivity for all employees and trains employees to gain cultural knowledge regarding the customers to whom they are providing services.

Culture influences one's behavior. Culture influences an individual's physical and mental health, beliefs, practices, behaviors, and even the outcomes of interventions. Research indicates that culturally appropriate service improves assessment and diagnostic accuracy and increases participation in treatment and service plans.

For staff to accurately determine an individual's needs and to appropriately plan how to address those needs, they first need to understand how a customer's culture affects them and what cultural strengths might be exerted upon those needs. While all people share common basic needs, there are vast differences in how people of various cultures go about meeting those needs.

Employees will:

- Learn from individuals and families about their history, beliefs, language, value system and norms. This information will allow staff to uniquely respond to the needs of the family.
- Service Coordinators will ensure the team serving an individual and family are provided with this information.

- Work to understand how the family's culture impacts their beliefs about family, health, mental health, development, participation in services, and all other aspects of the services being provided.
- Learn skills and behaviors to provide appropriate services for diverse populations.
- Learn to effectively exchange information, perception, instruction, and preferences with customers and their families.

Community Connections is committed to providing culturally sensitive services and to support staff to learn and behave in a culturally sensitive manner. Management creates the service delivery structure and environment where cultural sensitivity is possible.

Community Connections enhances its cultural sensitivity and knowledge with:

- Culturally sensitive personnel – providers, paraprofessionals, and administrators with appropriate skills, knowledge, and attitudes
- Culturally sensitive services – interventions and treatments proven effective with individuals from the diverse communities likely to be served
- Culturally sensitive organizations – policies, administrative procedures, and management practices designed to ensure access to culturally appropriate services and knowledgeable personnel

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Quality**

SUBJECT **A.9.05 - Required Documentation for Employees Working Directly with Customers**

PURPOSE To maintain true and accurate records and meet State and Federal funding requirements

SCOPE All Community Connections employees

POLICY Employees will complete required documentation per specified submission timelines.

PROCEDURE

Employees are required to complete documentation regarding work with customers on the day services are rendered, either during the service shift or shortly following the service shift. The documentation must be accurate and meet all required quality assurance guidelines. Documentation must be turned in to supervisors according to program guidelines. These guidelines are developed considering all State and Federal Regulations as well as agency policies and procedures.

Children's Mental Health Program Documentation Guidelines

- First version of the Individual Treatment Plan will be completed on the day of assessment with an effective date matching the Mental Health Assessment date.
- Future Treatment Plans will occur within 90 days of the previous Treatment Plan Meeting.
- Progress Notes will be completed on the day services are provided and include the following services:
    - Intensive Case Management
    - Community Recovery Support Services (individual, group)
    - Crisis Intervention
    - Crisis Stabilization
    - Mobile Outreach and Crisis Response Services
    - Treatment Plan Development Review
    - Daily Behavioral Rehabilitation Services
    - Pharmacologic Management
    - Psychotherapy (individual, group, family)
    - Multi-family group psychotherapy

Senior and Disability Program Documentation Guidelines

Documentation will occur on the date of service and meet the standards of Medicaid and the Department of Senior and Disability Services. Documentation includes but is not limited to:

- Case management
- SDS Critical Incident Report
- Community Connections Incident Report
- Crisis Intervention
- Customer contacts

- Comprehensive Home and Community Support Services
- Recipient Support Services
- Mandated Reporting

Early Learning Program Documentation Guidelines

Documentation will occur on the date of service and meet the standards of Medicaid, the Department of Health and Social Services and the Department of Education. Documentation includes but is not limited to:

- Home Visit Summaries
- Targeted Case Management
- Therapy Consultation
- Individualized Family Service Plan
- Contact Log
- Mandated Reporting
- Community Connections Incident Report
- Prior Written Notice
- Parent Consent for Evaluation and Screening

According to Alaska Statute, an individual who signs a a false timesheet and/or service notes, may be guilty of a Class A misdemeanor offense of Medical Assistance Fraud under AS 47.05.210(a)(5): “A person commits the crime of medical assistance fraud if the person….. knowingly makes a false entry in or falsely alters a medical assistance record.”

Community Connections is committed to accurate and timely documentation of all services provided and follows all regulatory guidelines for reporting fraud committed by any individual affiliated with the agency including an employee, contractor, or customer.

Originally Drafted/
BOD Approved: 08/2014
Last Review: 04/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 2.G.6;
Related Operational Procedure	

SECTION **Standards of Quality**

SUBJECT **A.9.06 - Confidentiality of Customer Information**

PURPOSE To ensure rights to privacy are respected

SCOPE All Community Connections employees, contractors, and Board of Directors

POLICY All employees, contractors, and Board of Directors of Community Connections assume an obligation to treat any information pertaining to customers or their families with the utmost of confidentiality. Any information gained about customers through agency employment and/or participation, whether verbal, written, or electronic, will be considered private. Community Connections will follow applicable privacy laws including Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA) as they pertain to our customer information and services.

DEFINITIONS

***Confidentiality*:** Refers to the safeguarding, by a recipient, of information about another person.

***Privacy*:** The right of an individual to keep information about themselves from others.

Protected Health Information (PHI): All individually identifiable health information held or transmitted by Community Connections or a business associate, in any form or media, whether electronic, paper, or oral. PHI is a term used in HIPAA regulations as they pertain to services provided through the SDS, CMH and ELP programs.

Electronic Protected Health Information (ePHI): All individually identifiable health information Community Connections or a business associate creates, receives, maintains or transmits in electronic form.

***Release*:** Refers to a person's written authorization to allow personal information to be shared based on full disclosure regarding who will receive the information and how it will be used. The person must understand that they have a clear choice regarding what information they are willing to share.

PROCEDURE

Privacy Practices

- Community Connections will maintain a Notice of Privacy Practices which will be provided to all customers at the beginning of services. Receipt of the Privacy Practices will be documented through the Notice of Privacy Practices Acknowledgement of Receipt form or the Admissions Paperwork Signature Page form.
- Customers will be notified of any substantive changes to the privacy practices.
- Staff, contractors, volunteers, and the Board of Directors will follow the duties outlined in the privacy notice.
- Staff will not share *any* information including protected health information about a customer to individuals with whom they do not have written permission except as allowed and required in the Notice of Privacy Practices.

- Release of Information forms will be completed.
- Community Connections will maintain a Privacy Officer to answer questions and field complaints regarding privacy issues and to maintain a log of breaches to confidentiality as required by HIPAA.

Referrals

- When accepting referrals from other healthcare providers or schools, Community Connections staff will confirm with the referring organization that the individual or family has given permission for Community Connections to contact them either verbally or in writing.
- When making referrals to other entities, Community Connections staff will always get written permission on a signed Release of Information form from the individual or guardian.

Security of Customer Information

- Within Community Connections facilities:
  - Customer records will be stored out of sight in locked locations.
  - Staff will take reasonable precautions to hold sensitive conversations regarding services in private locations out of the earshot of individuals who are not involved with the individual's services.
  - Electronic customer information will be stored, transferred, and disposed of in accordance with the Data Storage, Transfer, and Disposal policy.
- In community environments and in customers' homes, employees will:
  - Keep all customer documentation out of the sight of unauthorized individuals.
  - Discuss customer services and needs within private settings, while carefully monitoring if people can easily walk by and overhear content.
  - Encourage customers to request privacy for conversations with content that is inappropriate for public venues.
  - Privately verify the customer's consent to continue the services or involve a person in services when in a customer's home and an unexpected person is also there.
- All employees will regularly speak with customers about confidentiality and situations that challenge confidentiality. Employees will discuss the following prior to services:
  - How both parties will interact during chance meetings in public places.
  - How a customer would like to be introduced, or not, when in community-based services and the employee is greeted by a friend or family member.
- When there is an unauthorized release of confidential information not allowed by law, the privacy breach will be reported as an incident report within 24 hours.

Employee Training

- Community Connections employees will be trained at new hire and annually on the confidentiality of customer information policies and procedures and privacy practices.

Consequences for Violating the Confidentiality Policy

- Violations of this policy and procedure by Community Connections employees will be handled in line with the Corrective Action policy (A.2.13) and can include termination of employment when warranted.

Community Connections Notice of Privacy Practices for Customers:

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask the privacy officer how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask the privacy officer how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the privacy officer listed at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We will ask you to sign a written release of information form unless you are present and give us verbal permission to disclose information.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes
- Any substance abuse treatment records
- We will never sell your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways without getting written permission (a signed release of information form) from you.

Provide services to you

We can use your health information and share it with other professionals within Community Connections who are serving you.

Example: A Service Coordinator will share your information with support specialists providing services to you.

Run our organization

We can use and share your health information to run our organization, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health***. We have to meet many conditions in the law before we can share your information for these purposes.*** For more information talk to the privacy officer listed on this notice or see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address law enforcement, and other government requests

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective May 16, 2016

HIPAA Privacy Officer or designee assigned by Executive Director, phone: (907) 225-7825 721 Stedman St., Ketchikan, AK 99901

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.2.13
Form	Notice of Privacy Practices, Release of Information
Related Standards/Licensing/Grant Requirements	CARF 1.E.3; 2.G.1; CYS 3.T.5
Related Operational Procedure	OP.1.03

SECTION **Standards of Care**

SUBJECT **A.10.01 - Customer Rights**

PURPOSE To ensure that Community Connections employees protect the fundamental human, civil, constitutional, and statutory rights of each client, and that each client's personal dignity and autonomy are respected in the provision of all services

SCOPE All Community Connections employees, contractors, Board of Directors

POLICY Community Connections will take all steps necessary to ensure that customers are aware of their rights and their rights are respected. Employees will make every effort to ensure that customers experience freedom from abuse, neglect, humiliation, retaliation, financial or other exploitation. Conflicts of interests between customers and those delivering their services will be avoided.

PROCEDURE

Each program maintains a listing of customer rights and procedures. Upon admission and annually, customers are informed of their rights. Confirmation of receipt of these rights is placed in the customer's file.

Employees, contractors and the Board of Directors will avoid customer conflicts of interest. The following types of activities will be avoided:

- Exploitation of the relationship with any customer for personal or business benefit
- Engaging in or allowing any financial transaction with, or on behalf of, any customer if that transaction could result in personal or financial benefit to anyone other than the customer
- Soliciting customers known to be receiving identical services from another provider
- Seeking to influence the eligibility determination process by providing false or misleading information about an applicant or customer
- Representing a customer during a hearing or appeal process

Access and Clarification of Rights

Client rights are made readily accessible at all program sites and are available to clients, legal guardians, and employees at any time. Copies of the rights are posted in common areas and are included in the client welcome packet, and available upon request. Staff are trained to provide clear explanations and support to clients seeking clarification about their rights. Any client request for clarification should be addressed promptly and respectfully, with follow-up by a supervisor or program Director if necessary.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.K.; 2.A.14
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.02 - Customer Role in Service Planning**

PURPOSE To ensure all customers are given multiple opportunities to actively engage in the planning and implementation of their own individual service plan

SCOPE All Community Connections employees

POLICY Community Connections will actively engage customers and their families in the development and modification of their own service goals, interventions and services.

PROCEDURE

Customer engagement in the development and modification of their own service goals, interventions, and the services they receive is an essential component of obtaining successful outcomes. Customers need to be active participants in the planning process and can gain significant self-worth when they are empowered to be a part of the planning and review process.

