

Missouri Department of Health and Senior Services

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RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

TO: New Department of Health and Senior Services Interns
FROM: Carrie Haley, Chief
Office of Human Resources
SUBJECT: Department Of Health and Senior Services Policies/Statements

Attached for your review are copies of the following Department of Health and Senior Services statements and policies. The Department wants to bring these particular policies to your attention; however, please know the Department considers all policies important. Please take time to review the Administrative Manual available on the Intranet, under Departmental Policies/Procedures icon.

1. Disability Rights Statement.
2. Drug-Free Workplace. Administrative Manual Policy 11.9 Attachment A.
3. Confidential Records and Information. Administrative Manual Policy 11.6 and 11.6 Attachment A
4. Workplace Protection and Conduct. Administrative Manual Policy 11.16.
5. Sexual and Other Harassment, along with a memo from the Department Director. Administrative Manual Policy 12.3.
6. Information Technology Use Policy, Guidelines and Processes. Administrative Manual Policy 22.1
7. Language Services Policy. Administrative Manual Policy 30.20

Please sign below to indicate that you have received this information. The original of this letter will be placed in your personnel file and a copy given to you at this time.

I certify that I have received a copy of the Disability Rights Statement, Drug-Free Workplace Policy 11.9 A and Administrative Manual Policies 11.6, 11.6 A, 11.16, 12.3, 22.1 and 30.20 mentioned above.

Intern Signature

Date

Print Name Here

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Department of Health and Senior Services
Office of Human Resources
Employee Information Update

Reset Form

Email Form

Please complete all information below, which will be used in case of an emergency, for COOP planning, and for Human Resources.

A copy should be sent to the Office of Human Resources and a copy kept in the unit files. It is the responsibility of each employee to keep his/her supervisor apprised of changes to the following information.

LAST NAME

FIRST NAME

UNIT

HOME ADDRESS (STREET OR P.O. BOX)

CITY

STATE

ZIP CODE

HOME TELEPHONE

() -

CELL PHONE

() -

ABLE TO SEND/RECEIVE TEXT MESSAGES? YES NO

EMERGENCY CONTACT #1

NAME

RELATION TO EMPLOYEE

HOME TELEPHONE

() -

WORK TELEPHONE

() -

CELL PHONE

() -

EMERGENCY CONTACT #2

NAME

RELATION TO EMPLOYEE

HOME TELEPHONE

() -

WORK TELEPHONE

() -

CELL PHONE

() -

SIGNATURE

DATE

MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:

I agree to the following:

Work Areas

To remove information of a confidential nature from public view (e.g., place it in a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual, such as poor quality copies or purged file materials.

Information Exchange

To not release confidential personal information obtained in the performance of duties to individuals or entities who do not have a business-related reason and proper authority to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and conversations in a manner to avoid confidential information being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the DHSS Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver when the information is being transmitted via FAX and request immediate retrieval.

To include the DHSS approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information or other confidential information outside of the state domain using electronic mail, unless technology such as encryption or other technology approved by the department is employed.

Computers

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit viewing by other employees or visitors.

To protect my sign-on and passwords to prevent others from using them.

To log out of the network when away from my work area for an extended period. For short periods of inactivity, I will activate a password-protected screen saver.

Penalties

I have been informed and understand that a violation of confidentiality, including improper access, use, or disclosure; an information security incident; a breach as defined by Policy 19.7; or unauthorized destruction of confidential records, shall be cause for disciplinary action, up to and including dismissal, depending on the severity of the offense, and possible legal action.

CERTIFICATION:

This is to certify that I have read and agree to comply with the provisions of the Department's policies.

Date: _____ Signature: _____

Please print name: _____

NOTE: A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.

MEMO

MISSOURI DEPARTMENT OF HEALTH AND SENIOR
SERVICES
OFFICE OF HUMAN RESOURCES

DISABILITY RIGHTS

The Department of Health and Senior Services is an equal opportunity employer and strives to follow all equal employment laws. The Americans with Disabilities Act (ADA) requires that employers provide reasonable accommodations to all applicants for employment, employees, and clients who have a qualifying disability.

The Department does not require that you reveal any disability you might have unless you request or require an accommodation to complete the application/interview process, adequately perform the essential functions of your position, or to access services provided by the Department or any of its contracted providers. Please refer to DHSS policy 3.3 for information on accommodating permanent and temporary disabilities.

If you are a person with a disability (or if you become disabled in the future) and require accommodation, you should report this disability to the Department's Office of Human Resources by using forms 3.3A and 3.3B (found in policy 3.3) through your chain of command.

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DRUG-FREE WORKPLACE

I. PURPOSE:

The Department recognizes that alcohol and drug abuse adversely affects the health, safety, and well being of citizens in all aspects of life – in homes, schools, communities and the workplace. In the workplace it normally results in one or more of the following: substandard work performance, loss of productivity, errors, accidents, absenteeism or theft. This policy provides that the Department will maintain a drug-free workplace.

II. SCOPE:

Departmentwide

III. POLICY:

A. Alcoholic Beverages and Controlled Substances (Drugs) Prohibited

1. The unlawful* manufacture, distribution, dispensation, possession or use of alcoholic beverages or controlled substances (drugs) at any Department work site or in any state-owned vehicle is prohibited.
2. Reporting for duty in an intoxicated or impaired condition from use of alcohol or drugs is prohibited.
3. The Department maintains its right to conduct or request a law enforcement agency to conduct a search of any Department work site and Department property (desks, office, vehicles, etc.) if there is reasonable suspicion of possession of alcohol or drugs or any other misconduct by any employee involving substance use. Reasonable suspicion must arise directly from the employee's job performance and documented instances of behaviors that could be attributed to drug or alcohol use on the job.

Such searches must be authorized by the Department Director or designee. Any controlled substances found during such searches, which are not readily identifiable, as a prescribed medication will be turned over to the appropriate law enforcement agencies for follow-up and appropriate action.

