

BEST CARE

YOUR CARE. YOUR WAY.

**EMPLOYEE
MANUAL**





Best Care Employee Manual

This manual contains some important information and materials about our company that you need to review, and information we need in order for you to begin working for our agency. Please review the contents of this packet. If you have any questions, please contact us.

TABLE OF CONTENTS

• ORIENTATION TO HOME CARE REQUIREMENTS	4
• HOME CARE BILL OF RIGHTS	12
• SERVICE DELIVERY POLICY	14
• SERVICE RECIPIENT RIGHTS	14
• PERSON-CENTERED PLANNING AND SERVICE DELIVERY REQUIREMENTS	16
• HIRING AND TERMINATION	18
• TRAINING	19
• SUPERVISION	20
• VERIFICATION OF PCA SERVICES	20
• PERSONAL CARE ASSISTANT JOB DESCRIPTION	20
• HOMEMAKER JOB DESCRIPTION	21
• EMPLOYEE MISCONDUCT	22
• DRUGS AND ALCOHOL	23
• INFECTIONS AND COMMUNICABLE DISEASES	24
• REQUEST TO DISCONTINUE LIFE SUSTAINING TREATMENT	25
• ADVANCED DIRECTIVE NOTICE	25
• FAIR AND ACCURATE BILLING	28
• CRIMINAL BACKGROUND CHECKS	30
• WORKPLACE SAFETY	30
• HEALTH AND SAFETY IN HOME ENVIRONMENTS	31
• TRANSPORTATION OF RECIPIENTS	34
• MALTREATMENT OF VULNERABLE ADULTS	35
• MALTREATMENT OF MINORS	40
• INCIDENT RESPONSE AND REPORTING	50
• EMERGENCY RESPONSE AND REPORTING	57
• EMERGENCY USE OF MANUAL RESTRAINTS	59
• HEALTH INFORMATION SECURITY	67
• FRAUD, WASTE AND ABUSE POLICY	70
• EQUAL EMPLOYMENT OPPORTUNITY	74
• NON-HARASSMENT	74
• MEDICAL LEAVES OF ABSENCE	76
• CONFIDENTIALITY AND NON-SOLICITATION	76
• CONSENT TO ELECTRONIC DELIVERY	77
• BENEFITS	78
• OVERTIME PAY	78
• 245D PROVIDER WRITTEN AGREEMENT	79
• 245D ADMISSION POLICY	83
• 245D SERVICE RECIPIENT RIGHTS	86
• 245D SAFE MEDICATION ASSISTANCE POLICY	92
• 245D SERVICE TERMINATION POLICY	95
• 245D TEMPORARY SERVICE SUSPENSION POLICY	97

ORIENTATION TO HOME CARE REQUIREMENTS

A GUIDE TO HOME CARE SERVICES PURPOSE:

“Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete orientation to home care requirements before providing home care services to clients.”

Licensees may use this guide to satisfy Minnesota Rule 4668.0075, subpart 1 and Minnesota Rule 4668.0805 subpart 1.

This guide was prepared by the Minnesota Department of Health, Division of Compliance Monitoring, as a means to satisfy Minnesota Rule 4668.0075, and Minnesota Rule 4668.0805, “Orientation to Home Care Requirements” and is intended as an overview and not a replacement of the licensure rules or statutes. Not every rule and statute is restated or explained in this guide. Individuals should refer to Minnesota Home Care Licensure Statutes 144A.43-144A.47 and Minnesota Home Care Rules 4668 and 4669, the Vulnerable Adults Act Minnesota Statute 626.557 and 626.5572 and the Maltreatment of Minors Act, Minnesota Statute 626.556 for specific requirements.

The rules and statutes may be accessed through the web: <http://www.leg.state.mn.us/leg/statutes.asp>

REGULATION OF HOME CARE PROVIDERS: STATE LICENSURE

Under Minnesota Statutes 144A.43-144A.47, the Minnesota Legislature authorized the Minnesota Department of Health (herein after referred to as “Department”) to license most providers of home care, including private businesses, nonprofit organizations, and governmental agencies. The license is for the business, not for the employees who work for the home care provider.

The purpose of the license is to ensure that those who provide services are qualified to do so in a manner that affords some protection of the health, safety, and well being of the consumers of those services. A license is permission from the state to carry on the business of home care services. It does not provide payment for services and does not guarantee success in business.

Licensure also provides a quality mechanism for monitoring and remedying problems that occur, in this rapidly expanding business, by routine inspections as well as complaint investigations by the Department.

If a survey or complaint investigation reveals a violation of a rule or law, the Department will issue a correction order, which is a notice of the violation and an order to correct the problem in a certain time. If not corrected, the Department will issue a fine according to a schedule of fines in the rules. In very serious situations, the Department may suspend, revoke, or refuse to renew the license.

State licensing rules have some similar requirements as Medicare Home Health Agency regulations, and additional requirements, such as criminal background studies for licensees, managers, and employees, screening for tuberculosis, and handling

medication and treatment orders. Only those home care providers that receive Medicare or Medicaid reimbursement must comply with Medicare regulations. All providers, including many individuals, except for those individuals who are exempted by law or rule, will be required to meet state licensing rules and be licensed by the State.

CLASSES OF LICENSES

Class A, or professional home care agency license. Provider may provide all home care services, at least one of which is nursing, physical therapy, speech therapy, occupational therapy, nutritional services, medical social services, home health aide tasks, or the provision of medical supplies and equipment when accompanied by the provision of a home care service. These may be provided in a place of residence, including a residential center, and a housing with services establishment.

Class B. or paraprofessional agency license. Under this license, a provider may perform home care aide tasks and home management tasks in a place of residence.

Class C. or individual paraprofessional license. Under this license, a provider may perform home health aide, home care aide, and home management tasks in a place of residence.

Class F Home Care Provider. Under this license, a provider may provide home care services solely for residents of one or more registered housing with services establishments, as provided by Minnesota Statutes 144A.4605. For purposes of this section, the term Class F home care provider means a home care provider who provides nursing services, delegated nursing services, other services performed by unlicensed personnel, or central storage of medications solely for residents of one or more housing with services establishments.

Some Class F Home Care Providers and/or the Housing with Services establishments they serve may choose to call themselves or their services “assisted living” and must then meet the requirements for the use of the term assisted living as defined in Minnesota Statute 144G.

SERVICES AVAILABLE THROUGH STATE REGULATED HOME CARE PROVIDERS

State regulations cover a large variety of home care and home management services provided to clients whose illness, disability or physical condition creates a need for the services at their residences. The licensee may not accept a client unless the licensee has sufficient staff, in numbers and qualifications, to adequately provide the services agreed to in the service agreement/service plan. If the licensee discontinues a home care service, for any reason other than the client’s failure to pay for the service, and the client continues to need the home care service, the licensee shall provide to the client a list of home care providers that provide similar services in the client’s geographic area.

Services that may be provided in a client’s residence include: professional nursing, physical therapy, occupational therapy, speech therapy, medical social services,

respiratory therapy, nutritional services, home health aide tasks, services performed by unlicensed personnel, the provision of medical supplies and equipment if accompanied by the provision of a home care service, and home management services. (Services under the definition of home health aide tasks include home care aide tasks and home management tasks. Home care aide tasks may be performed for clients who are not receiving delegated medical or nursing procedures or assigned therapy services.) Home management tasks include at least two of the following: housekeeping, meal preparation, and shopping.

Personnel employed by a licensee or providing services under a contract, must be licensed, registered, or certified as required by the state and/or must meet the training and evaluation requirements of these rules. Each applicant for a license, persons who provide direct care, supervise direct care, or manage services for a licensee must be oriented to home care requirements prior to providing home care services to clients. Home health aide tasks and services provided by unlicensed personnel must be supervised by a registered nurse or therapist according to a schedule that is determined by the provider and client, and minimally established in the rule.

SERVICE AGREEMENT/PLAN

A licensee shall enter into a service agreement/plan with the client or the client's responsible person. Any modifications to the service agreement/plan must be communicated to the client or the client's responsible person.

The service agreement/plan must include the following items: A. a description of the services to be provided, and their frequency; B. identification of the persons or categories of persons who are to provide services; C. the schedule or frequency of sessions of supervision or monitoring required, if any; D. fees for services; E. a plan for contingency action that includes the following subitems:

- the action to be taken by the licensee, client, or responsible persons, if scheduled services cannot be provided;
- the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;
- who to contact in case of an emergency or significant adverse change in the client's condition;
- the method for the licensee to contact a responsible person of the client, if any; and
- circumstances in which emergency medical services are not to be summoned,
- consistent with MN Statutes 145B and 145C, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and item E, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

The licensee must provide all services required by the client's service agreement/ plan. If unable, for any reason, to keep a scheduled appointment for a service that is not essential for medical or safety reasons, the licensee shall:

Follow the procedure established in the service agreement/ plan;

Provide a replacement person; or

Notify the client that the appointment will not be kept, and schedule a new appointment or arrange for a reasonable alternative.

If the service to be provided is essential for medical or safety reasons, it must be completed at the scheduled time. The licensee shall make arrangements to complete the service through a contract with another provider or through other reasonable means.

Every class A, B, or Class F Home Care Provider licensee that provides home health aide, home care aide tasks, or services by unlicensed personnel, must have a contact person available by telephone or other means whenever paraprofessionals are providing services.

HOME CARE BILL OF RIGHTS

All home care providers, including those exempt from licensure, must comply with all parts of Minnesota Statutes, section 144A.44, the home care bill of rights. A written copy of the bill of rights shall be given to the client or the client's responsible person at the time a service agreement is agreed upon or at the initiation of services, whichever is earlier. Written documentation of receipt of the bill of rights must be maintained by the licensee.

The licensee may not request nor obtain from clients any waiver of any of the rights enumerated in the home care bill of rights.

CLIENT PROTECTION

The home care rules have been developed with the goal that home care services are provided in a manner that protects the health, safety, and well-being of home care clients. Providers must comply with the requirements of these rules.

CRIMINAL DISQUALIFICATION*

Before the commissioner issues an initial or renewal license, an owner or managerial official shall be required to complete a background study under Minnesota Statute section

No person may be involved in the management, operation, or control of a provider, if the person has been disqualified under the provisions of Minnesota Statutes chapter 245A. Individuals disqualified under these provisions can request a reconsideration, and if the disqualification is set aside are then eligible to be involved in the management, operation or control of the provider. Owners of a home care provider subject to the background check requirement are those individuals whose ownership interest provides sufficient authority or control to affect or change decisions related

to the operation of the home care provider. For the purposes of this section, managerial officials subject to the background check requirement are those individuals who provide direct “contact” as defined in section 245A.04 or those individuals who have the responsibility for the ongoing management or direction of the policies, services, or employees of the home care provider. All employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057. If appropriate, these individuals shall be disqualified under the provisions of chapter 245A and Minnesota Rules, parts 9543.3000 to 9543.3090. Individuals disqualified under these provisions can request a reconsideration.

**Some language in this section was paraphrased from Minnesota law. Licensees should refer to the Statutes for the complete language.*

REQUEST BY CLIENT FOR DISCONTINUATION OF LIFE SUSTAINING TREATMENT

Minnesota Rule 4668.0170 defines the action that must be taken by a licensee if a client, family member, or other caregiver requests that life sustaining treatment be discontinued. The licensee shall act promptly upon the client’s request within the requirements of this rule.

CONFIDENTIALITY OF CLIENT INFORMATION

The licensee shall not disclose any personal, financial, medical, or other information about a client except:

- as may be required by law;
- to staff or contractors only that information necessary to provide services to the client;
- to persons authorized by the client to receive the information; and
- representatives of the commissioner authorized to survey or investigate home care providers.

HANDLING OF CLIENTS’ FINANCES AND PROPERTY

A licensee may not act as power-of-attorney nor accept appointment as guardian or conservator of clients unless there is a clear organizational separation between the home care service and the program that accepts guardianship or conservatorship appointments or unless the licensee is a Minnesota county or other unit of government.

A licensee may assist clients with household budgeting, including paying bills and purchasing household goods but may not otherwise manage a client’s property. Receipts or documentation of all transactions and purchases paid with the clients’ funds must be recorded and maintained.

A licensee may not borrow or in any way convert a client’s property to the licensee’s possession except by payment at the fair market value of the property.

Gifts of minimal value may be accepted by a licensee or its staff as well as donations and bequests that are exempt from income tax.

COMPLAINT PROCEDURE

Every licensee with more than one direct care staff person must have a system for receiving, investigating, and resolving complaints from its clients. The system is required to provide written notice to each client that includes:

- the client’s right to complain to the licensee about services;
- the name or title of the person or persons to contact with complaints;
- the method of submitting a complaint to the licensee;
- the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- a statement that the provider will in no way retaliate because of a complaint.

The licensee is prohibited from taking any action in retaliation for a complaint made by the client.

REPORTING OF MALTREATMENT OF VULNERABLE ADULTS AND MINORS

Minnesota law requires certain professionals and staff of licensed organizations to report maltreatment, (abuse, neglect, exploitation, unexplained injuries) of vulnerable adults and children to governmental authorities. Reporting is mandatory, and a person who fails to report is subject to criminal prosecution and civil liability.

WHO MUST REPORT

All home care licensees and their employees must report suspected maltreatment. A report is required if there is reason to believe that abuse or neglect to a client has occurred. Staff of providers need not report directly to the authorities, but should follow their employers’ procedures for reporting to a supervisor. If staff are unable or uncomfortable reporting to the licensee, they may report directly to the authorities. All home care providers are required by law to have a procedure for reporting.

WHAT TO REPORT*

Information as defined in Minnesota Statute 626.556 defines abuse of children, Minnesota Statute 626.5572 defines abuse of vulnerable adults.

WHEN REPORTING IS NECESSARY

A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately (immediately is defined “as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.”) orally report the information to the common entry point. Staff should report any abuse or neglect to the person identified by the employer’s procedures. The common entry point may not require written reports. After a report is made, the agency may investigate. The law prohibits retaliation against anyone who makes a report in good faith.

The provider, upon learning of abuse or neglect, must investigate and report to the Common entry point. The Office of Health Facility Complaints is considered to be a Lead agency.

“Common entry point” means the entity designated by each county responsible for receiving reports under section 626.557.

“Lead Agency” is the primary administrative agency responsible for investigating reports made under section 626.557.

Serious criminal activity should be reported to law enforcement immediately, and then to the common entry point.

The address and telephone number of OHFC is: Office of Health Facility Complaints

P.O. Box 64970

St. Paul, MN 55164-0970

(651) 201-4201 (Metro area)

(800) 369-7994 (Toll-free statewide)

Inquiries or complaints about the Home Care Bill of Rights or home care services may also be directed to:

Office of Ombudsman for Long Term Care (651) 431-2555

1-800-657-3591 (Toll-free statewide)

Fax: (651) 431-7452

Mailing Address

Home Care Ombudsman

Office of Ombudsman for Long Term Care PO Box 64971

St. Paul, MN 55164-0971

Home care consumers or members of the public should also report any violations of a client’s rights or maltreatment to the Office of Health Facility Complaints (OHFC), Office of Ombudsman for Long Term Care, (at the address or phone number listed above) and/or the common entry point.

