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Via Fax & E-Mail: 508-627-6173

10 December 2021

Douglas Finn
Assistant
Edgartown Planning Board
P.O. Box 5130
70 Main Street
Edgartown, MA 02539

**RE: *Martha's Vineyard Hospital, Inc.
Senior Residential Facility
490 Edgartown Vineyard Haven Rd.
Nursing Facility & Housing Application***

Dear Mr. Finn:

Thank you for permitting me to comment at your last Planning Board Meeting on December 7, 2021. I have looked more carefully at the proposed plan and the applicant's market feasibility analysis and offer these further comments in support of my objection to the present application. While I realize the need for skilled nursing facilities and housing on the island, there appear to be contradictions between the applicant's stated objectives and the submitted plans for approval. The purpose of this letter is to advise the Board of my concerns relative to the application. Here are the summary points:

- ***The applicant's statement in their "Market Feasibility Analysis" that they intend to replace Windemere Nursing & Rehabilitation relying on the current submitted plans is not reasonably supported;***
- ***Publication for applicant's public hearing for a Senior Residential Facility is incompatible with the specific definition of Skilled Nursing Care Facilities [Level II] according to the Standards for Long-Term Care Facilities as published by the Massachusetts Department of Public Health; and***
- ***The term "Senior Residential Facility" is not included in definitions of Levels of Long-Term Care Facilities by the Massachusetts Dept. of Public Health; however, Resident Care Facilities [Level IV] or Rest Home is.***

Title 105 of the Code of Massachusetts Regulation Section 150 published by the Department of Public Health sets forth the definitions of the Levels of Long-Term Care Facilities. Seven levels of Long-Term Care Facilities or Units are there delineated [See

portions of 101 CMR 150.00 Standards for Long-Term Care Facility (highlighted) annexed hereto and made a part hereof.]

The Edgartown Planning Board Agenda of November 9, 2021 shows Public Hearing for ***“Application to construct and operate a Senior Residential Facility, comprised of a 70 bedroom skilled nursing facility to be contained in 5 houses....”*** This confusing language was repeated on the agenda for the Planning Board’s December 7th continued public hearing. The language used by the applicant is unclear and appears to imply or suggest that a “Senior Residential Facility” means “Skilled Nursing Care Facility [Level II]”. The term “Senior Residential Facility” does not even appear in the definitions of Levels of Long-Term Care Facilities or Units.

The closest definition I could find for Senior Residential Facility was “Resident Care Facilities [Level IV] or Rest Home providing *“supervised supportive and protective living environment and support services incident to old age for residents having difficulty in caring for themselves and who are ambulatory and do not require Level II or Level III nursing care or other medically related services on a routine basis”*.”¹

Further, in accordance with the definition of “Skilled Nursing Care Facilities” as set forth in Title 105 of the Code of Massachusetts Regulation §150², the applicant would have to construct and provide, *“...A facility or units thereof that provide continuous skilled nursing care and meaningful availability of rehabilitation services and other therapeutic services in addition to the minimum, basic care and services required in 105 CMR 150 for residents who show potential for improvement or restoration to a stabilized condition or who have a deteriorating condition requiring skilled care”*.

Overall, the applicant appears to be submitting plans for a Resident Care Facility [Level IV] or Rest Home³, rather than that of a Level II Skilled Nursing Home. It seems to me that it can be one or the other. It cannot reasonably be both.

When I reviewed the sample floor plan of each unit, there was a very small designated space for staff relative to the space provided for residents. There was an even smaller nursing office with a tiny medical room. There was no rehabilitation area or offices, there were no therapeutic or related offices. I estimate that designated medical and/or nursing space could not be more than 5% of the total floor plan.

Specifically, there did not appear to be any designation of space for on-site rehabilitation or other therapeutic services. Under Title 105 CMR, Rehabilitation Services shall mean ***“services provided by physical therapists, occupational therapists, and speech, hearing and language therapists for the purpose of maximum reduction of physical or mental disability and restoration of the resident to maximum functional level.”***

¹ See definition of “Resident Care Facilities [Level IV] or Rest Home; definitions of Levels of Long-Term Care Facilities, Subd. (6)

² <https://www.mass.gov/regulations/105-CMR-15000-standards-for-long-term-care-facilities>

³ 105 CMR: Levels of Long-Term Care Facilities or Units (3) & (6)

In the plan as submitted, there was no space or areas designated for on-site Rehabilitation Services Unit⁴, no physical therapy area nor for other therapies contemplated by the regulations. To me, all of this looks like an application for a Rest Home. Even if the applicant intends to offer meaningful rehabilitation services, where will this occur if not on site? Will residents have to take a taxi to Windemere or to Martha's Vineyard Hospital?