- All customers must give consent to receive any treatment or services from Community Connections. Customers will not be forced to engage in services against their will.
- Customers actively participate in the assessment process by identifying their personal strengths, suggesting service goals, and identifying effective interventions and motivators.
- Customers are always encouraged to attend and actively participate in their initial and ongoing plan review team meetings. A customer or their guardian may also choose others to participate in these planning meetings.
- Service meetings are regularly scheduled to review customer progress toward plan goals. A specific component of the review process includes soliciting customer input and feedback on their plan progress. Service plans are adjusted accordingly.
- Depending on the results and recommendations of the assessment or planning process, customers may seek services outside of Community Connections.
- For Children's Mental Health Services, there are some cases in which a customer's control over consent to treatment may be compromised. These include but are not limited to: a very young customer who may not understand the need for treatment services, issues that may pose an imminent health/safety risk to the customer or others, and legal issues that may supersede the customer's right to consent to treatment.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF CYS 3. T.5
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.03 - Family and Natural Supports Involved in Services**

PURPOSE To ensure that customers' families and natural supports are encouraged to participate in agency programs and services

SCOPE All Community Connections employees

POLICY All Community Connections programs and employees will actively and regularly encourage customer family members and natural supports to participate in agency programs and services.

PROCEDURE

All customer assessments and plans will include information about family relationships and natural supports. Customers will be asked about their interest in having family members and/or natural supports involved in their services, at the time of intake and throughout their involvement in the program. Those identified will be encouraged to be actively involved in services as outlined in the customer's plan and in accordance with the customer's wishes.

Program employees will gather family member contact information and obtain releases of information as needed.

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF CYS 3.T.5
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.04 - Customer Access to Legal Assistance**

PURPOSE To ensure all customers have access or referral to legal entities for appropriate representation and advocacy

SCOPE All Community Connections employees

POLICY Community Connections will provide a referral to legal services when available and when deemed necessary by the customer or the agency.

PROCEDURE

Community Connections maintains a listing of legal services available and makes these available to customers as appropriate. These services may include but are not limited to a guardian ad litem, lawyer, public legal advocacy services, and Tribal legal assistance.

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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.05 - Suspected Abuse and Neglect**

PURPOSE To comply with State of Alaska Statute and ensure all suspicions of abuse and neglect are referred to appropriate investigative officers

SCOPE All Community Connections employees

POLICY Community Connections employees will comply with Alaska Statute 47.17.020 and 47.24.010 which requires all employees to report suspected abuse or neglect of a child or vulnerable adult.

DEFINITIONS

Reasonable suspicion: means cause, based on all the facts and circumstances known to the person, that would lead a reasonable person to believe that something might be the case*

Immediately: as soon as is reasonably possible, and no later than 24 hours

*Definition provided by State of Alaska website:
http://dhss.alaska.gov/ocs/Pages/publications/reportingchildabuse.aspx#_ftn2

PROCEDURE

All employees will prioritize the immediate health and safety of clients. If an employee is a witness or the first responder to an emergency situation, i.e. an employee observes violence towards a vulnerable adult or child or comes upon a child who is injured the first call is 911. A secondary report to their supervisor and protective services will be made after addressing immediate health and safety concerns.

According to Alaska Statute 47.17.020 and 47.24.010 all Community Connections employees meet the definitions of mandated reporters of abuse and neglect of a child or vulnerable adult.

Employees are required to report any specific incident of abuse or neglect or *reasonable suspicion* that a child or vulnerable adult has suffered harm from abandonment, exploitation, abuse, neglect, or self-neglect; if in doubt, make the report. Employees are not required to have firsthand knowledge or have been a witness to abuse or neglect.

Steps in reporting:

1. An employee with a reasonable suspicion will immediately contact their immediate supervisor or any available supervisor to receive support in contacting the appropriate authorities. An employee may need to leave their location of work to come into the main office or meet with a supervisor to make the report.

2. The employee with the most immediate knowledge of the circumstances and facts will make the report. Reporting the event to a supervisor does not relieve the employee of their legal obligation to contact the following reporting numbers.

    - FOR CHILDREN during the hours of 8:00-4:30: Employees are required to make a

report to the centralized reporting office in Juneau: Office of Children's Services 1-888-622-1650 immediately when there is reasonable cause that a child has suffered harm as a result of child abuse or neglect.

- FOR CHILDREN before 8:00 am and after 4:30 pm: If the family resides within the City of Craig: 907-826-3330, Klawock: 907-755-2777, Ketchikan: 907-225-6631, Metlakatla: 907-886-4011. If the child resides outside of city limits, contact Alaska State Troopers 907-225-5118.

- FOR ADULTS: Employees are required to call the central reporting number for the Division of Senior & Disabilities Services at 1-800-478-9996 no later than 24 hours after first having reasonable cause for a belief of abuse or neglect.

3. Community Connections supervisors will provide support for employees while the call is made and assist as needed in immediately completing a Community Connections Incident Report.

4. Community Connections Incident Report will be completed and routed according to the procedure.

<u>If you fail to report</u>
Alaska Statute 47.17.68 provides that if the employee knows or should have known that the circumstance gave rise to the need for a report of abuse or neglect and the employee failed to report the abuse the employee may be found guilty of a class A misdemeanor.

<u>Protections for reporters</u>
If an employee makes a report in good faith, they are immune from civil and criminal liability for making the report as per AS 47.17.50. However, the employee is NOT immune if he/she makes an untimely report or the employee is accused of committing the abuse or neglect.

Community Connections employees, who have reasonable suspicion, will direct their report to the centralized reporting service. If the employee is directed by state officials to contact a local office or call back later, Community Connections employees will insist upon a report being recorded and continue to make calls to the centralized number until a report has been filed.

Community Connections employees will not conduct or take an investigative stance with children, families or those receiving services. It is the job of law enforcement, Office of Children's Services, and the courts to determine whether abuse has occurred. When a well-meaning mandatory reporter seeks more information than is necessary to determine a reasonable suspicion it can inadvertently impact future investigations.

Community Connections employees who have a reasonable suspicion of abuse or neglect by a school employee or observe conduct by a school employee that could be considered abusive or neglectful, the employee will immediately report the information to their supervisor. The information will be immediately reported to:

- The Office of Children's Services;
- The principal or supervisor of the school building; and
- The superintendent of the school district.

There may be instances in consultation with a supervisor that it is appropriate to contact local policing authorities, i.e. state police, city police. Some of these instances may include:

- Immediate risk of harm
- Suspected abuse or neglect by someone who is NOT a household member

There may be occasions where the Office of Children's services or a police officer is conducting an investigation and they come to the school to speak with a child about their home situation. OCS staff may approach Community Connections employees to ask questions. According to mandated reporting laws, employees can provide information to officers of the court without a release of information. In these instances, Community Connections employees will:

1. Confirm the identity of the person as either a police officer or OCS staff.
2. Tell them you would like to find a private location to speak.
3. Tell them you need to call and let your supervisor know that you are speaking with them.
    - Employees may ask their supervisor to come and be physically present if they need support during the conversation.
4. Provide answers to their inquiries, if you don't know, don't guess but direct them to other employees that work with the child or family that can provide correct information.
5. Follow up with your supervisor at the end of the conversation.
6. Complete an incident report.

At times, OCS needs to conduct an immediate investigation and OCS staff is aware that the children are enrolled in our services. OCS may contact our offices during service hours and ask for an immediate interview with the children. In these instances, Community Connections employees will:

1. Inform OCS staff that we can help them meet with the children.
2. Allow OCS to complete an interview on Community Connections properties, but NOT in activity spaces, select a room that is private but not typically used by the children.
3. If a child requests the employee to stay with them the Community Connections employee may remain in the room, the employee may provide comfort and support but will not answer questions for the child, verbally prompt the child, or answer questions of the interviewer in front of the child.
4. Community Connections employees may answer questions of the interviewer outside of the presence of the child.
5. Ask OCS, as long as it is safe for the children, to inform the parents that OCS requested an interview with the children and Community Connections cooperated by ensuring access. This is to protect the safety of the children.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Incident Report Form
Related Standards/Licensing/Grant Requirements	CARF 1.H.9
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.06 - Positive Approaches to Behavioral Support**

PURPOSE To describe Community Connections commitment to using positive, individualized approaches to supporting customers

SCOPE All Community Connections employees

POLICY Community Connections believes that each customer is best supported by a positive, concerned, and accepting circle of support that values diversity and provides a comprehensive system of highly personal services and supports across their lifespan. Community Connections services emphasize developing positive relationships with customers as well as the demonstration and teaching of positive, proactive behaviors.

PROCEDURE

Community Connections' services to all customers will focus on interventions and supports that:

- Are positive and strength based
- Support customers in making personal choices
- Provide a consistent and predictable environment
- Increase a customer's involvement in typical community activities
- Foster skills and behaviors that promote mental and physical wellness
- Focus upon skill building in all environments, school, home and community
- Pro-actively seek to prevent escalation of emotions
- Utilize data gathering to support planning and monitoring of success
- Create individualized, person-centered planning that is regularly updated and revised
- Clearly and positively state expectations for positive participation in services
- Utilize repetition to build skills and clarify expectations
- Utilize a wide variety of interventions that are matched to strengths and preferences
- Is willing to adjust the environment, rather than the person to set up success and skill building
- Support customers in choosing as many aspects of their services as possible

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See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 2.A.13
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.07 - Trauma Informed Care**

PURPOSE To meet high standards of care and best practice for our customers and employees

SCOPE All Community Connections employees

POLICY Community Connections is committed to being a trauma-informed organization.

PROCEDURE

Community Connections assumes individuals and organizations may have experienced and been affected by trauma. This includes people we serve, all employees, and others we encounter while conducting business. We believe relationships are a vehicle for healing and we strive to adhere to these principles of trauma informed care: safety, trustworthiness, choice, empowerment, non-violence, and democracy.

Community Connections employees will receive training in de-escalation skills and engagement strategies to lower re-traumatization.

All customers and families will receive screening to indicate presence of adverse childhood experiences, trauma, interpersonal violence, and other stressful events.

When the screening indicates the presence of trauma, Community Connections will either provide thorough assessment and responsive treatment planning around the trauma and stress or refer outside the agency for further evaluation.

Community Connections will work to have trauma specific programming and resources, including referral sources, for all service seekers.

Community Connections will provide partner and community education and support around trauma and trauma informed services.

Community Connections will review customer and employee processes and critical incidents with an awareness of the impact of primary and secondary trauma and routinely provide support, education, and resources.

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Last Review: 4/2026

See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.08 - Managing Verbal Aggression**

PURPOSE To ensure positive and supportive interventions are utilized in managing customer verbal aggression

SCOPE All Community Connections Employees

POLICY Community Connections employees will respond to verbally aggressive customer behaviors with support, choices, and according to de-escalation techniques. Physical restraint will not be used when customers solely exhibit verbal aggression.

PROCEDURE

Overview

Community Connections will provide a therapeutic environment for customers at all times. This includes promoting mutual respect, customer self-direction and empowerment, and the safety of all.

Employees will recognize escalating behaviors and utilize verbal and non-verbal de-escalation skills to support customers. Employees will affirm emotions and recognize when fear and anger are fueling increasing aggression.