Pursuant to Minnesota Rule 4668.0140 and Minnesota Rule 4668.0815 a home care client’s service agreement or a Class F Home Care Provider’s service plan includes: “circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act.”

Home health care personnel and clients should thoroughly know the provider’s policy on emergencies. Many agencies require that the home health staff has been trained in first aid, adult CPR (cardiopulmonary resuscitation) and infant and child CPR; and clearing the airway of an infant, child and an adult.

EMERGENCY PROCEDURES/HOW TO USE 911

Examples of significant adverse changes in the client’s condition which may necessitate emergency contact and notifying 911 include:

has trouble breathing or has stopped breathing

has no pulse

is bleeding severely

is having: chest-neck-jaw-arm pain

is in a state of deteriorating unconsciousness or is unconscious

if a fracture is suspected

if the person has been badly burned

if unable to move one or more limbs

is having a seizure 10.is suffering from

hypothermia-below normal body temperature

hyperthermia-well above normal body temperature

has been poisoned

is having a diabetic emergency

has suffered a stroke

if there is any doubt as to seriousness of the situation

HOW TO USE 911

dial or punch 911

then state:

this is an emergency

give the phone number you are calling from

give the address

describe the problem and how it happened, if known, otherwise just tell the facts and what has been observed

give your name

stay calm

reassure the client and family

follow direction of 911 dispatcher

hang up last!

IF YOU DO NOT KNOW HOW TO GIVE CPR-TELL THE DISPATCHER AT ONCE.

1. HOME CARE BILL OF RIGHTS

- A person who receives home care services has these rights:
- The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
- The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
- The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
- The right to be told in advance, of any changes in the plan of care and to take an active part in any changes.
- The right to refuse services or treatment.
- The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for termination of services.
- The right to know, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay.
- The right to know what the charges are for services, no matter who will be paying the bill.
- The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
- The right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, medical assistance, or other health programs
- The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
- The right to be allowed access to records and written information from records in accordance with section 144.335.
- The right to be served by people who are properly trained and competent to perform their duties.

- The right to be treated with courtesy and respect, and to have the patient's property treated with respect.
- The right to be free from physical and verbal abuse.
- The right to reasonable, advance notice of changes in services or charges, including at least 10 day's advance notice of the termination of a service by a provider, except in cases where:
 - The recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or
 - An emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider.
- The right to a coordinated transfer when there will be a change in the provider of services.
- The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
- The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
- The right to know the name and address of the state or county agency to contact for additional information or assistance.
- The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.

Office of Health Facility Complaints
(651) 201-4201
1-800- 369-7994
Fax: (651) 281-9796
Mailing Address:
Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care
(651) 431-2555
1-800-657-3591
Fax: (651) 431-7452
Mailing Address:
Home Care Ombudsman
Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971

Licensee Name: Telephone Number: Address:
Name/Title of Person to Whom Problems
or Complaints May be directed:

SERVICE DELIVERY POLICY

The objective of our agency is to provide quality services that meet the needs of the public and are consistent with PCA rules and regulations. The purpose of our Service Delivery Policy is to ensure we accomplish our objectives by:

- Establishing, and implementing policies that define performance standards for quality PCA services; and
- Establishing and implementing procedures that are designed to ensure our services are delivered in a consistent manner.

The following policies and procedures are hereby incorporated into and made part of the Service Delivery Policy. The following materials define how our services are to be delivered and are designed to ensure our services are effective and consistent.

SERVICE RECIPIENT RIGHTS

(For Homemaking Recipients)

A person who received homemaking services has the right to:

1. Participate in the development and evaluation of the services provided to the person;
2. Have services identified in the service plan provided in a manner that respects and takes into consideration the person's preferences;
3. Refuse or terminate services and be informed of the consequences of refusing or terminating services;
4. Know, in advance, limits to the services available from the agency;
5. Know conditions and terms governing the provision of services, including the agencies policies and procedures related to temporary service suspension and service termination;
6. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges;
7. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay; and
8. Receive services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the person's service plan.
9. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the agency;
10. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule;
11. Be free from maltreatment;

12. Be free from restraint or seclusion used for a purpose other than to protect the person from imminent danger to self or others;
13. Receive services in a clean and safe environment when the agency is the owner, lessor, or tenant of the service site;
14. Be treated with courtesy and respect and receive respectful treatment of the person's property;
15. Reasonable observance of cultural and ethnic practice and religion;
16. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;
17. Be informed of and use the agencies grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045;
18. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices;
19. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation;
20. Give or withhold written informed consent to participate in any research or experimental treatment;
21. Associate with other persons of the person's choice;
22. Personal privacy; and
23. Engage in chosen activities.
24. For a person residing in a residential site licensed according to chapter 245A, or where the agency is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:
 - a. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
 - b. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and
 - c. Privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.
25. Restriction of a person's rights under paragraph (a), clauses (13) to (15), or paragraph (b) is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the service plan for the person and must include the following information:

- a. The justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;
- b. The objective measures set as conditions for ending the restriction;
- c. A schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur, at a minimum, every three months for persons who do not have a legal representative and annually for persons who do have a legal representative from the date of initial approval; and
- d. Signed and dated approval for the restriction from the person, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.

PERSON-CENTERED PLANNING AND SERVICE DELIVERY REQUIREMENTS

Policy

BC is required to provide services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of the 245D Home and Community-Based Services (HCBS) Standards.

BC is required to provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

Person-centered service planning and delivery that:

- Identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
- Uses that information to identify outcomes the person desires; and
- Respects each person's history, dignity, and cultural background;

Self-determination that supports and provides:

- Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- The affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- Inclusion and participation in the person's community as desired by the person in a manner that allows the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;

- Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and

A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights

Persons receiving services can use the following questions to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

Sample of Person-Centered Planning and Service Delivery Questions for Initial Planning:

- What are your goals?
- What are your preferences related to:
 - a. Time you wake up in the morning?
 - b. Time you go to bed?
 - c. What your favorite foods are?
 - d. What are foods you don't like?
 - e. Whom you prefer to have direct support services provided by?
 - f. Are there traditions that are important to you?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- What places in the community do you like to spend time at?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Who are the people you want to spend time with?
- Do you work in the community? Where?
- Do you volunteer in the community? Where?

Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:

- Do you feel staff supports your relationships?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you want to volunteer in the community?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with the BC service coordinator.

HIRING AND TERMINATION

All applicants must complete an employment application and pass a background investigation prior to becoming eligible for employment. The Company may also require a resume and letters of reference depending on the position being applied for. Following the Company's review of all completed applications, the employer will begin interviewing the most qualified candidates.

Best Care may make conditional offers of employment to those candidates selected during the interview process. The conditional aspect of the job offer depends on the employee's agreeing to acknowledge company policies in writing, and consenting to and passing all necessary background and reference checks (if not already completed).

Following an acceptance of an offer of employment and completion of the background clearance, all new employees will be given a start date and location to report for work. Employees may only begin providing services after receiving the express permission of Best Care in writing. Recipients may not alter the decision of Best Care regarding any employee's start date. Authorization and acknowledgment forms and policies must be signed BEFORE actual work is performed.

All employees are classified as "at-will" employees. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between Best Care and you. You or Best Care may terminate the employment relationship at any time for any reason or no reason.

TRAINING

Best Care requires all employees to complete the mandated DHS training prior to your providing services to our clients. The DHS training covers but is not limited to the following topics:

1. Basic first aid;
2. Vulnerable adult/child maltreatment;
3. OSHA universal precautions;
4. Basic roles and responsibilities;
 - a. Lifting and transfers
 - b. Emergency preparedness
 - c. Positive behavioral practices
 - d. Fraud issues
 - e. Time sheets

We require you to review the enclosed materials, which address but which are not limited to the following topics:

5. An orientation to home care requirements.
6. Employee misconduct;
7. Basic infection control;
8. Reporting maltreatment;
9. Maintenance of a clean, safe, and healthy environment;
10. Handling request to discontinue life sustaining treatments;
11. Fair and accurate billing;
12. Advanced directive notices; and
13. Workplace safety;
14. Maintenance of a clean, safe, and healthy environment; and
15. Appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums, and oral prosthetic devices, and assisting with toileting; and
16. Other materials as indicated in the Acknowledgement of Receipt of Materials.

Finally, additional training shall be provided:

1. By a qualified professional on the unique needs of the recipient you are working with as identified in their 'care plan'; and
2. If you are working with a recipient who is ventilator dependant you will be required to complete ventilator training administered by respiratory therapist, nurse, or physician.

SUPERVISION

In accordance with Minnesota Law, Best Care provides PCA supervision that includes but is not limited to:

- Development of the care plan;
- Orientation of the PCA to the cares and needs of the person;
- Training of the PCA to provide hands on assistance with special health-related functions;
- Day-to-day supervision and monitoring of the work and ability of the PCA to provide care; and
- Communication when the needs of the person change.

**Health related functions performed by the PCA are required to be under the supervision of a qualified professional or the direction of a physician.*

By following these policies, we can be sure that our services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

VERIFICATION OF PCA SERVICES

Best Care will meet the PCA service verification requirement differently depending on the program the client is on. For recipients on the Traditional PCA program Best Care make qualified professional visits every 90 days as a substitute to the phone call requirements . For recipients on the PCA Choice program, Best Care will make visit verification phone calls every 90 days.

PERSONAL CARE ASSISTANT JOB DESCRIPTION

Summary of Qualifications:

An individual who is employed as a personal care assistant must:

- Be dependable, drug free, and able to follow directions.
- Be able to legally work in this country.
- Pass a background study.
- Complete standardized PCA training;
- Complete training in company policies and procedures;
- Complete training and orientation on the needs of the recipient they are working with.

- Be able to effectively communicate with the person and the PCA provider agency.
- Be able to provide covered PCA services according to the person's PCA care plan.
- Be able to respond appropriately to the person's needs.
- Be able to report changes in the person's condition to the qualified professional.
- Be able to maintain daily written records including, but not limited to, time sheets.
- Not be related to the recipient as (Parent or Stepparent of a Minor; Responsible Party; or Spouse)

Daily Duties:

The duties of this job include, but are not limited to:

- Assist with personal care including bathing, skin care, shampoo, grooming, caring for teeth, and assistance with medications;
- Assist with housekeeping, including vacuuming, cleaning bathrooms, making beds, etc.
- Help with shopping for groceries and personal items;
- Provide redirection for behaviors;
- Assist with paying bills; and
- Assist with making appointments and arranging transportation;

HOMEMAKER JOB DESCRIPTION

Summary of Qualifications:

An individual who is employed as a personal care assistant must:

- Be dependable, drug free, and able to follow directions.
- Be able to legally work in this country.
- Pass a background study.
- Complete standardized training;
- Complete training in company policies and procedures;
- Complete training and orientation on the needs of the recipient they are working with.
- Be able to effectively communicate with the person and the provider agency.
- Be able to provide covered homemaking services.
- Be able to respond appropriately to the person's needs or behavior.
- Be able to maintain daily written records including, but not limited to, time sheets.

Daily Duties:

Homemakers may monitor the person's well-being while in the home, including home safety.

Homemaker services are listed in the community support plan and include:

- Cleaning
- Companionship
- Laundry
- Meal preparation
- Routine household care
- Shopping for food, clothing and supplies
- Simple household repairs
- Social stimulation
- Transportation arrangement

EMPLOYEE MISCONDUCT

Orderly and efficient operation of Best Care requires that employees maintain proper standards of conduct and observe certain procedures. These guidelines are provided for informational purposes only and are not intended to be all-inclusive. Nothing herein is intended or shall be construed to change or replace, in any manner, the “at-will” employment relationship between the Company and you. The Company views the following as inappropriate behavior:

- Failure to fulfill and/or carry out one or more of the duties or responsibilities listed in the job description for that position.
- Failure to honor recipient rights afforded under either the “Home Care Bill of Rights” or “Service Recipient Rights”.
- Failure to work scheduled hours.
- Falsification of timesheets.
- Tardiness.
- Failure to meet all conditions of employment.
- Drug and/or alcohol use or being under the influence of drugs or alcohol when working with recipients.
- Abuse of prescription medication or being in any manner under the influence of a chemical that impairs the employee’s ability to provide services or care.
- Consumer abuse (physical, verbal, sexual or emotional, financial/property).
- Gross negligence, including but not limited to any situations which did or may have resulted in endangering the health or safety of the consumers or staff.
- Deliberate noncompliance with policies, procedures and directions from their supervisor demonstrated by not following policies or direction.

- Any actions contraindicated by common sense or professional standards (i.e.: any actions that would violate certification, licensing, or what the average person would consider just common sense).

It is the policy of the Best Care to regard discipline as an instrument for developing total job performance rather than as punishment. Corrective action is one tool the Company may select to enhance job performance. The Company is not required to take any disciplinary action before making an adverse employment decision, including discharge. Corrective action may be in the form of a written or oral reprimand, notice(s) of inadequate job performance, suspension, discharge or in any combination of the above, if the Company so elects. The Company reserves its prerogative to discipline, and the manner and form of discipline, at its sole discretion.

DRUGS AND ALCOHOL

I. Policy

It is the policy of this Best Care (The Agency) to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

II. Procedures

- A.** All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B.** The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- C.** Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee’s ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.
- D.** The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E.** Any employee convicted of criminal drug use or activity must notify Management no later than five (5) days after the conviction.
- F.** Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- G.** The company will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession. Where appropriate, we will also notify licensing boards.

- H. The company will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession. Where appropriate, we will also notify licensing boards.

INFECTIONS AND COMMUNICABLE DISEASES

Infection Control Precautions

Infection control precautions are a set of standard recommendations designed to reduce the risk of transmission of infectious agents from body fluids or environmental surfaces that contain infectious agents. These precautions include the use of personal protective equipment that serve as barriers to protect against contact with infectious materials.

Standard Precautions

Standard Precautions. Standard precautions are the basic level of infection control that should be used in the care of all patients in all settings to reduce the risk of transmission of organisms that are both recognized and unrecognized. Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time.

- Use standard precautions in the care of all patients to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
- Applies to blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.
- Personal protective equipment (PPE) to carry out standard precautions includes gowns, masks, or eye protection.

Standard precautions include:

- Hand hygiene - always - following any patient contact
 - Wash hands for 20 seconds with soap and warm water – especially if visibly soiled. Clean hands with alcohol-based hand rub if not visibly soiled.
- Gloves
 - Clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions or excretions.
 - Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions.
 - Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient.
 - Wash hands immediately after removing gloves.
- Gowns
 - Fluid resistant, non-sterile.

