



245D Policies for Intake Training

Home and Community Base Services-Service Recipient Rights

This program is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section 245D.04

When receiving services and supports from this program name, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in a way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified of those changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by my insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect, or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication, I don't want to take, or that isn't prescribed for me, or putting me in time-out, seclusion, restrictive intervention; except when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location.
15. Be treated with courtesy and respect and have my property treated with respect.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and how to use the program's grievance policy and procedures, including knowing how to contact the person's responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
19. Know the names, addresses, and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.

21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them.
23. Have personal privacy.
24. Take part in activities that I choose.

RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) MUST INCLUDE THESE ADDITIONAL RIGHTS:

25. Have free daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
26. Receive and send mail and emails and not have them opened by anyone else unless I ask.
27. Use of and have free access to common areas (including the kitchen).
28. Visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Service Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

Standards of Conduct & Ethics Policy

Standards of Conduct & Ethics outlines the primary expectations for staff behavior, based on the values of tolerance, respectfulness, honesty, integrity, dependability, quality and effectiveness of service provided, teamwork, acceptance of individual differences and consumer empowerment & choice. Employees are expected to conduct themselves in a manner that demonstrates the following standards:

1. I will maintain a professional relationship and be respectful of all people that we serve providing the best service that is responsive to the consumer's needs.
2. I will respect and promote the consumer's right of choice and self-determination.
3. I will assist consumers in identifying, clarifying and reaching their goals.
4. I will not put my personal needs ahead of the needs of consumers.
5. I will model appropriate behavior for consumers.
6. I will report any mistreatment, neglect, abuse, or financial exploitation of consumers.
7. I will respect consumers past and present rights to privacy and will avoid illegal and unwarranted disclosures of confidential information.
8. I will strive to eliminate attitudinal barriers, including stereotyping and discrimination towards consumers.
9. I will strive to collaborate with other staff and outside agencies about consumers when given written permission by the consumer.
10. I will respect the rights, views, and confidences of my co-workers and treat them with fairness and courtesy.
11. I will not exploit the trust of my co-workers or the public.
12. I will make every effort to avoid relationships that could impair my professional judgement.
13. I will not make false statements about consumers, co-workers, or Robland Home Healthcare.
14. I will maintain accurate records necessary for rendering services to consumers as required by law, regulations and agency procedures.
15. I will not falsify any documents related to Robland Home Healthcare operations.
16. I will provide service and represent myself within the boundaries of my education, training, professional credentials, and professional experience.
17. I will represent Robland Home Healthcare in a professional and competent manner.
18. I will work to advance Robland Home Healthcare in its goals, community standing, and success.
19. I will promote a positive and supportive attitude toward Robland Home Healthcare consumers, co-workers, supervisors, management, and Board of Directors.
20. I will use proper channels for expressing concerns about consumers, co-workers, and Robland Home Healthcare.
21. I will extend respect and cooperation to colleagues of all professions.
22. I will be honest and trustworthy in all my professional relationships.
23. I will not take advantage of any professional relationship to exploit or further my personal, professional, or business interests.
24. I will not participate, condone, or be associated with any form of dishonesty, fraud, or deception.
25. I will seek assistance for any problem that impairs my judgement or performance.
26. I will not lend money, vehicles, equipment, or any other items to consumers or families.

27. I will not borrow money, vehicles, equipment, or any other items from consumers or families.
28. I will not accept personal favors, such as tips or gifts from consumers or families.
29. I will not sell merchandise of any kind to consumers.
30. I will not co-sign loans for consumers by staff; co-signing loans for staff by consumers or family members.
31. I will not become involved in a romantic and/or sexual nature between program staff and consumers or their families.
32. I will not allow blurred boundaries regarding friendship versus professional relationship.
33. I will prevent any personal relationship with the consumers while services are being provided and a minimum of two years following termination of services.
34. I will not promise or keep "secrets" with the consumers that should be disclosed to professional staff and/or supervisors within the agency.
35. I will not share information with a consumer regarding another consumer.
36. I will not share information regarding staff members or any other privileged information.
37. I will not conduct myself in a manner that is detrimental to the professionalism of the program or has the appearance of a conflict of interest.

Failure to follow Robland Home Healthcare Employee Code of Conduct & Ethics will result in disciplinary action and possible termination of employment.

Drug and Alcohol Policy

I. Policy

It is the policy of Robland Home Healthcare 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 the Human Resources Coordinator immediately following 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. Robland Home Healthcare's designated staff person 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 while on duty during work hours. Where appropriate, we will also notify licensing boards.
- H. If Robland Home Healthcare is notified of a claim of drug or alcohol use during work hours, Robland Home Healthcare will conduct an internal investigation within 5 work days. Consequences of an investigation will include corrective action up to and including termination.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Grievance Policy

I. Policy

It is the policy of Robland Home Healthcare to ensure that people served by Robland Home Healthcare have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

II. Procedures

A. Service Initiation

A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. should talk to a staff person that they feel comfortable with about their complaint or problem;
 - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority at Robland Home Healthcare.