The use of physical restraint techniques are not considered therapeutic interventions by Community Connections and will only be used in rare occasions by trained employees, in response to physical aggression. Restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the client or others from injury or serious harm. (see Non-Violent Practices policy A.10.09)

Interventions for Customer Escalation (Verbal Aggression)

Employees will:

- Utilize the coping skills, ideas and prompts on the customer safety plan, within the treatment plan, and/or verbally conveyed by the clinician.
- Support positive problem solving, present three genuine choices, and allow for private discussion.
- Prevent a customer from feeling cornered, having an audience of peers, or feeling that they are in a no-win situation.
- Utilize distraction and/or support customers in withdrawing from situations.
- Remove objects from the situation that could pose a danger to the customer or others.
- Communicate with each other when they believe that a customer is beginning to escalate into aggressive behaviors.
- Utilize interventions appropriate to the age, development, and situation
- Remove other customers, witnessing verbal escalation, from the immediate vicinity or activity as necessary.
- Notify the service coordinator and/or clinician regarding escalating and verbally aggressive episodes

- Support customers in processing and discussing escalations after the event, once a customer is calm and able to problem-solve.

In situations of extreme behavior, employees are encouraged to contact the customer's Service Coordinator or Child and Family Therapist, as well as other supervisors for additional support, encouragement, or suggestions.

The following guidelines are specific to the Children's Mental Health Program

Children's Mental Health Customer Screening for Safety
Each customer will be screened during the initial and/or mental health intake assessment to determine the potential risk of harm to self or others and the most appropriate behavior support and management interventions. Individual Safety Plans will be developed and followed by employees to help customers de-escalate.

Children's Mental Health Employee Training
Employees receive annual training, on-the-job observation opportunities, and regular supervision that focuses on recognizing and responding to customers who are showing signs of fear, anger, or pain that may lead to aggression or violence.

Employee training for dealing with these potentially volatile situations includes identification of the signs that a customer is escalating, making changes to the physical environment, active and respectful listening, redirecting, helping the customer identify choices, offering safe outlets for physical activity, and other treatment-oriented interventions.

All new employees receive training within their first six months of hire and annually thereafter.

Children's Mental Health employees will be trained in utilizing the customer's Individual Safety Plan.

Children's Mental Health Prevention
Employees will:

- Keep in mind any triggers listed on the Children's Mental Health customer's Individual Safety Plans during service times.
- Utilize appropriate non-verbal and verbal communication to positively influence situations.
- Attend to the escalation behaviors and cycles of each individual customer.

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	Non-Violent Practices
Form	
Related Standards/Licensing/Grant Requirements	CARF 2.F
Related Operational Procedure	A.10.09

SECTION **Standards of Care**

SUBJECT **A.10.09 - Non-Violent Practices (Use of Restraint and Seclusion)**

PURPOSE To provide clear guidance to all Community Connections employees on the agency's approach to and practices for non-violent interventions with clients

SCOPE All Community Connections employees

POLICY The use of restraint and seclusion techniques are not considered therapeutic interventions by Community Connections and will only be used in rare occasions by trained employees when customer behavior escalates to physical aggression. Restraint is used only when other less restrictive measures have been found to be ineffective to protect the customer or others from injury or serious harm. Seclusion will not be used by Community Connections employees. Peer restraint is not an accepted practice in Community Connections programs. Seclusion and/or restraint will never be used by Community Connections employees as a means of coercion, discipline, convenience, or retaliation.

DEFINITIONS

Restraint: The use of physical, chemical, or mechanical means to temporarily limit a person's freedom of movement.

- Briefly holding a person, without undue force, for the purpose of comforting him/her, or to prevent self-injurious behavior, or holding a person's hand or arm to safely guide him/her from one area to another is not a restraint. Also, separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion: The restriction of a client to a segregated room with the person's freedom to leave physically restricted. A client is considered in seclusion if freedom to leave the segregated room is denied.

- Taking a voluntary time out, even though the time out may occur in response to verbal direction, is not considered seclusion.

Physical Aggression: Actions towards another person or towards oneself with a degree of force that may be reasonably expected to cause injury.

PROCEDURE

Overview

Community Connections works to eliminate the use of restraint in service interventions. This goal can be achieved as employees utilize positive behavior supports, verbal de-escalation techniques, and focus on creating supportive, attuned relationships between customer and employee.

At no time will chemical restraints, seclusion, or prone restraints ever be used.

On rare occasions, when service interventions, such as making changes to the physical environment, active and respectful listening, redirecting, helping the customer identify choices, offering safe outlets for physical activity, etc. are not successful and there is imminent danger of serious harm, restraint may be used to ensure safety. Physical restraint will only be used when a customer is exhibiting a level of physical aggression that is putting the customer, other

customers, and/or employee at immediate risk of physical harm. The use of physical restraint techniques are not considered therapeutic interventions by Community Connections and will only be used in rare occasions by trained employees, in response to physical aggression. Restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the client or others from injury or serious harm.

Employees who find themselves in a situation in which physical restraint is necessary must follow MANDT procedures as described in annual training and in accordance with Community Connections policy and procedure.

Employee Training

All direct service employees receive annual training, on-the-job observation opportunities, and regular supervision that focus on recognizing and responding to customers who are showing signs of fear, anger, or pain that may lead to aggression or violence.

Employee training for dealing with these potentially volatile situations includes identification of the signs that a customer is escalating, making changes to the physical environment, active and respectful listening, redirecting, helping the customer identify choices, offering safe outlets for physical activity, and other treatment-oriented interventions.

All Children's Mental Health employees, who will provide sole supervision for a child, will receive MANDT Training within their first six months of hire and annually thereafter. Additionally, any other agency employee who will be working with a customer, having a behavioral plan developed by a licensed professional, will also be trained in MANDT.

Employees will be trained in utilizing the customer safety plan.

Customer Screening for Safety

All Children's Mental Health customers will be screened during the initial assessment to determine the potential risk of harm to self or others and the most appropriate behavior support and management interventions. Senior and Disability Services customers will be referred to a licensed behavioral specialist as identified in their Plan of Care. Individual Safety Plans will be developed. Employees will follow these plans to help customers de-escalate.

Prevention

- Employees providing services in the schools will work closely with school personnel to plan ahead for preventing escalation of behaviors.
- Employees will regularly assess the environment and daily status of customers to prevent escalating behaviors.
- Employees will keep the customer safety plan with them at community-based sites and utilize suggested interventions as necessary.

Customer Physical Aggression

If a customer becomes physically aggressive and is at imminent danger of serious harm to themselves or others:

- All other customers will immediately be removed from the situation.
- A supervisor will be contacted as soon as possible to provide assistance.
- Law enforcement will be called immediately if a customer's behavior is deemed to be a threat to customers or the employee, and likely to be unable to be managed by the employee due to the stature of the customer or employee.

- Physical restraint will only be used when a customer is exhibiting a level of physical aggression that is putting the customer, other customers, and/or the employee at immediate risk of physical harm and no other options including retreat are available. Since physical restraints put both the customer and employee at significant risk, they should only be used when refraining from using a restraint will put others or the customer at risk of physical harm.
- Employees who find themselves in a situation in which physical restraint is necessary must follow MANDT protocols.
- Employees will verbally notify a customer of the potential use of restraint once a verbal order is obtained and continue to utilize all non-restraint methods of intervention until or unless there is imminent danger to self or others.
- CMH services employees are encouraged to contact any Community Connections clinician or clinician's supervisor as soon as there is reasonable belief that a customer may escalate to physical aggression.
- SDS services employees are encouraged to contact any Community Connections SDS supervisor as soon as there is reasonable belief that a customer may escalate to physical aggression.

Verbal Clearance for use of MANDT restraints

- CMH services employees must receive verbal clearance from a Master's-degreed clinician prior to utilizing a MANDT restraint, this may occur via telephone but not via text message.
- SDS services employees must receive verbal approval from a supervisor or follow the critical behavior and intervention procedures within the customer's plan of care when signs of escalation are present and prior to utilizing a MANDT restraint. This may occur via telephone but not via text message.
- A standing order or permission for a hold will never be given for any CMH customer.
- A standing order or permission for a hold may be written into a critical behavior and intervention procedure within a SDS customer's plan of care.
- When an order for a restraint is given, it is time-limited and will not be valid after one hour for a child under 18 and not more than four hours for an adult 18 or over.
- For CMH, an order for restraint may be renewed verbally for a total of up to 24 hours but ONLY after a face-to-face evaluation is completed by a clinician. At the 24-hour mark a new order is required following a face-to-face evaluation with a clinician.
- The order for a restraint, as well as interventions provided to help the customer de-escalate will be documented in the customer's chart via service notes and/or incident report.
- CMH clinical employees will complete an Authorization for The Use of Restraint form within two hours of the verbal clearance.
- SDS employees will complete the Critical Incident Report within 24 hours as required.

During the use of a MANDT Restraint

- Employees will only use MANDT methods of restraint.
- Employees will consider the physical, developmental, and abuse/neglect history of the customer prior to and during a restraint.
- Employees will monitor the customer for signs of distress.
- Employees will communicate with the customer that the restraint is to keep them and others safe.

- Employees will pay particular attention to a customer's vital signs, need for food, liquids, and use of the restroom.
- Mechanical, non-human means of restraint will not be used under any condition.
- If the customer's behavior and strength preclude safe management by a Community Connections employee, law enforcement will be contacted. A supervisor will be contacted, when at all possible, prior to contacting law enforcement, but as soon as practical or after it becomes safe to do so.
- Customers, who must be restrained until law enforcement arrives, will be restrained in a manner that keeps both the customer and employee as safe as possible.
- Customers will be released from a restraint as soon as the threat of harm is no longer imminent. Customers do not need to be calm to be released. Restraint only lasts until the need for protection is over.
- No individual restraint will last longer than 3 minutes. Any nearby employees are encouraged to support monitoring time.

Utilizing a Team Member during a Restraint

- When other Community Connections employees are present to support de-escalation, they may engage in a variety of activities including, monitoring the time since a verbal order was given, and monitoring the seconds and minutes that a restraint is active.
- Employees will work together throughout their attempts to verbally de-escalate and will clearly communicate when one might remove themselves from the situation to make phone calls or receive guidance from supervisory staff.
- Consistent with MANDT materials, a two-person restraint may be utilized when an employee cannot restrain a person by themselves, either due to aggressive behavior or the size of the person.
- The employees will actively communicate who is leading the restraint by using verbal and non-verbal cues.
- Both employees in a two-person restraint will work to move with the customer, being cautious of the customer's joints and placement of arms to avoid constricting the diaphragm.
- The team will release the restraint in reverse order.

Restraint Guidelines for Adults

- Employees are encouraged to know their limitations both in size, strength, and knowledge.
- Employees will not attempt to utilize restraint with a customer that the employee assesses will too easily overpower the employee or is likely to result in either person being injured.
- Employees will not utilize force but rather redirect touch.

Restraint Guidelines for Smaller Size Customers

- Restraint will not be used at all for children under the age of 5 unless their behavior is so dangerous that the risk of injury without a restraint is higher than the risk of a restraint.
- Employees will remember that children are at much higher risk of injury with any restraint and that ALL attempts to de-escalate must be exhausted prior to using a restraint.
- Employees will utilize MANDT restraint techniques from a kneeling position in order to appropriately position, balance, and communicate with the customer.

Restraint Guidelines for Customers with Special Needs

- Employees will adapt their communication during times of crisis to best be understood by the customer.
- Employees will be especially cautious with customers that have physical challenges including chronic pain, poor balance, tight muscles, or poor coordination to support the customer physically and use touch in areas that are least likely to trigger a pain response.
- Restraint with those experiencing limitations with strength and coordination will be targeted towards the stronger limbs, as those are most likely to be used in aggression.

