

Great Rivers Behavioral Health Organization

Policy Title:	Credentialing Fair Hearing	Policy No. 6018
Category:	Credentialing	Date Adopted: 03/08/2019
Reference:	HCA Contract with Great Rivers Behavioral Health WAC 246-341-0515 NCQA Accreditation guidelines Title IV of Public Law 99-660, Health Care Quality Improvement Act of 1986 State and Federal credentialing requirements	

Policy:

- 1.1. Great Rivers Behavioral Health Organization ("Great Rivers") uses established criteria in the review of practitioners' performance. All adverse actions taken by the Credentialing Committee are conducted in compliance with the Fair Hearing Plan and the Healthcare Quality Improvement Act of 1986.
- 1.2. Under State and Federal law, certain procedural rights shall be granted to a provider in the event that peer review recommendations and actions require a report be made to the State Licensing Board, the National Practitioner Data Bank ("NPDB"), and/or the Healthcare Integrity and Protection Data Bank ("HIPDB").
- 1.3. Great Rivers and its affiliates will maintain and communicate the process providing procedural rights to Providers when a final action by Great Rivers will result in a report to the State Licensing Board, NPDB, and/or HIPDB.
- 1.4. Cumulative Effect: The provisions in this Policy and Procedure and any forms relating to authorizations, confidentiality of information, and immunities from liability are in addition to other protections provided by relevant state and federal law, and are not a limitation thereof.

Definitions:

- 2.1. **Adverse Action** shall mean an action that entitles a Provider to a hearing, as set forth in in this policy.
- 2.2. **Days** shall mean calendar days. In computing any period of time prescribed or allowed by this Policy, the day of the act or event from which the designated period of time begins shall not be included.
- 2.3. **Medical Director** shall mean the Medical Director for the respective Great Rivers affiliate state plan wherein the Provider is contracted.
- 2.4. **Great Rivers Plan** shall mean the respective Great Rivers affiliate state plan wherein the Provider is contracted.
- 2.5. **Information** may be any written or oral disclosures including, but not limited to, a practitioner's or provider's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care or practitioner's or provider's provision of patient care services.
- 2.6. **Notice** shall mean written notification sent by certified mail, return receipt requested, or personal delivery.
- 2.7. **Peer Review Committee** or **Credentialing Committee** shall mean a Great Rivers Plan committee or the designee of such a committee.

- 2.8. **Plan President** shall mean the Plan Chief Executive Officer for the respective Great Rivers affiliate state plan wherein the Provider is contracted.
- 2.9. **Provider** shall mean physicians, and other health care practitioners as defined by 42 USC 11151 and Social Security Act § 1861(u).
- 2.10. **Representative** shall mean any individual authorized to preform specific information gathering or disseminating functions for the purpose of evaluating, improving, achieving or maintaining quality and cost effective patient care.
- 2.11. **State** shall mean the licensing board in the state in which the provider practices.
- 2.12. **State Licensing Board** shall mean the state agency responsible for the licensure of Provider.
- 2.13. **Unprofessional Conduct** refers to a basis for corrective action or termination involving an aspect of a Provider's competence or professional conduct which is reasonably likely to be detrimental to patient safety or the delivery of quality care. Unprofessional conduct does not refer to instances where a Provider violates a material term of the Provider's contract with a Great Rivers Plan.

Procedure:

3.1. Grounds for a Hearing

- 3.1.1. Grounds for a hearing exist whenever the Credentialing Committee takes or recommends any of the following Adverse Actions for a Provider based upon Unprofessional Conduct:
 - 3.1.1.1. Revocation, termination of, or expulsion from Great Rivers Provider status when such revocation, termination, or expulsion is reportable to the State Licensing Board, NPDB, and/or HIPDB.
 - 3.1.1.2. Suspension, reduction, limitation, or revocation of authority to provide care to Great Rivers members when such suspension, reduction, limitation, or revocation is reportable to the State Licensing Board, NPDB, and/or HIPDB.
 - 3.1.1.3. Any other final action by Great Rivers that by its nature is reportable to the State Licensing Board, NPDB, and/or HIPDB.