4. It is not the intent of this policy to prohibit the possession or use of legally prescribed controlled substances for medical reasons by the individual for whom the medications are prescribed. However, it is the responsibility of the employee to inform the supervisor if such medication may temporarily impair the employee's ability to safely and satisfactorily perform duties.

* Lawful activities are those which are required as part of the employees official duties.

B. Criminal Drug Statute Convictions

The Drug Free Public Work Force Act requires that any Department employee who is convicted, pleads guilty or pleads nolo contendere for the first time under the laws of this state of any criminal offense involving the use of a controlled substance, marijuana or other dangerous drug as such substances are defined in Chapter 195 RSMo, shall be required to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement , or other appropriate agencyThe Missouri Drug-free Public Work Force Act requires the employee to show evidence of completion of a drug abuse treatment and education program certified by the state. Certified drug abuse treatment programs can be located by contacting the Department

of Mental Health, Division of Behavioral Health at 573-751-4942 or 800-575-7480 or at <http://dmh.mo.gov/ada/provider/certstds.htm>.

Employees are required to notify their supervisor of any time when they are arrested and charged with a criminal offense involving the use of a controlled substance, marijuana or other dangerous drug as defined in Chapter 195 RSMo. Employees are required to keep their supervisors informed of developments in the prosecution of the case against them. In the event that the employee is convicted, education and treatment are required. The Department is not obligated to pay for the education and treatment.

If the employee is engaged in the performance of a federally funded grant or contract, the Department Director or designee will notify the appropriate grantor within 10 days after receiving notice of the conviction, including the disciplinary action, which has or will be taken.

C. Penalties

1. Violation of the provisions of Sections: III.A.1 and 2 and III.B.1 of this policy will result in disciplinary action up to and including termination of employment.
2. If the employee is not terminated, satisfactory participation in a drug abuse assistance or rehabilitation program may be required as a condition of continued employment.

D. Counseling and Rehabilitation

1. The Department supports the concept that alcohol or other drug abuse is a condition requiring medical or other appropriate treatment and provides its employees the services of the Employees Assistance Program (EAP).
2. Employees experiencing alcohol or other drug-related problems are encouraged to utilize Employees Assistance Program (EAP). Supervisors who identify performance deficiencies which may be related to alcohol or drug abuse shall ask the employee to seek assistance through Employees Assistance Program (EAP) in accordance with Section 14.1 of the Department Administrative Manual and consultation with the Office of Human Resources.
3. An employee involved in a treatment program for alcohol or other drug abuse as a result of a referral for deficiencies in work performance or a violation of the provisions of this policy may be required to provide access to results of random screening during the course of treatment.

E. Responsibility for Administration of this Policy

1. Managers and supervisors are responsible for monitoring compliance of this policy by employees under their supervision and reporting any incidents of non-compliance to the Office of Human Resources to determine action to be taken.
2. The Office of Human Resources shall consult with the appropriate supervisors, managers, the Chief Counsel and the Department Director or designee before proceeding with an investigation, search, or disciplinary action.

F. Dissemination of this Policy

Each new employee shall be provided a copy of this policy.



ADMINISTRATIVE MANUAL

SUBJECT: RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
	<i>Section:</i> 11.6
REFERENCES:	<i>Page:</i> 1 of 6
	<i>Revised:</i> 06-12-13

CODE OF CONDUCT – CONFIDENTIAL INFORMATION

I. PURPOSE:

Employees in the Department of Health and Senior Services (DHSS) and employees of DHSS contractors often have access to information and records that identify individual employees, clients, patients, registrants, or services.

The purpose of this policy is to assure the confidentiality of information that identifies or can be readily used to identify individuals. Also, it is to assure that DHSS employees, and all others with potential access to confidential information, are knowledgeable of the Health Insurance Portability Act (HIPAA). HIPAA is defined throughout the policy as the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164). DHSS employees and all others with potential access to confidential information should be knowledgeable of HIPAA as it relates specifically to their responsibilities.

II. SCOPE:

Departmentwide.

III. POLICY:

Responsibility for maintaining confidentiality of information:

A. New Employees:

Each new employee will sign a confidentiality statement (Attachment A) prior to beginning his or her new position and affirm their receipt of a copy of the confidentiality policies. In addition, all new employees will be provided a general overview of the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) during the new employee orientation. Attendance at this orientation will be documented in the employee's official training record. The signed confidentiality statement will be retained in the employee's official personnel file. (Subsequent confidentiality statements will be retained in the employee's work unit. See Section D.)



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
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	<i>Revised:</i> 06-12-13

B. Management, Bureau Chief and Above:

1. All management will participate in a general overview of the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164). Managers responsible for activities or employees with activities covered by this federal law shall participate in more detailed initial and ongoing training.
2. It is management's responsibility to provide the resources necessary to help ensure employees are adequately informed of the importance of confidentiality, compliance to policies, and penalties for non-compliance.
3. It is management's responsibility to assure supervisors have reviewed and made staff under their supervision aware of confidentiality issues and policies.
4. It is management's responsibility to assist supervisors in determining areas under their supervision impacted by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164).
5. It is management's responsibility to review and respond in a timely manner to confidentiality incidents. All suspected or known breaches of the policy shall be reported both verbally and in writing, as soon as they are identified, to the Department's Privacy Officer, Office of General Counsel.
6. It is management's responsibility to periodically review DHSS confidentiality policies and recommend improvements where identified.