Procedures Immediately After Using a Restraint

- Immediate medical attention will be made available if there are any signs of injury resulting from the restraint.
- Within CMH services, a clinician will provide a face-to-face evaluation within one hour of the order being given to utilize a restraint, if an actual restraint occurs. This may occur via telemedicine only when mileage to the service site exceeds 30 and/or inclement weather prohibits safe travel to the site.
    - The evaluation will assess the physical, emotional, and psychological well-being of the customer.
    - If the clinician identifies a need for medical intervention, the clinician will refer and support a customer in meeting with a physician for evaluation.
- For all other services a Service Coordinator or Director will provide a face-to-face evaluation within twenty-four hours of a restraint.
    - The evaluation will assess the physical, emotional, and psychological well-being of the customer and the employee.
- The employee providing the hold will also be assessed to determine immediate needs for support and debriefing. This will not supersede the needs of the customer. Additional supervisory employees may assist.
- Additional arrangements for support and other services for the customer will be made promptly.
- The parent or legal guardian will be notified of the use of restraint, as soon as possible and always within ten hours of the restraint.
- All physical restraints will be thoroughly documented on a Community Connections Incident Report form within twenty-four hours of the restraint.

CMH Formal Debriefing

- A series of formal debriefing sessions, led by a clinical supervisory employee or other trained designee (not the customer's clinician) shall occur in a safe, confidential setting within one working day of the restraint.
- Any exceptions to this timeline will be authorized by clinical supervisory staff and delays will not exceed the completion of the debriefing within two working days.
- Debriefing participants will include the customer, supervisory employee, the assigned clinician, service coordinator, and participants in the incident.
- The customer and parent/legal guardian and other family members will be encouraged to participate. When the parent/legal guardian is unable to be physically present for the debriefing, every effort will be made for their participation telephonically and/or the debriefing shall be scheduled at a time within the 24–48-hour period that allows their attendance.
- The leader of the debriefing will determine how to meet with the customer for debrief in a way that is the least re-traumatizing.

- The leader of the sessions will determine which participants to have in the same sessions to reduce re-traumatization.

Debriefing Purpose and Content

The debriefing provides a supportive, non-punitive learning opportunity for people directly involved in the incident to discuss circumstances leading to the hold with trained, objective clinical and administrative personnel. Review of the event in a safe, supportive setting is intended to thoughtfully clarify issues surrounding the event, and any miscommunications or mistakes that may have occurred. A debriefing may reveal revisions needed in the customer's Safety or Treatment Plan or indicate changes in procedures or additional employee training which will be considered.

The debriefing will focus on the following:

- Determination of the antecedent triggers and precipitating factors leading to the hold
- Examination of patterns in customer behavior and employee responses
- Ensuring required documentation is completed
- Facilitating the customer's re-entry into regular program activities if this has not already happened

The following standards shall be observed during all debriefings:

- Discussion is confidential unless information is revealed that is egregiously against Community Connections' policy and procedures or unlawful
- Discussion shall remain respectful between all participants, without blame or defensiveness
- Verbal participation is strongly encouraged, but is voluntary
- Access to the meeting is closed after the meeting has started

Documentation

A written summary of the debriefing shall be completed by the debriefing facilitator and forwarded to the Director and Executive Director within 5 working days of the debriefing. The debriefing summary and relevant incident reports and authorization for the use of restraint will be reviewed by management for conformance with policy and procedure and applicable laws. The summary will also be forwarded to the department specific Quality Improvement Committee for review. The written summary shall be maintained in corporate records in a separate file designated to hold all documentation of debriefings.
The Clinical Director or other relevant Director shall direct any issues related to holds that require immediate attention to senior management.

Review and Assessment

All incidents are recorded in tracking sheets maintained by Health and Safety personnel. On a quarterly basis, all incident reports are reviewed by each department's quality assurance personnel and a summary of findings presented to the Health and Safety Committee. At least annually, program management teams review all incidents reports to assess quality improvement opportunities and plan for implementation of those. The results of this review process are included in the Quality Improvement Plan, under the heading "Use of Restraints".

For the SDS department, the use of restrictive restraints is a critical incident that requires reporting to the State within 24 hours. The department manages and reports in accordance with 7AAC130.229(d).

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.10.08 Managing Verbal Aggression
Form	Authorization for Use of Restraint; Incident Report; Debriefing Summary
Related Standards/Licensing/Grant Requirements	CARF 1.H.9; 2.F., 7AAC130.229(d).
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.10 - Customer Research**

PURPOSE To ensure Community Connections safeguards the interests of customers participating in research conducted by Community Connections employees or affiliated parties

SCOPE All Community Connections employees

POLICY Community Connections will protect the dignity and safety of customers participating in research conducted by Community Connections employees or affiliated representatives.

PROCEDURE

All research that involves customers shall comply with all state and federal requirements including DHHS (45 CFR 46).

Written informed consent for a customer's participation in any research project shall be required. A statement of rationale for the research shall be provided in the consent form. The consent form shall become part of the customer's record and consent may be withdrawn at any time.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.11 - Customer Use of Tobacco**

PURPOSE To maintain a safe and healthy work and service environment

SCOPE All Community Connections employees, contractors and customers

POLICY Community Connections facilities, vehicles, and services are tobacco free environments.

PROCEDURE

Customers will be provided with the following guidance regarding the use of tobacco products:

- Community Connections' customers are not permitted to use tobacco products in Community Connections' premises or in Community Connections' vehicles. Customers will follow the rules of each facility, when smoking outside. For some facilities, the entire exterior of the property is smoke-free while other facilities have a designated smoking area.
- Community Connections' customers under the age of 19 are not permitted to use tobacco products while participating in Community Connections service activities.
- Community Connections is a tobacco-free work and service environment. Employees and contractors may request customers over the age of 19 refrain from using tobacco products during services. When a customer chooses not to refrain, an employee may excuse themselves from the customer's area during the tobacco use.
- For customers who request support and assistance in refraining from using tobacco products, Community Connections will offer aides or referrals to support cessation. These include such things as counseling and encouragement and gum purchased by the agency.
- Customers will be encouraged and supported in attending a community-based tobacco cessation class.

<u>Residents of Therapeutic Foster Homes</u>
Residents of therapeutic foster homes who are found to have tobacco products, lighters, or matches on their person or in their room or belongings, or who are observed using tobacco on or off family property may receive consequences as determined by their foster parent, guardian and/or treatment team.

Foster Parents will notify the customer's Service Coordinator within 24 hours to assist in developing interventions and consequences that are appropriate to the circumstance and the client's age.

Service Coordinators will notify the legal guardian of customer tobacco use.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 2.A.26
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.12 – Customer Knives and Firearms**

PURPOSE To support the safe and culturally appropriate use of knives during the provision of services

SCOPE All Community Connections employees, customers, and services

POLICY Employees will support customers in the safe and appropriate use of knives for food preparation. Hunting, fishing or carving knives will only be integrated into service times with the written permission of the guardian when it is related to the customer's service plan. At no time will a Community Connections employee utilize a firearm near a customer or support the use of a firearm by a customer.

PROCEDURE

Employees will ensure the safety of customers and others by using the most conservative judgment in having knives integrated into service provision. Employees will be especially cautious with customers who are known to be impulsive, have poor self-control, are explosive, and/or have a history of aggression.

Customers between the ages of 10 and 18 must have signed written permission from their guardian prior to being able to:

- Utilize a knife for carving or fishing.
- Utilize a sharpened knife for food preparation.

Fishing

Customers, with the permission of their guardian and under the supervision of an employee, may utilize a filet knife to learn how to clean a fish, if they are 10 or older with guardian permission. Customers between the ages of 10 and 18 must wear protective gloves while utilizing a fishing knife. Smaller pocketknives may be used by those who meet age requirements under supervision and with permission for the cutting of fishing lines. Fingernail clippers are an appropriate method of cutting fishing lines, with supervision for those under age 10. Employees will ensure that younger children and those without permission do not have access to a filet or pocketknife during fishing activities.

Food Preparation

Knives provided by the agency for the purpose of food preparation in proximity to customers who are 18 and younger will be kept in locked containers while not in use.

Customers younger than age 10 may utilize butter knives during food preparation without the permission of a guardian but under the supervision of an employee. Employees will pre-teach customers regarding knife safety and carefully supervise food preparation.

Customers older than age 10, and with permission of a guardian, will be closely supervised while using knives for food preparation. Employees will ensure that the customer has adequate training and space away from other customers to limit distractions.

Sharpened tools for the purpose of preparing wood for outdoor fires will not be utilized by customers outside of the wilderness program. For those within wilderness services customers may utilize sharpened implements with appropriate protective equipment and under employee supervision.

Employees providing Senior and Disability Services may support a customer over the age of 18 in the use of hunting knives, when they are not provided by the agency and the activity is in support of subsistence activities within the service plan.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.9; 2.A.26
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.13 – Photography, Videography, Audio Recordings**

PURPOSE To ensure customers' and employees' right to confidentiality regarding digital content including, but not limited to photography, videography and audio recordings

SCOPE All Community Connections employees

POLICY Community Connections preserves customers' and employees' right to privacy and confidentiality with regard to photography, videography and audio recordings by obtaining appropriate releases and providing clear procedures for such activities.

PROCEDURE

When Customer Consent is Necessary

Photography, videography, and audio recordings will only occur, except as identified below, with the written consent of the customer, parent or guardian, which defines the intended use of the photograph or video. Photographs and videos of customers will be maintained in a secure and confidential manner.

- *Videography and audio recordings* **–** With a video or audio release, customers may be videotaped or audio recorded during their active service sessions. All videography and audio recordings must occur only on agency-owned equipment approved by the IT Administrator.
- *Photography* **–** Typically, photography of customers will occur in the community service setting and usually by a direct service employee. Because of this, photography typically occurs on employee-owned devices. The procedures to protect customer confidentiality require two releases for this type of activity. Both a Photography Release and an Electronic Communication release must be obtained when photographing customers during their active service sessions. Employees will follow these procedures when the photographs are on employee-owned equipment:
    - Employees will not identify or label the photographs with any information.
    - The data will be stored on personal devices only as long as it takes to transfer to a company device. As soon as possible, photos must be sent via text or email to the appropriate service coordinator.
    - Employees will delete the items from the personal device and ensure that the data has not synced with personal computers, personal electronic clouds or personal social media outlets.
    - When employees discover photos have inadvertently been stored on personal devices or within personal electronic clouds, they will immediately delete the photo.

With the written consent of a customer or their personal representative, pictures of a customer (with or without their name) may be used in public displays and publications for the purposes of celebrating achievements and accomplishments, publicizing the agency's services, or advocating for populations that the agency serves.

Employees may transfer photos or videos to customers at the customer's request. For any customer who has a guardian, the guardian must give permission. The method of transfer will take into consideration the confidentiality of the information being transferred. In some cases, an

email or text for a photo without any confidential material may be appropriate. Otherwise, the transfer will be made through a jump drive or CD.

When Customer Consent is Unnecessary

Community Connections employees will photograph customers without consent only for the purpose of maintaining an identifying photograph in the customer file, which may, when necessary, be released to policing authorities for the purpose of identification.

Employee Consent

Employee consent will be documented at time of hire. Consent may be revoked at any time.

Employees may not take unsolicited photos, videos or audio recordings of other employees at any time. If taking any of the mentioned, all employees must be made aware.

Originally Drafted/
BOD Approved: 10/2005
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Video or Photography Release
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.14 – Use of Customer Supplies and Equipment**

PURPOSE To identify appropriate use of customer provided supplies and equipment

SCOPE All employees

POLICY Community Connections personnel may utilize customer provided supplies and equipment only for the purposes and times of service delivery.