- Protect soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions and excretions.
- Apply gown prior to performing such activities.
- Mask, face shield, eye protection
 - Protect eyes, nose, mouth and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions and excretions.
 - Apply appropriate protection prior to performing such activities.
- Patient Care Equipment
- Avoid contamination of clothing and transfer of microorganisms to other patients, surfaces and environments.
- Clean, disinfect or reprocess non-disposable equipment before reuse with another patient.
- Discard single-use items properly.

Suspected Transmission

Personnel who are exposed to a communicable disease to which they are susceptible (during work or away from work) must contact Best Care office immediately. Personnel who suspect a consumer has been exposed to a communicable disease (at home or away from home) must contact Best Care immediately.

REQUEST TO DISCONTINUE LIFE SUSTAINING TREATMENT

In accordance with Minnesota Law, Best Care requires the following procedures regarding requests to discontinue life-sustaining treatment.

If a client, family member, or other caregiver of the client request that an employee or other agent of the Best Care discontinue life sustaining treatment, the employee or other agent who receives the request:

- Shall take no action to discontinue the treatment; and
- Shall promptly inform the person's supervisor.

By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

If you receive a request to discontinue the life sustaining treatment of a client, promptly notify management at the phone number, email or address above.

ADVANCED DIRECTIVE NOTICE

Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give very detail of the law.

What is a Health Care Directive?

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person (“agent”) to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why Have a Health Care Directive?

A health care directive is important if your attending physician determines you can’t communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Must I Have a Health Care Directive? What Happens if I Don’t Have One?

You don’t have to have a health care directive. But, writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don’t have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

How Do I Make a Health Care Directive?

There are forms for health care directives. You don’t have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

I. Prepared My Directive in Another State. Is It Still Good?

Health care directives prepared in other states are legal if they meet the requirements of the other state’s laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

What Can I Put in a Health Care Directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make healthcare decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Are There Any Limits to What I Can Put in My Health Care Directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

How Long Does a Health Care Directive Last? Can I Change It?

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

What If My Health Care Provider Refuses to Follow My Health Care Directive?

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

What If I've Already Prepared a Health Care Document? Is It Still Good?

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

What Should I Do With My Health Care Directive After I Have Signed It?

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or Toll-free at 1-800-657-3793.

If you want more information about health care directives, please contact your health care provider, your attorney, or:

Minnesota Board on Aging's Senior LinkAge Line® 1-800-333-2433.

FAIR AND ACCURATE BILLING

To ensure that billing by employees is fair and accurate, Best Care requires the following:

1. Employees may only submit time cards that reflect hours actually worked;

2. All employees must use the time card provided by the Agency;
3. Employees will only be paid for time cards that are signed by the recipient;
4. No employee shall be paid for PCA services provided in the employee's home; unless the employee resides in recipients household.
5. Employees will only be paid for services that are provided as specified in the PCA care plan.
6. No employee shall be paid for time where the recipient is in a hospital, nursing home, or other out of home placement; and
7. Any payments made to an employee for time submitted while a recipient is in a hospital, nursing home, or other out of home placement facility shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
8. Employees may not work more than 275 hours per month for all employers.
9. Employees shall not be paid for more than 275 hour per month for all employers.
10. The Agency shall coordinate with other agencies to ensure employees are not paid more than 275 hours per month.
11. Any payments made to an employee where it is later determined that the employee submitted time in excess of 275 hours per month shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
12. The Agency shall notify employees when there is a gap in a recipient's health insurance.
13. No employee shall be paid for time where there is a gap in a recipient's health insurance coverage without the written permission of the Agency.
14. Any payments made to an employee for time submitted while there is a gap in a recipient's health insurance coverage shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
15. Employees may only begin providing services after receiving the express permission of the Agency in writing. Recipients may not alter the decision of the Agency regarding any employee's start date. No employee shall be paid for services provided without the express written permission of the Agency.
16. Employees may not work more hours per day than a recipient is authorized to receive without the express written permission of the recipient and the Agency.
17. Employees may not work overtime (over 40 hour per week) without the express written permission of the Agency. If overtime is allowed the Agency may limit the number of hours and the pay rate in the Agencies sole discretion. Overtime privileges may be revoked at any time in the Agencies sole discretion.
18. The Agency shall notify employees when a recipient has exhausted their PCA approved units.

19. No employee shall be paid for time where the recipient has exhausted his or her PCA approved units.
20. Any payments made to an employee for time submitted after a recipient has exhausted his or her PCA approved units shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.

NOTE: IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON PCA BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA BILLINGS MAY ALSO RESULT IN YOUR TERMINATION.

CRIMINAL BACKGROUND CHECKS

In accordance with Minnesota Law, the Agency requires criminal background checks for all individuals who have direct contact with clients in their homes or in the community, including managerial officials, supervisors, direct caregivers and volunteers. Having and maintaining a clear background is an essential requirement for employment by the Agency and if you fail now or later to meet that requirement your employment with the Agency shall terminate immediately.

Additionally:

- Criminal background checks are required before any individual may begin work;
- No employee or volunteer may work prior to receiving a completed background study notice stating the individual PCA or qualified professional is not disqualified or has had a disqualification set aside;
- No employee or volunteer may work if their name appears on the OIG exclusion list regardless of their background study disqualification status;
- Your criminal background check results will be kept on file during the period you work with the Agency, and may updated; and
- If you are later terminated from DHS, are later disqualified, or appear on the OIG exclusion list your employment with the Agency shall terminate the date the disqualification is effective or the date of your appearance on the OIG list.
- If you do not work for 120 days or more, a new background study will be required.

By applying for employment with the Agency, you agree to be subject to these policies. By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

WORKPLACE SAFETY

The safety of our employees and customers is a core value of Best Care. No other business objective has higher priority.

This Safety Policy is to guide all employees in pursuing their responsibility, shared with the Company, to safeguard the health and well-being of everyone involved with Best Care.

Best Care recognizes that safety is beneficial to the employee, the family, the community, the customer and the Company. On-the-job accidents and injuries can cause pain and suffering; they affect our ability to provide the continued quality of care and services that our consumers need and deserve. We are therefore committed to providing a safe and healthy work environment for all employees and require that safety should not be compromised for any other business priority.

It is the responsibility of each employee to work safely for the benefit of the individual as well as co-workers, and clients. This responsibility includes following appropriate safety measures and planning each work activity using good judgment, along with a sincere dedication to work safely.

Employees should not start work until they understand what work is to be done and how to do it safely as outlined in the recipient's care plan. Employees should bring any issues involving safety concerns to management's attention promptly. All employees in leadership positions are responsible for advocating safe work habits and for reporting any unsafe working conditions.

All of us, through our leadership, commitment and engagement must accept the challenge to work safely. Our employees, community and customers will all benefit. Best Care encourages all employees to carry these health and safety values beyond the workplace to all of their activities.

HEALTH AND SAFETY IN HOME ENVIRONMENTS

This section outlines procedures and provides practical advice about how to manage workplace health and safety in people's homes. The guide outlines many common hazards found in home environments and provides solutions based on the principles of risk management. It is important for everyone, including clients and caregivers to work together to identify workplace health and safety risks and the best ways to manage them.

MANUAL TASKS

Community service work frequently includes manual tasks which also involves handling people in their homes. Examples of common manual tasks include:

- Assisting with transferring, bathing and dressing clients;
- Pushing wheelchairs; and
- Cleaning and other domestic tasks.

The risk of injury related to manual tasks is increased when the work requires:

- Overreaching
- Significant bending and twisting
- Handling of awkward, large heavy loads
- Prolonged holding of the worker's body part in one position or doing similar actions for long periods.

Commonly it is a combination of these factors that increases the risks. If you find yourself engaging in the type of high risk activities above notify management immediately so that an assessment can be made to determine if the risk can be minimized by job redesign or through assistive adaptive technology.

AGGRESSIVE BEHAVIOR

Aggressive client behavior is an important health and safety issue for many caregivers providing services to people in their homes. If aggressive behavior is not managed properly, workers are at high risk of physical injury or psychological illness. However steps can be taken to minimize these risks.

Some situations may expose workers to the risk of aggressive behavior when working:

- With clients who have challenging behaviors that may be related to a medical condition or intellectual impairment;
- Alone and/or in isolated environments;
- In an environment where people may pose a risk to workers' personal security (e.g. client's family and friends).

The following risk factors should be considered when determining workers' exposure to aggressive behavior:

- Type of aggressive behavior workers may be exposed to (e.g. verbal abuse vs physical abuse);
- Frequency and severity of exposure to aggressive behavior; look at incident or hazard accident reports;
- Layout of the workplace and ability of the worker to remove themselves from the area if required;
- Being aware of client's behavioral triggers.

If you experience aggressive behavior notify management immediately so the risk may be minimized through additional training or so we can determine if the environment is safe.

BIOLOGICAL HAZARDS

Biological hazards expose workers and clients to infectious disease risks. Good infection control practices will protect workers and clients from acquiring healthcare associated infections. Some infectious diseases such as rubella (i.e. German measles), cytomegalovirus and chickenpox may pose additional risks to pregnant workers with the potential for adverse pregnancy outcomes. Emerging infectious diseases such as pandemic influenza should also be considered and appropriate planning and preparedness should be implemented.

Workers may be exposed to infectious diseases through activities such as:

- Health and personal care of clients;

- Contact with a client's blood and body substances;
- Household cleaning, including the cleaning of blood and body substance spills;
- Handling soiled laundry;
- Handling and disposing of clinical waste including sharps;
- Unsafe food handling and storage practices;
- Contact with a client's animals and animal waste.

Use care when dealing with biological hazards and always follow company infection control procedures.

HAZARDOUS SUBSTANCES/CHEMICALS

There are a number of chemicals used in home care work, particularly for cleaning, laundry and gardening tasks. Some of these chemicals may be hazardous with the risk increased in areas with poor ventilation (e.g. showers, ovens or small gardening sheds). The effects from exposure to hazardous substances can range from minor skin irritation to chronic diseases such as occupational asthma and various forms of cancer.

Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home. Substances, like sodium hypochlorite (bleach) are an irritant and, in high concentrations, may cause burns to the skin, mucus membranes and eyes. Always use care when handling chemical substances and always read the instructions for use and warnings.

SLIPS, TRIPS AND FALLS

Slips, trips and falls account for a significant number of injuries in the home care sector. Workers, clients and their families may be exposed to slip and trip hazards inside and outside the house. Slips usually occur when there is a loss of grip between the shoe and floor (i.e. when there is a contaminant between the shoe and the floor). Trips occur when a person's foot hits a low obstacle in the person's path, causing a loss of balance. It is often due to an obstacle that is not easily seen or noticed.

Some of the various risk factors that contribute to slips and trips are:

- Contaminants – can be anything that ends up on a floor. It could be wet (e.g. water or oil), or dry (e.g. powder or plastic bags). Preventing floor contaminants and attending to spills immediately is one of the best ways to prevent slips.
- Slippery floor surfaces, especially in areas which may become wet or contaminated (e.g. bathrooms and toilets). Additional anti-skid tape may be put on external steps to improve surfaces.
- Spills and cleaning – spills should be cleaned up promptly to prevent slipping. Minimizing walking on recently cleaned floors will also prevent the risk of slips or trips. Cleaning affects both indoor and outdoor areas:
 - Indoor – floors should be cleaned properly with the right amount and type of cleaning product used so that the floor does not become too slippery.

- Outdoor -growth (e.g. moss and slime) and leaf litter should be cleared from pathways.
- Obstacles and other trip hazards – trips most often occur because of uneven flooring or cluttered walkways with low obstacles which are not easily seen or noticed. Common examples of low obstacles include:
 - Electrical leads
 - Uneven edges to flooring
 - Loose mats or carpet tiles
 - Changes of floor surfaces

Some simple and cost effective measures that can reduce or prevent the number and severity of slip, trip and fall injuries for workers, clients and their families are:

- Good housekeeping practices
- Ensuring the floor surface is in good order such as being free from :
 - Holes
 - Uneven surfaces
 - Curled up linoleum
 - Carpet edges
- Avoiding changes in floor surface level, or if this is not possible, highlighting these changes (e.g. on the edge of the step in a split level home).
- Ensuring lighting is adequate to see the area clearly without glare or shadowing to highlight potential slip or trip hazards.
- Ensuring footwear is:
 - Suitable for the type of work and work environment
 - Comfortable with adequate non-slip sole and appropriate tread pattern
 - Designed to provide support and stability when worn

TRANSPORTATION OF RECIPIENTS

Best Care's (BCs) company policy regarding transportation is that PCAs should not transport clients in personal vehicles for insurance liability reasons. BC is not liable for any loss, damage, costs or expenses incurred by clients or PCAs due to BC PCAs transporting clients or by PCAs traveling in client vehicles.

Alternative transportation should be taken.

Some options are as follows:

- Metro Mobility
- Public Transportation
- MNET (Metro Minnesota Non-Emergency Transportation Program)
- Private Taxi Service

MALTREATMENT OF VULNERABLE ADULTS REVIEW AND REPORTING

I. Policy

It is the policy of the agency to protect the adults served by this agency who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

II. Procedures

A. Who Should Report Suspected Maltreatment of a Vulnerable Adult

1. As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

B. Where to Report - You can make an external or an internal report.

1. You may make an external report to the Minnesota Adult Abuse Reporting Center (MAARC) at: 844-880-1574
2. You may make an internal report to the agency Office.

C. Internal Report

1. When an internal report is received, the person receiving the report is responsible for deciding if a report to the Common Entry Point is required based on this policy. If that person is involved in the suspected maltreatment, the Office Manager will assume responsibility for deciding if the report must be forwarded to MAARC.
2. The report to MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded MAARC. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the common entry point, you may still make an external report to the MAARC. It must also inform you that you are protected against retaliation by the agency if you make a good faith report to the MAARC.

D. What to Report

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572.
2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

E. Failure to Report

1. A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

F. Internal Review

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the agency must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults.
2. The internal review must include an evaluation of whether:
 1. Related policies and procedures were followed;
 2. The policies and procedures were adequate;
 3. There is a need for additional staff training;
 4. The reported event is similar to past events with the vulnerable adults or the services involved; and
 5. There is a need for corrective action by the agency to protect the health and safety of vulnerable adults.

G. Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

1. The internal review will be completed by the Administrator.
2. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Office Manager.

H. Documentation of the Internal Review

1. The agency must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

I. Corrective Action Plan

1. Based on the results of the internal review, the agency must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the agency, if any.