It does not appear, therefore, that the applicant intends to operate and conduct a Level II Skilled Nursing Facility nor does the application support the stated objective to "replace the current 61-bed Windemere Nursing & Rehabilitation Facility". Rather, the applicant, from what information I can see on their submission, contemplates a "Resident Care Facility or Rest Home". There do not appear to be any reference to nor physical structures in creating or instituting those rehabilitation services offered at Windemere [*physical therapy, occupational therapy, speech therapy, recreation program, pain management, wound care, infusion therapy and pulmonary care*]⁵.

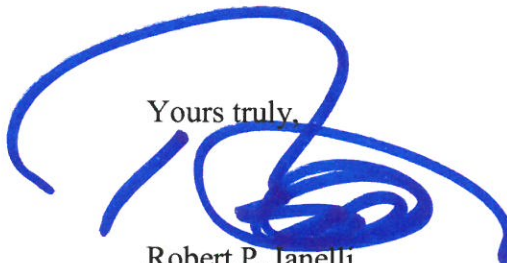
I am requesting that the Board require the applicant to clarify its intentions on the project submitted. Is this application for a Skilled Nursing Facility or a Rest Home? If it's a Skilled Nursing Home with Rehabilitation Center to replace Windemere, where are the supporting plans? If the Market Feasibility Analysis is accurate as to published and stated objectives, how can that, as submitted to the Planning Board, be correct?

Considering the Massachusetts regulations as promulgated by the Department of Public Health and this confusion, the public may have been limited in offering reasoned comment on the project overall without correction and clarification from the applicant as to its intentions and goals.

Further, should the Planning Board find merit with my comments, it might consider what actions it could take to correct the prior and upcoming notices for public hearings, which appear topically confusing [*Resident Care Facilities or Rest Home versus Skilled Nursing Care Facility*].

Thank you for consideration of my comments. Respectfully, I request that this letter as stated herein be read into the record at the next scheduled Planning Board meeting or hearing.

Yours truly,



Robert P. Ianelli

RPI
Encl.

⁴ Per code, a room or rooms specifically equipped for physical therapy, occupational therapy or speech, hearing and language therapy and staffed by therapists in these specialties.

⁵ <https://windemeremv.org>

Section

150.001: Definitions

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- 150.003: Admissions, Transfers and Discharges
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- 150.005: Physician Services
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- 150.010: Rehabilitation Services: Physical Therapy, Occupational Therapy, Speech, Hearing and Language Therapy (and Therapeutic Recreation in a SNCFC)
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- 150.390: Utility Rooms - Nursing Care Units
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- 150.410: Required Supporting Elements - Resident Care Units
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Section: continued

- 150.430: Special Care Room - Resident Care Units
- 150.440: Attendant's Station
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- 150.630: Doors and Doorways
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- 150.700: Heating and Air Conditioning Systems
- 150.710: Ventilation Systems
- 150.720: Water Supply
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- 150.750: Refrigeration
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- 150.830: Emergency Electrical Systems
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150.001: Definitions

Activities and Recreation Program shall mean regularly scheduled recreational, spiritual, educational, entertainment, craft and work-oriented activities.

Administrator shall mean the person charged with general administration of the facility.

Aversive Interventions shall mean any intervention technique based upon behavior modification principles that applies painful, seclusive or intrusive methods, stimuli, or punishments to a resident in order to correct, decrease or eliminate any undesirable behaviors.

BA Social Worker shall mean an individual who holds a bachelor's degree, from an undergraduate program in social work or who holds a bachelor's degree from an accredited college or university and has been employed in a social work capacity for one year in a community health or social service agency.

150.001: continued

Behavior Modification Trainer shall mean an individual who has a minimum of a bachelor's degree in special education or psychology with training and experience in behavior modification as it relates to the developmentally disabled person.

Carry-over Services shall mean services of a Medicare/Medicaid certified Skilled Nursing Facilities/Nursing Facility (SNF/NF), provided throughout all hours of the resident's day, which complement, reinforce and are consistent with any specialized services [as defined by the resident's Rolland Integrated Service Plan (RISP)] the resident with DD/ORC is receiving or is required to receive by the State.