That person is the administrator, Aimee Hulsing, at 125 W Broadway Ave. Ste 102B, Minneapolis, MN 55411. She may also be reached at 763-575-8046.

C. Response by Robland Home Healthcare

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. the name, address, and telephone number of outside agencies to assist the person; and
 - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. Robland Home Healthcare will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, Robland Home Healthcare will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, Robland Home Healthcare is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - a. related policy and procedures were followed;
 - b. related policy and procedures were adequate;
 - c. there is a need for additional staff training;
 - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
 - e. there is a need for corrective action by Robland Home Healthcare to protect the health and safety of persons receiving services.

7. Based on this review, Robland Home Healthcare must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or Robland Home Healthcare, if any.
 8. Robland Home Healthcare will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - a. identifies the nature of the complaint and the date it was received;
 - b. includes the results of the complaint review; and
 - c. identifies the complaint resolution, including any corrective action.
- D. The complaint summary and resolution notice must be maintained in the person's record.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Admission Criteria Policy

I. Policy

It is the policy of Robland Home Healthcare to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section 245D.04 and Robland Home Healthcare's knowledge, skill, and ability to meet the service and support needs of persons served by Robland Home Healthcare.

II. Procedures

A. Pre-admission

Before admitting a person to Robland Home Healthcare, Robland Home Healthcare must provide information to the person or the person's legal representative that identifies the criteria to be applied in determining whether Robland Home Healthcare can develop services to meet the needs specified in the person's coordinated service and support plan.

B. Service initiation

1. Service recipient rights

Upon service initiation Robland Home Healthcare will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any.

Robland Home Healthcare will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.

2. Availability of program policies and procedures:

Robland Home Healthcare must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:

- a. Grievance policy and procedure;
- b. Service suspension policy and procedure;
- c. Service termination policy and procedure;
- d. Emergency use of manual restraints policy and procedure
- e. Data privacy policy.

3. Handling property and funds:

Robland Home Healthcare does not generally handle program participant property or funds. Robland Home Healthcare will obtain written authorization from the person or the person's legal representative and the case manager whenever Robland Home Healthcare will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter.

C. Refusal to admit a person

1. Refusal to admit a person to Robland Home Healthcare must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.
2. Robland Home Healthcare must not refuse to admit a person based solely on:

- a. person's severity of disability;
- b. orthopedic or neurological handicaps;

- c. sight or hearing impairments;
 - d. lack of communication skills;
 - e. physical disabilities;
 - f. toilet habits;
 - g. behavioral disorders; or
 - h. past failure to make progress.
3. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Safe Transportation Policy

I. Policy

It is the policy of Robland Home Healthcare to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

- A. Staff may not transport program participants unless expressly authorized, in writing, by Robland Home Healthcare Management. At times staff may have a personal relationship with program participants and consider transportation of a program participant a personal choice. Should any Robland Home Healthcare staff choose not to adhere to the Transportation Policy it will be at their own personal risk, and in such a situation Robland Home Healthcare staff will not hold Robland Home Healthcare or its affiliates liable.
- B. We encourage program participants to use the following:
 - 1. Metro Mobility
 - 2. Public Transportation
 - 3. MNET (Metro Minnesota Non-Emergency Transportation Program)
 - 4. Private Taxi Services

II. Procedures

Robland Home Healthcare staff who are authorized, in writing, by Management to transport program participants must at adhere to the following procedures.

- A. The program will ensure the vehicle and drivers are properly licensed and insured when transporting persons served by the program.
- B. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
 - 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 - 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 - 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
 - 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections 169.685 and 169.686 when transporting a child.
- C. Staff will be responsible for the supervision and safety of persons while being transported.
 - 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 - 2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
- D. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
 - 1. Name and phone number of person(s) to call in case of emergency.

2. First aid kit and first aid handbook.
 3. Proof of insurance card and vehicle registration.
- E. In the event of a severe weather emergency, staff will take the following actions:
1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 2. Follow directions for the need to change plans and activities or seek emergency shelter.
 3. Inform passengers why plans and activities have changed. Assist passengers in remaining calm.
- F. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
- G. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

Policy reviewed and authorized by Robland Home Healthcare owners at a formal Board of Directors meeting and last Updated 1-2019.

Maltreatment of Minors Reporting and Internal Review Policy

I. Policy

It is the policy of Robland Home Healthcare to protect the children served by Robland Home Healthcare whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

II. Procedures

A. Who should report?

1. Any person may voluntarily report abuse or neglect.
2. If you work with children in a licensed facility, you are mandated (required) to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

B. Where to Report?

1. If you know or suspect that a child is in immediate danger, call 911.
2. Reports concerning suspected abuse or neglect of children occurring in all facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at 651-431-6600.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement at 911.
4. If your report does not involve possible abuse or neglect but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500.

C. What to Report?

Definitions of maltreatment are according to the Reporting of Maltreatment of Minors Act (MN Statutes, section 626.556) and are attached to this policy.