3.2. Notice of Adverse Action

- 3.2.1. If the Credentialing Committee have recommended an Adverse Action, the Committee shall give written notice to the Provider by certified mail with return receipt requested. The notice shall:
 - 3.2.1.1. State the reasons for the action;
 - 3.2.1.2. State any Credentialing Policy provisions that have been violated;
 - 3.2.1.3. Advise the Provider that he/she has the right to request a hearing on the proposed Adverse Action;
 - 3.2.1.4. Advise the Provider that any request for hearing must be made in writing within thirty (30) days following receipt of the Notice of Action, and must be sent to the respective Great Rivers Plan Medical Director by certified mail, return receipt requested, or personal delivery;
 - 3.2.1.5. Advise the Provider that he/she has the right to be represented by an attorney or another person of their choice.
 - 3.2.1.6. Advise the Provider that the request for a hearing **must** be accompanied by a check in the amount of \$1,000.00 as a deposit for the administrative expenses of the hearing and specify that this amount will be refunded if the Adverse Action is overturned;
 - 3.2.1.7. State that the proposed action or recommendation, if adopted, must be reported pursuant to State and Federal law; and

- 3.2.1.8. Provide a summary of the Provider's hearing rights or attach a copy of this Policy.

3.3. Request for a Hearing - Waiver

- 3.3.1. If the Provider does not request a hearing in writing to the Medical Director within thirty (30) days following receipt of the Notice of Action, the Provider shall be deemed to have accepted the action or recommendation of the Peer Review Committee and/or Credentialing Committee, and such action or recommendation shall be submitted to the Medical Director for final decision. In the event that a timely written Request for Hearing is received, a Hearing Officer and/or hearing panel shall be appointed as set forth below and the Credentialing Committee shall provide the Provider with a Notice of Hearing and Statement of Charges consistent with this Policy.
- 3.3.2. A Provider who fails to request a hearing within the time and in the manner specified above waives his or her right to any hearing to which he or she might otherwise have been entitled. If the Provider waives his or her right to any hearing by failing to request a hearing within the time and in the manner specified above, the recommendation of the Peer Review Committee and/or Credentialing Committee taking or recommending the Adverse Action shall be forwarded to the Medical Director for final approval. In the event of a submittal to the Medical Director upon the Provider's waiver as set forth herein, the Peer Review Committee and/or Credentialing Committee may submit to the Medical Director additional information relevant to its recommended Adverse Action to be considered by the Medical Director in accepting or rejecting the recommended Adverse Action.

3.4. Appointment of a Hearing Committee

3.4.1. Composition of Hearing Committee

- 3.4.1.1. The Medical Director/Plan President shall select the individuals to serve on the Hearing Committee. The Hearing Committee shall consist of individuals who are not in direct economic competition with the subject Provider; who shall gain no direct financial benefit from the outcome of the hearing; and who shall have not acted as accuser, investigator, fact finder, initial decision maker or otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. General knowledge of the matter involved shall not preclude a physician from serving as a member of the panel.
- 3.4.1.2. The panel shall consist of three or more Providers and shall include, whenever feasible, at least one individual practicing the same specialty as the affected Provider. In the event Providers are not available to sit as Hearing Committee members, physicians from the community may be substituted by the Medical Director.

3.4.2. Scope of Authority

- 3.4.2.1. The Hearing Committee shall have the authority to interpret and apply this Policy insofar as it relates to its powers and duties.

3.4.3. Responsibilities

- 3.4.3.1. The Hearing Committee shall:
 - 3.4.3.1.1. Evaluate evidence and testimony presented.
 - 3.4.3.1.2. Issue a decision accepting, rejecting, or modifying the decision of the Credentialing Committee.
 - 3.4.3.1.3. Maintain the privacy of the hearing unless the law provides to the contrary.

3.4.4. Vacancies

- 3.4.4.1. In the event of a vacancy in a hearing panel after a hearing has commenced, the remaining panel members may continue with the hearing and determination of the controversy, unless the parties agree otherwise.

3.4.5. Disclosure and Challenge Procedures

- 3.4.5.1. Any person appointed to the Hearing Committee shall disclose to the Medical Director/Plan President any circumstance likely to affect impartiality, including any bias or a financial or personal interest in the result of the hearing or any past or present relationship with the parties or their representatives. The Hearing Officer may remove any person appointed to the Hearing Committee if the Hearing Officer believes that the person is unable to render an impartial decision.