Certified Facility shall mean a long-term care facility certified to participate in the Medicare or Medicaid programs.

Change of Ownership shall mean in the case of a corporation the transfer of the majority of stock thereof, and in all other cases, transfer of the majority interest therein.

Community Support Resident. Note: No resident shall be evaluated or determined to be a Community Support Resident without his or her consent. Any resident meeting criteria as a potential Community Support Resident must be asked if he or she is interested in receiving the mental health and support services available to a Community Support Resident as described in 105 CMR 150.000 and asked to sign a form expressing his or her interest in receiving services and consenting to evaluation and designation.

(1) A Potential Community Support Resident is defined as follows: An individual in need of Level IV services who meets at least one of the following criteria (These criteria are to assist in identifying residents who may be in need of service and are not sufficient to determine final designation status):

- (a) Has been referred to the facility from a Department of Mental Health or another psychiatric facility;
- (b) Has a current diagnosis of mental illness;
- (c) Receives a major antipsychotic from staff and is unable to self-administer; and/or
- (d) Currently receives mental health services.

(2) A Designated Community Support Resident is defined as a resident who

- (a) Following identification as a potential Community Support Resident, expresses interest in receiving the mental health and support services available to a Community Support Resident as described in 105 CMR 150.000, and consents in writing (if he or she is competent to give such consent), or whose guardian consents (if he or she is not competent) to evaluation to determine if he or she is eligible for the additional services described in 105 CMR 150.000; and
- (b) Is judged on mental health evaluation by a psychiatrist or other mental health clinician as recognized under Massachusetts law, such as a licensed psychologist, licensed independent clinical social worker, or psychiatric nurse mental health clinical specialist, to exhibit a current mental health problem associated with sufficient behavioral and functional disabilities in activities of daily living, memory, cognition, socialization skills, *etc.* such that the resident could benefit from the services as described in 105 CMR 150.000 as appropriate for a Community Support Resident.

Community Support Resident Support Services Plan shall mean an individualized written plan designed to identify and meet the support services needs of Community Support Residents.

Dental Hygienist shall mean an individual who is currently registered with the Massachusetts Board of Registration in Dentistry pursuant to M.G.L. c. 112, § 51.

Dentist shall mean an individual registered by the Board of Registration in Dentistry under M.G.L. c. 112, § 45.

Department shall mean the Department of Public Health.

150.001: continued

Department of Public Health – Medical Review Team (MRT) shall mean a Department administered multi-disciplinary, interagency team of professionals with clinical training and/or experience in the care and treatment of individuals younger than 22 years old with multiple handicaps. The MRT has responsibility for determining the eligibility of such individuals for nursing home care. The purpose of the MRT review is to ensure only individuals who meet appropriate criteria are certified as eligible for residential care at a long-term care facility.

Developmental Disabilities/Other Related Conditions (DD/ORC) shall mean a severe, chronic disability that meets all of the following conditions:

- (1) Cerebral palsy or epilepsy; or
- (2) Any other condition, other than mental illness, requiring treatment or services similar to those required for these persons:
 - (a) It is manifested before the person reaches 22 years old;
 - (b) It is likely to continue indefinitely;
 - (c) It results in substantial functional limitations in three or more of the following areas of major life activity:
 1. Self-care;
 2. Understanding and use of language;
 3. Learning;
 4. Mobility;
 5. Self-direction; and
 6. Capacity for independent living.

Dietary Services shall mean the planning, preparation and serving of routine and therapeutic diets.

Dietitian shall mean an individual licensed as a dietitian by the Board of Registration of Dietitians and Nutritionists.

Direct Care Worker means a staff member whose work involves extensive resident contact or administrative decisions regarding care. Direct Care Worker shall not be limited to those workers employed by the nursing home, and shall include contracted workers who provide direct care to residents. Direct Care Worker shall include, but not be limited to: the medical director, registered nurses, licensed practical nurses, nurse practitioners, physician assistants, certified nurse aides, activities personnel, feeding assistants, social workers, dietary aides, and all occupational, physical, and speech therapy staff. Office-based practitioners whose primary practice site is not in the long-term care facility are exempt from the definition of Direct Care Workers. Examples of exempt practitioners include, but are not limited to: podiatrists, dentists or primary care providers that are part of on-call medical coverage arrangements.