1. A mandated reporter must report to law enforcement kidnapping or actions that deprive a parent of custodial or parenting time rights. This report does not trigger a local social services agency assessment.
2. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
3. An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

D. Failure to Report

1. A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor.
2. A mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing

direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

E. Retaliation Prohibited

1. An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child who is the subject of the report.
2. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

F. Internal Review

1. When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
2. 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 a need for additional staff training;
 - d. the reported event is similar to past events with the children or the services involved; and
 - e. there is a need for corrective action by Robland Home Healthcare to protect the health and safety of children in care.

G. Primary and secondary person or position to ensure reviews completed

The internal review will be completed by the Client Relations Coordinator. If this individual is involved in the alleged or suspected maltreatment, the Vice President will be responsible for completing the internal review.

H. Documentation of Internal Review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

I. Corrective Action Plan

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

J. Staff Training

Robland Home Healthcare must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). Robland Home Healthcare must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

K. Provide Policy to Parents

The mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 3-2019.

626.556 REPORTING OF MALTREATMENT OF MINORS.

Subd. 2. Definitions.

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

- (a) "Accidental" means a sudden, not reasonably foreseeable, and unexpected occurrence or event which:
 - (1) is not likely to occur and could not have been prevented by exercise of due care;
and
 - (2) if occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.
- (b) "Commissioner" means the commissioner of human services.
- (c) "Facility" means:
 - (1) a licensed or unlicensed day care facility, certified license-exempt child care center, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed under sections
 - (2) a non-licensed personal care provider organization as defined in section 256B.0625, subdivision 19a.
- (d) "Family assessment" means a comprehensive assessment of child safety, risk of subsequent child maltreatment, and family strengths and needs that is applied to a child maltreatment report that does not allege sexual abuse or substantial child endangerment. Family assessment does not include a determination as to whether child maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.
- (e) "Investigation" means fact gathering related to the current safety of a child and the risk of subsequent maltreatment that determines whether child maltreatment occurred and whether child protective services are needed. An investigation must be used when reports involve sexual abuse or substantial child endangerment, and for reports of maltreatment in facilities required to be licensed or certified under chapter 245A, 245D, or 245H; under sections 144.50 to 144.58 and 241.021; in a school as defined in section 120A.05, subdivisions 9, 11, and 13, and chapter 124E; or in a non-licensed personal care provider association as defined in section 256B.0625, subdivision 19a.
- (f) "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.
- (g) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), 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) nothing in this section 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; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. This section 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;
 - (6) 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;
 - (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);
 - (8) chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or
 - (9) emotional harm from a pattern of behavior which 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.
- (h) "Non-maltreatment mistake" means:
- (1) at the time of the incident, the individual was performing duties identified in the center's child care program plan required under Minnesota Rules, part 9503.0045;
 - (2) the individual has not been determined responsible for a similar incident that resulted in a finding of maltreatment for at least seven years;
 - (3) the individual has not been determined to have committed a similar non-maltreatment mistake under this paragraph for at least four years;
 - (4) any injury to a child resulting from the incident, if treated, is treated only with remedies that are available over the counter, whether ordered by a medical professional or not; and
 - (5) except for the period when the incident occurred, the facility and the individual providing services were both in compliance with all licensing requirements relevant to the incident.

This definition only applies to child care centers licensed under Minnesota Rules, chapter 9503. If clauses (1) to (5) apply, rather than making a determination of substantiated maltreatment by the individual, the commissioner of human services shall determine that a non-maltreatment mistake was made by the individual.

- (i) "Operator" means an operator or agency as defined in section 245A.02.
- (j) "Person responsible for the child's care" means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.
- (k) "Physical abuse" means any physical injury, mental injury, or threatened injury, 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.
Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which 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. Actions which 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 which 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 poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects 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.
- (l) "Practice of social services," for the purposes of subdivision 3, includes but is not limited to employee assistance counseling and the provision of guardian ad litem and parenting time expeditor services.
- (m) "Report" means any communication received by the local welfare agency, police department, county sheriff, or agency responsible for child protection pursuant to this

section that describes neglect or physical or sexual abuse of a child and contains sufficient content to identify the child and any person believed to be responsible for the neglect or abuse, if known.

- (n) "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, as defined in section 609.341, or by a person in a position of authority, as defined in section 609.341, subdivision 10, to any act which 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), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Effective May 29, 2017, 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 which 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).
- (o) "Substantial child endangerment" means 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 as defined in section 260C.007, subdivision 14;
 - (2) abandonment under section 260C.301, subdivision 2;
 - (3) neglect as defined in paragraph (g), 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 which mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.
- (p) "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in paragraph (j), clause (1), who has:
- (1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm, as defined in section 260C.007, subdivision 14, 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 has 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 has 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. A child is the subject of a report of threatened injury when the responsible social services agency receives birth match data under paragraph (q) from the Department of Human Services.
- (q) Upon receiving data under section 144.225, subdivision 2b, contained in a birth record or recognition of parentage identifying a child who is subject to threatened injury under paragraph (p), the Department of Human Services shall send the data to the responsible social services agency. The data is known as "birth match" data. Unless the responsible social services agency has already begun an investigation or assessment of the report due to the birth of the child or execution of the recognition of parentage and the parent's previous history with child protection, the agency shall accept the birth match data as a report under this section. The agency may use either a family assessment or investigation to determine whether the child is safe. All of the provisions of this section apply. If the child is determined to be safe, the agency shall consult with the Copyright © 2018 by the Revisor of Statutes, State of Minnesota. All Rights Reserved.
- 5 MINNESOTA STATUTES 2018 626.556 county attorney to determine the appropriateness of filing a petition alleging the child is in need of protection or services under section 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is determined not to be safe, the agency and the county attorney shall take appropriate action as required under section 260C.503, subdivision 2.(r) Persons who conduct assessments or investigations under this section shall take into account accepted child-rearing practices of the culture in which a child participates and accepted teacher discipline practices, which are not injurious to the child's health, welfare, and safety.