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i>	RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
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C. Supervisors:

1. It is the supervisor's responsibility to provide each staff member, immediately upon entry into a position under their supervision, with instructions necessary to assist the staff member in developing an understanding of confidentiality issues and the importance of compliance to policies.
2. It is the supervisor's responsibility to provide each staff member instructions as to the impact of the federal Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) on the information received, accessed and/or processed by the employee.
3. It is the supervisor's responsibility to assure each employee with responsibilities requiring access to information considered covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) are provided specific information about the law at a minimum of annually.
4. It is the supervisor's responsibility to provide copies of the confidentiality policies and to review any changes with the employees under their supervision at the time of their annual review. This includes specifically addressing any changes to the federal laws as they affect the employee's position.
5. It is the supervisor's responsibility to review and document that all staff under their supervision have been made aware of and professes understanding of confidentiality issues and their responsibility to adhere to the confidentiality policies.
6. It is the supervisor's responsibility to report both verbally and in writing all policy violations and suspected violations to management as soon as they are identified.



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<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
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	<i>Revised:</i> 06-12-13

D. Employees:

1. It is the responsibility of all DHSS employees to assure the confidentiality and security of all information. Access to information or records shall be limited to those having an official need in order to perform their duties. All employees shall follow the policies on sharing of information or records with other agencies or individuals outside the Department. DHSS employees shall follow the policies on complying with and completing an Authorization for Disclosure of Consumer Medical/Health Information. Questions regarding routine requests for access to or release of information shall be referred to the employee's supervisor. For non-routine releases, a request for a legal opinion on release of information shall be submitted through administrative channels to the Department's Privacy Officer, Office of General Counsel. Requests may be sent directly to the Privacy Officer in situations requiring an immediate opinion.

2. Each DHSS employee shall be provided a copy of the DHSS confidentiality policies and required to sign a statement certifying knowledge of and agreement to comply with these policies. This statement shall be signed at the time of initial employment and renewed at least annually thereafter at the time of the employee's performance review. The employee shall receive a copy of each signed statement. A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.

3. Employees working in positions with responsibilities requiring access to information that is considered covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) shall review the requirements of the law as defined by the Department at the time of their annual review. The employee shall sign a statement stating they have been informed of the Department's privacy policies specific to the federal privacy law. The signed statement shall be filed in the employing unit's personnel file.



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i>	RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
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4. An employee who reveals confidential information to unauthorized agencies or individuals, or who accesses confidential information without a business reason shall be subject to disciplinary actions. These actions may include release from employment, depending on the severity, and, when in violation of applicable state and federal laws, may be subject to fine and/or imprisonment. An individual whose employment terminates with the Department and reveals confidential information acquired as an employee shall be subject to legal action.

5. It is the employee’s responsibility to report policy violations or suspected violations to management as soon as the employee is aware of them. These reports should be in writing after making management aware of them verbally.

6. Breach of confidentiality or unauthorized destruction of confidential information/records shall result in disciplinary actions. These actions may include dismissal, depending on the severity of the offense, and possible legal action.

E. Non-Employees

Researchers:

Individuals granted access to Department records for research purposes shall include in the research protocol methods and assurances for maintaining confidentiality of information that identifies individuals. These assurances should include a statement that information that specifically identifies a client will not be subsequently disclosed without written permission of the Department. All research projects involving access to individually identified health information shall include in the research protocol how they will meet the requirements specified in the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164). Researchers shall comply with DHSS Institutional Review Board policies. Researchers shall be required to sign a statement certifying knowledge of and agreement to comply with the DHSS confidentiality policies.



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Code of Conduct – Confidential Information	<i>Chapter:</i> 11
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1. Volunteers and Unpaid Interns:

All volunteers shall sign a statement certifying knowledge of and agreement to comply with the DHSS confidentiality policies. Individuals allowed access to Department information covered under the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) must receive orientation to the requirements of the law as it relates to their activities.

2. Contractors:

There shall be a clause in each contract that the contractor and the contractor's employees shall maintain strict confidentiality of all patient or client information or records supplied to it by the Department or obtained as a result of contract activities. This clause shall include a statement to the effect that contractors shall be compliant with the requirements of the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164). There shall be a clause in each contract that the contracting agency assumes liability for all disclosures of confidential information by the contractor and/or the contractor's employees.

Breach of confidentiality or unauthorized destruction of confidential information/records, depending on the severity of the offense, shall result in termination of agreements and contracts and possible legal action.

Prepared By:

Approved By:

Chair, DHSS HIPAA
Committee

Acting Director



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
STATEMENT OF AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS AND
INFORMATION IN ACCORDANCE WITH DHSS POLICIES**

Code of Conduct

All DHSS employees, interns, contractors, and volunteers, whether paid or unpaid, shall follow the DHSS policies for sharing confidential information. Interns, contractors, and volunteers shall be held to the same standards as employees with respect to the DHSS confidentiality policies.

All information that identifies or can be used to readily identify individuals shall be considered confidential. Information specifically covered by HIPAA, the HIPAA Privacy Rule, the HIPAA Security Rule, and the Breach Notification Rule, or other applicable federal or Missouri confidentiality laws, including but not limited to the Missouri Breach Notification Law, shall be determined and individuals with responsibilities requiring access to the information shall be identified. All employees, interns, contractors and volunteers shall attend training and comply with DHSS policies relating to these laws.

Employees

As a DHSS employee, I agree to be knowledgeable of and comply with DHSS confidentiality policies. Specifically, I agree to:

- ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
- ✓ Restrict disclosure of confidential information to other agencies or individuals outside DHSS. Disclosures shall be made in accordance with DHSS policies governing disclosures;
- ✓ Refrain from disclosing confidential personal information to any individual or entity without a business-related reason and proper authority to receive such information;
- ✓ Participate in training, as needed, on federal and state privacy laws;
- ✓ Make appropriate staff aware of potential DHSS confidentiality policy violations; and
- ✓ Sign an annual statement affirming agreement to comply with DHSS confidentiality policies.

Contractors

As a DHSS contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals that I have been provided access to by DHSS or obtained as a result of contract activities. I understand that there are potential legal penalties for breaches of confidentiality or unauthorized destruction or disclosure of confidential information or records.