Emergency shall mean a situation or condition presenting imminent danger of death or serious physical harm to residents, or others.

Food Service Supervisor shall mean an individual who is a high school graduate or the equivalent, has completed at least one course in food service supervision and has had at least one year of supervisory experience in the planning, preparation and service of food in a health facility or group feeding situation.

Guardian shall mean a person appointed by the court to make medical decisions on behalf of an adult who has a clinically diagnosed medical condition and is unable to make or communicate effective decisions about their everyday self-care, health and safety.

Hours of Care per Resident per Day (PPD) shall mean the total number of hours worked by registered nurses, licensed practical nurses, and nursing assistants, including certified nurse aides, and nurse aides in training with direct resident care responsibilities for each 24-hour period, divided by the total census of the facility for each day.

Identifiable Unit shall mean a section of a facility such as a wing, floor or ward and shall include adjacent rooms where acceptable to the Department. For all new construction, additions, conversions or alterations, an identifiable unit shall mean not more than 41 beds for units providing Level I or II care, and not more than 60 beds for units providing Level III or IV care.

150.001: continued

Levels of Long-term Care Facilities or Units.

- (1) Nursing Care Unit shall mean a unit licensed to provide Intensive Nursing and Rehabilitative Care, Skilled Nursing Care, Skilled Nursing Care for Children, or Supportive Nursing Care.
- (2) Intensive Nursing and Rehabilitative Care Facility (Level I) shall mean a facility or units thereof providing continuous skilled nursing care and an organized program of rehabilitation services in addition to the minimum, basic care and services required in 105 CMR 150.000. Level I facilities shall comply with the Conditions of Participation for Extended Care Facilities under Title XVIII of the Social Security Act of 1965 (P.L. 89-97) and shall provide care for residents as prescribed therein.
- (3) Skilled Nursing Care Facilities (Level II) shall mean a facility or units thereof that provide continuous skilled nursing care and meaningful availability of rehabilitation services and other therapeutic services in addition to the minimum, basic care and services required in 105 CMR 150.000 for residents who show potential for improvement or restoration to a stabilized condition or who have a deteriorating condition requiring skilled care.
 - (a) Skilled Nursing Care Facilities for Children (SNCFC) (Level II) shall mean a facility or unit/s thereof providing skilled nursing care services and/or intensive supportive nursing care services together with therapeutic treatment and habilitative services to “multiply-handicapped” individuals birth through 22 years of age, who exhibit medical/nursing needs requiring intervention, observation and supervision by a multi-disciplinary team of professionals. Individuals requiring these services who are 15 through 22 years of age or who do not meet the definition of “multiply-handicapped” may be admitted to adult (Level II or Level III) units with prior approval from the Department’s Medical Review Team (MRT) and the Department’s licensing agency. A SNCFC is not an appropriate facility or unit for individuals requiring long-term custodial care.
 - (b) Respite Care in a Skilled Nursing Care Facility for Children (SNCFC) shall mean temporary, short term care of a multiply handicapped individual birth through 22 years of age in order to provide relief to a family/primary care-giver.
- (4) Supportive Nursing Care Facilities (Level III) shall mean a facility or units thereof providing routine nursing services and periodic availability of skilled nursing, rehabilitation and other therapeutic services, as indicated, in addition to the minimum, basic care and services required in 105 CMR 150.000 for residents whose condition is stabilized to the point where they need only supportive nursing care, supervision and observation.
- (5) Resident Care Unit shall mean a unit licensed to provide Resident Care or Community Support.
- (6) Resident Care Facilities (Level IV) or Rest Home shall mean a facility or units thereof that provides or arranges to provide in addition to the minimum basic care and services required in 105 CMR 150.000, a supervised supportive and protective living environment and support services incident to old age for residents having difficulty in caring for themselves and who are ambulatory and do not require Level II or III nursing care or other medically related services on a routine basis.
- (7) Community Support Facilities (CSF) shall mean a Resident Care Facility in which the Department determines 50% or more of the facility’s residents are Community Support Residents. The Community Support Facility is the only Level IV facility allowed to routinely admit Community Support Residents and will be expected to maintain 50% or more of these residents. The central purpose of a CSF shall be to provide its current Community Support Residents, and new Community Support Resident admissions, with the mental health and support services outlined in 105 CMR 150.001. These services will be provided in order to assure resident security and the provision of appropriate care, as well as to maximize resident independence, prevent reinstitutionalization, and wherever possible provide rehabilitation and integration into the community.