Maltreatment of Vulnerable Adults Mandated Reporting

I. Policy

If you are a mandated reporter, and you know or suspect maltreatment of a vulnerable adult, you must report it immediately (within 24 hours).

II. Procedures

A. Where to Report

1. Call the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
2. Or, report internally to the Client Relations Coordinator. If the individual listed above is involved in the alleged or suspected maltreatment, report to the administrator, Aimee Hulsing, at 763-575-8046.

B. Internal Report

1. When an internal report is received, the Client Relations Coordinator is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
2. If that person is involved in the suspected maltreatment, the Vice President will assume responsibility for deciding if the report must be forwarded to MAARC. The report must be forwarded within 24 hours.
3. If you have reported internally, you should receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

C. Internal Review

1. When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days.
2. 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 a need for additional staff training;
 - d. the reported event is similar to past events with the vulnerable adults or the services involved; and
 - e. there is a need for corrective action by Robland Home Healthcare to protect the health and safety of vulnerable adults.

D. Primary and secondary person or position to review

The internal review will be completed by the Client Relations Coordinator. If this individual is involved in the alleged or suspected maltreatment, the Vice President will be responsible for completing the internal review.

E. Documentation of internal review

Robland Home Healthcare must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

F. Corrective action plan

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

G. Staff training

1. Robland Home Healthcare 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 reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, Robland Home Healthcare's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. Robland Home Healthcare must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

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

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Incident Response, Reporting, and Review Policy

I. Policy

It is the policy of Robland Home Healthcare 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 Robland Home Healthcare to make a response that is not part of Robland Home Healthcare'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 Robland Home Healthcare to call 911, physician treatment, or hospitalization.

D. Any mental health crisis that requires Robland Home Healthcare to call 911 or a mental health crisis intervention team.

E. An act or situation involving a person that requires Robland Home Healthcare staff 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 Robland Home Healthcare.
- H. Any sexual activity between persons receiving services involving force or coercion.
1. "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm 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.
 2. "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. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Seek medical attention, including calling 911 for emergency medical care, 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.

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

1. Assess if the person requires Robland Home Healthcare 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 Robland Home Healthcare or the person is taken to a physician or hospital for treatment.

D. Mental health crisis

When staff believes that a person is experiencing a mental health crisis, they must call 911.

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 police department's non-emergency number.
3. For non-emergency incidents requiring the fire department, staff will call the local fire department's non-emergency number.

4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

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. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the Robland Home Healthcare location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the Client Relations Coordinator who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found staff will return the person to the service site or make necessary arrangements for the person to be returned to the service site.

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 Robland Home Healthcare, staff will take the following steps:

1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. 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.

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 person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed. Summon additional staff if necessary and feasible.
3. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
4. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
5. Contact law enforcement as soon as possible and follow all instructions.
6. 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.

I. 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 possible after the occurrence, but no later than 24 hours after the incident occurred or Robland Home Healthcare became aware of the occurrence. 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 Robland Home Healthcare 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, Robland Home Healthcare 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 Robland Home Healthcare 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. All incidents must be 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. Robland Home Healthcare will not report an incident when it has a reason to know that the incident has already been reported.

C. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division 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. Robland Home Healthcare 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.
- D. Additional reporting requirements for maltreatment
1. When reporting maltreatment, Robland Home Healthcare 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.

IV. Reviewing Procedures

A. Conducting a review of incidents and emergencies

Robland Home Healthcare will complete a review of all incidents.

1. The review will be completed by the Client Relations Coordinator.
2. The review will be completed within 14 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

Robland Home Healthcare 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 Client Relations Coordinator.
2. The review will be completed within 14 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 Robland Home Healthcare to protect the health and safety of the persons receiving services and to reduce future occurrences.
4. Based on the results of the internal review, Robland Home Healthcare must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or Robland Home Healthcare, if any.

C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

V. 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 record. The record must be uniform and legible.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Emergency Use of Manual Restraints Policy

I. Policy

It is the policy of Robland Home Healthcare to promote the rights of persons served by Robland Home Healthcare 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. Follow individualized strategies in a person's Coordinated Service and Support Plan and Coordinated Service and Support Plan addendum;
 2. Shift the focus by verbally redirecting the person to a desired alternative activity;
 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 a person;
 9. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
 10. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
 11. Respect the person's need for physical space and/or privacy.
- B. Robland Home Healthcare will develop a positive support transition plan on the forms and in 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 restrictive interventions 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 Robland Home Healthcare. When used on a continuous basis, it must be addressed in a person's Coordinated Service and Support Plan addendum.

