



Opportunity & Dignity for Adults with Disabilities

245D POLICIES AND PROCEDURES

Table of Contents

PROGRAM ABUSE PREVENTION PLAN	2
POLICY AND PROCEDURE ON ADMISSION.....	12
POLICY AND PROCEDURE ON TEMPORARY SERVICE SUSPENSION	19
POLICY AND PROCEDURE ON SERVICE TERMINATION	22
POLICY ON PERSON CENTERED PLANNING AND SERVICE DELIVERY	25
RIGHTS OF PERSONS SERVED.....	27
POLICY AND PROCEDURE ON PARTICIPANT DATA USE AND PRIVACY	35
POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES	45
POLICY AND PROCEDURE ON RESPONDING TO AND REPORTING INCIDENTS.....	49
POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF VULNERABLE ADULTS	59
POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF MINORS	69
POLICY AND PROCEDURE ON EMERGENCY USE OF MANUAL RESTRAINT.....	81
POLICY AND PROCEDURE ON ANTI-FRAUD.....	99
POLICY AND PROCEDURE ON PARTICIPANT FUNDS	103
POLICY AND PROCEDURE ON RELEASING PARTICIPANTS.....	106
POLICY AND PROCEDURE ON DRUG AND ALCOHOL USE	108
POLICY AND PROCEDURE ON UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES	108
POLICY AND PROCEDURE ON SAFE MEDICATION ASSISTANCE AND ADMINISTRATION	108
POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED	108
POLICY AND PROCEDURE ON EMERGENCIES	108
POLICY AND PROCEDURE ON GRIEVANCES	108
POLICY AND PROCEDURE ON SAFE TRANSPORTATION	108

PROGRAM ABUSE PREVENTION PLAN

EACH PROGRAM MUST ENSURE THAT:

- A. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.
- B. The license holder's governing body or the governing body's delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body's delegated representative shall revise the plan, if necessary, to reflect the review results.
- C. A copy of the program abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.
- D. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan must document this determination.
- E. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

POPULATION ASSESSMENT:

- 1. Age range of persons the program plans to serve: 21 to 72 years' old
- 2. What specific measures has the program taken to minimize the risk of abuse to people as related to the age of people receiving services?

The Minnesota Department of Health (MDH) recommends that all staff and persons who receive services in a DHS-licensed setting be oriented to the agencies policies and procedures and know who to contact should concerns for abuse or neglect be present.

In order to reduce the potential of abuse and/or harm to people related to the age range of people receiving services there remains a staff person on the premises when individuals are present. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

3. Gender of persons the program plans to serve: Achieve serves all genders.
4. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services?

In order to reduce the potential of abuse and/or harm to people related to the gender of people receiving services there remains a staff person on the premises when individuals are present. Staff have been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

5. Describe the range of mental functioning of persons the program plans to serve:

The individuals that we support have a mixture of mental functioning. We support individuals in all ranges of intellectual disabilities as well as physical and mental health diagnosis.

We also serve participants with traumatic brain injuries, Autism, Aspersers, Down Syndrome, Cognitive Learning Disabilities, Epilepsy, Ataxia, Cerebral Palsy, Pervasive Developmental Disorder, Trisomy 13, Hydrocephalus, Fetal Alcohol Syndrome, ADHD, allergies, Alzheimer's Disease, anxiety, Apert's syndrome, asthma, Atypical Anxiety disorder, auto-immune disorders, Bipolar Disorder, Borderline Personality Disorder, cancer, Cardiac issues, Celiac Disease, circulatory problems, Crohn's disease, classic galactosemia, colitis, colostomies,

Dandy Walker Syndrome, Dependent Personality, depression, detached retina, Diabetes, Diabetes Insipidus, Diverticulosis, dry eyes, dysphagia, epilepsy, foot deformities, Fragile X, gastric reflux disorder, Glomerulonephritis, Harrington Rod implants, hearing loss, high blood pressure, high cholesterol, hypothyroidism, impulse control disorder, Klemke's Paralysis, Kleefstra Syndrome, macular degeneration, melanoma, Metabolic Syndrome, microcephaly, Migraine headaches, Mitrofenoff catheters, neurogenic bladder, obsessive compulsive disorder, Oppositional Defiant Disorder, osteoarthritis, osteoporosis, Paranoid Schizophrenia, Parkinson's Disease, Premenstrual Dysphoric Syndrome, Retts Syndrome, rheumatoid arthritis, scoliosis, small muscle fiber disease, spastic quadriplegia, sleep apnea, strokes, urinary retention, Vater Syndrome, and Vitamin Deficiency Disorder.