Volunteers

As a volunteer, paid or unpaid, I agree to comply with the DHSS confidentiality policies. I understand that I am liable for all breaches or violations of confidentiality and may be subject to possible legal actions.

MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:

I agree to the following:

Work Areas

To remove information of a confidential nature from public view (e.g., place it in a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual, such as poor quality copies or purged file materials.

Information Exchange

To not release confidential personal information obtained in the performance of duties to individuals or entities who do not have a business-related reason and proper authority to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and conversations in a manner to avoid confidential information being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the DHSS Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver when the information is being transmitted via FAX and request immediate retrieval.

To include the DHSS approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information or other confidential information outside of the state domain using electronic mail, unless technology such as encryption or other technology approved by the department is employed.

Computers

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit viewing by other employees or visitors.

To protect my sign-on and passwords to prevent others from using them.

To log out of the network when away from my work area for an extended period. For short periods of inactivity, I will activate a password-protected screen saver.

Penalties

I have been informed and understand that a violation of confidentiality, including improper access, use, or disclosure; an information security incident; a breach as defined by Policy 19.7; or unauthorized destruction of confidential records, shall be cause for disciplinary action, up to and including dismissal, depending on the severity of the offense, and possible legal action.

CERTIFICATION:

This is to certify that I have read and agree to comply with the provisions of the Department's policies.

Date: _____ Signature: _____

Please print name: _____

NOTE: A copy of the initial signed statement shall be filed in the employee's official personnel file. Subsequent signed statements shall be filed in the employee's unit personnel file.

Effective date:3/3/16



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Workplace Protection and Conduct	<i>Chapter:</i> 11
	<i>Section:</i> 11.16
<i>REFERENCES:</i>	<i>Page:</i> 1 of 4
	<i>Revised:</i> 2-28-2013

WORKPLACE PROTECTION AND CONDUCT

I. PURPOSE:

It is the policy of the Department to promote a safe environment for its employees. The Department is committed to working with its employees to maintain a work environment free from confrontational behavior, violence, threats of violence, harassment, intimidation, bullying, and other disruptive behavior.

The goal of this policy is to resolve issues at the lowest possible level in the Department and to prevent escalation to a point where disciplinary action or harm occurs.

II. SCOPE:

Departmentwide. This policy applies to all levels of Department employees and to all interactions between a Department employee and co-workers, supervisors, Department management, other state employees, clients of the Department and other members of the public encountered while performing the work of the Department.

III. DEFINITION:

For the purpose of this policy, the term “confrontational” is defined as behaviors that include, but are not limited to those that: personalize an issue; provoke another employee; are derogatory in nature; bully and/or dehumanize another; escalate an issue (to where disciplinary action or harm occurs); involve personal venting (unburdening feelings in a derogatory or disrespectful manner); or involve lack of courtesy to another.

Other unacceptable behaviors include, but are not limited to: intimidation through direct, conditional or veiled threats; any form of Electronic Harassment (E-Harassment); physically intimidating others; physical or verbal assault; abusive or bullying behavior such as name calling or obscene language; alcohol, drugs or weapons of any type carried into the workplace by an employee or non-employee; or other similar confrontational behavior.



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Workplace Protection and Conduct	<i>Chapter:</i> 11
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	<i>Revised:</i> 2-28-2013

IV. AGENCY RESPONSIBILITY:

The Department will not tolerate confrontational or disruptive behavior in the workplace. The Department will respond to all reported incidents. Each incident will be treated seriously and a timely investigation will be conducted. The Department will investigate and assess the credibility and seriousness of the situation, take immediate and effective action to stop the inappropriate behavior, and take action against individuals who have violated this policy to include disciplinary action, arrest and prosecution depending upon the severity of the violation. The Department will also provide guidance to staff to recognize, appropriately manage and report these kinds of incidents when necessary.

V. EMPLOYEE RESPONSIBILITY:

Employees are prohibited from displaying behavior that is confrontational, intimidating, harassing, threatening, abusive, violent or disruptive to the workplace. Employees must not ignore confrontational, violent, threatening, harassing, intimidating or other disruptive behaviors which causes their work environment to become hostile or their safety to be threatened by a co-worker or customer. Employees must notify their supervisor of any verbal or written confrontational behavior or threat, such as those described in Section III, which they have witnessed, received, or have been told another person has witnessed or received. Employees should also report any behavior they have witnessed which they reasonably regard as confrontational, threatening, violent or harassing when that behavior is job related or in connection with state employment. Possession of a weapon in the workplace is prohibited, along with jokes or comments regarding threats and/or violence. These actions are subject to disciplinary action, up to and including dismissal.

When an employee feels that an issue (internal or external) has become confrontational and will not be resolved at his/her level, he/she shall immediately forward the issue to his/her supervisor for resolution. Once an employee has forwarded an issue to his/her supervisor for resolution, he/she will not discuss the issue unless directed to do so by his/her supervisor, who has been advised through the chain of command that it is okay to do so.



ADMINISTRATIVE MANUAL

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If a situation involves the employee's immediate supervisor, the employee may present his/her concern or complaint to the next supervisor in the chain of command.

VI. SUPERVISOR RESPONSIBILITY:

Immediately upon receiving a report from an employee or personally observing an incident as outlined in Section V, the supervisor will make a written report to his/her respective Division management.

When a supervisor feels that an issue (internal or external) has become confrontational and will not be resolved at his/her level, he/she shall immediately forward the issue to his/her superior. Once a supervisor has forwarded an issue to his/her superior, he/she will not discuss the issue unless directed to do so by someone within his/her chain of command.

VII. SENIOR MANAGEMENT RESPONSIBILITY:

The Division director or designee, shall immediately forward a copy of the report to the Office of Human Resources. The facts of the situation will be fully and fairly investigated and corrective action will be taken if needed. The Office of Human Resources will assist with or conduct the investigation if requested by the division. Information will be shared only on a need-to-know basis.