- C. 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 person with no resistance from that person;
 2. protect a person known to be at risk of 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. 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, with less than 60 seconds of physical contact by staff; or
 5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
 1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care 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; or
 3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

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 punishment, or for staff convenience, is prohibited by Robland Home Healthcare:

- A. chemical restraint;
- B. mechanical restraint;
- C. manual restraint;
- D. time out;
- E. seclusion; or
- F. any aversive or deprivation procedure.

v. Manual Restraints Not Allowed in Emergencies

- A. Robland Home Healthcare 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. Continue to utilize the positive support strategies;
 2. Continue to follow individualized strategies in a person's Coordinated Service and Support Plan and Coordinated Service and Support Plan addendum;

3. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
 4. Remove objects from the person's immediate environment that they may use to harm self or others
 5. Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.
 6. Refer to the attached list of alternative measures that includes a description of each of the alternative measures trained staff are allowed to use and instructions for the safe and correct implementation of those alternative measures.
- B. Robland Home Healthcare 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. Robland Home Healthcare 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. Reporting Emergency Use of Manual Restraint

As stated in section V, Robland Home Healthcare does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis they must immediately report the incident to the person listed below:

- Robland Home Healthcare has identified the Client Relations Coordinator as responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Emergency Response, Reporting, and Review Policy

I. Policy

It is the policy of Robland Home Healthcare 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 Robland Home Healthcare including, but not limited to:

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

II. Response Procedures

A. Fires. Additional information on safety in fires is available online at:

<http://www.ready.gov/fires>. In the event of a fire emergency, staff will take the following actions:

- 1. Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.
- 2. When evacuating outside, the designated meeting place is the parking lot in front of the building.
- 3. Remain calm and keep everyone together. Do not reenter until the fire department determines it is safe to do so.
- 4. Call 911 for the fire department and provide them with relevant information. Provide emergency first aid as required until emergency personnel arrive.

B. Severe weather and natural disasters. Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. In the event of a severe weather emergency, staff will take the following actions:

- 1. Monitor weather conditions: Listen to local television or radio or a weather-radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.
- 2. WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.
- 3. WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.
- 4. ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.
- 5. Account for the well-being of all people receiving services.

6. Inform people why plans and activities are changing and what they are doing to keep them safe.
- C. Power failures. Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. In the event of a power failure emergency, staff will take the following actions:
1. Report power failures to the local power provider.
 2. Use emergency supplies (flashlights, battery-operated radio).
 3. Account for the well-being of all people receiving services.
 4. Inform people why plans and activities are changing and what they are doing to keep them safe.
- D. Emergency shelter. Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter>. Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.
1. Follow directions of local emergency personnel to locate the closest emergency shelter.
 2. If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.
 3. At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.
 4. Remain calm and keep everyone informed of why events are occurring.
 5. Use of an emergency shelter may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- E. Emergency evacuation. Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>.
- F. Some emergencies will be best met by leaving a Robland Home Healthcare site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.
1. Account for the well-being of all people receiving services.
 2. Inform people why they are leaving Robland Home Healthcare and what is being done to keep them safe.
 3. Follow directions received from administrative staff, police, fire, and other emergency personnel.
 4. If time allows, evacuate with medication and medical supplies, medical and Robland Home Healthcare books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.
 5. Emergency evacuation may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.
- G. Temporary closure or relocation.
Some emergencies will be best met by temporarily closing or relocating a Robland Home Healthcare site for more than 24 hours. This decision will be directed by Robland Home Healthcare administrative staff.

1. Inform people why Robland Home Healthcare is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
2. Follow directions received from administrative staff, police, fire, and other emergency personnel.
3. If time allows, remove from Robland Home Healthcare medication and medical supplies, medical and Robland Home Healthcare books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.
4. Closure or relocation may include severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

III. Reporting Procedures

Emergency reports will be completed using Robland Home Healthcare's emergency report and review form as soon as possible after the occurrence, but no later than 24 hours after the emergency occurred or Robland Home Healthcare became aware of the occurrence. The written report will include:

- A. The date, time, and location of the emergency;
- B. A description of the emergency;
- C. A description of the response to the emergency and whether a person's Coordinated Service and Support Plan addendum or Robland Home Healthcare policies and procedures were implemented as applicable;
- D. The name of the staff person or persons who responded to the emergency; and
- E. The results of the review of the emergency (see section IV).
- F. 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;

IV. Review Procedures

Robland Home Healthcare will complete a review of all emergencies.

- A. The review will be completed using Robland Home Healthcare's attached emergency report and review form by the Client Services Coordinator.
- B. The review will be completed within 30 days of the emergency.
- C. The review will ensure that the written report provides a written summary of the emergency.
- D. The review will identify trends or patterns, if any, and determine if corrective action is needed.
- E. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

V. Record Keeping Procedures

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained at the Robland Home Healthcare facility in Blaine.