6. What specific measure has the program taken to minimize the risk of abuse to people as related to the mental functioning of people receiving services?

Each participant of Achieve Services will have an individual abuse prevention plan, self-management assessment and Support Plan (SP) Addendum. Achieve Services staff will take protective measures as described in the three documents. Achieve staff will be trained on individual participant protocols. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

7. Describe the range of physical and emotional health of persons the program plans to serve:

Achieve serves a variety of participants. Some of them have no physical or emotional health issues. Some achieve participants have multiple emotional and health issues. The comprehensive list is noted in section 8 above.

8. What specific measure has the program take to minimize the risk of abuse to people as related to the physical and emotional health of people receiving services served?

Each participant of Achieve Services will have an individual abuse prevention plan, self-management assessment and Support Plan addendum. Achieve Services staff will take protective measures as described in the three documents. Staff are also trained on person specific protocols – such as insulin, catheter care, seizure care, and medication administration. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately. Staff are trained in first aid, and if required by the CSSP addendum staff are also trained in CPR.

9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve:

The range of adaptive and maladaptive behaviors varies widely because Achieve provides services to participants who have no maladaptive behaviors and those who have maladaptive behaviors that impact their services as well as others. Other behavior includes verbal and physical aggression, property destruction, elopement, self-endangering decisions, and failure to perform adequate self-care despite skill level.

10. What specific measures has the program taken to minimize the risk of abuse to people as related to the adaptive/maladaptive behavior(s) of the people receiving services served?

Each participant of the Achieve program will have an individual abuse prevention plan, self-management assessment and Support Plan addendum. Achieve Services staff will take protective measures as described in the three documents. Achieve staff will be trained on individual participant protocols. Staff are trained on behavior intervention strategies and provide intervention as trained and as specified in the individual abuse prevention plan and Support Plan Addendum.

Staff have been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and the Positive Support Rule and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

11. Describe the need for specialized programs of care for persons the program plans to serve:

Other than the physical and emotional health areas mentioned above, we do not have an assessed need for any specialized program of care.

12. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specialized programs of care for people receiving services?

As mentioned above, each participant of Achieve Services will have an individual abuse prevention plan, self-management assessment and Support Plan Addendum. Achieve Services staff will take protective measures as described in the three documents. Staff are also trained in person specific protocols – such as insulin, catheter care, seizure care, ostomy care, medication administration from our contracted nurse and behavior protocols developed by Achieve staff and/or outside experts. Staff have been trained in the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately. Staff are trained in first aid, and if required by the CSSP addendum staff are also trained in CPR.

13. Describe the need for specific staff training to meet individual service needs:

Based upon the assessed areas already mentioned and training staff in the items required by MN Statutes, Chapter 245D, there is not an additional staff training need. Each participant of Achieve Services will have an individual abuse prevention plan, self-management assessment and Support Plan addendum. Specific training requirements for each participant are listed in these plans.

14. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specific staff training designed to meet individual service needs?

Staff persons are trained in the items required by MN Statutes, Chapter 245D, including their staff responsibilities and duties. Staff have been trained on the self-management assessments, Individual abuse prevention plans, and the Support Plan addendum for individuals served by Achieve. Staff have been trained on individual protocols – such as insulin, catheter care, seizure care, medication administration and behavioral protocols. Staff are trained in first aid, and if required by the Support Plan addendum staff are also trained in CPR.

15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services:

We have no knowledge of previous abuse that is relevant to minimizing the risk of abuse to people at Achieve.

16. What specific measures has the program taken to minimize the risk of abuse to people as related to the knowledge of previous abuse?

There is no knowledge of previous abuse.

PHYSICAL PLANT ASSESSMENT:

1. Describe the condition and design of the facility as it relates to safety for the people receiving services:

Achieve Services is located in the Blaine Human Services Building of Anoka County at 1201 89th Ave. NE Suite 1100, Blaine, MN. Our location on the first floor is completely accessible with two main entrances that are flat and have electronic door openers. Key card access is required at the West entrance, which opens directly into Achieve. Our space takes up approximately 80% of the first floor of the four story building. Achieve has a large production area with windows overlooking the north side of the property including a pond. There is a large production room and five program areas (designated by the colors red, blue, green, purple and orange). A long east/west hallway transects the building and offers access to all the program areas. We have 11 accessible bathrooms of which four are designed for multiple use with privacy stalls. Each program area has a single use bathroom with the exception of area orange. Achieve has a participant lunch room equipped with 4 refrigerators to store participant lunches, as well as tables, chairs and lockers. On the southeast side

of the lunchroom is a small kitchen. In this kitchen are a commercial dishwasher, three sinks, a refrigerator, a freezer, and storage areas. Hazardous materials such as cleaning fluids are stored in locked areas such as the kitchen, OSHA cabinets, closets, and file cabinets per the individual needs in each area. In the event that individuals served will be using hazardous materials, it will be written in their plan. If other individuals who do not have the skills were to use these materials, they would be trained in proper use first.