J. Staff Training

1. The agency shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

2. The agency shall document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.

Maltreatment

"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9. 21

Abuse

"Abuse" means:

1. An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:
 - a. assault in the first through fifth degrees
 - b. the use of drugs to injure or facilitate crime
 - c. the solicitation, inducement, and promotion of prostitution
 - d. criminal sexual conduct in the first through fifth degrees

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

2. Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
 - a. hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
 - b. use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
 - c. use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
 - d. use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions
3. Any sexual contact or penetration between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

4. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.
5. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:
 - a. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
 - b. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.
6. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
7. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
 - a. a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
 - b. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Financial exploitation

1. "Financial exploitation" means:
 - a. In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party:
 - i. engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

- ii. fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.
2. In the absence of legal authority a person:
 - a. willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
 - b. obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
 - c. acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
 - d. forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.
3. Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Neglect

1. The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
 - a. reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
 - b. which is not the result of an accident or therapeutic conduct.
2. The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.
3. For purposes of this section, a vulnerable adult is not neglected for the sole reason that:
 - a. the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

- i. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
- ii. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
- b. the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
- c. the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
 - i. a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or
 - ii. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or
- d. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or
- e. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:
 - i. the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
 - ii. if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;
 - iii. the error is not part of a pattern of errors by the individual.

THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.

Policy Reviewed: April 1st, 2020

MALTREATMENT OF MINORS REVIEW AND REPORTING

I. Purpose

The purpose of this policy is to establish guidelines for the reporting and internal review of maltreatment of minors (children) in care.

II. Policy

Staff who are mandated reporters must report externally all of the information they know regarding an incident of known or suspected maltreatment of a child, in order to meet their reporting requirements under law. All staff of the company who encounter maltreatment of a minor will take immediate action to ensure the safety of the child. Staff will define maltreatment as sexual abuse, physical abuse, or neglect and will refer to the definitions from MN Statutes, chapter 260E at the end of this policy.

Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department if the person knows, has reason to believe, or suspects a child is being maltreated. Staff of the company cannot shift the responsibility of reporting maltreatment to an internal staff person or position. In addition, if a staff knows or has reason to believe a child is being or has been maltreated within the preceding three years, the staff must immediately (as soon as possible but within 24 hours) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department.

Staff will refer to the Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults regarding suspected or alleged maltreatment of individuals 18 years of age or older.

III. Procedure

- A. Staff of the company who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If a staff knows or suspects that a child is in immediate danger, they will call "911" or local law enforcement.
- B. Staff mandated to report maltreatment within a licensed facility will report the information to the agency responsible for licensing the facility. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction.
- C. Staff who know or suspect that a child has been maltreated but is not in immediate danger will report to:
 - 1. The local child welfare agency if an alleged perpetrator is a parent, guardian, family child care provider, family foster care provider, or an unlicensed personal care provider.

2. The Minnesota Department of Human Services, Licensing Division, 651-431- 6600, if alleged maltreatment was committed by a staff person at a child care center, residential treatment center (children’s mental health), group home for children, minor parent program, shelter for children, chemical dependency treatment program for adolescents, waived services program for children, crisis respite program for children, or residential program for children with developmental disabilities.
 3. Minnesota Department of Health, Office of Health Facility Complaints, 651-201-4200 or 800-369-7994, if alleged maltreatment occurred in a home health care setting, hospital, regional treatment center, nursing home, intermediate care facility for the developmentally disabled, or licensed and unlicensed care attendants.
- D. Reports regarding incidents of maltreatment of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement referencing the phone numbers contained within this policy.
 - E. When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment, and the name and address of the reporter.
 - F. If the report of suspected maltreatment within the company, the report should also include any actions taken by the company in response to the incident. If a staff attempts to report the suspected maltreatment internally, the person receiving the report will remind the staff of the requirement to report externally.
 - G. A verbal report of suspected maltreatment that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.
 - H. When the company has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Agency Administrator is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Agency Administrator is involved in the alleged or suspected maltreatment, the Office Manager is the secondary individual responsible for ensuring that internal reviews are completed.
 - I. The Internal Review will be completed within 30 calendar days. The person completing it will:
 1. Ensure an Incident and Emergency Report has been completed.
 2. Contact the lead investigative agency if additional information has been gathered.
 3. Coordinate any investigative efforts with the lead investigative agency by serving as the company contact, ensuring that staff cooperate, and that all records are available.

4. Complete an Internal Review which will include the following evaluations of whether:
 - a. Related policies and procedures were followed
 - b. The policies and procedures were adequate
 - c. There is a need for additional staff training
 - d. The reported event is similar to past events with the children or the services involved
 - e. There is a need for corrective action by the license holder to protect the health and safety of the children in care
5. Complete the Alleged Maltreatment Review Checklist and compile together all documents regarding the report of maltreatment.
- J. Based upon the results of the internal review, the company will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the company, if any.
- K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner’s request for internal reviews regarding maltreatment.
- L. Staff will receive training on this policy, MN Statutes, section 245A.66 and chapter 260E and their responsibilities related to protecting children in care from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

EXTERNAL AGENCIES

COUNTY	DAY	EVENING/WEEKEND
AITKIN	(218) 927-7200 or (800)328-3744	(218) 927-7400
ANOKA	(763) 422-7215	(651) 291-4680
BECKER	(218) 847-5628	(218) 847-2661
BELTRAMI	(218) 333-4223	(218) 751-9111
BENTON	(320) 968-5087	(320) 968-7201
BIG STONE	(320) 839-2555	(320) 815-0215
BLUE EARTH	(507) 304-4111	(507) 625-9034
BROWN	(507) 354-8246	(507) 233-6720
CARLTON	(218) 879-4511	(218) 384-3236
CARVER	(952) 361-1600	(952) 442-7601
CASS	(218) 547-1340	(218) 547-1424
CHIPPEWA	(320) 269-6401	(320) 269-2121
CHISAGO	(651) 213-5600	(651) 257-4100
CLAY	(218) 299-5200	(218) 299-5151

COUNTY	DAY	EVENING/WEEKEND
CLEARWATER	(218) 694-6164	(218) 694-6226
COOK	(218) 387-3620	(218) 387-3030
COTTONWOOD	(507) 831-1891	(507) 831-1375
CROW WING	(218) 824-1140	(218) 829-4740
DAKOTA	(952) 891-7459	(952) 891-7171
DODGE	(507) 635-6170	(507) 635-6200
DOUGLAS	(320) 762-2302	(320) 762-8151
FARIBAULT	(507) 526-3265	(507) 526-5148
FILLMORE	(507) 765-2175	(507) 765-3874
FREEBORN	(507) 377-5400	(507) 377-5205
GOODHUE	(651) 385-3232	(651) 385-3155
GRANT	(218) 685-4417	(800) 797-6190
HENNEPIN	(612) 348-3552	(612) 348-8526
HOUSTON	(507) 725-5811	(507) 725-3379
HUBBARD	(218) 732-1451	(218) 732-3331
ISANTI	(763) 689-1711	(763) 689-2141
ITASCA	(218) 327-2941	(218) 326-8565
JACKSON	(507) 847-4000	(507) 847-4420
KANABEC	(320) 679-6350	(320) 679-8400
KANDIYOHI	(320) 231-7800	(320) 235-1260
KITTSOON	(218) 843-2689	(218) 843-3535
KOOCHICHING	(218) 283-7000	(218) 283-4416
LAC QUI PARLE	(320) 598-7594	(320) 598-3720
LAKE	(218) 834-8400	(218) 834-8385
LAKE OF THE WOODS	(218) 634-2642	(218) 634-1143
LE SUEUR	(507) 357-8288	(507) 357-8545
LINCOLN	(800) 810-8816	(507) 694-1664
LYON	(800) 657-3760	(507) 537-7666
MAHNOMEN	(218) 935-2568	(218) 935-2255
MARSHALL	(218) 745-5124	(218) 745-5411
MARTIN	(507) 238-4757	(507) 238-4481
MC LEOD	(320) 864-3144	(320) 864-3134
MEEKER	(320) 693-5300	(320) 693-5400
MILLE LACS	(320) 983-8208	(320) 983-8250
MORRISON	(320) 632-2951	(320) 632-9233
MOWER	(507) 437-9700	(507) 437-9400
MURRAY	(800) 657-3811	(507) 836-6168

COUNTY	DAY	EVENING/WEEKEND
NICOLLET	(507) 386-4528	(507) 931-1570
NOBLES	(507) 295-5213	(507) 372-2136
NORMAN	(218) 784-5400	(218) 784-7114
OLMSTED	(507) 328-6400	(507) 328-6583
OTTER TAIL	(218) 998-8150	(218) 998-8555
PENNINGTON	(218) 681-2880	(218) 681-6161
PINE	(320) 591-1570	(320) 629-8380
PIPESTONE	(507) 825-6720	(507) 825-6792
POLK	(218) 281-8483	(218) 281-0431
POPE	(320) 634-5750	(320) 634-5411
RAMSEY	(651) 266-4500	(651) 291-6795
RED LAKE	(218) 253-4131	(218) 253-2996
REDWOOD	(507) 637-4050	(507) 637-4036
RENVILLE	(320) 523-2202	(320) 523-1161
RICE	(507) 332-6115	(507) 210-8524
ROCK	(507) 283-5070	(507) 283-5000
ROSEAU	(218) 463-2411	(218) 463-1421
SCOTT	(952) 445-7751	(952) 496-8484
SHERBURNE	(763) 241-2600	(763) 241-2500
SIBLEY	(507) 237-4000	(507) 237-4330
ST. LOUIS	N. (218) 749-7128 or S. (218) 726-2012	N. (218) 749-6010 or S. (218) 727-8770
STEARNS	(320) 656-6225	(320) 251-4240
STEELE	(507) 444-7500	(507) 444-3800
STEVENS	(320) 589-7400	(320) 589-2141
SWIFT	(320) 843-3160	(320) 843-3133
TODD	(320) 732-4500	(320) 732-2157
TRAVERSE	(320) 563-8255	(320) 563-4244
WABASHA	(651) 565-3351	(651) 565-3361
WADENA	(218) 631-7605	(218) 631-7600
WASECA	(507) 835-0560	(507) 835-0500
WASHINGTON	(651) 430-6457	(651) 291-6795
WATONWAN	(507) 375-3294	(507) 507-3121
WILKIN	(218) 643-8013	(218) 643-8544
WINONA	(507) 457-6200	(507) 457-6368
WRIGHT	(763) 682-7449	(763) 682-1162
YELLOW MEDICINE	(320) 564-2211	(320) 564-2130

**DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION MALTREATMENT
INTAKE: 651-431-6600**

MINNESOTA STATUTES, CHAPTER 260E.03 DEFINITIONS

As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

Subd. 12. Maltreatment. “Maltreatment” means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility

Subd. 5. Egregious harm. “Egregious harm” means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
2. the infliction of “substantial bodily harm” to a child, as defined in section 609.02, subdivision 7a;
3. conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
4. conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
5. conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
6. conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);

9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345

Subd. 15. Neglect. (a) “Neglect” means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:

1. failure by a person responsible for a child’s care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child’s physical or mental health when reasonably able to do so;
2. failure to protect a child from conditions or actions that seriously endanger the child’s physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child’s age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child’s own basic needs or safety, or the basic needs or safety of another child in their care;
4. failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent’s refusal to provide the parent’s child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
5. prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child’s first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child’s care that adversely affects the child’s basic needs and safety; or
8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child, which may be demonstrated by a substantial and observable effect in the child’s behavior, emotional response, or cognition that is not within the normal range for the child’s age and stage of development, with due regard to the child’s culture.
 - a. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child’s parent, guardian, or other person responsible for the child’s care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.

- b.** This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Subd. 18. Physical abuse. (a) “Physical abuse” means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child’s care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child’s history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.

- a.** Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.
- b.** For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
 - 1.** throwing, kicking, burning, biting, or cutting a child;
 - 2.** striking a child with a closed fist;
 - 3.** shaking a child under age three;
 - 4.** striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
 - 5.** unreasonable interference with a child’s breathing;
 - 6.** threatening a child with a weapon, as defined in section 609.02, subdivision 6;
 - 7.** striking a child under age one on the face or head;
 - 8.** striking a child who is at least age one but under age four on the face or head, which results in an injury;
 - 9.** purposely giving a child:
 - i.** poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
 - ii.** other substances that substantially affect the child’s behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
 - 10.** unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
 - 11.** in a school facility or school zone, an act by a person responsible for the child’s care that is a violation under section 121A.58

Subd. 20. Sexual abuse. “Sexual abuse” means the subjection of a child by a person responsible for the child’s care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree),

609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Subd. 22. Substantial child endangerment. “Substantial child endangerment” means that a person responsible for a child’s care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

- 1.** egregious harm under subdivision 5;
- 2.** abandonment under section 260C.301, subdivision 2;
- 3.** neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child’s physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- 4.** murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- 5.** manslaughter in the first or second degree under section 609.20 or 609.205;
- 6.** assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- 7.** solicitation, inducement, and promotion of prostitution under section 609.322;
- 8.** criminal sexual conduct under sections 609.342 to 609.3451;
- 9.** solicitation of children to engage in sexual conduct under section 609.352;
- 10.** malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
- 11.** use of a minor in sexual performance under section 617.246; or
- 12.** parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Subd. 23. Threatened injury.

- a. “Threatened injury” means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
- b. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child’s care, as defined in subdivision 17, who has:
 - 1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
 - 2. been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
 - 3. committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
 - 4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.
- c. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

Subd. 13. Mental injury. “Mental injury” means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child’s ability to function within a normal range of performance and behavior with due regard to the child’s culture.

THIS REPORTING POLICY SHALL BE MADE AVAILABLE UPON ADMISSION.

Policy Reviewed and Updated: July 29th, 2020

INCIDENT RESPONSE, REPORTING AND POLICY

I. Policy

It is the policy of Best Care to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

“Incident” means an occurrence which involves a person and requires the provider to make a response that is not part of Best Care’s ordinary provision of services to that person, and includes:

- A. Serious injury of a person;
 - 1. Fractures;
 - 2. Dislocations;
 - 3. Evidence of internal injuries;

- 4. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
- 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
- 6. Extensive second degree or third degree burns and other burns for which complications are present;
- 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
- 8. Irreversible mobility or avulsion of teeth;
- 9. Injuries to the eyeball;
- 10. Ingestion of foreign substances and objects that are harmful;
- 11. Near drowning;
- 12. Heat exhaustion or sunstroke;
- 13. Attempted suicide; and
- 14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

- B. A person’s death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires Best Care to call 911, physician treatment, or hospitalization.
- D. Any mental health crisis that requires Best Care to call 911 or a mental health crisis intervention team.
- E. An act or situation involving a person that requires a program to call 911, law enforcement, or the fire department.
- F. A person’s unauthorized or unexplained absence from a program.
- G. Conduct by a person receiving services against another person receiving services that:
 - 1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support;
 - 2. Places the person in actual and reasonable fear of harm;
 - 3. Places the person in actual and reasonable fear of damage to property of the person; or
 - 4. Substantially disrupts the orderly operation of Best Care.

- H.** Any sexual activity between persons receiving services involving force
 - “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- I.** Any emergency use of manual restraint.
- J.** A report of alleged or suspected child or vulnerable adult maltreatment.