Policy reviewed and authorized by Robland Home Healthcare owners a last update 1-2019.

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>).

Temporary Service Suspension Policy

I. Policy

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

II. Procedures

- A. Robland Home Healthcare 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. Robland Home Healthcare has not been paid for services.
- B. Prior to giving notice of temporary service suspension, Robland Home Healthcare must document actions taken to minimize or eliminate the need for service suspension.
1. Action taken by Robland Home Healthcare 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 the program.
 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that Robland Home Healthcare was unable to consult with the person's team or request intervention services, Robland Home Healthcare 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. Robland Home Healthcare must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
 2. Notice of temporary service suspension must be given on the first day of the service suspension.
 3. The written notice of 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.
 4. During the temporary suspension period Robland Home Healthcare 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 the program.
 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, Robland Home Healthcare must document the specific reasons why a contrary decision was made.

Policy reviewed and authorized by Robland Home Healthcare owners and last updated 1-2019.

Service Termination Policy

I. Policy

It is the policy of Robland Home Healthcare to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

II. Procedures

A. Robland Home Healthcare must permit each person to remain with Robland Home Healthcare and must not terminate services unless:

1. The termination is necessary for the person's welfare and the person's needs cannot be met through Robland Home Healthcare;
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. Robland Home Healthcare has not been paid for services;
5. Robland Home Healthcare 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 Robland Home Healthcare must document the actions taken to minimize or eliminate the need for termination.

1. Action taken by the license holder 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.

The request for intervention services will not be made for service termination notices issued because Robland Home Healthcare 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 Robland Home Healthcare was unable to consult with the person's team or request interventions services, the program 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. Robland Home Healthcare 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 Robland Home Healthcare is 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, Robland Home Healthcare 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 Robland Home Healthcare owners and last updated 1-2019.

Safe Medication Assistance and Administration Policy

I. Policy

- A. It is the policy of Robland Home Healthcare not to provide medication setup, assistance, or administration unless explicitly authorized. When authorized, Robland Home Healthcare will provide safe medication setup, assistance, and administration:
 - 1. when assigned responsibility to do so in the person's Coordinated Service and Support Plan (CSSP) or the CSSP addendum;
 - 2. using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and
 - 3. by staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration.
- B. For the purposes of this policy, medication assistance and administration include, but is not limited to:
 - 1. Providing medication-related services for a person;
 - 2. Medication setup;
 - 3. Medication administration;
 - 4. Medication storage and security;
 - 5. Medication documentation and charting;
 - 6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
 - 7. Coordination of medication refills;
 - 8. Handling changes to prescriptions and implementation of those changes;
 - 9. Communicating with the pharmacy; or
 - 10. Coordination and communication with the prescriber.

II. 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 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 16.
- 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, anti-anxiety, 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.

III. Procedures

A. Medication setup

When Robland Home Healthcare is responsible for medication setup staff must document the

following in the person's medication administration record:

1. Dates of set-up;
2. Name of medication;
3. Quantity of dose;
4. Times to be administered; and
5. Route of administration at time of set-up.
6. When the person receiving services will be away from home, the staff must document to whom the medications were given.

B. Medication assistance

When Robland Home Healthcare 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.

C. Medication administration

1. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
2. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;
3. The possible consequences if the medication or treatment is not taken or administered as directed;
4. Instruction on when and to whom to report the following:
 - a. if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the

person; and

- b. the occurrence of possible adverse reactions to the medication or treatment.
- 5. Staff must complete the following when responsible for medication administration:
 - a. Check the person's medication administration record (MAR);
 - b. Prepare the medications as necessary;
 - c. Administer the medication or treatment the person according to the prescriber's order;
 - d. Document in the MAR:
 - i. the administration of the medication or treatment or the reason for not administering the medication or treatment;
 - ii. notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
 - iii. notation of when a medication or treatment is started, administered, changed, or discontinued;
 - e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
 - f. Adverse reactions must be immediately reported to the prescriber or a nurse.

D. Injectable medications

Robland Home Healthcare may administer injectable medications according to a prescriber's order

and written instructions when one of the following conditions has been met:

- 1. Robland Home Healthcare's registered nurse or licensed practical nurse will administer injections;
- 2. Robland Home Healthcare's supervising registered nurse with a physician's order delegates the administration of injections to staff and has provided the necessary training; or
- 3. There is an agreement signed by Robland Home Healthcare, the prescriber and the person or the person's legal representative identifying which injectable medication may be given, when, and how and that the prescriber must retain responsibility for Robland Home Healthcare administering the injection. A copy of the agreement must be maintained in the person's record.

Only licensed health professionals are allowed to administer psychotropic medications by injection.

E. Psychotropic medication use, and monitoring

- 1. When Robland Home Healthcare is responsible for administration of a psychotropic medication, Robland Home Healthcare must develop, implement, and maintain the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
 - a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. Robland Home Healthcare must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-

TR) or successive editions, that has been identified for alleviation; and
b. The documentation methods Robland Home Healthcare will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.