3.4.6. Hearing Officer

- 3.4.6.1. Selection. The Medical Director and/or Plan President shall appoint a Hearing Officer, who may be an attorney. The Hearing Officer shall gain no direct financial benefit from the outcome of the hearing, shall not act as a prosecuting officer or advocate, and shall not be entitled to vote.
- 3.4.6.2. Scope of Authority. The Hearing Officer shall have the sole discretion and authority to:
 - 3.4.6.2.1. Exclude any witness, other than a party or other essential person.
 - 3.4.6.2.2. Determine the attendance of any person other than the parties and their counsel and representatives.
 - 3.4.6.2.3. For good cause shown to postpone any hearing upon the request of a party or upon a Hearing Committee's own initiative, and shall also grant such postponement when all of the parties agree thereto.
- 3.4.6.3. Responsibilities. The Hearing Officer shall:
 - 3.4.6.3.1. Guide the hearing process, including endeavoring to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner;
 - 3.4.6.3.2. Ensure that proper decorum is maintained;
 - 3.4.6.3.3. Be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing;
 - 3.4.6.3.4. Issue rulings pertaining to matters of law, procedure and the admissibility of evidence;
 - 3.4.6.3.5. Issue rulings on any objections or evidentiary matters;
 - 3.4.6.3.6. Discretion to limit the amount of time;
 - 3.4.6.3.7. Assure that each witness is sworn in by the court reporter;
 - 3.4.6.3.8. May ask questions of the witnesses (but must remain neutral/impartial);
 - 3.4.6.3.9. May meet in private with the panel members to discuss the conduct of the hearing;
 - 3.4.6.3.10. Remind all witnesses at the conclusion of their testimony of the confidentiality of the hearing;
 - 3.4.6.3.11. Participate in the deliberations of the Hearing Committee as a legal advisor, but shall not be entitled to vote; and

3.4.6.3.12. Prepare the written report.

3.5. Time and Place of Hearing

3.5.1. Upon receipt of a Request for Hearing, the Medical Director and/or Plan President shall schedule and arrange for a hearing. The Medical Director and/or Plan President shall give notice to the affected Provider of the time, place and date of the hearing, as set forth below. The date of commencement of the hearing shall be not less than thirty (30) days from the date of the Notice of the Hearing, and not more than sixty (60) days from the date of receipt of the Request for Hearing. Notwithstanding the above timeframes, the parties may agree to extensions, or the Hearing Officer may grant an extension on a showing of good cause. If more than one meeting is required for a hearing, the Hearing Officer shall set the date, time, and location for additional meetings.

3.6. Notice of Hearing

3.6.1. The Notice of Hearing shall contain and provide the affected Provider with the following:

- 3.6.1.1. The date, time and location of the hearing.
- 3.6.1.2. The name of the Hearing Officer.
- 3.6.1.3. The names of the Hearing Committee Members.
- 3.6.1.4. A concise statement of the affected Provider's alleged acts or omissions giving rise to the Adverse Action or recommendation, and any other reasons or subject matter forming the basis for the Adverse Action or recommendation which is the subject of the hearing.
- 3.6.1.5. The names of witnesses, so far as they are then reasonably known or anticipated, who are expected to testify on behalf of the Peer Review Committee and/or Credentialing Committee, provided the list may be updated as necessary and appropriate, but not later than ten (10) days prior to the commencement of the hearing.
- 3.6.1.6. A list of all documentary evidence forming the bases of the charges reasonably necessary to enable the Provider to prepare a defense, including all documentary evidence which was considered by the Peer Review Committee and/or Credentialing Committee in recommending the Adverse Action.

3.6.2. Except with regard to the disclosure of witnesses, as set forth above, the Notice of Hearing may be amended from time to time, but not later than the close of the case at the conclusion of the hearing by the Hearing Committee. Such amendments may delete, modify, clarify or add to the acts, omissions, or reasons specified in the original Notice of Hearing.