All senior managers will assure that all managers and supervisors for whom they are responsible understand their responsibility in complying with all provisions of this policy.

Any manager or supervisor who is shown to be ignoring or failing to enforce the directives of this policy may receive disciplinary action up to and including dismissal.

The provisions of this policy shall not prevent a manager or supervisor from addressing performance or behavior problems with their employee in a direct and professional manner.



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> RULES OF PERSONAL CONDUCT AND RESPONSIBILITY Workplace Protection and Conduct	<i>Chapter:</i> 11
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	<i>Revised:</i> 2-28-2013

Individuals who fail to comply with the provisions of this policy will be notified in writing of their violation and may face disciplinary action, up to and including dismissal.

Prepared By:

Approved By:

Chief, Office of Human Resources

Acting Director



ADMINISTRATIVE MANUAL

<i>SUBJECT:</i> GRIEVANCE AND COMPLAINT PROCEDURES Sexual and Other Harassment	<i>Chapter:</i> 12
	<i>Section:</i> 12.3
<i>REFERENCES:</i> Title VII, Civil Rights Act of 1964	<i>Page:</i> 1 of 6
	<i>Revised:</i> 12-21-10

SEXUAL AND OTHER HARASSMENT

I. PURPOSE:

To define sexual and other harassment and establish guidelines for employees and managers to manage complaints of sexual and other harassment.

II. SCOPE:

Departmentwide.

III. POLICY:

It is the policy of the Department to assure a workplace free of harassment for all employees and clients. The Department believes that all employees should feel free to work without fear of harassment or retaliation. Managers/supervisors must respond immediately to all complaints of harassment. All complaints of sexual or other harassment shall be handled in an expeditious manner and may be subject to an investigation. This policy applies to all levels of Department employees and to all interactions between a Department employee and co-workers, supervisors, department management, other state employees, clients of the Department and other members of the public. Any behavior that can be considered harassing in nature either sexually or otherwise is inappropriate and strictly prohibited.

IV. DEFINITIONS:

A. Sexual Harassment:

The Department shall consider unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature as constituting sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;



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2. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

B. Other Harassment:

Any physical or verbal conduct or actions that are inappropriate in the workplace and that has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile, intimidating or offensive work environment.

C. Power-differentiated Working Relationships:

Any supervisor-subordinate work relationship in which one employee supervises or manages (directly or indirectly) another employee or makes decisions concerning another employee's terms, conditions or privileges of employment. This definition is extended to include Department employees who, in the scope of their position, make decisions concerning other citizens which affect the citizens' livelihood. Examples include, but are not limited to, the issuing of contracts, licensing, and any inspections.

V. **GUIDANCE:**

A. Recognizing Sexual Harassment:

1. All employees of the Department shall participate in sexual harassment training.
2. Employees shall read and acknowledge acceptance of this policy by signing a verification provided by the Department.



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3. New employee orientation shall contain information relating to the Department's policy on sexual harassment.

B. Examples of Sexual Harassment:

The following list of examples is not meant to be inclusive and should not be viewed as the only prohibited behaviors. It is a list of examples of behavior, which are outside appropriate and acceptable work demeanor.

1. Verbal: Sexually suggestive language, comments, innuendoes, propositions, threats or jokes. This includes slang and curse words that are gender based and may include repeated references to others as "doll, honey, baby, sugar, little girl or boy" etc. These labels may be considered demeaning and are not appropriate in a professional work environment.
2. Nonverbal: Suggestive or insulting sounds, whistling, leering, obscene gestures, sexually suggestive body gestures, "catcalls," "smacking," and/or kissing noises.
3. Visual: Sexually suggestive written documents containing explicit language or graphic descriptions, pictures, pinups, or slogans. Anatomical descriptions or descriptions of articles of clothing in documents or cartoons are included.
4. Physical: Any sexually suggestive or unwanted physical contact including touching, unwelcome hugging, kissing, pinching, brushing of the body, coerced sexual intercourse or actual assault.
5. Electronic: any sexually and/or other harassing text message (known as "textual harassment") or "e-harassment" in the form of e-mail, social net working sites, or blogs, is prohibited.

C. Complaints:

1. Any employee who believes they have experienced harassment in violation of this policy or who is aware of such harassment at work



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must immediately report the prohibited conduct to any one or more of the individuals listed below:

- a. Immediate supervisor
 - b. Other supervisor within the organization, preferably within the chain of command
 - c. Office of Human Resources (OHR)
2. If the accused harasser is the immediate supervisor, the employee is not required to report nor discuss the harassment with them. Employees are encouraged to discuss concerns relating to harassment with someone in their chain of command.
 3. It is important to describe, in writing, what has occurred and what has been done, providing any documentation and names of witnesses.

D. Management Responsibility:

1. All managers are responsible for immediate action in any incidents of harassment. Any member of management who observes or receives a complaint of harassment shall immediately advise the Human Relations Officer or Chief, Office of Human Resources.
2. Managers/supervisors are responsible for ensuring the workplace is free of harassment.
3. Managers/supervisors shall not participate in intimate, romantic or dating relationships with their subordinates or with employees involved in power-differentiated relationships.

E. Investigations:

1. Investigations of complaints of sexual harassment will be conducted by the Department's Human Relations Officer, or designee, in an expeditious manner. Complaints of other harassment requiring an



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investigation will be conducted by the Human Relations Officer or the appropriate staff person.

2. Investigation results will be reported to the Department Director or their designee. Information is maintained in a confidential manner and available only on a need-to-know basis.
3. Investigations of complaints of harassment are confidential, as are all witness interviews, documents gathered. Complaints may be communicated as discreetly as possible to other employees if necessary to the investigation. Copies of investigations and materials gathered during the course of an investigation will not be maintained in any employee personnel file unless it is materials involved in and supporting a disciplinary action.