II. Response Procedures

A. Serious injury

1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
2. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
3. Staff will notify the responsible party and Best Care immediately or as soon as possible.

B. Death

1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
3. Staff will notify the responsible party and Best Care immediately or as soon as possible.

C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition

1. Assess if the person requires Best Care to call 911, seek physician treatment, or hospitalization.
2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the home or the person is taken to a physician or hospital for treatment.

4. Staff will notify the responsible party and Best Care immediately or as soon as possible.

D. Mental health crisis

1. When staff believes that a person is experiencing a mental health crisis they must call 911 or a specific mental health worker if the individual has one.
2. Staff will notify the responsible party and Best Care immediately or as soon as possible.

E. Requiring 911, law enforcement, or fire department

1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call the local non-emergency law enforcement number.
3. For non-emergency incidents requiring the fire department, staff will call the local non-emergency fire department number.
4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instructions given by the emergency personnel responding to the call.
6. Staff will notify the responsible party and Best Care immediately or as soon as possible.

F. Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff.
3. If after no more than 15 minutes, the search of the area or neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the responsible party and Best Care immediately or as soon as possible.

G. Conduct of the person

When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the services, staff will take the following steps:

1. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
2. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.
3. Staff will notify the responsible party and Best Care immediately or as soon as possible.

H. Sexual activity involving force or coercion

If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to a separate area.
2. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
3. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
4. Contact law enforcement as soon as possible and follow all instructions.
5. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
6. Staff will notify the responsible party and Best Care immediately or as soon as possible.

I. Emergency Use of Manual Restraint (EUMR)

Follow the EUMR Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. Reporting Procedures

A. Completing a report

1. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or the staff became aware of the occurrence. Staff will notify the responsible party and the Best care office of the incident immediately.
2. The written report will include:
 - a. The name of the person or persons involved in the incident;
 - b. The date, time, and location of the incident;
 - c. A description of the incident;

- d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
- e. The name of the staff person or persons who responded to the incident; and
- f. The results of the review of the incident (see section IV).

2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

B. Reporting incidents to team members

1. Best Care will ensure all incidents are reported to the person's legal representative or designated emergency contact and case manager:
 - a. within 24 hours of the incident occurring while services were provided;
 - b. within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
2. Best Care staff will not report an incident when it has a reason to know that the incident has already been reported.
4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in Best Care's emergency use of manual restraints policy.
3. Additional reporting requirements for deaths and serious injuries
 1. Best Care staff will ensure that death or serious injury of a person is reported to both the Department of Human Services Licensing Division (for 245D only) and the Office of Ombudsman for Mental Health and Developmental Disabilities.
 2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 3. Best Care staff will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
4. Additional reporting requirements for maltreatment
 1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.

2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
5. Additional reporting requirements for emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

IV. Reviewing Procedures

A. Conducting a review of incidents and emergencies

Best Care will complete a review of all incidents.

1. The review will be completed by the Incident Reporting team.
2. The review will be completed within 30 days of the incident.
3. The review will ensure that the written report provides a written summary of the incident.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

B. Conducting an internal review of deaths and serious injuries

Best Care will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by the Incident Reporting team.
2. The review will be completed within 30 days of the death or serious injury.
3. The internal review must include an evaluation of whether:
 - a. related policies and procedures were followed;
 - b. the policies and procedures were adequate;
 - c. there is need for additional staff training;
 - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - e. there is need for corrective action by Best Care to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, Best Care must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or Best Care, if any.

6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in Best Care's emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints

Follow the EUMR Policy.

Record Keeping Procedures

- A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's electronic record unless the report is involving a Vulnerable Adult or Maltreatment of Minors report, in which case the incident will be kept in a separate location maintained by Best Care Incident Reporting team. The record must be uniform and legible.

Policy reviewed and authorized by:

Natalie Kallas, Licensed Social Worker (LSW) Designated Manager, Best Care LLC
 Legal Authority: MS. §§§ 245D.11, subd. 2; 245.91, subd. 6; 609.341, subd. 3 and 14

EMERGENCY RESPONSE AND REPORTING POLICY

I. Policy

It is the policy of Best Care to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

“Emergency” means any event that affects the ordinary daily operation of Best Care including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of Best Care to another facility or service site for more than 24 hours.

II. Response Procedures

A. Safety procedures

Fire

1. When a fire is detected, call 911.
2. All individuals should leave the house or building via the designated emergency exit for their area, or the nearest safe exit. Staff are responsible for assisting vulnerable adults and minors.
3. Move away from the house or building to allow the fire trucks to enter.

4. Remain outside the house or building until the “all clear” is given.

Tornado

1. When there is an applicable tornado warning or severe weather warning, all individuals will proceed to the lowest level and innermost rooms of the home or building, away from glass windows and doors.
2. Individuals should assume a protective position: Sit facing close to a solid wall and if possible, with arms overhead.
3. Weather reports should be monitored via television or radio. When the threat of danger passes, one designated person will make the decision to direct individuals back to their original activities.
4. If injury occurs, provide appropriate first aid and call 911, if warranted.

Blizzard Conditions

Stay inside and stay tuned to the TV or radio for warnings. If you must go outside, be sure to have all exposed skin covered.

Individual Emergency Procedures

Discuss the actions necessary in the event of an emergency with the responsible party. Include the location of emergency phone numbers, evacuation procedures and emergency supplies (radio, flashlights, first aid kits and medications).

III. Reporting Procedures

Emergency reports will be completed using Best Care’s Incident Report form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or staff became aware of the occurrence. The written report will include:

1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the emergency and whether a person’s coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the emergency; and
6. The results of the review of the emergency (see section IV).

Completed forms can be faxed to Best Care at 763-592-8262.

IV. Review Procedures

Best Care will complete a review of all emergencies.

1. The review will be completed using Best Care’s Incident Report form by the Incident Reporting team

2. The review will be completed within 5 days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

Record Keeping Procedures

A. The review of an emergency will be documented on the Incident Report form and will include identifying trends or patterns and corrective action if needed.

B. Emergency reports will be maintained within the client’s electronic health record.

Policy reviewed and authorized by:

Natalie Kallas, Licensed Social Worker (LSW), Designated Manager, Best Care LLC
Date of last policy review: January 28th, 2020 Date of last policy revision: January 28th, 2020
Legal Authority: Minn. Stat. §§ 245D.11, subd. 2; 245D.02, subd. 8; 245D.22, subd 4-7.
NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>).

EMERGENCY USE OF MANUAL RESTRAINTS

(For Homemaking Recipients)

I. Policy

It is the policy of the agency to promote the rights of persons served by the agency and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

II. Positive support strategies and techniques required

- A.** The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:
1. Shift the focus by verbally redirecting the person to an alternative activity;
 2. Reinforce appropriate behavior;
 3. Model desired behavior;
 4. Reinforce appropriate behavior;
 5. Offer choices, including activities that are relaxing and enjoyable to the person,
 6. Use positive verbal guidance and feedback;

7. Actively listen to a person and validate their feelings;
 8. Create a calm environment by reducing sound, lights, and other factors that may agitate the person;
 9. Speak in a low, calm voice and show no emotion.
 10. Do not argue. Do not command. Do not demand. Do not disagree. Be respectful.
 11. Listen carefully to what the person is saying – respond to the problem, not the words. “I know you have a problem, “or “I hear and see that you are angry” are good responses.
 12. Continue to talk and listen and wait. Stay in there with the individual. Stay calm and you will Succeed;
 13. Stand slightly to the side in a face-to-face position;
 14. Be careful not to corner the person;
 15. Respect the person’s need for physical space and/or privacy;
 16. Leave the area as soon as it is safe to do so.
- B.** The agency will develop a positive support transition plan on the forms and in the manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:
1. Eliminate the use of prohibited procedures as identified in section III of this policy;
 2. Avoid the emergency use of manual restraint as identified in section I of this policy;
 3. Prevent the person from physically harming self or others; or
 4. Phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures prohibited.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this agency. When used on a continuous basis, it must be addressed in a person’s coordinated service and support plan addendum.

- A.** Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used to:
1. Calm or comfort a person by holding that persons with no resistance from that person;
 2. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
 3. Facilitate the person’s completion of a task or response when the person does not resist or the person’s resistance is minimal in intensity and duration; or
 4. Briefly block or redirect a person’s limbs or body without holding the person or limiting the person’s movement to interrupt the person’s behavior that may result in injury to self or others.

- B.** Restraint may be used as an intervention procedure to:
1. Allow a licensed healthcare professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed healthcare professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
 2. Assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.

IV. Prohibited Procedures

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as a punishment, or for staff convenience, is prohibited by this agency:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint;
4. Time out;
5. Seclusion; or
6. Any aversive or deprivation procedure.

V. Manual Restraints Not Allowed in Emergencies

- A.** This agency does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:
1. Speak in a low, calm voice and show no emotion.
 2. Do not argue. Do not command. Do not demand. Do not disagree. Be respectful.
 3. Listen carefully to what the person is saying – respond to the problem, not the words. “I know you have a problem, “or “I hear and see that you are angry” are good responses.
 4. Continue to talk and listen and wait. Stay in there with the individual. Stay calm and you will succeed.
 5. Stand slightly to the side in a face-to-face position.
 6. Be careful not to corner the person.
 7. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer; Remove objects from the person’s immediate environment that they may use to harm self or others;
 8. Leave the area as soon as it is safe to do so.
 9. Call 911 if appropriate.

- B.** The agency will not allow the use of an alternative safety procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated for a person. This agency will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services).

VI. Conditions for Emergency Use of Manual Restraint

- A.** Emergency use of manual restraint must meet the following conditions:

1. Immediate intervention is needed to protect the person or others from imminent risk of physical harm;
2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
3. The manual restraint must end when the threat of harm ends.

- B.** The following conditions, on their own, are not conditions for emergency use of manual restraint:

1. The person is engaging in property destruction that does not cause imminent risk of physical harm;
2. The person is engaging in verbal aggression with staff or others; or
3. A person’s refusal to receive or participate in treatment or programming.

VII. Restrictions When Implementing Emergency Use of Manual Restraint

- A.** Emergency use of manual restraint must not:

1. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. Be implemented with an adult in a manner that constitutes abuse or neglect;
3. Be implemented in a manner that violates a person’s rights and protection;
4. Be implemented in a manner that is medically or psychologically contraindicated for a person;
5. Restrict a person’s normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
6. Restrict a person’s normal access to any protection required by state licensing standards and federal regulations governing this agency;
7. Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;

8. Be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this agency;
9. Use prone restraint. “Prone restraint” means the use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. Apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position.

VIII. Monitoring Emergency Use of Manual Restraint

- A.** The agency must monitor a person’s health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:

1. Only manual restraints allowed in this policy are implemented;
2. Manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
3. Allowed manual restraints are implemented only by staff trained in their use;
4. The restraint is being implemented properly as required; and
5. The mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person’s health and safety and prevent injury to the person, staff involved, or others involved.

- B.** When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

- C.** A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

IX. Reporting Emergency Use of Manual Restraint

- A.** Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section 245D.06, subdivision 1. When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the agency has the consent of the person.
- B.** Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the agency’s designated coordinator the following information about the emergency use:

1. Who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
 2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
 3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
 4. A description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
 5. A description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
 6. Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 7. Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 8. Whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- C.** A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.
- D.** Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
 2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
 3. Staff must immediately re-implement the manual restraint in order to maintain safety.

X. Internal Review of Emergency Use of Manual Restraint

- A.** Within 5 business days after the date of the emergency use of a manual restraint, the agency must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
- B.** The internal review must include an evaluation of whether:
1. The person's service and support strategies need to be revised;
 2. Related policies and procedures were followed;
 3. The policies and procedures were adequate;
 4. There is need for additional staff training;
 5. The reported event is similar to past events with the persons, staff, or the services involved;
 6. There is a need for corrective action by the agency to protect the health and safety of persons.
- C.** Based on the results of the internal review, the agency must develop, document, and implement a corrective action plan for the agency designed to correct current lapses and prevent future lapses in performance by individuals or the agency.
- D.** The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
- E.** The agency has identified the agency Administrator as the person responsible for conducting the

internal review and for ensuring that corrective action is taken, when determined necessary.

XI. Expanded Support Team Review of Emergency Use of Manual Restraint

- A.** Within 5 working days after the completion of the internal review, the agency must consult with the expanded support team to:
1. Discuss the incident to:
 - a. Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
 - b. Identify the perceived function the behavior served.
 2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
 - a. Positively and effectively help the person maintain stability; and
 - b. Reduce or eliminate future occurrences of manual restraint.
- B.** The agency must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.

- C.** The agency has identified the agency Administrator as the person responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.

XII. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the agency must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:

- 1.** Report of the emergency use of a manual restraint;
- 2.** The internal review and corrective action plan; and
- 3.** The expanded support team review written summary.

XIII. Staff Training

Before staff may implement manual restraints on an emergency basis the agency must provide the training required in this section.

- A.** The agency must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
 - 1.** Before having unsupervised direct contact with persons served by the agency, the agency must provide instruction on prohibited procedures that address the following:
 - a.** What constitutes the use of restraint, time out, seclusion, and chemical restraint;
 - b.** Staff responsibilities related to ensuring prohibited procedures are not used;
 - c.** Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - d.** Why prohibited procedures are not safe; and
 - e.** The safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
 - 2.** Within 60 days of hire the agency must provide instruction on the following topics:
 - a.** Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - b.** De-escalation methods, positive support strategies, and how to avoid power struggles;

- c.** Simulated experiences of administering and receiving manual restraint procedures allowed by the agency on an emergency basis;
 - d.** How to properly identify thresholds for implementing and ceasing restrictive procedures;
 - e.** How to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - f.** The physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - g.** The communicative intent of behaviors; and
 - h.** Relationship building.
- B.** Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1, 2014.
 - C.** The agency must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

HEALTH INFORMATION SECURITY

Best Care will use reasonable administrative, physical, and technical safeguards to protect the privacy of protected health information and limit incidental uses or disclosures of protected health information. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. For example: a conversation that is overheard despite attempts by the speakers to avoid being heard.

All members of the Best Care workforce will follow these guidelines in handling protected health information (PHI) in order to protect the privacy of protected health information and limit incidental uses and disclosures.

GUIDELINES TO SAFEGUARD PROTECTED HEALTH INFORMATION

- 1.** Bulletin boards:
 - a.** Bulletin boards may not contain any documents with PHI of recipients.
- 2.** Cleaning personnel:
 - a.** Cleaning personnel do not need PHI to accomplish their work. Whenever reasonably possible, PHI will be placed in locked containers, cabinets, or rooms before cleaning personnel enter an area.
- 3.** Computer Screens:
 - a.** Computer screens at each workstation must be positioned so that only authorized users at that workstation can read the display. When screens cannot be relocated, filters, hoods, or other devices may be employed.