3.7. Pre-Hearing Procedures

3.7.1. The Provider shall have the following pre-hearing rights:

- 3.7.1.1. To inspect and copy, at the Provider's expense, documents upon which the charges are based which the Credentialing Committee have in its possession or under its control; and
- 3.7.1.2. To receive, at least thirty (30) days prior to the hearing, a copy of the evidence forming the basis of the charges which is reasonably necessary to enable the Provider to prepare a defense, including all evidence that was considered by the Credentialing Committee in recommending Adverse Action.

3.7.2. The Hearing Committee shall have the following pre-hearing right:

- 3.7.2.1. To inspect and copy, at Great Rivers expense, any documents or other evidence relevant to the charges which the Provider has in his or her possession or control as soon as practicable after receiving the hearing request.

- 3.7.3. The Hearing Officer shall consider and rule upon any request for access to information and may impose any safeguards required to protect the peer review process, privileges and ensure justice. In so doing, the Hearing Officer shall consider:
 - 3.7.3.1. Whether the information sought may be introduced to support or defend the charges;
 - 3.7.3.2. The exculpatory or inculpatory nature of the information sought, if any;
 - 3.7.3.3. The burden attendant upon the party in possession of the information sought if access is granted; and
 - 3.7.3.4. Any previous requests for access to information submitted or resisted by the parties.
- 3.7.4. The Provider shall be entitled to a reasonable opportunity to question and object to or challenge the impartiality of members of the Hearing Committee and the Hearing Officer. Challenges to the impartiality of any Hearing Committee member or the Hearing Officer shall be ruled on by the Hearing Officer.
- 3.7.5. It shall be the duty of the Provider, the Credentialing Committee to exercise reasonable diligence in notifying the Hearing Officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.
- 3.7.6. Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least ten (10) days before the commencement of the hearing shall constitute good cause for a continuance or limitation of the evidence or the testimony if deemed appropriate by the Hearing Officer.
- 3.7.7. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable physicians or patients, other than the Provider under review, or to information, interviews, reports, statements, findings and conclusions resulting from studies or other data prepared specifically to be submitted for review purposes made privileged by operation of State.

3.8. Conduct of Hearing

3.8.1. Rights of the Parties

- 3.8.1.1. Within reasonable limitations, and as long as these rights are exercised in an efficient and expeditious manner, both sides at the hearing may:
 - 3.8.1.1.1. Call and examine witnesses for relevant testimony.
 - 3.8.1.1.2. Introduce relevant exhibits or other documents.
 - 3.8.1.1.3. Cross-examine or impeach witnesses who have testified orally on any matter relevant to the issues.
 - 3.8.1.1.4. Otherwise rebut evidence.
 - 3.8.1.1.5. Have a record made of the proceedings.
 - 3.8.1.1.6. Submit a written statement at the close of the hearing.
 - 3.8.1.1.7. Receive the written recommendation of the Hearing Officer or Hearing Committee, including a statement of the basis for the recommendations, upon completion of the hearing.
- 3.8.1.2. The Provider may be called by the Peer Review Committee and/or Credentialing Committee and examined as if under cross-examination.

3.8.2. Course of the Hearing

- 3.8.2.1. Each party may make an oral opening statement.

- 3.8.2.2. The Peer Review Committee and/or Credentialing Committee shall call any witnesses and present relevant documentary evidence to support its recommendation.
- 3.8.2.3. The affected Provider may then call any witnesses and present relevant documentary evidence supporting his/her defense.
- 3.8.2.4. The Hearing Committee or Officer has the discretion to vary the course of the hearing, but shall afford a full and equal opportunity to all parties for the presentation of material and relevant evidence and for the calling of witnesses.
- 3.8.2.5. The Hearing Committee shall be the judge of the relevance and materiality of the evidence offered, and conformity to legal rules of evidence shall not be necessary. All evidence shall be taken in the presence of the entire Hearing Committee and all of the parties, except when agreed to by the parties, or determined by the Hearing Officer.

3.8.3. Use of Exhibits

- 3.8.3.1. Exhibits, when offered by either party, may be received into evidence by the Hearing Committee as ruled upon by the Hearing Officer.
- 3.8.3.2. A description of the exhibits in the order received shall be made a part of the record.