F. Remedial Action:

1. Appropriate remedial action will be taken to remove all forms of harassment.
2. Penalties for violating this policy can involve reprimand, suspension, demotion, and dismissal.
3. Any employee who impedes an investigation or provides false information may be subject to disciplinary action.

G. Retaliation:

1. No employee shall experience retaliation for filing a complaint or otherwise utilizing this policy.
2. Witnesses are also protected from retaliation for participating in an investigation or reporting harassment under this policy.
3. Employees who feel they have experienced retaliation are required to report the activity to either their immediate supervisor, another supervisor within the chain of command, or the Human Relations Officer.



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H. False/Malicious Accusations/Complaints

1. Any employee who is found, through investigation or other means, to have made false and/or malicious accusations and/or complaints will be subject to immediate disciplinary action.
2. Disciplinary action can involve reprimands, suspensions, demotions and dismissal.

Prepared by:

Approved by:

Chief, Office of Human Resources

Deputy Department Director



MEMO

MEMORANDUM TO ALL DEPARTMENT EMPLOYEES

FROM: Peter Lyskowski, Director *PL*
SUBJECT: Sexual and Other Harassment

Sexual or any other type of harassment in the workplace is an issue of critical importance for the Department. Its existence would indicate an insidious process at work that has potential to strike at the very heart of a caring, motivated, and united organization. As we strive to achieve excellence in our daily activities, we draw upon our common vision of healthy people in healthy communities. This guiding principle relies upon our collective wisdom, professional expertise and professional behavior in order to be fully realized. The realization of our vision is threatened by actions, behaviors, and practices that treat others in the workplace with a lack of respect or that create an atmosphere of discomfort and hostility.

Every employee must be able to work in an environment that is free of all types of harassment. This environment cannot include offensive language, inappropriate jokes, sexual comments or any conduct that is sexual in nature or that is unwelcome, intimidating, or coercive. In addition, any action (verbal, physical, or electronic) that is inappropriate in the workplace and has the purpose or effect of unreasonably interfering with a person's work performance or creating a hostile, intimidating, or offensive work environment will not be tolerated. Due to the serious nature of these transgressions, any behavior or actions that fall into these categories will consistently be met with disciplinary action. The nature of the disciplinary action will be evidence-based, swiftly and strictly applied, and strictly enforced. I believe that it is the responsibility of every member of our organization to assure a work environment that is free of sexual and other harassment and to assist in the development of a workplace environment that is built upon the framework of professional behavior and respect for co-workers.

All supervisors and managers are expected to act quickly and fairly in order to address sexual and other harassment. The responsibility of supervisors and managers extends beyond their own span of direct supervision to include any harassment that is observed. It is not necessary for a complaint from an employee or client to be voiced in order for action to be initiated. So important is this role that lack of action by supervisors or managers when they are in possession of such knowledge or facts is cause for discipline.

Department policy and procedure provides avenues for complaints by all employees. It is my expectation that all employees will be aware of this process and feel comfortable in voicing concerns and complaints of this nature to their immediate supervisor or to any manager in the Department. Retaliation against employees registering such complaints will not be tolerated and will result in disciplinary action.

I am committed to the creation of a caring, motivated, and united organization supported by a framework of mutual respect, professional expertise, and professional behavior. Both personal and organizational excellence is crucial to this process. Please join me in creating an environment that is comfortable and appropriate for all employees. Our united efforts will strengthen the Department, enhance our mission, and assure success in achieving our common vision.

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for I-Health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

NON-DISCRIMINATION IN EMPLOYMENT AND PROVISION OF SERVICES POLICY

It is the policy of the Missouri Department of Health and Senior Services to provide equal treatment in employment and provision of services to employees, applicants, and clients without regard to race, color, national origin, sex, religion, age, disability, genetic information, veteran status, ancestry, or sexual orientation; hereafter referred to as 'protected category'.

In accordance with the Affirmative Action Program, Governor's Executive Orders 94-03 and 10-24, applicable federal and state laws and regulations, and the principles of affirmative action and equal employment opportunity, the Missouri Department of Health and Senior Services shall provide equal opportunity for all in recruitment, hiring, training, promotion, transfer, compensation, and all other terms and conditions of employment without regard to protected category status.

It is the policy of the Missouri Department of Health and Senior Services to assure that no person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any services because of a protected category. No facility operated by the Department of Health and Senior Services may be used to promote any discriminatory practice nor shall the Department become a party to any agreement that permits any discriminatory practice. Appropriate interpretive services will be provided as required for persons with visual and/or hearing impairments and for persons with language barriers. The Department of Health and Senior Services shall not grant, deny or revoke a license, registration or certification on the basis of any protected category.

The Missouri Department of Health and Senior Services' commitment to Title VI, Title VII and Title IX of the Civil Rights Act of 1964 and its amendments, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Americans with Disabilities Amendment Act of 2008, the Genetic Information Non-Discrimination Act of 2008, the Missouri Public Accommodations Act, and Missouri Governor's Executive Orders 94-03 and 10-24 is hereby reaffirmed.

All staff and contractors of the agency (where applicable) shall adhere to this policy and the Department's Workforce Diversity Plan. Supervisory and management staff, in particular, shall assure that the intent as well as the stated requirements of the Methods of Administration is implemented. The application of this policy is the individual responsibility of all administrative and supervisory staff.

This policy shall be posted in all offices and facilities of the Missouri Department of Health and Senior Services.



Peter Lyskowski, Director
Department of Health and Senior Services

5/31/16

Date



ADMINISTRATIVE MANUAL

SUBJECT: INFORMATION TECHNOLOGY Information Technology Use Policy, Guidelines and Processes	<i>Chapter:</i> 22
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REFERENCES: Administrative Policy 22.2 Security Policies and Rules	<i>Page:</i> Page 1 of 5
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I. PURPOSE

To provide guidance on appropriate use of Department of Health and Senior Services (DHSS) information technology and to outline employees' responsibilities in that regard.