2. Robland Home Healthcare must collect and report on medication and symptom-related data as instructed by the prescriber.
3. Robland Home Healthcare must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

F. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

1. Robland Home Healthcare must obtain written authorization from the person or the person's legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.
2. If the person or the person's legal representation refuses to authorize Robland Home Healthcare to administer medication, the staff must not administer the medication.
3. Robland Home Healthcare must report the refusal to authorize medication administration to the prescriber as expediently as possible.

G. Refusal to authorize psychotropic medication

1. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, Robland Home Healthcare must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.
2. After reporting the refusal to authorize to the prescriber in 24 hours, Robland Home Healthcare must follow and document all directives or orders given by the prescriber.
3. A court order must be obtained to override a refusal for psychotropic medication administration.
4. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with Robland Home Healthcare's service suspension and termination policy.

H. Reviewing and reporting medication and treatment issues

1. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, Robland Home Healthcare must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
2. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.
3. Based on the review, Robland Home Healthcare must develop and implement a plan to correct patterns of medication administration errors when identified.
4. When assigned responsibility for medication assistance or medication administration, Robland Home Healthcare 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. any reports made to the person's physician or prescriber required section III.D.2. of this policy;
- b. a person's refusal or failure to take or receive medication or treatment as prescribed; or
- c. concerns about a person's self-administration of medication or treatment.

I. Staff Training

1. Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures
2. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
3. Staff may administer injectable medications only when the necessary training has been provided by a registered nurse.
4. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:
 - a. specialized or intensive medical or nursing supervision; and
 - b. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

J. Storage and disposal of medication

Schedule II controlled substances in the facility that are named in section 152.02, subdivision 3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication. Medications must be disposed of according to the Environmental Protection Agency recommendations.

Policy reviewed and authorized by Robland Home Healthcare owners in consultation with Nancy Florence, RN and last updated 3-2019.

Person-Centered Planning and Service Delivery Requirements

Every home and community-based services program licensed under chapter 245D 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.

As required in section 245D.07, subdivision 1a of the 245D HCBS Standards, 245D licensed programs must 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:

- A. Person-centered service planning and delivery that:
 - 3. 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;
 - 4. Uses that information to identify outcomes the person desires; and
 - 5. Respects each person's history, dignity, and cultural background.
- B. Self-determination that supports and provides:
 - 3. Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
 - 4. The affirmation and protection of each person's civil and legal rights; and
- C. Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:
 - 3. Inclusion and participation in the person's community as desired by the person in a manner that enables 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;
 - 4. Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
 - 5. 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.

The following questions can be used by persons receiving services licensed under chapter 245D 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 service delivery are met for each person served.

Samples of Person-Centered Planning and Service Delivery Questions for initial planning:

- 1. What are your goals for service outcomes?
- 2. 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 foods you don't like?
- e. Whom you prefer direct support service provided from?
- 3. Do you take any medication?
- 4. Do you need help with your medications?
- 5. What are some of your interests?
- 6. Do you have any hobbies?
- 7. What are things you like to do in the community?
- 8. Is there an activity or skill that you would like to learn?
- 9. Do you have any special relationships?
- 10. Do you work in the community?

Samples of person-centered planning and service delivery questions for program evaluation and/or progress review:

- 1. Do you feel like your relationships are supported by staff?
- 2. What do you like about your home?
- 3. Is there anything that bothers you about your home?
- 4. Do you like the people you live with?
- 5. Do you feel the house you live in is safe?
- 6. Do you feel any rules in your house are unfair?
- 7. Do you have a private place to go to at home?
- 8. Do you have goals to meet at home?
- 9. Do you want to work?
- 10. Is there anything that bothers you at work?
- 11. Do you have specific goals set at work?
- 12. Do you feel that staff treat you with dignity and respect?
- 13. Do you feel that your privacy is respected?
- 14. Do you feel that decisions you make are respected?
- 15. 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 your service provider.

Data Privacy Policy

III. Policy

Robland Home Healthcare recognizes the right of each person receiving services from Robland Home Healthcare to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section 245D.04, subdivision 3(a) and access to their records under section 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards.

IV. Procedures

A. Private Data

1. Private data includes all information on persons that has been gathered by Robland Home Healthcare or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
 - a. The individual who is the subject of the data or a legal representative.
 - b. Anyone to whom the individual gives signed consent to view the data.
 - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
 - d. Anyone the law says can view the data.
 - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes Robland Home Healthcare and other licensed caregivers jointly providing services to the same person.
 - f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

B. Providing Notice

At the time-of-service initiation, the person and his/her legal representative, if any, will be notified of Robland Home Healthcare's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative the following:
 - a. why the data is being collected;
 - b. how the agency intends to use the information;

- c. whether the individual may refuse or is legally required to furnish the information;
 - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
 - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):
- a. be written in plain language;
 - b. be dated;
 - c. designate the particular agencies or person(s) who will get the information;
 - d. specify the information which will be released;
 - e. indicate the specific agencies or person who will release the information;
 - f. specify the purposes for which the information will be used immediately and in the future;
 - g. contain a reasonable expiration date of no more than one year; and
 - h. specify the consequences for the person by signing the consent form, including:

"Consequences: I know that state and federal privacy laws protect my records. I know:

 - i. Why I am being asked to release this information.
 - ii. I do not have to consent to the release of this information. But not doing so may affect Robland Home Healthcare's ability to provide needed services to me.
 - iii. If I do not consent, the information will not be released unless the law otherwise allows it.
 - iv. I may stop this consent with a written notice at any time, but this written notice will not affect information Robland Home Healthcare has already released.
 - v. The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - vi. If my information is passed on to others by Robland Home Healthcare, it may no longer be protected by this authorization.
 - vii. This consent will end one year from the date I sign it, unless the law allows for a longer period."
 - i. Maintain all informed consent documents in the consumer's individual record.
- D. Staff Access to Private Data
- 1. This policy applies to all program staff, volunteers, and persons or agencies under contract with Robland Home Healthcare (paid or unpaid).
 - 2. Staff persons do not automatically have access to private data about the persons served by Robland Home Healthcare or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those Robland Home Healthcare employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.

3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
 4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.
- E. Individual access to private data.
Individuals or their legal representatives have a right to access and review the individual record.
1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
 2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
 3. Individuals may request copies of pages in their record.
 4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.
- F. Case manager access to private data.
A person's case manager has access to the records of persons served by Robland Home Healthcare under section 245D.095, subd. 4.
- G. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
 2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
 3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
 4. Keep the document in the person's record.

Policy reviewed and authorized by Robland Home Healthcare owners and last Updated 1-2019.

Employee Right to Know Policy

1. Every employee may be exposed to multiple environmental substances.
2. It is the employee's responsibility to make the service recipient aware of any environmental allergies and/or sensitivities. An employee may be subject to substances they are sensitive to or allergic to, as Robland Home Healthcare has no control of what the client has or will have in their home. It is the employee's responsibility to remove themselves from the area and inform the service recipient of the situation.
3. Employees are responsible for reading the label on all items they may use or come in contact with at a service recipient's residence. This includes all cleaning, disinfectants, laundry, and dish cleaning products; all pesticides, fragrances, lotions, body and hair cleaning products and all products of any kind that the employee is exposed to in any way.
4. Employees will inform the service recipient of any reaction or suspected reaction to any environmental substance. It is the employee's responsibility to decide if/when they should seek medical attention for an exposure.
5. It is the employee's responsibility to follow Universal Precautions.

Workplace Accident and Injury Reduction Policy

This policy was developed in response to the workplace Accident and Injury Reduction Act (AWAIR Act), which was made law by the Minnesota Legislature in 1990. The act is designed to reduce the occurrence of work-related accidents and employee injuries.

Robland Home Healthcare recognizes the importance of safe and healthy working environments and conditions for all employees. 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 consumer's need and deserve.

Each Robland Home Healthcare employee is responsible to ensure that the workplace is safe and healthy for both consumers and employees by:

1. Using care and caution on the job; and
2. Correcting or bringing to the management's attention any unsafe conditions at the earliest opportunity.

Whenever an unsafe situation cannot be immediately corrected, employees will work cooperatively in alerting co-workers and consumers, and will work together in keeping the hazard to a minimum. Employees are responsible to know, understand, and implement all general safety and health rules of the organization.

Management accepts overall responsibility for the provision of training, guidance, and control of the safety program as outlined in this plan, and for the ultimate detection and correction of unsafe conditions in the workplace.

General Safety Rules:

1. Report all work related injuries and/or illnesses to your supervisor immediately, and report in writing as mandated by policy and procedure.
2. Know and understand all manufacturer's operating guidelines provided with each piece of equipment required to execute your duties and responsibilities in the workplace.

3. Know, understand, and carry out all responsibilities and duties of your job description, including and especially those that encompass preventative practices to ensure the safety and health of employees and program participants.
4. Store all materials, equipment, and property safely.
5. Use protective measures and clothing as provided/prescribed when carrying out responsibilities and duties in which exposure to health and safety risks are inherent in those responsibilities and duties. This includes, but is not limited to, protective measures and precautions associated with particular health hazards identified in specific worksites.
6. When special training is required by the supervisor in the lifting, positioning, or transfer of persons, equipment, and/or material in the workplace, these responsibilities and duties will not be undertaken until after such training has been completed.
7. Never use materials, supplies, or equipment for purposes other than those intended by the manufacturer.
8. Learn the location and proper use of all fire exits, alarm boxes, and first aid supplies/equipment in the workplace.
9. Do not attempt to carry out responsibilities and duties not in your job description without permission from your supervisor and necessary training.
10. Keep all traffic areas, and access to egress routes in the workplace clear of obstructions and hazards such as ice, snow, equipment, etc.
11. If you see someone working carelessly and inconsistently with safe and healthful practices, advise that person to correct their procedures and report your observations to your supervisor.

Corrective action will be taken if violations of these safety rules or unsafe acts are noted. Corrective actions may include but are not limited to: Documented employee counseling with reprimand, verbal warning, conditional probation, suspension and/or termination. All Documentation of violations of workplace safety and health rules will be submitted to and maintained in the permanent personnel file.