3.8.4. Witnesses

- 3.8.4.1. Witnesses for each party shall submit to questions or other examination.
- 3.8.4.2. The Hearing Officer shall have the power to sequester witnesses (exclude any witness, other than a party or other essential person, during the testimony of any other witness). The names and addresses of all witnesses and a description of their testimony in the order received shall be made a part of the record.
- 3.8.4.3. The Hearing Committee may receive and consider the evidence of witnesses by affidavit, but shall give it only such weight as the Hearing Committee deems it is entitled to after consideration of any objection made to its admission.
- 3.8.4.4. The party producing such witnesses shall pay the expenses of their witnesses.

3.8.5. Rules for Hearing

- 3.8.5.1. Attendance at Hearings. Only those persons having a direct interest in the hearing are entitled to attend the hearing. This means that the hearing will be closed except for the parties and their representatives. The only exception is when good cause is shown satisfactory to the Hearing Officer that it is necessary in the interest and fairness of the hearing to have others present.
- 3.8.5.2. Communication with Hearing Committee. There shall be no direct communication between the parties and the Hearing Committee other than at the hearing, unless the parties and the Hearing Committee agree otherwise. Any other oral or written communication from the parties to the Hearing Committee shall be directed to the Hearing Officer for transmittal to the Hearing Committee.
- 3.8.5.3. Interpreter. Any party wishing to utilize an interpreter shall make all arrangements directly with the interpreter and shall assume the costs of the services.

3.9. Close of the Hearing

- 3.9.1. At the conclusion of the hearing, the Hearing Officer shall dismiss all parties and participate in the deliberations of the Hearing Committee. The Hearing Committee shall render its final decision by a majority vote, including findings of fact and a conclusion

articulating the connection between the evidence produced at the hearing and the decision reached to the Hearing Officer.

3.9.2. Within thirty (30) days of the conclusion of the deliberations, the Hearing Officer shall issue a written report including the following:

3.9.2.1. A summary of facts and circumstances giving rise to the hearing.

3.9.2.2. A description of the hearing, including:

3.9.2.2.1. The panel members' names and specialties;

3.9.2.2.2. The Hearing officer's name;

3.9.2.2.3. The date of the hearing;

3.9.2.2.4. The charges at issue; and

3.9.2.2.5. An overview of witnesses heard and evidence.

3.9.2.3. The findings and recommendations of the Hearing Committee.

3.9.2.4. Any dissenting opinions desired to be expressed by the hearing panel members.

3.9.3. Final adjournment of the Hearing Committee shall occur when the Hearing Officer has mailed or otherwise delivered the written report.

3.10. Burden of Proof

3.10.1. In all hearings it shall be incumbent on the Credentialing Committee taking or recommending an Adverse Action to come forward initially with evidence in support of its action or decision. Thereafter, the Provider who requested the hearing shall come forward with evidence in his/her support.

3.10.2. The burden of proof during a hearing shall be as follows:

3.10.3. The Credentialing Committee taking or recommending the Adverse Action shall bear the burden of persuading the Hearing Committee that its action or recommendation is reasonable and warranted. The term "reasonable and warranted" means within the range of alternatives reasonably available to the Credentialing Committee taking or recommending Adverse Action under the circumstances and not necessarily that the action or recommendation is the only measure or the best measure that could have been taken or formulated.

3.11. Provider Failure to Appear or Proceed

3.11.1. Failure, without good cause, of the Provider to personally attend and proceed at a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

3.12. Record of the Hearing/Oath

3.12.1. A court reporter shall be present to make a record of the hearing proceedings and the pre-hearing proceedings, if deemed appropriate by the Hearing Officer. The cost of attendance of the reporter shall be borne by Great Rivers, but the cost of the transcript, if any, shall be borne by the party requesting it. The Hearing Officer shall be required to order that all oral evidence be taken by oath administered by a person lawfully authorized to administer such oath.

3.13. Representation

3.13.1. Each party shall be entitled to representation by an attorney at law, or other representative at the hearing, at their own expense, to represent their interests, present their case, offer materials in support thereof, examine witnesses, and/or respond to appropriate questions.