II. SCOPE

Department-wide.

III. POLICY

Information technologies are provided to conduct official business, unless otherwise allowed under this policy. Technologies include but are not limited to intranet or Internet pages, electronic mail, electronic facsimile, electronic files, electronic images or audio.

The use of information technology must be in accordance with acceptable conduct, communication, courtesy, security, and use of state property practices, and with any record-keeping requirements as outlined by DHSS or the State of Missouri. Any DHSS staff member who abuses information technology privileges will be subject to disciplinary action up to and including termination.

Information technologies available to DHSS may create electronic records that are easily saved, copied, forwarded, retrieved, monitored, reviewed, and used for litigation. All electronic records are the property of DHSS and can be accessed and used by management.

DHSS may disclose electronic information to law enforcement officials or others without notice to the staff members who may have sent or received the communications or created the records.

As part of standard computing practices, the Office of Administration Information Technology Services Division (OA-ITSD) backs up electronic files for DHSS to prevent loss of data. Although OA-ITSD monitors network activity for cost analysis and performance issues, reports on or access to the content of a staff member's active or backed up records would occur only after an appropriate request from DHSS managers. Refer to section VI of this policy for information on locking accounts and requesting reports.



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IV. USE GUIDELINES

- A. Appropriate Internet/Intranet Use: Staff members are encouraged to use information technologies efficiently and effectively in pursuit of DHSS goals and objectives and in accordance with the security rules outlined in Administrative Manual policy 22.2.
1. Material (newsletters, forms, minutes, schedules and calendars, directories, guidelines and standards, resources lists, etc.) should only be placed on the Intranet if it is for the benefit of DHSS and/or local public health agencies.
 2. Internet/Intranet Web Pages - The Office of Public Information must approve information posted on or web pages linked to the DHSS Internet page. Intranet web pages should have a designated web master responsible for keeping information updated.
 3. Personal use of the Internet is limited to employee's breaks and/or lunch periods so long as employees abide by the standards identified within this policy, and all referenced policies, and all other applicable DHSS policies. The employee must close all Internet applications promptly at the end of the break and/or lunch period. Use of Internet applications before and after work is prohibited.
- B. Unacceptable Use: No information technology may be used for:
1. Illegal, fraudulent, or malicious acts.
 2. Personal financial gain or commercial activities (Reference Administrative Manual policies 11.1, 11.2, 11.11 and 11.12).
 3. Religious activities, such as creating church bulletins or distributing materials of a religious nature.
 4. Political activities (Reference Administrative Manual policy 11.8).
 5. Sexually explicit materials (Reference Administrative Manual policies 11.16 and 12.3).
 6. Racist or violent acts (Reference Administrative Manual policy 11.16).
 7. Harassment (Reference Administrative Manual policies 11.16 and 12.3).
 8. Distribution of unsolicited advertising material.
 9. Streaming audio.



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10. Posting comments on blogs, unless otherwise approved by the Department.
 11. Gambling or maintaining betting pools.
 12. Activities that are inconsistent with other DHSS policies and rules pertaining to personal or professional conduct (examples: Reference Administrative Manual policies 11.6, 15.3, 17.2, 17.3).
 13. Personal use that interferes with staff member's productivity or preempts DHSS-related activity.
- C. Inappropriate Use of E-mail: Employees should exercise caution because of the potential for misunderstanding.
1. Do not send communications that you would not put in a formal memo or letter.
 2. Do not send what you wish you could say, but only what you would say if the person were in front of you (be respectful).
 3. Do not send a group message unless it is appropriate for all recipients (it is not appropriate if it does not pertain to official business or if an individual does not need to know).
 4. Electronic communications sent to all DHSS staff must be approved by division management and the DHSS Director as outlined in Administrative Manual policy 11.23.
 5. Do not use "Reply to All" without viewing the distribution list.
 6. Do not transmit copyrighted materials except with proper permission.
 7. Do not distribute computer games.
 8. Do not use another individual's e-mail account to either send or receive messages. If there is need to read another's mail (while they are away on vacation, for instance), proxy, message forwarding, or other facilities must be used.
 9. E-mail is accessible through the Internet and can be accessed by non-DHSS equipment; however, attachments or DHSS documents should not be saved to non-DHSS equipment.



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V. RESPONSIBILITIES

- A. Electronic Communications Users:
 - 1. Read and follow these policies, guidelines, and procedures.
 - 2. If issues are unclear, get clarification from your supervisor.

- B. Supervisors:
 - 1. Keep staff members advised of this policy and any changes or additions to this policy.
 - 2. Monitor staff member's compliance with this policy.
 - 3. Follow procedures in section VI when there is need to access staff member's electronic records.
 - 4. Report suspected excessive use or abuse to managers on a timely basis.
 - 5. If issues are unclear, get clarification from your manager.

- C. Managers:
 - 1. Resolve reports of suspected excessive use or abuse in a timely manner.
 - 2. When necessary, initiate investigation requests of a staff member's use of information technology with the regional manager, division director, or DHSS department management following the procedures outlined in section VI.

- D. Division Directors or Department Management:
 - 1. Approve or decline investigation requests and forward approved requests to the Office of Human Resources following the procedures outlined in section VI.
 - 2. Review results of investigations and work with supervisor to determine disciplinary action when necessary.