PROCEDURE

Customers are expected to provide certain supplies used in the provision of services. These include:

- Cleaning supplies used to clean a customer's personal living space;
- Items of a personal nature including hygiene supplies, clothing, medications, etc.;
- Food and beverages to be used in preparing client meals and snacks.

Community Connections' employees and contractors will not drive or otherwise utilize a customer's motor vehicle unless approved by the Executive Director. For an employee to use a customer's motor vehicle, the customer must add a specific employee(s) to their insurance policy.

Originally Drafted/
BOD Approved: 2/2017
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.15 - Admission/Exclusionary Criteria**

PURPOSE To define the admission and exclusionary criteria

SCOPE All employees in the SDS or CMH Departments

POLICY Employees within SDS or CMH Departments will admit for service provision those who meet eligibility criteria, as determined by an assessment conducted by a trained staff. Community Connections will restrict services offered despite eligibility when an individual meets exclusionary criteria.

PROCEDURE

Children's Mental Health

Community Connections' CMH program utilizes in-person and phone-based conversations with those who request services to identify any immediate risk of harm. Discussions with those who request services are informed of the prioritization process but do not serve as a screening for eligibility.

Community Connections' CMH program will admit for services those determined eligible during a mental health assessment by a Master's-degreed clinician. The services provided will be determined by the individual's needs and desires.

Community Connections' CMH Priority Population procedures will be applied to prioritize the assessment of eligibility and admission.

Community Connections' CMH program will restrict access to the program or specific services when a Master's-degreed clinician determines:

Exclusionary Criteria:

- The individual does not have a primary mental health diagnosis;
- History of physical or violent behavior that may pose a threat to self, peers, or staff; or
- When the individual's needs as determined by a Master's-degreed clinician exceed the services or expertise available within the program.

Senior and Disability Services

Community Connections' SDS program utilizes in-person and phone-based conversations with those who request services to identify any immediate risk of harm. All risks will be assessed and reported to the appropriate state agency. Discussions with those who request services inform referrals of resources available and the prioritization process but do not serve as a screening for eligibility.

Community Connections' SDS program will admit for application of services those determined eligible during an intake assessment by a certified care coordinator. The services provided will be determined by the Department of Senior and Disability Services for the State of Alaska and Medicaid eligibility.

Community Connections' SDS Priority Procedures will be applied to prioritize the assessment of eligibility and admission. Referrals will be made to other community agencies if needed.

Community Connections' SDS program will restrict access to the program or specific services when the Director determines:

Exclusionary Criteria

- The individual does not have a primary health diagnosis that will qualify for senior or disability services;
- History of physical or violent behavior that may pose a threat to self, peers, or staff; or
- When the individual's needs as determined by the Director exceed the services or expertise available within the program.

All Departments – Termination of Services

Community Connections will cease providing services to customers in various situations, most commonly because a customer decides to terminate the services, moves to a location Community Connections does not serve, and/or becomes ineligible to receive services (Medicaid eligibility, aging, changed circumstances, etc). In these instances, the customer is voluntarily terminating services.

In the case of involuntary termination of services, the Director or Executive Director are the only ones authorized to make an involuntary termination of services determination. In those instances when the Director or Executive Director has determined that a customer's services are being terminated involuntarily, Community Connections follows this procedure:

- Customer is provided a minimum 60-day written notice that services will no longer be provided. In that notice, a customer's right to appeal is referenced and the procedure to do so included.
- Customer is provided assistance with transition to other providers.
- For SDS customers, written notice is provided to the customer's care coordinator.
- Other affiliated parties such as school personnel, Office of Children Services personnel, foster parents etc. are notified.

When the agency closes and/or changes ownership, customers and affiliated individuals are provided a 60-day written notice of such change.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.10.02
Form	Request/Referral for Services
Related Standards/Licensing/Grant Requirements	CMH Grant CARF 2.B.3 Medicaid Regulation PCA and Waiver Certification
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.16 - Customer Grievance**

PURPOSE To provide customers and their families with a formalized way to resolve alleged infringements of a customer's rights

SCOPE All Community Connections employees and customers

POLICY Community Connections customers and their families have the right to express grievances related to the infringement of customer rights, and to have their grievances investigated and resolved in a timely, consistent, and respectful manner, without fear of any retaliation or barriers to services.

DEFINITIONS

***Definition of Grievance*:** Any complaint related to the care, provision of services, and/or well-being of any customer. Grievance matters may include but are not limited to:

- Matters pertaining to physical or mental well-being of any customer
- Matters involving the violation of any stated customer right
- Matters involving the right of any customer to humane care and treatment

PROCEDURE

All customers will receive a written notification of the Customer Grievance Policy. Customers and families will be informed that complaints and grievances will not result in retaliation or barriers to services. Any customer wishing to make a complaint will be informed by an employee how to do so in a way that is clear and understandable to the customer. The customer may request assistance from a person of his/her choice to help file the complaint.

Customer Grievance Procedure

1. The customer is encouraged to present his/her complaint directly to the employee most directly connected to the concern.
2. If the customer is not satisfied with the resolution at this level or is not comfortable making a complaint directly to the employee most directly connected to the concern, he/she may take the concern to the appropriate supervisor.
3. If the customer continues to be unsatisfied with the situation/resolution, he/she has the option of completing a written statement, detailing the nature of the complaint, and describing the attempts at resolution. Employees will in no way discourage customers from submitting a written grievance.
4. The written grievance will be given to the appropriate Director for review and action. Within five days of receipt, the Director will meet with the customer in an attempt to resolve the issue. Within two business days of that meeting, the Director will document their decision on the written grievance and give a copy of that to the customer. The original form will be filed in the customer's permanent file.
5. If the customer continues to be unsatisfied with the situation/resolution, he/she may schedule a meeting with the Executive Director. The written documentation will be forwarded to the Executive Director prior to the meeting for review and action. Within five

days of the customer making contact with the Executive Director, and after the prior steps have been completed, the Executive Director will meet with the customer to attempt to resolve the issue. The Executive Director will document their decision on the written grievance and give a copy to the customer. The original will be returned to the customer file.

6. If the customer remains unsatisfied, he/she may request an opportunity to make a statement to the Board of Directors through the Board President. The Board President will confirm that the previous steps have been followed by reviewing the grievance documentation and then schedule the customer to present at the next regularly scheduled board meeting.
7. Quarterly, quality assurance personnel, including Directors, will review and analyze all customer grievance forms in relation to populations served and consider opportunities for improvements to quality of service. This information will be included in the annual update to the Quality Improvement Plan as a performance indicator.
8. Any complaints against the Executive Director will be forwarded in writing to the Board of Directors.

Originally Drafted/
BOD Approved: 12/2006
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Customer Grievance Notification
Related Standards/Licensing/Grant Requirements	CARF 1.K.3
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.17 – Incident Reporting**

PURPOSE To ensure accidents, injuries, medical problems, safety issues, and legal problems are documented thoroughly and in a timely manner. Additionally, incident reporting assures that those in leadership positions are promptly made aware of critical situations so they can recommend appropriate follow-up to staff and/or support team. Finally, the incident report helps those involved in the incident to comprehensively analyze the incident and their responses to specific crises.

SCOPE All Community Connections employees and customers

POLICY An incident report will be completed and submitted for each qualifying occurrence.

DEFINITIONS

Qualifying Occurrence: An incident involving a customer or employee that involves safety issues, injuries, vehicular accidents, medical problems, legal issues, and/or severe behavioral displays, which are out of the ordinary for the person(s) involved.

Critical Incident: An incident referenced in Alaska Administrative Code 7AAC130.224 that means: a missing recipient, a recipient behavior that resulted in harm to the recipient or others, misuse of restrictive interventions, a use of restrictive intervention that resulted in the need for medical intervention, death of a recipient, an injury to a recipient that resulted in the need for medical intervention, a medication error that resulted in the need for medical intervention, or an event that involved the recipient and a response from a peace officer.

PROCEDURE

All employees will be trained to complete an incident report during their first week of hire and annually thereafter.

When to File

Employees should file an incident report under any of the following conditions:

- After a vehicle accident, while on shift, in an agency or non-agency provided vehicle;
- When employee or customer has been injured significantly (more than a cut or scrape) or has experienced a significant medical problem that is out of the ordinary for that person
- When a customer has been physically restrained;
- When a customer displays aggressive or violent behaviors;
- Any time legal charges are likely to be pressed over an incident;
- When a minor or vulnerable adult has left supervision without permission;
- When the police or an ambulance is involved;
- When a situation is to be reported to Office of Children's Services or Adult Protective Services such as abuse, neglect, sexual assault etc.;
- Any time an employee or customer alleges that criminal behavior has occurred (e.g. theft, assault, etc.) or if either have acknowledged that a crime may have occurred;
- Incidents involving harm to self or others (suicidal behavior, self-injury, homicidal behavior);

- When a communicable disease outbreak, biohazard accident, or infection control situation occurs;
- When there is use or unauthorized possession of weapons;
- Any time there is unauthorized use or possession of legal or illegal substances; or
- When a customer or employee experiences a suspected or confirmed overdose involving any legal or illegal substance, whether or not medical intervention was provided.

The above-mentioned situations are not meant to be inclusive. If you are not sure whether to complete an incident report, call your immediate supervisor and ask them to help you decide. The general rule is "when in doubt – fill it out".

Standard Filing and Routing Procedures

1) Employee fills out the Incident Report. Whenever possible, this is done within 24 hours of the qualifying occurrence.
2) Employees should make every attempt to turn incident reports in to their immediate supervisor, again within 24 hours of the incident whenever possible. When the immediate supervisor cannot be located, the employee turns the report into the front desk staff that will route the report in-person to the appropriate supervisor.
3) The employee's supervisor should immediately debrief the employee, complete their portion of the form, evaluate the incident in light of future preventative strategies, consider remedial action that should be undertaken, sign the incident report, and then make two copies.
4) The supervisor follows the notification procedures on the form. These notifications include program personnel specified to track incidents, the Director, the Executive Director, the Workers Comp Administrator, and the State of Alaska Critical Incident center, depending on the type of incident.
5) The Director confers with the supervisor when remedial action is necessary.
6) The Incident Report is filed according to program guidelines:
    a. SDS maintains a database of all incidents and electronic copies of all incidents.
    b. CMH maintains incident reports in the client files, except reports to Office of Children Services, which is maintained in a centralized file.
    c. ELP maintains incident reports in the client files, except reports to Office of Children Services, which is maintained in a centralized file.
    d. Admin follows the program guidelines when an incident is customer specific.
    e. All employee injury incidents are maintained in a workers comp file that is then distributed to the employee's health and safety file at the close of each calendar year.

When a qualifying occurrence happens on a weekend, employees should contact their supervisor via phone.

Senior and Disability Services Critical Incident Procedures

Employees and affiliated individuals, providing services in the Senior and Disability Services Department (SDS) will be trained in critical incident procedures by SDS personnel who have completed the state-provided training.

When an incident report is filed for customers within Senior and Disability Services, at step 3 of the standard filing and routing procedures, the Service Coordinator will confer with the Director to determine if the incident meets the Critical Incident reporting criteria established by the State of Alaska. When it does, the Service Coordinator will complete the Critical Incident form on the State of Alaska centralized reporting web site within 24 hours of the critical incident.