3.14. Postponements

3.14.1. The Hearing Officer, for good cause shown, may postpone any hearing upon the request of a party or the Hearing Committee.

3.15. Notification of Finding

3.15.1. The Hearing Office shall serve a copy of the written report outlining the basis of the Hearing Committee's decision to the Medical Director, the Credentialing Committee imposing the Adverse Action, and the affected Provider.

3.16. Final Decision

3.16.1. Upon receipt of the Hearing Committee's decision, the Medical Director/Plan President shall either adopt or reject the Hearing Committee's decision. The Medical Director/Plan President's action constitutes the final decision.

3.17. Reporting

3.17.1. In the event the Medical Director/Plan President adopts the proposed decision of the Credentialing Committee taking or recommending the Adverse Action, Great Rivers will submit a report to the State Licensing Board, NPDB, and/or HIPDB, as required. Reports shall be made in accordance with the Credentialing Program Policies.

3.17.2. Reports to the State Licensing Board, NPDB, and/or HIPDB for adverse actions must be submitted within 15 days from the date the adverse action was taken.

3.18. Exhaustion of Internal Remedies

3.18.1. If any of the above Adverse Actions are taken or recommended, the Provider must exhaust the remedies afforded by this Policy before resorting to legal action.

3.19. Confidentiality and Immunity

3.19.1. Information regarding any practitioner or provider submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of evaluating, improving, achieving or maintaining quality and cost effective patient care shall, to the fullest extent permitted by law, be confidential and shall only be disseminated to a Representative in order to carry out appropriate activities under Credentialing Policies and Procedures. Confidentiality shall also extend to such information that is provided by third parties.

3.19.2. By providing patient care services at Great Rivers, a practitioner or provider:

3.19.2.1. Authorizes representatives of Great Rivers to solicit, provide, and act upon information bearing on the practitioner's or provider's qualifications.

3.19.2.2. Agrees to be bound by the provisions of this policy and procedure and to waive all legal claims against any representative who acts in accordance with the provisions of this policy and procedure.

3.19.2.3. Acknowledges that the provisions of this policy and procedure are express conditions of the application for, or acceptance of, Great Rivers membership and the continuation of such membership, and to the exercise of clinical privileges or provision of patient care.

3.19.3. The confidentiality and immunity provisions of this policy and procedure shall apply to all information so protected by State or Federal law. To the fullest extent permitted by State or Federal law, the confidentiality and immunity provisions of this policy and procedure shall include, but is not limited to:

3.19.3.1. Any type of application or reapplication received by the Provider or Practitioner;

- 3.19.3.2. Actions reducing, suspending, terminating or revoking a practitioner's and provider's status, including requests for corrective actions, investigation reports and documents and all other information related to such action;
- 3.19.3.3. Hearing and appellate review;
- 3.19.3.4. Peer review and utilization and quality management activities;
- 3.19.3.5. Risk management activities and claims review;
- 3.19.3.6. Potential or actual liability exposure issues;
- 3.19.3.7. Incident and/or investigative reports;
- 3.19.3.8. Claims review;
- 3.19.3.9. Minutes of all meetings by any committees otherwise appropriately appointed by the Board;
- 3.19.3.10. Any activities related to monitoring the quality, appropriateness or safety of health care services;
- 3.19.3.11. Minutes of any Committees and Subcommittees related to monitoring the quality, appropriateness or safety of health care services;
- 3.19.3.12. Any Great Rivers operations and actions relating to practitioner and provider conduct.

3.20. Immunity from Liability for Action Taken

- 3.20.1. No representative shall be liable to a practitioner or provider or any third party for damages or other relief for any decision, opinion, action, statement, or recommendations made within the scope of their duties as representative, if such representative acts in good faith and without malice.

3.21. Immunity from Liability for Providing Information

- 3.21.1. No representative or third parties shall be liable to a practitioner or provider for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative or to any third party pursuant to authorization by the practitioner or provider, or if permitted or required by law, or these Policies and Procedures, provided that such representative or third parties acts in good faith and without malice.

POLICY SIGNATURE

 Edna J. Fund, Chair
 Great Rivers Governing Board

03/08/2019

 Date