- b. Computer displays will be configured to go blank, or to display a screen saver when left unattended for more than a brief period of time. The Privacy and Security Officials will determine the period of time. Wherever practicable, reverting from the screen saver to the display of data will require a password.
 - c. Computer screens left unattended for longer periods of time will log off the user. The Security and Privacy Officials will determine the period of time.
- 4. Conversations:**
- a. Conversations concerning members' claims or other PHI must be conducted in a way that reduces the likelihood of being overheard by others.
 - b. Wherever reasonably possible, noise inhibitors may be used to reduce the opportunity for conversations to be overheard.
- 5. Copying claims and other PHI**
- a. When PHI is copied, only the information that is necessary to accomplish the purpose for which the copy is being made, may be copied. This may require that part of a page be masked.
- 6. Desks and countertops**
- a. Claims and other medical record documents that contain PHI must be placed face down on counters, desks, and other public places where third parties can see them.
 - b. Wherever it is reasonably possible to do so, claims and other documents containing
- PHI will not be left on desks and countertops after business hours or for extended periods of time unsupervised. Supervisors will take reasonable steps to provide all work areas where PHI is used in paper form with lockable storage bins, lockable desk drawers, or other means to secure PHI during periods when the area is left unattended.
- c. In areas where locked storage after hours cannot reasonably be accomplished, PHI must be kept out of sight. A supervisor must be present whenever someone who is not authorized to have access to that data is in the area.
- 7. Disposal of paper with PHI:**
- a. Paper documents containing PHI must be shredded when no longer needed.
- 8. Home office**
- a. Any member of the workforce who is authorized to work from a home office must assure that the home office complies with all applicable policies and procedures regarding the security and privacy of PHI, including these guidelines.

- 9. Information carried from one building to another:**
- a. When a member of the workforce is transporting PHI from one building to another via vehicle, it may not be left unattended unless it is in a locked vehicle, in an opaque, locked container. Locking the vehicle alone is not sufficient.
- 10. Key policy**
- a. The Security and Privacy Officials will determine who may have access to which keys. This includes electronic key cards and metal keys, and applies to keys to storage cabinets, storage rooms, secure areas, and buildings.
 - b. Keys must be surrendered upon termination of employment.
 - c. The security official will change locks whenever there is evidence that a key is no longer under the control of an authorized member of the workforce, and its loss presents a security threat that justifies the expense.
- 11. Personal digital assistants (PDAs)**
- a. Best Care privacy and security policies apply to any PHI that is stored on a PDA.
 - b. At termination of employment, users of PDAs will surrender the PDA or remove the employer's PHI from the users PDA under direction of the Security Official.
- 12. Email**
- a. To protect PHI when using email, whenever possible, Best Care employees will submit only non protected information in the body of emails.
- 13. Printers and Fax Machines:**
- a. Printers and fax machines must be located in secure areas or under constant supervision while in use. In cases where faxes to be sent contain PHI a cover page shall be used.
- 14. Record Storage:**
- a. Areas where claim and medical records and other documents that contain PHI are stored must be secure.
 - i. Wherever reasonably possible, the PHI will be stored in locking cabinets or a records room.
 - ii. Where locking cabinets are not available, the storage area must be locked when no member of the workforce is present to observe who enters and leaves and no unauthorized personnel may be left alone in such areas without supervision.
- 15. Workforce Vigilance:**
- a. All members of the workforce have a responsibility to watch for unauthorized use or disclosure of PHI, to act to prevent the action, and to report suspected breaches of privacy and security policies to their supervisor, or to the Privacy or Security Official.

16. Visitors:

- a. Best Care staff must accompany all unauthorized staff in all unsecured areas and anywhere PHI is stored or in use.

SANCTIONS FOR VIOLATING PRIVACY AND SECURITY POLICIES AND PROCEDURES

POLICY:

1. Members of the Best Care workforce are subject to disciplinary action for violation of these policies and procedures. Disciplinary action is utilized in order to hold workforce members accountable for their behavior as it relates to the use and disclosure of protected health information, including the application of the minimum necessary concept. Violations that jeopardize the privacy or security of PHI are particularly serious. This seriousness is reflected in the nature of the disciplinary action, up to and including termination of employment.

Contact Information:

Best Care

ATTN: Andre Best - Privacy Officer

2562 7th Avenue East, Suite 201

North Saint Paul, MN 55109

Phone: (612) 868-4512

E-Mail: andre@bestcaremn.com

FRAUD, WASTE AND ABUSE POLICY

Evidence of fraud will be submitted to the Surveillance and Integrity Review (SIRS) Unit of DHS. Fraud of Medicaid funding is a felony.

Fraud, Waste and Abuse Defined:

Fraud: an intentional act of deception, misrepresentation or concealment in order to gain something of value. Examples include:

- Billing for services that were never rendered;
- Billing for services at a higher rate than is actually justified; and
- Deliberately misrepresenting services, resulting in unnecessary cost to the Medicare program, improper payments to providers or overpayments.

Waste: over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

Abuse: excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. "Abuse" refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss. Examples include:

- Charging in excess for service of supplies; and
- Providing medically unnecessary services; and

- Billing for items or services that should not be paid for by Medicare.

Fraud, Waste and Abuse Compliance Plan: The following applies to detect, prevent and correct fraud, waste, and abuse as required by applicable state and federal laws and regulations:

Standards of Conduct:

- Fraud will not be tolerated;
- Providing false information on a timesheet is fraud;
- Billing for services not provided is fraud;
- Giving or receiving any type of kick back is fraud; and
- Failure to refund or return overpayments is fraud.

Compliance Plan (measures to detect, prevent and correct fraud, waste and abuse):

- Random audits of timesheets for overuse and fraud;
- Background checks on Board of Directors, managing employees, and all workers to determine whether any have been convicted of health care fraud;
- Home visits to monitor use of services;
- Open-door policy to report possible misuse of Medicare or Plan funds; and
- Random audits of billing claims (billing code must reflect the services provided).

Training (addresses detection, preventing and correcting fraud, waste and abuse):

- Policy and Procedures which address fraud and the reporting of fraud, waste and abuse;
- Employee contract which addresses fraud and abuse;
- Responsible Party contract which addresses detection, prevention and correcting fraud, waste and abuse; and
- Time sheets which address issues of fraud and abuse.

Disciplinary Actions:

- Employees who commit fraud may be terminated;
- Services could be terminated for a client who commits fraud; and
- Committing fraud may result in jail time, probation, deportation, fines, or exclusion from services or work in this field or a job requiring a background study.

Reporting Fraud:

- Any employee and/or manager can file a claim of fraud, abuse or waste to Best Care;
- Claims will be addressed by a member of the Best Care management team within 5 business days from receiving the claim;

- The Best Care Incident Review team reviews incidents of fraud at least monthly; and
- Compliance concerns, suspected or actual misconduct involving Medicaid programs will be reported to SIRS.

Responding to Detected Offenses and Corrective Action:

- Offenses will be reported to SIRS;
- Over payment will be returned to the funding source; and
- Retraining to prevent similar offenses;
- Disciplinary action up to and including termination of the employee or the participant.

Avoiding Fraud: The 245D Program is funded by Federal Medical Assistance. It is a crime to provide false information for Medical Assistance payments.

The PCA / 245D Employee:

- Can only be paid for work done when the employee is physically present and providing necessary care for the participant;
- Cannot be asked or told to split pay with the client or Responsible Party;
- Cannot work when the client is at in the hospital, at school, receiving in-patient care, in a nursing home, respite care facility, or is incarcerated; and
- Cannot submit a time sheet for hours not worked.

Conduct on the Job (the Employee, when at work):

- Shall provide care as specified in the Coordinated Services and Support Plan (CSSP) and Addendum or Care Plan and shall follow written and oral directions from the Participant, Responsible Party / Legal Guardian and the Qualified Professional / 245D Designated Coordinator;
- Shall arrive on time and not leave work early;
- Shall not steal from or mistreat the Participant;
- Shall not consume alcohol or be under the influence of any illegal drugs; and
- Shall not use cell phones, text message or engage in personal business.

Illegal Payment Schemes:

- Both the Employee and the Responsible Party shall be held accountable for signing a fraudulent time sheet
- The following conduct is not acceptable and is fraudulent:
 1. The Responsible Party signs a time sheet for a certain payroll period when the Employee did not actually work those hours. (As an example, the Employee and Responsible Party send in a timesheet showing the Employee worked on Wednesday of the prior week. On that Wednesday, the Employee was out on vacation in another state and could not have actually worked on that day.)

2. The time sheet is signed before hours are actually worked.

Identity Theft: Using an identification that does not belong to that person to obtain payment and/or services.

False Claims Act: Prohibits any person from knowingly presenting or causing a fraudulent claim for payment.

Anti-Kickback Statute: Makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a Federal health care program.

Reporting Fraud, Waste and Abuse: Everyone has the right and responsibility to report actual and possible fraud, waste or abuse. You may report anonymously, and retaliation is prohibited when you report a concern in good faith.

Additional Resources: Federal government websites are sources of information regarding detection, correction and prevention of fraud, waste and abuse:

Best Care
2562 7Th Avenue East Suite 201
North St. Paul, MN 55109
651-330-2550

DHS SIRS
651-431-2650
1-800-657-3750

DHS Office of Inspector General: <http://mn.gov/dhs/general-public/office-of-inspector-general/report-fraud/index.jsp>
 Centers for Medicare & Medicaid Services (CMS): https://www.cms.gov/medicare-medicare-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html

**HIGH RISK/COMPLEX CASES
 MEDICAL AND BEHAVIORAL HEALTH SERVICES**

1. Health-related procedures and tasks include the following covered services:
 - a. Range of motion and passive exercise to maintain a recipient’s strength and muscle functioning;
 - b. Assistance with self-administered medication including reminders to take medication, bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party;
 - c. Interventions for seizure disorders, including monitoring and observation; and
 - d. Other activities considered within the scope of the personal care service and meeting the definition of health-related procedures and tasks.
2. Employees may provide health-related procedures and tasks associated with the complex health-related needs of a recipient:
 - a. If the procedures and tasks meet the definition of health-related procedures above; and
 - b. The employee has been trained by a qualified professional and has demonstrated competency to safely complete the procedures and tasks.

MEDICAL HEALTH SERVICES

- c. For an employee to provide the health-related procedures and tasks of tracheotomy suctioning and services to recipients on ventilator support there must be:
 - i. Delegation and training by a registered nurse, certified or licensed respiratory therapist, or a physician;
 - ii. Utilization of clean rather than sterile procedure;
 - iii. Specialized training about the health-related procedures and tasks and equipment, including ventilator operation and maintenance;
 - iv. Individualized training regarding the needs of the recipient; and
 - v. Supervision by a qualified professional who is a registered nurse.

BEHAVIORAL HEALTH SERVICES

- d. Employees may observe and redirect the recipient for episodes where there is a need for redirection due to behaviors. Training of the personal care assistant must occur based on the needs of the recipient, the personal care assistance care plan, and any other support services provided.

EQUAL EMPLOYMENT OPPORTUNITY

The Company believes in providing equal employment opportunities for all employees. The Company will not discriminate for or against any employee or applicant for employment on the basis of race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), membership or non-membership in a labor organization, sexual orientation, status with regard to public assistance, genetic information or any other characteristic protected under local, state or federal statute, ordinance or regulation. Applicants and employees will be evaluated solely on the basis of their conduct, their compliance with the Company's policies, practices and legitimate expectations, and their performance and experience.

If you believe that you have been unlawfully discriminated against, you must bring this to the attention of the Administrator/Team Lead. Employees can bring complaints, ask questions, and raise concerns under this policy without fear of reprisal.

This policy applies to all aspects of an employee's employment with the Company and to all applicants. All employees and applicants are responsible for understanding, adhering to and strictly enforcing this policy.

NON-HARASSMENT

As indicated above, the Company is committed to providing a work environment that is free of unlawful discrimination. This policy includes the prohibition of harassment based upon any of the characteristics listed in our Equal Opportunity Policy above.

Many harassment situations involve sexual harassment in the work environment. However, complaints alleging harassment based upon other protected characteristics will be handled in the same manner as complaints alleging sexual harassment. "Sexual harassment" has been defined as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made a term or condition, either explicitly or implicitly, of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creates an intimidating, hostile or offensive work environment, and the Company knew or should have known of the existence of the harassment and failed to take timely and appropriate action.

If you believe that you are being subjected to harassment, you must:

First: Tell the harasser to stop.

Second: Make a record and immediately report the incident to the Administrator/Team Lead or to the Equal Opportunity Officer.

Third: If the conduct continues, this should also be immediately reported to the above individuals.

Any reported incident will be investigated. Complaints and actions taken to resolve harassment will be handled as confidentially as possible, given the Company's obligation to investigate and act upon the reports of such harassment. Employees may bring complaints, ask questions, and raise concerns under this policy without fear of reprisal. Making false allegations is also a violation of this policy. All employees are responsible for understanding, adhering to and strictly enforcing this policy.

The Company will, upon receipt of a report or complaint alleging harassment or other inappropriate conduct, authorize an investigation.

In determining whether the alleged conduct constitutes harassment or other inappropriate conduct, the Company may consider the surrounding circumstances, the nature of the alleged statements or conduct, the relationships between the parties involved and the context in which the alleged incidents occurred. Whether a particular action or incident constitutes harassment or other inappropriate conduct requires consideration of all the facts and surrounding circumstances.

The investigation may consist of personal interviews with the complainant, the individual(s) against whom the complaint or report is filed, and others who may have knowledge of the alleged incident(s) or circumstances giving rise to the complaint or report. The investigation may also include any other lawful methods deemed pertinent by the investigator.

In addition, the Company may take immediate steps, at its discretion, to protect the complainant, witnesses or other employees pending completion of an investigation.

Employees shall not retaliate against any person who complains of or reports alleged harassment or other inappropriate conduct or who retaliates against any person who testifies, assists or participates in an investigation, proceeding or hearing relating to a harassment complaint.

The Company may take any appropriate action it deems necessary in response to complaints which are confirmed by investigation or for other violations of this policy. Such action may include discipline, such as verbal or written warnings, paid or unpaid suspensions, demotions, transfers, ineligibility for promotions, benefits or raises, counseling or other required conditions for retaining employment or termination, as well as general reminders of its policy.

MEDICAL LEAVES OF ABSENCE

An employee may take an unpaid medical leave for a period no longer than 12 weeks in a 12 month period as the result of the employee's serious health condition or that of the employee's immediate family member. The employee must request the leave in writing, giving the reasons for the request and providing a statement from the employee's doctor supporting the request.

An employee on a leave of absence for their personal medical condition must obtain medical clearance from his/her health care provider prior to returning to work. The medical clearance must address when the staff member can return to work and perform his/her regular duties as set forth their job description without restrictions. If the employee member is released to return to work with restrictions, management will consider whether an accommodation is appropriate.