Review and Assessment

All incidents are recorded in tracking sheets maintained by each department. On a quarterly basis, all incident reports are reviewed by each department's quality assurance personnel and a summary of findings presented to the Health and Safety Committee. At least annually, program management teams review all incident reports to assess quality improvement opportunities and plan for implementation of those. The results of this review process are included in the Quality Improvement Plan, under the heading "Incident Reports".

Originally Drafted/
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Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Incident Report
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.18- Sliding Fee Scale**

PURPOSE To ensure no financial barrier to care exists for those services covered by a grant, where the grant requires a sliding fee scale

SCOPE Customers receiving services in Children's Mental Health and within the Senior in Home Grant

POLICY Community Connections maintains a sliding fee scale that will be applied to all customers receiving services within the Children's Mental Health Program and individuals receiving grant services within the Senior in Home State Grant.

PROCEDURE

A non-discriminatory sliding fee scale provides discounts according to household income and family size. The sliding fee schedule is used to calculate the basic discount applied to standard fees and is updated each year using the federal poverty guidelines for Alaska. This process applies only to those customers who are not current Medicaid recipients. For the purpose of this policy, "customer" includes parents or guardians who are responsible to pay for services provided by Community Connections.

Standard Fee Schedule and Sliding Fee Scale:

The Community Connections standard fee schedule will be consistent with prevailing rates and designed to cover the reasonable costs of operation.

Community Connections bases its sliding fee scale on the current U.S. Department of Health and Human Services Poverty Guidelines for Alaska.

Community Connections will:

- Review the standard fee schedule and sliding fee scale annually and modify them when necessary.
- Compare the sliding fee scale with the most current version of the U.S. Department of Health and Human Services Poverty Guidelines for Alaska.
- Post signs to ensure clients are aware that they will not be denied services due to their inability to pay and that a sliding scale fee schedule is available.
- Disclose to clients all fees for which they are responsible.

When a customer requests services from Community Connections, employees will work with the customer to determine appropriate payers, in priority order. The employee will document payer arrangements and utilize program forms to establish a payment agreement.

Customers whose household income and family size is between 176 to 275 percent of the poverty threshold are expected to pay some percentage of the full fee. Clients above 275 percent of poverty may be charged the full fee for services. Client households making less than 175 percent of the federal poverty level will be expected to apply for Medicaid.

A discounted/sliding fee schedule applies only to direct customer charges. Billing for third party coverage (Medicaid, private insurance carriers) is set at the full charge of the standard fee.

Customer Billing

- Community Connections will bill payers in the following order:

1. Third party insurance carriers;
2. Medicaid or Denali Kid Care;
3. Customer.

- Invoices will be sent monthly to customers using the last known mailing address. Client billing will be conducted by the Community Connections Accounts Receivable Office.
- Past due accounts will be subject to reasonable recovery efforts; however, Community Connections will not turn client debt accounts over to a collection agency or report the debt to a credit bureau, without the review and approval of the Executive Director.
- Customers wishing to pay out-of-pocket for one or more services may request that information regarding the service not be sent to their insurance carrier.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Standards of Care**

SUBJECT **A.10.19 – Customer Records Requests and Retention Guidelines**

PURPOSE To ensure rights to privacy are respected and to respond appropriately and timely to records requests from various parties. To ensure compliance with legal and regulatory requirements for retaining client records for the Seniors and Disabilities Program, Early Learning Program, and Children's Mental Health Program.

SCOPE All Community Connections employees, contractors, Board of Directors

POLICY All employees, contractors, and Board of Directors of Community Connections assume an obligation to treat any information pertaining to customers or their families with the utmost of confidentiality. Any information gained about customers through agency employment and/or participation, whether verbal, written, or electronic, will be considered private. Community Connections will follow applicable privacy laws including Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA) as they pertain to our customer information and services.

DEFINITIONS:

Confidentiality: Refers to the safeguarding, by a recipient, of information about another person.

Privacy: The right of an individual to keep information about themselves from others.

Protected Health Information (PHI): All individually identifiable health information held or transmitted by Community Connections or a business associate, in any form or media, whether electronic, paper, or oral. PHI is a term used in HIPAA regulations as they pertain to services provided through the SDS and CMH programs.

Electronic Protected Health Information (ePHI): All individually identifiable health information Community Connections or a business associate creates, receives, maintains or transmits in electronic form

Release: Refers to a person's written authorization to allow personal information to be shared based on full disclosure regarding who will receive the information and how it will be used. The person must understand that they have a clear choice regarding what information they are willing to share.

PROCEDURE

When receiving and responding to a records request, the agency will follow applicable privacy laws including Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA).
The following standards will be adhered to within the agency:

- All records requests will be submitted to the HIPAA Privacy Officer in writing for assessment and further action.

- All requests will be authorized and approved by the HIPAA Privacy Officer and other appropriate parties within the agency.
- The agency will take reasonable steps to verify the identity of the individual(s) making the request (45 CFR 164.514(h)).
- All requests will have a response time of 15-30 days (45 CFR 164.514).
- All requests will be tracked, retained and filed electronically.
- The agency will only provide records that are included in the client's designated record set. It will not provide third party PHI that were not used to make decisions about an individual (45 CFR 164.514).
- The agency will respond to requests via an electronic secured method when requested by an individual if applicable and if able to do so.
- The agency maintains the right to charge a reasonable, cost-based fee that covers certain limited labor, supply and postage costs that may apply in providing an individual with a copy of PHI in the form and format requested or agreed to by the individual (45 CFR 164.524 (c) (4)).

The agency will adhere to state and federal guidelines for retention of client records.

- Client records, include but not are not limited to:
    - Assessments
    - Treatment Plans/Plans of Care/IFSP
    - Service Notes
    - Other legal documents
- All records will be stored in a secure location with access by only authorized personnel.
- Retention Period:
    - Records for Minors: all client records for minors will be retained for 7 years after the client turns 18.
    - Records for Adults: all client records for adults will be retained for 7 years.
- Disposal of Records:
    - After the retention period, records will be disposed of securely:
        - Physical documents will be shredded.
        - Digital records will be deleted from all storage locations.

Originally Drafted/
BOD Approved: 1/2025
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.8.07 Data Storage, Transfer, and Disposal; A.2.13 Corrective Action; A.9.06 Confidentiality of Customer Information
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.E.3; 2.G.1; HIPAA 45 CFR 164.514; 45 CFR 164.524(c)(4);
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.01 - Personal Vehicle Mileage Reimbursement**

PURPOSE To reimburse employees for work-related use of their personal vehicles

SCOPE All Community Connections employees

POLICY Community Connections reimburses employees for business-related use of their personal vehicles when that use has been approved by the employee's supervisor. Reimbursement will be based on mileage driven from the place of employment to and from any other place of employment.

PROCEDURE

Employees engaged in provision of services to customers and their families will recognize driving for the sake of driving is almost never a service that would support the customer's service goals. As such, mileage reimbursement is meant to compensate an employee for the necessary travel an employee undertakes to get a customer to a site appropriate for goal work. Furthermore, what will be appropriate for one employee with a certain customer will not be appropriate for another employee or customer.

Mileage reimbursement rate is determined annually on a calendar year basis by the Executive Director and Finance Director. Following are general guidelines for mileage reimbursement:

- Miles driven for work purposes must first be approved by the supervisor. Typically, this is done during orientation to the customer's service plan when the employee and supervisor engage in conversations about the customer's goals and strategies for attainment.
- Mileage will be reimbursed based upon information on the mileage record form which will include date, customer initials for customer being served, locations driven, beginning and ending odometer reading, and total miles driven. A trip meter may substitute for odometer readings when the employee zeros out the trip meter for each new trip. The mileage record must be completely filled out, and destinations need to justify the miles driven.
- Mileage will only be reimbursed for trips necessary to conduct agency business which includes trips in support of customer service goals.
- Mileage Reimbursement Form must be signed by the employee, calculated, signed and coded by the Director or designated supervisor.
- Mileage reimbursements are to be submitted and paid bi-weekly according to the payroll schedule.
- Mileage paid from home to place of work is not considered work miles. The only exception to this is by the Director's written approval. Typical cases include:
    - Ketchikan – serving customers who live at the extreme edges of the road system, mileage will start being counted to/from Wal-Mart going north and to/from Community Connections main office going south.
    - Prince of Wales – when not beginning work at duty station, subtract distance home to duty station from the trip total.

Mileage requests that are turned in more than 60 days late may not be paid at the Executive Director's discretion.

Originally Drafted/
BOD Approved: 8/2014
Last Review 4/226
See Also:

Community Connections Personnel Policy	
Form	Mileage Reimbursement Form
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.02 - Travel Arrangements and Expenses**

PURPOSE To ensure travel for business related purposes is authorized and consistently arranged

SCOPE All Community Connections employees

POLICY Community Connections maintains a traveling protocol that all employees are expected to follow when traveling for work related purposes. Appropriate expenses incurred during authorized travel will be advanced (at employee request) or reimbursed once the travel has been completed and the necessary paperwork submitted.

PROCEDURE

All agency travel requires written pre-authorization by the Director or designee as documented on the travel authorization form. Trips outside the local area (Metlakatla, Prince of Wales, Wrangell, and Petersburg) must also be pre-approved by the Executive Director. Travel Requests should be submitted a minimum of two weeks in advance of the start date of the trip. Director-level employees do not receive travel advances but instead are reimbursed after trip completion.

Once authorizations have been secured, the employee follows these steps:

1. Employees need to access the Travel Request form on the network. All components of the form need to be completed, inclusive of signature of approving supervisor, prior to emailing to travel@comconnections.org. This form details their trip information and gives employees the option to receive an advance on their anticipated travel costs.
2. The Travel Team creates a Trip ID, completes the travel arrangements and emails a summary packet to the employee.
3. For employees electing a travel advance, the AP/Travel Team will disburse funds the week of or before travel commences. Travel advances may include such anticipated costs as hotel, ground transportation, current airport ferry fees for single passengers, and per diem as elected by the employee. Advances are disbursed in the AP check run prior to the first day of travel and all travel advance documents must be turned into the AP office by noon on the Wednesday before the travel start date. All travel advances are considered an advance on payroll until an employee has completed the trip and incurred the expenses.
4. Within seven days of travel completion, the Travel Team will email the employee to determine if any plans changed on the trip and obtain receipts if relevant, such as:
   - Documentation backed up by original receipts for miscellaneous expenses such as rental cars, gasoline and cab fares.
   - Parking or any other receipts not originally covered in the per diem.
5. AP/Travel Team reconciles travel costs between the advance and the receipts. Any expenses the employee was advanced and did not incur shall be reimbursed to the agency. This will occur through Payroll deduction preauthorized as part of the Travel Request form.

Because per diem is calculated at a flat rate by the AP/Travel Team it is unnecessary for employees to save meal receipts. The same is true for ferry charges to/from the airport.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Travel Request Form, Travel Recap
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.03 – Business-Related Purchases**

PURPOSE To ensure all purchases are appropriate for business related purposes

SCOPE All Community Connections employees, authorized to make business related purchases

POLICY Community Connections maintains standard purchasing protocols that all employees are expected to follow. Whenever possible, purchases will be coordinated through the Admin Team. In the event an employee finds it necessary to use their own funds to make a purchase that has all required authorizations, Community Connections will reimburse the employee according to the receipts submitted.

PROCEDURE

Employees must get approval from their Director or designee prior to making a purchase, unless specifically given purchasing authority on the Purchasing Guidelines maintained by Accounts Payable. Any purchases over $1,000, or outside approved budget parameters, must also have Executive Director or their designee approval.