License shall mean the license issued by the Department for a two-year period to a facility found on inspection to be in full compliance with 105 CMR 150.000, a provisional license, or, upon a change of ownership, an application for a license for a period of three months when filed with the Department within 24 hours of such change of ownership.

Licensed Practical Nurse shall mean a nurse who is currently licensed by the Board of Registration in Nursing to practice as a licensed practical nurse in Massachusetts.

150.001: continued

Long-term Care Facility (LTCF) shall mean any institution whether conducted for charity or profit that is advertised, announced or maintained for the express or implied purpose of providing four or more individuals admitted thereto with long-term resident, nursing, convalescent or rehabilitative care; supervision and care incident to old age for ambulatory persons; or retirement home care for elderly persons. Long-term care facility shall include convalescent or nursing homes, rest homes, infirmaries maintained in towns and charitable homes for the aged. Facility as used in 105 CMR 150.000, shall mean a long-term care facility or unit thereof and units within acute hospitals converted under provisions of St. 1988 c. 23, § 32.

Medical Care shall mean services provided by a physician or other primary care provider including physical examination and diagnosis; orders for treatments, medications, diets, and associated services; emergency care; periodic supervision and review; and determination of appropriateness of care and placement.

Medical Director shall mean a physician who advises on the conduct of medical and medically related services in a facility. In a SNCFC, the Medical Director shall be a pediatrician.

Multiply-handicapped Individuals shall mean individuals certified by the MRT for nursing home care who are between birth and 22 years of age, presenting with significant developmental disabilities, skilled nursing care needs and who may also require intensive therapeutic treatment and habilitative interventions.

Multiple Level Facility shall mean a facility providing two, three or four levels of care in one or more identifiable units for each level of care.

MSW Social Worker shall mean an individual who has received at least a master's degree from a graduate school of social work accredited by the Council on Social Work Education.

Nurse Aide shall mean an individual who has successfully completed a nurses' aide training course.

Nursing Care shall mean services provided by licensed nursing personnel (registered nurses and licensed practical nurses) or by nurse aides, under the direction of a registered nurse or a licensed practical nurse.

Nurse Practitioner shall mean a nurse who is authorized to practice advanced practice registered nursing as a nurse practitioner by the Board of Registration in Nursing.

Occupational Therapist shall mean an individual licensed as an occupational therapist by the Board of Registration of Allied Health Professionals.

Occupational Therapist Assistant shall mean an individual licensed as an occupational therapy assistant by the Board of Registration of Allied Health Professionals.

Permanency Planning shall mean supporting and maintaining family ties for multiply-handicapped individuals and their biological families; and working toward achieving permanent family ties for multiply-handicapped individuals who have no ties with their biological families.

Pharmacist shall mean a pharmacist who is currently licensed by the Board of Registration in Pharmacy.

Physician shall mean a doctor of medicine or doctor of osteopathy who is registered by the Board of Registration in Medicine to practice medicine in Massachusetts .

Pediatrician shall mean a physician who is board-certified by the American Board of Pediatrics.

150.001: continued

Physician Assistant shall mean a person who is licensed by the Board of Registration of Physician Assistants.

Physical Therapist shall mean an individual who is currently licensed as a physical therapist by the Board of Registration of Allied Health Professionals.

Physical Therapist Assistant shall mean an individual licensed as a physical therapist assistant by the Board of Registration of Allied Health Professionals.

Primary Care Provider shall mean the physician, physician assistant or nurse practitioner responsible for the resident's continuing medical care and periodic reevaluation.

Provisional License shall mean a license issued for not more than 180 days to a facility found on inspection to be in substantial compliance and has demonstrated improvement and evidences potential for achieving full compliance within said period.

Psychiatric Nurse shall mean a registered nurse who is authorized to practice advanced practice registered nursing as a psychiatric clinical nurse specialist by the Board of Registration in Nursing.

Registered Nurse shall mean a nurse who is currently licensed by the Board of Registration in Nursing to practice as a registered nurse in Massachusetts.

Rehabilitation Services shall mean services provided by physical therapists, occupational therapists, and speech, hearing and language therapists for the purpose of maximum reduction of physical or mental disability and restoration of the resident to maximum functional level. Only Medicare certified facilities may provided outpatient rehabilitation services. In addition, facilities must obtain written approval from the Department before outpatient rehabilitation services may be provided.