CONFIDENTIALITY AND NON-SOLICITATION

- A.** All recipient and company information is confidential and should be handled as such. Information about a recipient may be discussed with the Agency and PCAs working with the recipient for purposes of assuring the recipient's welfare and best interest. Information should not be discussed openly outside of the company regarding a specific recipient for any reason. Company information including trade practices, trade secrets, customer lists, policies and procedures, or processes should not be discussed with any person outside of the company.
- B.** For a period of one year following the termination of Employee's employment, Employee will not solicit business from Employer's existing customers or existing sources of business or in any other way induce Employer's existing customers and existing sources of business to cease doing business with Employer.
- C.** During the term of his/her employment and for one year following the termination of Employee's employment, Employee will not solicit any of Employer's employees to leave the employ of the Employer and/or to be employed by any other person or entity.

- D.** Employee acknowledges that the provisions of this agreement are particular importance for the protection and promotion of Employer's existing and future interests and that in the event of any breach of this agreement, a claim for monetary damages may not constitute an adequate remedy. Employee therefore agrees that, in the event of a breach or a threatened breach by Employee of this agreement, the Employer may apply to any court of competent jurisdiction for injunctive or other relief, and Employee will not object to the form of the action to the form of relief sought in any such action. Should Employer be required to enforce the provision of this agreement in any judicial proceeding, the Employee will be responsible for the payment of all of Employer's costs, including attorney's fees, should the employer prevail.
- E.** If any portion of this agreement is found by a court of competent jurisdiction to be unenforceable, the parties consent to the enforcement of the provisions of this Article to the maximum extent permitted by law.
- F.** The provisions of this Article will survive the termination of Employee's employment by Employer.

CONSENT TO ELECTRONIC DELIVERY

This policy describes how Best Care (BC) delivers communications to you electronically. We may amend this policy at any time by posting a revised version on our website. The revised version will be effective at the time we post it. In addition, if the revised version includes a substantial change, we will provide you with notice by mailing you notice of the change at your address on file.

Electronic delivery of communications

You agree and consent to receive electronically all communications, agreements, documents, notices and disclosures (collectively, "Communications") that we provide in connection with your services from Best Care. Communications include:

- agreements and policies you agree to (e.g., Best Care company policies and procedures), including updates to these policies;
- annual notices,
- care plans or pca timesheets;

We will provide these communications to you by posting them on the BC website and/or by emailing them to you at the primary email address on file.

Hardware and software requirements

In order to access and retain electronic Communications, you will need the following computer hardware and software:

- a computer with an Internet connection;
- Adobe Acrobat Reader;
- a valid email address (your primary email address on file with BC); and

- sufficient storage space to save past Communications or an installed printer to print them.

Requesting paper copies of electronic Communications

If, after you consent to receive Communications electronically, you would like a paper copy of a Communication we previously sent you, you may request a copy by contacting us. We will send your paper copy to you by U.S. mail to your address on file.

BENEFITS

The company maintains a list of available benefits on the company website. Benefits available through our company include but are not limited to:

- \$13.25 Starting wage for all employees (No Overtime)
- \$11 Starting Overtime rate
- PTO (All employees earn 1 hour of PTO for every 40 hours worked)
- Holiday Pay (Labor Day, Thanksgiving, New Years Day, Dr. Martin Luther King, and Memorial Day.
- Aflac Supplemental Insurance
- MEC Preventative Healthcare Plan (Full-time employees eligible)

In order to qualify for the above mentioned benefits there may be time in service requirements. If you are interested in any of the above mentioned benefits contact our office to enquire about the details and requirements.

HOLIDAY PAY

All employees shall receive time and a half for the following holidays (Labor Day, Thanksgiving, New Year's Day, Dr. Martin Luther King, and Memorial Day). Employees may only work time equal to a recipients assessed hours on a Holiday.

OVERTIME PAY

Employees may not work overtime (over 40 hour per week) without the express written permission of the Agency. Only employees who work for PCA Traditional recipients may work overtime if approved. Exception: PCA Choice Recipients who receive 24 hours of service per day may work limited overtime if approved. Employees who are approved to work overtime must sign an authorization and overtime agreement. If there is no overtime authorization and agreement on file the agency will not process overtime submitted. If overtime is allowed the Agency may limit the number of hours and the pay rate in the Agencies sole discretion. Overtime privileges may be revoked at any time in the Agencies sole discretion.

245D PROVIDER WRITTEN AGREEMENT

Agreement between (hereinafter "Consumer"); and Best Care, a licensed 245D provider with the State of Minnesota Client Roles and Responsibilities

As a client using Best Care, I, or my responsible party, agree to the following responsibilities:

1. Accept responsibility for my health and safety, and I will find staff or supports that ensure my health and safety needs are met.
2. Ensure that I meet the conditions to use or continue to use a 245D Provider. These include, but are not necessarily limited to:
 - a. I must ensure that my health insurance coverage is active at all times and I must notify the agency immediately if there is any lapse in coverage. per MN sStatute 245D, Best Care retains the option of discharging due to non-payment.
 - b. A face-to-face assessment must be conducted by the county assessor at least annually, or when there is a significant change in the consumer's condition or change in the need for supports and services.
 - c. I must participate in the required supervisory visits for 245D including but not limited to an admission meeting, a 60 day review, a 6 month review, an annual review as required by MN statute 245D and/or as directed by the coordinated service and supports plan.
 - d. I must be certain that time sheets submitted by DSPs accurately document the times of service and tasks performed.
 - e. I must notify Best Care when there are changes to my address or telephone number.
3. Abide by all of the consumer responsibilities as set forth in this written agreement.
4. Abide by all of the policies for the 245D program.
5. Recruit, interview and hire my own Direct Support Professional (DSP) staff.
6. Ensure that I have adequate backup staff or support in case a regularly scheduled DSP is unable to fulfill their duties as scheduled.
7. Schedule my DSP staff.
8. Manage the use of my 245D allocated hours/units to ensure I do not use more than the allocated hours/units in my service plan.
9. Ensure that no DSP shall work overtime without the express approval of BC management in writing.
10. Monitor, ensure accuracy and verify time worked by my DSPs. Sign verified time cards for my DSP staff.

11. Coordinate with Best Care to notify the certified assessor, waiver case manager or otherwise appropriate individual when it is time for a reassessment of my need for services or if there is a change in condition or change in the level of services that I need. I will inform them of my intent to use Best Care.
12. Notify Best Care of my hospitalization dates throughout our service agreement, and ensure no time sheets for DSP services are submitted for the hospitalization dates.
13. Acknowledge a 245D Provider Written Agreement shall be provided to me annually by the agency by mailing copy to me at my address on file with the Agency.
14. If I continue to use the services after the Agency has sent me an annual 245D Provider Written Agreement, my continued use of services shall constitute my acceptance and agreement without my signature.
15. I may also communicate my acceptance of any future annual 245D Provider Written Agreement by signing it and returning it to the Agency.
16. I may request a copy of my currently effective 245D Provider Written Agreement from the agency at any time.

Provider (License Holder) Roles and Responsibilities

As your 245D provider, Best Care agrees to perform the following responsibilities:

1. Provide the employee with orientation and annual training and supervision as required by MN statute 245D
2. Enroll and meet all standards as a licensed 245D service provider with the Minnesota Department of Human Services, including passing a criminal background check and follow all rules, regulations, and policies described by DHS for the 245D program.
3. Abide by all of the responsibilities set forth in this written agreement.
4. Bill the Minnesota Department of Human Services or appropriate health care plan for 245D services rendered.
5. Withhold and remit all applicable state and federal taxes from DSP paychecks.
6. Arrange for and pay the employer's share of payroll taxes, unemployment insurance, workers' compensation insurance, liability insurance, and bonds.
7. Keep records of the hours worked by DSPs.

Designated Coordinator Role and Responsibilities

The Designated Coordinator shall:

1. Hold the appropriate credentials to serve as a Designated Coordinator
2. Assist the client in developing and revising a coordinated service and supports plan addendum, individual abuse prevention plan, and other 245D required documents to meet the clients needs, as outlined in the coordinator services and supports plan.

3. Complete required reviews with the client / DSP including but not limited to the admission meeting, 60 day review, 6 month review, annual review and/or as directed in the coordinated service and supports plan
4. Assist the DSP with orientation, training, supervision and/or evaluation of performance.
5. Report any suspected abuse, neglect, or financial exploitation of the client to the appropriate authorities.

Direct Support Professional Roles and Responsibilities

The DSP(s) shall:

1. Complete all required forms and provide necessary information to Best Care, including criminal background check verification, and training on Best Care policies, procedures and the positive supports rule as required by MN Statute 245D prior to providing services to the consumer.
2. Pass a criminal background check, a requirement of eligibility to be a DSP.
3. Obtain training from the license holder and Designated Coordinator to ensure I can satisfactorily perform all responsibilities in the CSSP addendum
4. Work at scheduled times as determined by the client, notifying the client of changes as early as possible to arrange for backup assistance.
5. Provide and document 245D services for the client as specified in their CSSP addendum, following written and oral directions from the consumer.
6. Inform the client and support team about all visible bodily changes that may need medical attention.
7. Keep client's personal life confidential and adhere to data privacy.
8. Observe and stay alert to ongoing instructions by the client.
9. Respect the privacy of the client's personal property.
10. While working within the client's home maintain respect as a professional and focus on job related activities. Perform duties in an ethical matter, preserving and respecting the rights and dignity of the consumer.
11. Be present when working with the consumer in their service environment, and leave only when the shift is completed.
12. Communicate respectfully and directly to the consumer regarding services.
13. Notify the consumer and agency of anticipated absences.
14. When assisting with the transportation of the consumer, request that seat restraints are used properly and consistently.
15. Follow safety procedures and work to identify my safety needs and those of the consumer.

16. Support the client when they participate in community activities, relationships and involvement with others
17. Comply with policies, procedures and training provided by the consumer and/or Best Care.
18. Accurately document time worked for consumer and cares given by promptly completing and signing time sheets.

Benefit Rates for DSPs

Benefits notice in employee policies and procedures is incorporated by reference.

Administrative Fees

Best Care currently retains a percentage of its reimbursement rate as an administrative fee. This fee covers fiscal intermediary and enhanced program services including:

1. Background checks.
2. DSP set-up and training costs.
3. Regulatory compliance monitoring.
4. Payroll processing.
5. Record maintenance and retention.
6. Program compliance assistance.
7. General liability insurance; professional liability insurance and fidelity bond.
8. Employer responsibility taxes and insurance, including Workers' Compensation and unemployment insurance.
9. Program development, outreach and recruitment activities.

Regulatory Compliance

Both parties are responsible for complying with all rules and regulations related to 245D. This includes, but is not limited to state Vulnerable Adults Act, Data Privacy, Drug and Alcohol Policy, Basic First Aid, Fraud Waste and Abuse Policy, 245D policies and regulations and Department of Labor laws governing overtime.

Grievance Procedures

Best Care, believes it is in the best interest of employees and management to have an environment where concerns are openly discussed. For this reason, DSPs are encouraged to bring all work-related issues to their manager, the client. Clients are encouraged to address issues directly with their DSP. If the DSP and client are unable to resolve the issue, they may bring the issue to Best Care. Best Care is committed to providing a timely response to concerns brought forward.

Termination of Employment or Services

Employees may resign their employment with the consumer and Best Care at any time for any reason or no reason, and the consumer and Best Care reserve the same right regarding the discontinuation of an individual's employment.

The client may terminate services at any time and for any reason or no reason. Best Care shall follow the MN statute 245D requirements regarding Service Suspension and Service Termination.

ADMISSION POLICY AND PROCEDURE

I. Purpose

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including the company's admission criteria and processes.

II. Policy

Services may be provided by the company as registered and licensed according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the person's service-related and protection-related rights identified in MN Statutes, section 245D.04. The company may provide services to persons with disabilities, including, but not limited to, developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when the company is able to meet the person's needs.

Documentation from the admission/service initiation, assessments, and service planning processes related to the company's service provision for each person served and as stated within this policy will be maintained in the person's service recipient record.

III. Procedure Admission criteria

- A. Certain criteria will be used by this company to determine whether the company is able to develop services to meet the needs of the person as specified in their Coordinated Service and Support Plan. In addition to registration and licensed ability, the criteria includes:
 1. None
- B. When a person and/or legal representative requests services from the company, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and the company's lack of capacity to meet the needs of the person.
- C. The company must not refuse to admit a person based solely on the type of residential services the person is receiving or solely on the person's:
 1. Severity of disability.
 2. Orthopedic or neurological handicaps.
 3. Sight or hearing impairments.
 4. Lack of communication skills.
 5. Physical disabilities.
 6. Toilet habits.
 7. Behavioral disorders.
 8. Past failures to make progress.

- D. Documentation regarding the basis for the refusal will be completed using the Admission Refusal Notice and must be provided to the person and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Designated Coordinator and/or Designated Manager or designee.

Admission process and requirements

- A. In the event of an emergency service initiation, the company must ensure that staff training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the person served. The company must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.
- B. Prior to or upon the initiation of services, the Designated Coordinator and/or Designated Manager will develop, document, and implement the Individual Abuse Prevention Plan according to MN Statutes, section 245A.65, subdivision 2.
- C. The Designated Coordinator and/or Designated Manager will ensure that during the admission process the following will occur:
 - 1. Each person to be served and/or legal representative is provided with the written list of the Rights of Persons Served that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
 - a. An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
 - b. Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the person and/or legal representative.
 - 2. An explanation of and provision of a copy of the Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults will be provided to the person served and/or legal representative and case manager within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 - 3. An explanation and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures to the person and/or legal representative and case manager:
 - 1. Policy and Procedure on Grievances
 - 2. Policy and Procedure on Temporary Service Suspension
 - 3. Policy and Procedure on Service Termination
 - 4. Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors
 - 5. Policy and Procedure on Emergency Use of Manual Restraints

- 6. Written authorization is obtained by the person and/or legal representative for the following, as applicable only:
 - a. Authorization for Medication and Treatment Administration
 - b. Agreement and Authorization for Injectable Medications
 - c. Authorization to Act in an Emergency
 - d. Standard Release of Information
 - e. Specific Release of Information
 - f. Funds and Property Authorization
 - g. This authorization may be obtained within five (5) working days of the service initiation meeting and annual thereafter. The case manager also provides written authorization for the Funds and Property Authorization.
 - h. The Admission Form and Data Sheet is signed by the person and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the person and/or legal representative.
- C. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, the company will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Admission process follow up and timelines

- A. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's service recipient record is assembled according to company standards.
- B. Within 15 calendar days of service initiation, the Designated Coordinator and/or Designated Manager will complete a preliminary Coordinated Service and Support Plan Addendum that is based upon Coordinated Service and Support Plan. At this time, the person's name and date of admission will be added to the Admission and Discharge Register maintained by the Designated Coordinator and/or Designated Manager.
- C. Within 60 calendar days of service initiation, the support team or expanded support team and other people as identified by the person and/or legal representative will meet to assess and determine what services will be provided including how, when, and by whom services will be provided, and the person responsible for overseeing the delivery and coordination of services.