Once approvals have been obtained, the employee will work with the Admin Team, primarily the front desk, on the appropriate means for purchase. The preferred avenues, in priority order, include the following:

1) On account with a vendor: In this case, a vendor purchase order will be prepared, and the employee will take a copy to the vendor to support the purchase. The employee will then submit the receipt to the Admin Team for payment to the vendor.

2) With a credit card: In this case, a Visa purchase order will be prepared. When the vendor is local, the employee will make the purchase and call the office for the vendor to obtain our credit card information. When the vendor is outside the community, the Admin Team will complete the purchase. In no case will the credit card ever leave the Admin Team without Executive Director approval. Online purchases will be made through Community Connections centralized vendor accounts and shipped to the business address. Exceptions to this occur only with the Finance Director's approval.

3) Petty Cash: Small purchases (amount discretionary by the AP Manager dependent on the situation). In this case, a petty cash purchase order will be prepared. Petty Cash will be given to the employee for the amount of the expected expenditure. The employee is responsible for making the expenditure and returning the change and receipt to Accounts Payable or POW Front Desk team within the day.

4) Employee Funds: When an employee finds it necessary to make expenditures, while in the field, they will first ensure appropriate approvals are granted and make the purchase using the agency tax exempt card information. After purchase, the employee will prepare a disbursement request form, attaching their receipts to substantiate payment. The employee will then obtain the signatures necessary to document appropriate authorization and turn the completed form into Accounts Payable. The AP Team processes payments every Friday for documents submitted by noon on Wednesday.

Community Connections maintains a conservative philosophy regarding spending. Employees will consider the following when making business purchases:

- Does it best address the needs of the customer?
- Does it avoid ethical concerns (no alcohol, tobacco, etc.)?
- Does it support quality services?
- Is it an immediate need?
- All tips should follow the usual and customary rule which as of this date is 20%.

Requests for reimbursement on a timeline other than the typical one established by the AP Team are considered emergency disbursement and must be approved by the Finance Director or the Executive Director.

Originally Drafted/
BOD Approved: 10/2000
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Purchase Order, Disbursement Request Form
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.04 - Cell Phone Use and Stipend**

PURPOSE To compensate employees for the business use of their personal cell phones

SCOPE All Community Connections employees

POLICY Community Connections will compensate employees for the business use of their personal cell phones when having a cell phone is a condition of employment or when the agency routinely uses the personal phone to conduct business.

PROCEDURE

Employees required to maintain a cell phone as a condition of their employment, or whose phone is routinely used to conduct agency business, will discuss the business-related needs with their supervisor. A written cell phone stipend agreement, signed by both the employee and Director, will be completed. Monthly cell phone stipends will be paid bi-weekly in two parts.

Employees will be required to enroll in Community Connections “remind.com” texting service.

At any point in time, the supervisor may reassess the business-related need of cell phone use and payment amounts may be changed or eliminated.

Standard stipend amounts will be determined by the Executive Director or their designee.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Cell Phone Stipend Form 1.1.22
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.05 - Billing Documentation**

PURPOSE To ensure accurate and timely billing for all funding sources

SCOPE All Community Connections Employees

POLICY Community Connections maintains documentation templates and protocols that comply with funder requirements. Employees are expected to prepare timely documentation that accurately reflects the services provided.

PROCEDURE

Community Connections complies with all funder billing requirements, including regulations governing Medicaid billing 7AAC 105.230.

Community Connections has established procedures and documentation templates for all services, depending upon the funder's requirements. Employees are provided these templates and trained on the procedures.

Following are the standard procedures that occur once the service has been delivered and employees have completed their documentation.

1) Supervisors review the documentation for content and cross-reference timesheets to documentation.
2) Billing staff review notes and documentation within the Electronic Health Record, ensuring all funder conditions of payment have been met and that usage is within authorized limits.
3) The Electronic Health Record tracks customer service authorizations, flags over utilization, and prompts for billing overlaps.
4) Billing staff review note entries from staff to confirm accurate data entry and appropriately deal with any software flags.
5) Accounts Receivable personnel electronically process the entered information to the appropriate funder, receive electronic or hard copy remittance, and apply payments accurately.
6) The electronic billing record is regularly reviewed by Accounts Receivable personnel to ensure correct reimbursement.
7) Identified overpayments are reported to Medicaid within 30 days of identification. Typically, this is done through adjustments or voids of the billing record.
8) An Internal Audit Billing Plan is overseen by the Operations Manager and Compliance Coordinator who does random audits of all billed services, ensuring accurate billings, and all compliance items are met. These random audits occur for all Medicaid payer types at least quarterly.

At least monthly, program personnel review service levels against authorized levels to identify potential over/under utilization issues and take appropriate action depending on the issues identified.

All suspected Medicaid fraud, abuse, and/or waste is reported and investigated. When it has been determined that such fraud, abuse, and/or waste has occurred, the State Medicaid Fraud Unit is notified.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	Internal Audit Billing Plan
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.06 - Tax Exempt Status**

PURPOSE To ensure the agency takes advantage of the tax breaks available

SCOPE All Community Connections employees

POLICY Community Connections makes application for and maintains tax exempt status whenever feasible.

PROCEDURE

The Executive Director or their designee makes application to any community offering property tax exemption status for agency owned facilities located within that community.

Finance personnel will submit applications to any community offering sales tax exemption status if utilization warrants. Finance personnel will maintain documents supporting such exemption and provides vendors the documentation necessary to avoid sales tax assessment.

Whenever possible, employees will obtain a sales tax exemption card and utilize that when making agency purchases outside the AP vendor process.

Originally Drafted/
BOD Approved: 8/2007
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.07 - Payment for Services**

PURPOSE To provide a guideline for billing of services and ensure Medicaid is utilized as the payer of last resort

SCOPE All Community Connections employees

POLICY Community Connections maintains billing protocols, working with customers to determine the appropriate payment plan. Payment for services will be submitted to applicable private insurance plans, prior to submission for payment to Medicaid or private pay.

PROCEDURE

Medicaid is a "payer of last resort" which means that if a client is also covered by another (private) insurance plan, that plan's coverage must be exhausted before Medicaid may be pursued as a source of payment. This is called "Third Party Liability" (TPL). Medicaid databases contain records of a client's private insurance and will deny claims billed directly to them for services that may be covered by the private insurance plan.

Community Connections will submit claims for payment to private insurance plans under which the client is covered before billing the remaining amount to Medicaid. Medicaid will be billed first when "Third Party Liability Avoidance" (TPLA) has been established.

There may also be instances where Medicaid has determined a customer must share in the cost of their care. In those cases, Community Connections will apply customer payments to Medicaid claims, billing Medicaid for the difference.

When a customer is only covered by private insurance, and is not eligible for Medicaid, alternate payment arrangements will be made for the amounts not covered. Depending on the service, private pay or grant funding may be identified as the payment form.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	Sliding Fee Scale
Form	Private Payment Contract
Related Standards/Licensing/Grant Requirements	
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.08 - General Office Equipment, Supplies and Furniture**

PURPOSE To guide the use of agency equipment, supplies and furniture and the employee's responsibilities for equipment maintenance

SCOPE All Community Connections Employees

POLICY Office equipment, supplies and furniture are provided to aid in the performance of work-related activities. For items purchased with grant funding, funder guidelines will be followed regarding purchase and disposal protocols.

PROCEDURE

All equipment, furniture and supplies are purchased through standard agency protocols. Employees are responsible for obtaining any training necessary to use equipment properly. As maintenance or repair is noticed, employees are responsible for notifying the Admin Team immediately.

Finance will record the purchase of office equipment and furniture. When equipment is no longer needed or useable, employees will notify the Admin Team. The Admin Team will either redistribute or dispose of the equipment or furniture appropriately.

When an item was purchased using grant funding, grant guidelines will be followed regarding disposition of surplus items.

Any monetary proceeds will be credited to the Admin department unless stipulated by funding agency or with prior approval from the Executive Director for use by the requesting department.

Agency assets will not be utilized for personal use unless authorized by the Executive Director.

Originally Drafted/
BOD Approved: 11/1999
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF A.6.a.(3)
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.09 - Operation of Agency-Owned Vehicles**

PURPOSE To ensure the safety of employees and customers while riding in agency-owned vehicles and to ensure the use of agency vehicles is consistent with state laws, licensing guidelines, and insurance agency requirements

SCOPE All Community Connections employees

POLICY All employees driving agency-owned vehicles will go through the vehicle orientation process, be approved as an agency driver, and follow all procedures.

PROCEDURE

Approved Driver Process

The agency maintains a standard protocol for authorizing employees to become an Approved Driver. Only employees who are 21 years of age or older and have completed the full process will be allowed to drive agency-owned vehicles, due to insurance policy. HR personnel will maintain a list of all approved drivers. Following are the steps to become an Approved Driver:

1) The employees' job duties require them to use an agency-owned vehicle for business-related purposes.
2) HR personnel works with the employee to complete the Approved Driver Checklist.
3) The employee's Department of Motor Vehicle driving record is obtained.
4) The employee reads through and signs the Rules of Driver Conduct.

Vehicle Guidelines

- **Parking** – The vehicle must be parked in a Community Connections designated area each night unless a multi-day company trip has been pre-planned and approved.. At 721 Stedman location, only park in the row facing the south rock pit/coffee shop parking lot.
- **Mileage Log** – All drivers will complete a mileage log after each use. The mileage log is located within the vehicle and must be completed thoroughly in order for administrative staff to process accurately (i.e. odometer readings, name of employee, purpose of use, etc.).
- **Refueling –** An account will be established at a local filling station. You are responsible for refueling any vehicle with ½ of a tank or less.
- **Cleanliness –** Drivers are responsible for making sure that the inside of the vehicle is clean and all garbage is taken out after each use. Leave vehicle in as good or better condition than found.
- **Drugs and Alcohol –** Do not transport illegal drugs or alcohol. All legal medication must be kept locked in the trunk or glove box.
- **Texting and Cell Phone Use –** Cell phone use is strictly forbidden while the vehicle is in motion. Park the vehicle to use and/or answer the phone.
- **Pets** – Pets of any kind are not allowed in agency vehicles at any time. Certified Service Animals are not considered pets and will be allowed in vehicles as required by driver or passengers.
- **Smoking and Tobacco Use** – Smoking and tobacco use is not allowed in agency vehicles at any time. This includes e-cigarettes and vaping.

- **Food and Drinks** – (bottled water is an exception) refrain from consuming any food or drinks while driving agency vehicles and restrict passengers' consumption. Food and drinks transported in the vehicle should not be opened until outside the vehicle.
- **Vehicle Checks** – Check your vehicle daily before each trip and check the vehicle visually each time before driving. Check lights, tires, brakes, fuel level, and steering. Promptly report all damage or defects to the front desk staff.
- **Allowed Drivers** – Agency vehicles are to be driven by authorized drivers ONLY, except in emergencies, or in case of repair testing by a mechanic. Other employees and family members are not authorized to drive agency vehicles.
- **Seat Belts** – All drivers operating and passengers riding in agency vehicles, being used for company business, must wear seat belts, even if air bags are available. Passengers must be secured and in compliance with agency, local, and state regulations.
- **Business Purpose** – Agency vehicles are to be driven for agency business ONLY. Personal use is prohibited, unless approved in writing by the Executive Director.
- **Driver's License and Traffic Conviction** – Immediately report to your supervisor when your driver's license has been revoked or suspended and discontinue driving duties. Immediately report all arrests and traffic convictions to your supervisor. Failure to do so may result in disciplinary action, up to and including dismissal.
- **Security of Vehicle –** Drivers are responsible for the security of agency vehicles in their care. The vehicle engine must be shut off, ignition keys removed, windshield wipers turned off, dome lights turned off, headlights turned off, and vehicle doors locked whenever the vehicle is left unattended.