Rehabilitation Services Unit shall mean a room or rooms specifically equipped for physical therapy, occupational therapy or speech, hearing and language therapy, and staffed by therapists in these specialties.

Resident shall mean any individual receiving care in a facility or the resident's health care proxy, if the resident has an activated health care proxy.

Responsible Person shall mean an individual 21 years of age or older, who has received a high school diploma, is of good moral character and with ability to make mature and accurate judgments. The responsible person shall also have the ability to communicate orally and in writing in English and the primary language used by residents of a facility.

Single Level Facility shall mean a facility providing only one level of care in one or more identifiable units.

Social Services shall mean those services provided to meet the medically-related emotional and social needs of the resident at the time of admission, during treatment and care in the facility and at the time of discharge.

Social Worker means an individual who is currently licensed to practice social work in Massachusetts pursuant to M.G.L. c. 112, § 131 under the licensure categories of Licensed Independent Practitioner of Clinical Social Work (LICSW), or Licensed Certified Social Worker (LCSW) or Licensed Social Worker (LSW).

Specialized Services shall mean the services specified by the State which, combined with services provided by the Nursing Facility or other service providers, results in treatment which meets the requirements of 42 CFR 483, § 483.440(a)(1).

Speech Pathologist or Audiologist (speech, hearing and language therapist) shall mean an individual who is licensed by the Board of Registration for Speech-language Pathology and Audiology.

150.001: continued

Support Services shall mean those services provided for the benefit of Community Support Residents in order to enhance psychosocial and physical functioning, and shall include arranging and coordinating appointments for health and mental health visits, educational and vocational services, as well as recreational services. Support Services also include the provision of counseling, and coordination with the Mental Health Treatment Plan.

Support Services Coordinator shall mean an individual who has received a BA or BS degree in a human services field of study such as Psychology, Nursing or Social Work and is employed by a Resident Care Facility or a Community Support Facility to provide and coordinate care to Community Support Residents. The Coordinator is responsible for arranging and coordinating Support Services. Support Services is a term applied to a variety of services including health and mental health visits, educational and vocational services, as well as recreational services, which are intended to enhance the psychosocial and physical functioning of Community Support Residents.

Utilization Review Committee shall mean a multi-disciplinary committee consisting of at least two physicians, a registered nurse and, where feasible, other appropriate health professionals with responsibility to review the resident care provided in a facility or group of related facilities. No committee member shall have a proprietary interest in the facility.

150.002: Administration

(A) Every licensee shall designate a qualified administrator and shall establish by-laws or policies describing the organization of the facility, establish authority and responsibility, and identify programs and goals.

(B) Administration.

- (1) Facilities providing Level I care, Level II care in more than one unit, or Level III or IV care in more than two units shall employ a full-time administrator.
- (2) Facilities providing Level II care with only a single unit, and facilities providing Level III or IV care with less than two units shall employ an administrator for the number of hours as needed in accordance with the size and services provided by the facility.
- (3) No more than one full-time administrator is required even in facilities providing multiple units or multiple levels of care.
- (4) A full-time administrator shall be on the premises during the working day.
- (5) In facilities providing Level I, II or III care, the administrator shall be a nursing home administrator licensed by the Board of Registration of Nursing Home Administrators.
- (6) The administrator shall be a suitable and responsible person.
- (7) A responsible person shall be designated to act in the absence of the administrator.
- (8) The names and telephone numbers of the administrator and his or her alternate shall be posted and available to the individual in charge at all times.

(C) The administrator of the facility shall be responsible to the licensee and shall operate the facility to ensure services required by residents at each level of care are available on a regular basis and provided in an appropriate environment in accordance with established policies.

(D) The licensee shall be responsible for procurement of competent personnel, and the licensee and the administrator shall be jointly and severally responsible for the direction of such personnel and for establishing and maintaining current written personnel policies, and personnel practices and procedures that encourage good resident care.

- (1) At all times, each facility shall provide a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all residents and to ensure their personal needs are met. Accurate time records shall be kept on all personnel.
- (2) There shall be written job descriptions for all positions including qualifications, duties and responsibilities. Work assignments shall be consistent with job descriptions and qualifications.
- (3) There shall be an organized orientation program for all new employees to explain job responsibilities, duties and employment policies.