VI. LOCKING ACCOUNTS AND REQUESTING USAGE REPORTS

- A. Requests to lock a staff member's current information technology resource account should be made to division management. Emergency contact can be by telephone but each request must be documented with an Automated Security Access Program request (ASAP). Locking a staff member's account disallows



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the staff member use of the specified electronic communication. The request must include:

1. The name of the staff member whose account is to be locked.
 2. The period of time for which the account is to be locked.
 3. What accounts, records or access should be locked.
- B. Requests to access a staff member's information technology records (electronic mail, Internet usage reports, and/or files on a specific computer/drive) should be addressed to the DHSS Office of Human Resources' Human Relations Officer or Chief. The written request must include:
1. the name of the staff member whose records are to be accessed,
 2. the period of time for which the records are to be accessed,
 3. the type of access (see below), and
 4. the reason for the access.
- C. The types of access and investigation could include:
1. To review Internet use by a specific personal computer.
 2. To recover files or documents stored on a specific computer or an employee's personal H:/drive.
 3. To recover e-mail communications for review.

Approved By:

Acting Director



ADMINISTRATIVE MANUAL

SUBJECT: MISCELLANEOUS Language Services	<i>Chapter:</i> 30
	<i>Section:</i> 30.20
REFERENCES Title VI of the Civil Rights Act Of 1964, as amended, and its implementing regulations; Presidential Executive Order 13166 of August 11, 2000; and the Genetic Information Non-Discrimination Act of 2008 (GINA) Public law 110-233	<i>Page:</i> 1 of 4
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LANGUAGE SERVICES

I. PURPOSE:

It is the policy of the Department of Health and Senior Services (DHSS) to provide services on a nondiscriminatory basis based on national origin, race, sex, age, disability, color, religion, or genetic information.

Language barriers may interfere with the provision of services to clients, leading to misunderstandings and impacting program effectiveness. Effective language services can help prevent these problems.

II. POLICY:

It is the intent of DHSS to:

- establish systems and procedures for the provision of services to any Limited English Proficiency (LEP) individual, particularly those who cannot communicate in spoken or written English;
- improve customer relations between DHSS and the people we serve;
- assure quality translation and interpretation services by obtaining feedback on the performance of translators and interpreters; and
- provide technical support to all DHSS programs.

III. DEFINITIONS

COMMUNICATION: The transfer and understanding of a message from one person to another by means of speaking, writing (including Braille), sign language or illustration.

INTERPRETATION: Spoken transfer and understanding of a message from one language to another.

TRANSLATION: Written transfer and understanding of a message.

LIMITED ENGLISH PROFICIENCY (LEP) INDIVIDUAL: An individual whose primary language is not English and who cannot speak, read, write or understand the English language at the level necessary for effective communication.



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<p><i>SUBJECT:</i> MISCELLANEOUS Language Services</p>	<p><i>Chapter:</i> 30</p>
	<p><i>Section:</i> 30.20</p>
<p><i>REFERENCES</i> Title VI of the Civil Rights Act Of 1964, as amended, and its implementing regulations; Presidential Executive Order 13166 of August 11, 2000; and the Genetic Information Non-Discrimination Act of 2008 (GINA) Public law 110-233</p>	<p><i>Page:</i> 2 of 4</p>
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METHODS OF ADMINISTRATION: Document signed by DHSS and provided to the U.S. Department of Health and Human Services (USDHHS) specifying methods DHSS will use to implement and assure compliance with Title VI of the Civil Rights Act of 1964 as amended (42 USC 2000d et seq); the Rehabilitation Act of 1973 (29USC 794), hereinafter referred to as Section 504; and the regulations issued there under by USDHHS (45 CFR Parts 80 and 84). It is essential to communicate information in a language other than English when and as required by federal regulations (see Administrative Manual Section 3.2).

IV. COMPONENTS:

A. Responsibilities:

1. All DHSS employees and programs shall utilize the state contracts for providing interpretation and translation services. Guidance and information on what contracts are currently being used by DHSS will be available through the Office of Human Resources or obtained through the contract search listing available on the Office of Administration's web site.
2. All DHSS employees and programs will make reasonable efforts to offer interpretation and translation services when contact has been made with an individual of limited English proficiency. Contact should be recorded by the employee and the LEP Data Form (Attachment A), can be used for convenience in recording said contract. A copy of the recording should be kept in the client's work file.
3. Each DHSS program will determine which materials and forms used by the public will be translated based on an assessment of the population in the services area.
4. Translation materials shall be linguistically and culturally appropriate to the client population.
5. DHSS will strive to provide visual and audio information in the appropriate language to LEP clients. Medically or legally complex materials may be contracted with a vendor for translation.
6. DHSS programs having state or federal funding cannot discriminate in the provision of services under Title VI. The Missouri Constitution, Article I, Section 34 of the Bill of Rights, which states English to be the official language in the state, does not affect Title VI expectations for provision of services.



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B. Contracts for Translation or Interpretation:

If vendors are contracted to provide interpretive services and/or perform the translation of materials to other languages, the program will be responsible for associated costs.

C. Contractors:

1. The contractors shall comply with all applicable provisions of the Civil Rights Act (45 CFR 80), the Rehabilitation Act of 1973 (45 CFR 84), and all other federal and state laws and regulations relating to nondiscrimination. The contractors shall assure that no person eligible for services shall on the ground of race, color, religion, national origin (this includes individuals of limited English proficiency), sex, disability, veteran status, age, or genetic information be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination for any service provided by the contract. The contractors shall, within resources available, ensure minority health issues are addressed in the delivery of services where disparities in health status exist between minority and majority Missourians.

D. Clients of DHSS:

1. No client, applicant or their representative will be required to provide or pay for the services of a translator or interpreter.
2. For LEP clients, DHSS employees will identify and document on client records the primary language/dialect of the client and need for translation or interpretation services.
3. A family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violate the client's confidentiality, and the client is advised that a free interpreter is available. The family member or friend must be 18 years of age or older.

E. Responsibility for coordination of this policy is assigned to the DHSS Office of Human Resources.



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Prepared By:

Approved By:

Chief, Office of Human Resources

Director