Safe Driving Practices

Drivers must follow these general practices at all times:

- The use of a vehicle when the driver is under the influence of intoxicants and/or legal or illegal substances is forbidden and is sufficient cause for disciplinary action, up to and including dismissal.
- Promptly report any mechanical difficulties or repairs needed and do not drive a vehicle that may be unsafe.
- Do not take chances. To arrive safely is more important than to arrive on time.
- Assess the weather and avoid driving when conditions are hazardous.
- Drivers should be mentally and physically rested and alert prior to each trip.
- Drivers must have a valid driver's license for the type of vehicle to be operated, follow any restrictions listed on the license, and always keep the license(s) with them while driving.
- All traffic laws and driving procedures adopted by Community Connections must be obeyed. Any violations may result in suspension of driving agency vehicle privileges.

Accident Reporting

All drivers will report accidents **(see accident protocol checklist and use accident reporting form on reverse side)** promptly to the police and their supervisor, including accidents of vandalism or glass breakage that occurred while the vehicle was parked. A blank **incident report form** will be kept in the vehicle at all times for documentation. The driver will summon the police to the accident scene if any bodily injury, a second vehicle or damage to private property is involved. Drivers will be instructed to admit no fault or liability at the accident scene. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action, up to and including dismissal.

Priority Guidelines for Agency Vehicle Use - In priority order

1. When an employee's vehicle does not meet the needs of the individual being served, in the following instances:
    a. When an individual being served has a physical condition requiring a specific type of vehicle.
    b. When an individual being served has a job or activity that requires a specific type of vehicle.
2. Group activities/outings involving more than 1 customer and 1 employee.
3. Length of trip makes it more economical to use an agency vehicle than reimburse mileage.
4. Scheduled or unscheduled maintenance of an employee's vehicle; other occasional times an employee may not have access to their own vehicle.

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.12
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.10 - Maintenance of and Safety Equipment in Agency Owned Vehicles**

PURPOSE To ensure all Community Connections owned vehicles are in safe operating conditions and include safety equipment at all times

SCOPE All Community Connections employees and agency owned vehicles

POLICY All Community Connections owned vehicles will be appropriately insured, have safety equipment and safety features, and be kept in safe operable condition at all times.

PROCEDURE

All Community Connections vehicles will be insured for personal injury at or above the insurance levels that are required for program and agency licensing.

All vehicles will have operable safety features including but not limited to one operable seat belt for each passenger, doors and windows that lock and are operable, operable emergency "flashing" lights, and operable air bags for vehicles that include air bags.

All vehicles will have a vehicle maintenance log that is kept current at all times.

All employees are responsible for notifying the business office when a vehicle safety or maintenance issue is identified.

The Health and Safety Coordinator or designee will check every vehicle at least monthly for the following:

- Emergency procedures that describe how staff should respond in event of accident or injury
- Stocked first aid kit
- Stocked road emergency kit
- Physical inspection for defects to safety
- Update the vehicle maintenance log as necessary

Originally Drafted/
BOD Approved: 8/2014
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.H.12
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.11 - Equipment and Information Inspection and Monitoring**

PURPOSE To ensure effective security and overall maintenance of agency equipment, software, hardware, and supporting infrastructure

SCOPE All Community Connections employees

POLICY Community Connections may inspect and shall have access to all agency owned equipment and furnishings including computers and any information thereon and may monitor employee internet, network, and e-mail usage at any time. Community Connections reserves the right to audit the networks, systems and physical assets on a periodic basis to ensure compliance with this policy.

PROCEDURE

Any device approved to connect to agency equipment or the agency networks will be considered part of the infrastructure while physically connected to agency equipment or the agency networks and will also be subject to this policy as needed to ensure the security and overall maintenance of the agency's systems. Unknown or unauthorized devices physically connected to agency equipment or the agency networks are not allowed and may be seized by Community Connections.

At any point in time, the Executive Director may instruct the IT Administrator or other employees to perform an inspection of agency equipment or hardware and information contained therein.

Originally Drafted/
BOD Approved: 1/2009
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.J
Related Operational Procedure	

SECTION **Business Related**

SUBJECT **A.11.12 Facilities Access and Maintenance Logging**

PURPOSE To ensure the privacy, security, and safety of staff, customers, and protected information at Community Connections facilities.

SCOPE All employees, contractors, Board of Directors who access Community Connections facilities

POLICY Community Connections will implement procedures to safeguard the facilities, staff, and the equipment therein from unauthorized physical access, tampering, and theft.

DEFINITIONS

Protected Health Information (PHI): All individually identifiable health information held or transmitted by Community Connections or a business associate, in any form or media, whether electronic, paper, or oral. PHI is a term used in HIPAA regulations as they pertain to services provided through the service programs.

PROCEDURE

Facilities Modifications

- Any changes or repairs to facility security components will be approved by the Executive Director/HIPAA Security Officer.
- Changes or repairs to facility physical security components will be reported to and logged by the HIPAA Security Officer.

KTN Main Office

- All external doors are kept locked at all times except for the front main doors, which are unlocked Monday through Friday from 8:00am – 4:00pm.
- Key fobs or key cards will be used to enter any locked external door and their use will be logged.
    - Direct Service staff key fobs, or cards, are limited to M-F 7:30am – 5:00pm
    - Office-based staff will have 24/7 access with their key fobs or cards
    - The exercise room is available after 5pm
- Office-based staff will use the In/Out board to keep the front desk staff aware of which staff are in the building.
- The front main doors will remain unlocked during business hours except under special circumstances such as all-staff meetings, or local emergencies.
- Front Desk Staff will monitor guests entering and exiting the front main doors at all times.
- Individual office doors will be kept locked when offices are unoccupied.
- Critical servers and IT infrastructure will be kept in separate, locked areas with access limited to approved staff only. The main server room will be accessed with logged key fob access. The Executive Director or IT System Administrator will approve of access.
- Keys, key fobs and key cards are logged and assigned as needed by HR personnel.
- Non-admin staff assigned door keys can access doors in their program areas only.
- Only staff approved by the Executive Director will have Submaster keys and Master keys. Front Desk Staff will keep a log of staff with Submaster and Master keys.

    - Submaster keys open all interior doors, excluding the Server Room
    - Master keys open all interior and exterior doors
- Master keys will be used for emergencies only. Staff assigned will keep the keys in a safe place and only carry them in emergency situations.
- Keys and key fobs will be collected if the employee leaves the organization. If a key fob is not collected, or lost, the fob will be deactivated as soon as the situation is reported.
- PHI archive areas are locked with keys assigned and logged by Front Desk Staff and approved by the HIPAA Privacy Officer.
- Spare keys are kept in a cabinet that is locked at all times.
- Front desk staff, or their assistants, will ensure doors and windows are closed and locked as part of their closing procedures.
- Staff working after hours will ensure doors and windows are closed and locked before leaving the facility.

KTN Assisted Living Locations

- All external doors are kept locked when the area is unoccupied by staff.
- If computers are located in a separate office, the office doors will be kept locked when the office is unoccupied.
- Keys are logged and assigned as needed by the KTN Front Desk staff.
- Staff will ensure that doors are locked before leaving the facility.

KTN Disaster Recovery Location at 1st St.

- The external door to the garage will be locked at all times with access via a keypad.
- Front Desk Staff will keep a log of staff with access to the keypad.
- The offsite backup server is located in the garage in a separate locked tech closet. Only the Tech Team and the Facility Maintenance Administrator will have keys to the closet.
    - The garage is monitored by video surveillance.
- The tech closet has a door sensor that will send alerts to the Tech Team anytime it is opened.

POW Main Office

- All external doors are kept locked at all times except for the front main door.
- Office-based staff will use the In/Out board to keep the front desk staff aware of who is in the building.
- The front main door will remain unlocked during business hours except under special circumstances such as all-staff meetings, or local emergencies.
- The POW Front Desk Staff will monitor guests entering and exiting the front main doors at all times.
- Individual office doors will be kept locked when the office is unoccupied.
- Critical servers and IT infrastructure will be kept in a separate locked area with access limited to approved staff only. The Executive Director or IT System Administrator will approve access, and the POW Front Desk Staff will log assigned keys. This area will remain closed and locked when POW Front Desk Staff are unavailable to monitor access.
- Keys will be logged and assigned as needed by POW Front Desk Staff.
- Staff will be assigned keys that can access the doors in their program area only.
- POW Front Desk Staff will keep a log of staff with master and server room keys.

- Spare keys will be locked in the server room after hours.
- POW Front Desk Staff, or their assistants, will ensure doors and windows are closed and locked as part of their closing procedures.
- Staff working after hours will ensure doors and windows are closed and locked before leaving the building.

POW Easy St. Office

- All external doors are kept locked when the area is unoccupied.
- Individual office doors will be kept locked when the office is unoccupied
- Critical IT infrastructure will be kept in a separate locked area with access limited to approved staff only. The network room will be accessed with logged assigned keys. The Executive Director or IT System Administrator will approve access, and the POW Front Desk Staff will log assigned keys
- Other keys will be logged and assigned as needed by POW Front Desk Staff.
- Staff will ensure that doors are locked before leaving the facility.

POW Remote Offices

- All external doors are kept locked when the area is unoccupied.
- Individual office doors will be kept locked when the office is unoccupied.
- Keys will be logged and assigned as needed by the POW Front Desk Staff.
- Staff will ensure that doors are locked before leaving the facility.

Originally Drafted/
BOD Approved: 1/2025
Last Review: 4/2026
See Also:

Community Connections Personnel Policy	A.2.13 Corrective Action; A.9.06 Confidentiality of Customer Information
Form	
Related Standards/Licensing/Grant Requirements	CARF 1.E.3; 2.G.1; HIPAA 45 CFR 164.310;
Related Operational Procedure	

Acknowledgement
General Employee Policies and Procedures

I acknowledge that I have read and understand the Community Connections General Employee Policy and Procedures Manual, which describes important information about Community Connections and the employment relationship. Whenever I need clarification about a policy or procedure, or are unsure when to do the “right thing”, I will seek advice from my supervisor or HR personnel.

I understand that this manual and all other Community Connections policies, practices, and procedures, are not intended to provide any contractual obligations related to continued employment, compensation, or employment contract.

Since the policies and procedures described here are necessarily subject to change, I acknowledge that revisions to the manual may occur, except to Community Connections policy of employment-at-will. I understand that Community Connections may change, modify, suspend, interpret or cancel, in whole or part, any of the published or unpublished personnel policies or procedures, with or without notice, at its sole discretion, without giving cause or justification to any employee. Such revised information may supersede, modify or eliminate existing policies. The Community Connections Board of Directors and Executive Director shall have sole authority to add, delete or adopt revisions to the policies and procedures in this manual. Any written or oral statement by a supervisor or any other agency employee, contrary to the personnel policy manual, is invalid and should not be relied upon by any employee.

I have entered into employment with Community Connections voluntarily and acknowledge that it is for no specified length of time. Accordingly, either I or Community Connections may terminate the relationship at will, with or without cause, at any time, for any reason or no reason.

I _____understand and agree that I have read and will comply with the policies and procedures contained in this manual and any revisions, am bound by the provisions contained therein, and that my continued employment is contingent on following those policies and procedures.

_____ _____

(Signature) (Date)

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