D. The company must participate in service planning and support team meetings for the person served following stated timelines established in the Coordinated Service and Support Plan Addendum that is based upon Coordinated Service and Support Plan or as requested by the person and/or legal representative, the support team, or the expanded support

teaMm.

E. The company will provide written reports regarding the person's progress or status as requested by the person and/or legal representative, the case manager, or the team, the support team, or the expanded support team.

Policy reviewed and authorized by:

Natalie Kallas, Licensed Social Worker (LSW) Designated Manager, Best Care LLC
Date of last policy review: July 29th, 2020 Date of last policy revision: July 29th, 2020

HOME AND COMMUNITY-BASED SERVICE RECIPIENTS RIGHTS

Program name: Best Care LLC Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D. The company will ensure that the person's rights in the services provided by the company and as authorized in the Coordinated Service and Support Plan are exercised and protected by all staff of the company including subcontractors, temporary staff, and volunteers. This document will be signed and dated by the person served and/or legal representative and maintained in the service recipient record at service initiation and annually thereafter.

Service-related rights

A person's service-related rights include the right to:

1. Participate in the development and evaluation of the services provided to the person.

We encourage you to let this company know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

2. Have services and supports identified in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum provided in a manner that respects and takes into consideration the person's preferences according to the requirements in MN Statutes, section 245D.07 and 245D.071.

You may notify us of your needs, interests, preferences, and desired outcomes so we may be able improve the services to you and to the best of our ability.

3. Refuse or terminate services and be informed of the consequences of refusing or terminating services.

If you are not satisfied with your services, you may discuss your concerns and dissatisfaction with us at any time. Further discussions may also include information and/or conversations with your support team.

4. Know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs.

We will notify you prior to service initiation if there are any limits to the services that we will provide. If you are not satisfied with the limitations, you may consider all options available for services to meet your needs.

5. Know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination.

This company's Policy and Procedure on Admission contains information on our admission criteria. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the Policy and Procedure on Temporary Service Suspension and the Policy and Procedure on Service Termination. You will always receive an explanation, in a way that you can understand, of what is occurring and why.

6. A coordinated transfer to ensure continuity of care when there will be a change in provider.

Regardless of the situation that brings forth a change in service provider, this company will provide information and work in cooperation with your support team to ensure a smooth transfer between providers.

7. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges.

You have the right to be provided with information regarding the charges for the services. If the charges for the services change, you have the right to know of that change.

8. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.

Services provided to you by this company will be charged to the correct payment source. If you are responsible to pay for some of your services, we will work with you and your team on how that process will occur.

9. Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the Coordinated Service and Support Plan and/or Coordinated Service and Support Plan Addendum.

The services you receive from this company will be provided by staff that have received training and are competent to provide you with services as directed by the Coordinated Service and Support Plan and Coordinated Service and Support Plan Addendum.

Protection-related rights

A person's protection-related rights include the right to:

1. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.

Your information will be private at all times except for case consultation, treatment, and discussion. This company will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery.

2. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.

You may access your records or have copies. This company will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.

3. Be free from maltreatment.

You have the right to live without the fear of abuse, neglect, or financial exploitation. If any of these were to occur, this company has policies and procedures in place to help protect your ongoing safety and the safety of others.

4. Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.

Staff are trained on positive support strategies, not using prohibited procedures according to state law, and that you have the right to be free from coercion.

5. Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.

We value maintaining the service or program site in a clean and safe environment. If you have concerns regarding the service site, please notify your staff who will take your concern seriously and will notify appropriate personnel.

6. Be treated with courtesy and respect and receive respectful treatment of the person's property.

Staff will do all that they can to respect you as an individual and other aspects of your life including your property. If you feel that you or your property are not being treated with courtesy and respect by the company, staff, or other individuals; please notify the staff.

7. Reasonable observance of cultural and ethnic practice and religion.

You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice.

8. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.

You are a unique person and have the right to live, work, and engage in environments free of bias and harassment.

9. Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.

At any time, you may contact your legal representative, case manager, an advocate, or someone within the company if you are not satisfied with services being provided in order to make a formal complaint.

10. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.

Should you choose to voice a grievance, you will not be retaliated. Please see the list of contact information for protection and advocacy agencies at the end of the Policy and Procedure on Grievances.

11. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.

We will support you in actively asserting your rights. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.

12. Give or withhold written informed consent to participate in any research or experimental treatment.

You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. You may consult with your legal representative or other support team members before making a final informed consent or refusal.

13. Associate with other persons of the person's choice; in the community.

You may choose to spend time with others of your choice and to have private visits with them. If someone wants to visit with you, you have the right to meet or refuse to meet with them.

14. Personal privacy including the right to use the lock on the person's bedroom or unit door.

You have the right to privacy to the level you choose including the use of a lock on your bedroom door or unit.

15. Engage in chosen activities.

You have the right to choose, refuse, or engage in the activities planned by you, your family, your support team, staff and other persons. You also can choose your services, schedule, and people with whom you spend time and if you want to work. Your provider may support you to work as agreed upon within your support plan.

16. Access to the person's personal possessions at any time, including financial resources.

You have the right to access your possessions and you may access your financial resources when you choose. You can control your own personal funds and authorize your provider to assist with management of those funds, as you desire.

For persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

1. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.

You may use the house phone on a daily basis and have private conversations. If you make long distance or collect calls, you will be expected to pay for those charges yourself. Because the company phone is used by others, please be considerate of the needs of others.

2. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication.

No one other than yourself or someone you have given permission to may open and/or read your mail or e-mail/electronic correspondence. You may also send mail or e-mail/electronic correspondence without concern that your privacy will be violated.

3. Have use of and free access to common areas in the residence and the freedom to come and go from the residence at will.

This company considers the residence you live in as your home and therefore you have use of and access to the common areas within the home including the kitchen, dining area, laundry, and shared living areas, to the extent desired. Your bedroom remains your private area and is not considered a common area of the residence. Since common areas are shared, please be respectful of others and their use of the areas. As this is your home, you may come and go at will.

4. Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom

You have the right to privacy for visits with persons of your choice and may do so in the privacy of your own bedroom, including the time of the visits.

5. Have access to three nutritionally balanced meals and nutritious snacks between meals each day.

This company believes in providing healthy meals to you as well as nutritious snacks throughout the day. We value your health and wellness regarding food and beverages and nutritious intake.

6. The freedom and support to access food and potable water at any time.

This company values your health and will provide you with access to drinkable water and nutritious meals and snacks. This includes having the freedom and support to access food at any time.

7. The freedom to furnish and decorate the person's bedroom or living unit.

We understand that having a space that suits your preferences, wants, and needs is important, and the company will support you in decorating your bedroom or unit as you choose.

8. A setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin, and insects.

The company knows that is important to have a home that is clean and welcoming for you and we will do what we can to meet this requirement. Please contact us if you have questions or concerns about the setting.

9. A setting that is free from hazards that threaten the person's health or safety.

Your health and safety are very important to us and we want to ensure that there are no hazards that could threaten that. Please contact us if you have questions or concerns about the setting.

10. A setting that meets the definition of a dwelling unit within a residential occupancy as defined in the State Fire Code.

This company follows and will meet state and local requirements of a dwelling unit. Please contact us if you have questions or concerns about the setting.

RIGHTS RESTRICTIONS – CAN MY RIGHTS BE RESTRICTED?

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

WHAT IS THE PROGRAM REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?

Before this program may restrict your rights in any way this program must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning the program must clearly identify when everyone will know the restriction is no longer needed and it has to end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS?

The program cannot restrict any right they chose. The only rights the program may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice; in the community;
2. Your right to have personal privacy;
3. Your right to engage in activities that you choose; and
4. Your right to access your personal possessions at any time.

WHAT IF I DON'T GIVE MY APPROVAL?

A restriction of your rights may be implemented only after you or your legal representative have given approval.

WHAT IF I WANT TO END MY APPROVAL?

You may withdraw your approval of the restriction of your right at any time. If you do withdraw your approval, the right must be immediately and fully restored.

Date of policy review and revision: July 29, 2020

SAFE MEDICATION ASSISTANCE POLICY

Program name: Best Care LLC

1. Policy
 - A. It is the policy of Best Care to provide safe medication assistance:
 - when assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;

- by staff who have reviewed the instructions for medication assistance on the coordinated services and support plan addendum before actually providing medication assistance. Best Care 245D staff are not trained to provide Medication Set-up or Medication Administration.
- B. For the purposes of this policy, medication assistance includes, but is not limited to:
 1. Bringing to the person and open a container of previously set up medications;
 2. Emptying the container into the person's hand;
 3. Open and give the medications in the original container to the person;
 4. Bringing to the person liquids or food to accompany the medication; and
 5. Providing reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
 6. Providing medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct the care for the person.

2. Definitions. For the purposes of this policy the following terms have the meaning given in section 245D.02 of the 245D Home and Community-based Services Standards:
 - A. "Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.
 - B. "Medication administration" means following the procedures in section III. of this policy to ensure that a person takes his or her medications and treatments as prescribed
 - C. "Medication assistance" means medication assistance is provided in a manner that to enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
 - D. "Medication setup" means arranging medications according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.
 - E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
 - F. "Prescriber" means a person who is authorized under section 148.235; 151.01, subdivision 23; or 151.37 to prescribe drugs.

- G.** “Prescriber’s order and written instructions” means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber’s written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- H.** “Prescription drug” has the meaning given in section 151.01, subdivision
- I.** “Psychotropic medication” means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

3. Procedures

A. Medication assistance

When Best Care is responsible for medication assistance, staff may:

- 1.** Bring to the person and open a container of previously set up medications;
- 2.** Empty the container into the person’s hand;
- 3.** Open and give the medications in the original container to the person;
- 4.** Bring to the person liquids or food to accompany the medication; and
- 5.** Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
- 6.** Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person’s own care, or when the person’s legal representative is present and able to direct the care for the person.

B. Reviewing and reporting medication and treatment issues

- 1.** When assigned responsibility for medication assistance or medication administration, Best Care staff must report the following to the person’s legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
 - a.** a person’s refusal or failure to take or receive medication or treatment as prescribed; or
 - b.** concerns about a person’s self-administration of medication or treatment.

I. Staff Training

- 1.** All Best Care 245D staff are oriented to the client’s coordinated services and supports plan addendum during their orientation training, including instructions on medication assistance.

Policy reviewed and authorized by:

Natalie Kallas, Licensed Social Worker (LSW) Designated Manager, Best Care LLC
 Date of last policy review: April 2nd, 2020 Date of last policy revision: April 2nd, 2020
 Legal Authority: MS §§§§ 245D.11, subd. 2 (3), 245D.05, subdivisions 1a, 2, and 5 and 245D.51 and 245D.09, subdivision 4a, paragraph (d)

SERVICE TERMINATION POLICY

Program name: 245D Basic Services including Adult Companion, Homemaker/ Home management and Assistance with ADLs, Night Supervision, Personal Support and Respite

I. Policy

It is the intent of the Best Care to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, other licensed caregivers, and other people identified by the person and/or legal representative during situations that may require or result in service termination. Best Care restricts service termination to specific situations according to MN Statutes, section 245D.10, subdivision 3a.

II. Procedures

- A.** This program must permit each person to remain with Best Care and must not terminate services unless:
 - 1.** The termination is necessary for the person’s welfare and the provider/ facility cannot meet the person’s needs;
 - 2.** The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
 - 3.** The health of the person or others in the program would otherwise be endangered;
 - 4.** Best Care has not been paid for services;
 - 5.** Best Care ceases to operate; or
 - 6.** The person has been terminated by the lead agency from waiver eligibility.
- B.** Prior to giving notice of service termination Best Care must document the actions taken to minimize or eliminate the need for termination.
 - 1.** Action taken by Best Care must include, at a minimum:
 - a.** Consultation with the person’s support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and

- b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
- 1. The request for intervention services will not be made for service termination notices issued because Best Care has not been paid for services.
- 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that Best Care was unable to consult with the person's team or request interventions services, Best Care must document the specific circumstances and the reason for being unable to do so.
- C. The notice of service termination must meet the following requirements:
 - 1. Best Care must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
 - 2. The written notice of a proposed service termination must include all of the following elements:
 - a. The reason for the action;
 - b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when Best Care ceasing operation;
 - c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
 - d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
 - 3. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
 - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
 - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
 - 4. This notice may be given in conjunction with a notice of temporary service suspension.
- D. During the service termination notice period, Best Care must:
 - 1. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;

- 2. Provide information requested by the person or case manager; and
- 3. Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

Policy reviewed and authorized by:

Natalie Kallas, Licensed Social Worker (LSW) Designated Manager, Best Care LLC
 Date of last policy review: July 29th, 2020 Date of last policy revision: July 29th, 2020 Legal Authority: MS § 245D.10, subd. 3a

TEMPORARY SERVICE SUSPENSION POLICY

Program Name: Program name: 245D Basic Services including Adult Companion, Homemaker / Home management and Assistance with ADLs, Night Supervision, Personal Support and Respite

I. Policy

It is the policy of Best Care to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

II. Procedures

A. Best Care will limit temporary service suspension to the following situations:

- 1. The person's conduct poses an imminent risk of physical harm to self or others and either:
 - a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
 - b. less restrictive measures would not resolve the issues leading to the suspension; OR
- 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
- 3. Best Care has not been paid for services.

B. Prior to giving notice of temporary service suspension, Best Care must document actions taken to minimize or eliminate the need for service suspension.

- 1. Action taken by Best Care must include, at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
 - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in Best Care.
- 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that Best Care unable to consult with the person's team or request interventions services, Best Care must document the specific circumstances and the reason for being unable to do so.

- C.** The notice of temporary service suspension must meet the following requirements:
- 1.** Best Care must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
 - 2.** If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, Best Care must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
 - 3.** Notice of temporary service suspension must be given on the first day of the service suspension.
 - 4.** The written notice service suspension must include the following elements:
 - a.** The reason for the action;
 - b.** A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - c.** Why these measures failed to prevent the suspension.
 - 5.** During the temporary suspension period Best Care must:
 - a.** Provide information requested by the person or case manager;
 - b.** Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 - c.** Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.
- D.** A person has the right to return to receiving services during or following a service suspension with the following conditions.
- 1.** Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
 - 2.** If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to Best Care.
 - 3.** If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, Best Care must document the specific reasons why a contrary decision was made.

Policy reviewed and authorized by:

Natalie Kallas, Licensed Social Worker (LSW) Designated Manager, Best Care LLC
Legal Authority: MS § 245D.10, subd. 3



BEST CARE

YOUR CARE. YOUR WAY.

2562 7th Avenue East • Suite 201 • North St. Paul, MN 55109
Office 651.330.2550 • Fax 763.592.8262 • www.bestcaremn.com