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the condition and design of the facility in terms of safety for people receiving services?

Mirrors have been installed in the long hallway opposite the doors from the production area. People leaving the production area can look through the window in the door at the mirrors and see if anyone is there before opening the door. We encourage our staff and participants to open those doors slowly and carefully. People who are ambulating down the hallway are encouraged to stay away from those doors that may open suddenly. Any sharp edges on the lockers have been covered with duct tape to prevent cuts. The door on the northwest corner of the lunchroom has a warning sign indicating there is a step on the sidewalk leading to the parking lot. That step has a stripe of yellow paint on it to alert pedestrians of the need to step up or down. On the concrete apron outside the participant loading area on the west side of the building is another yellow line. We ask participants to stay behind this yellow line so they can be safe as vehicles approach. Inside the west entrance there are large carpets on the ground to help decrease the wetness on the ground and chances of falling. The Achieve main entrance automatic doors are only accessible with a staff ID/keycard. This prevents unauthorized entrance from this area.

3. Describe any areas of the facility that are difficult to supervise:

Bathrooms and the loading area are areas that can be difficult to supervise.

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the areas of the facility that are difficult to supervise?

Participants who may need closer supervision in the bathroom have that need indicated on their Support Plan addendum. Staff are assigned to supervise the loading area and participant lunchroom from 8:00 to 9:00 in the morning when some participants are waiting to go to their community based jobs. Staff are assigned to load and unload vehicles as they arrive. If extra help is needed with unloading, a page is sent over the intercom to alert staff of the need for help. Staff have been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

ENVIRONMENTAL ASSESSMENT:

1. Describe the location of the facility including information about the neighborhood and community in which the facility is located:

Achieve is located on 89th Avenue NE in Blaine near the intersection of Highway 10 and Highway 65. The neighborhood is mostly residential. Achieve is on the first floor of a four-story building that houses Anoka County offices as well as non-profit organizations and educational programs. The parking lot outside of the Blaine Human Services Building holds approximately 350 cars. Achieve can be accessed through the main lobby by our office door which is unlocked during business hours. Two other doors also access the main lobby but can be opened from the lobby only with a security badge.

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the location of the facility, including factors about the neighborhood and community?

Visitors to Achieve are encouraged to access Achieve through the main lobby of the Blaine Human Services building. Visitors are asked to sign in at the Achieve front desk. Unless they are here to visit a participant, staff, or access the boiler, telephone room or warehouse, visitors are not allowed to enter Achieve space. Caregivers who pick up participants for appointments are asked to sign their participant in and out at the Achieve front desk. Unknown visitors who approach Achieve from the participant loading area are asked to use the front entrance. Staff have been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and

take corrective action. All staff are mandated reporters and would report any maltreatment immediately. The Achieve main (West) entrance automatic doors are only accessible from the outside with a keycard. This prevents unauthorized entrance from this area.

3. Describe the type of grounds and terrain that surround the facility:

Achieve and the Blaine Human Services Building is surrounded on three sides by a large, paved parking lot. On the north side of the building is a prairie area with a drainage pond in the middle. The north edge of the prairie area is bracketed by a tall wooden highway sound barrier. Residential homes line the west edge of the property behind a tree lined area. On the southeast corner of the parking lot is an auto body repair shop. City buses and the Traveler transportation enter the parking lot and stop at the front door of the Blaine Human Services building routinely. A pedestrian sidewalk is located on the north side of 89th Avenue. On the northeast side of the building there is a fenced patio area with tables and chairs available for use in the warmer weather.

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the type of grounds and terrain that surround the facility?

A yellow line marks the safe area on the concrete loading platform where participants can wait safely. The sidewalks are kept clean and safe from debris, snow/ice. Participants access the parking lot and local neighborhoods as dictated in their Support Plan addendum. The parking area on the west side of the building is reserved for Achieve vehicles only. Security cameras are placed in the parking lot to discourage theft and vandalism.

5. Describe the type of internal programming provided at the program:

Achieve provides competitive work as well as training in life skill areas to help participants meet their personal goals. Our employment services include community-based jobs as well as work completed for pay in our own in-house production room. Based on individual needs, participants may receive help and training in other areas such as communication, social skills, behavioral skills, motor skills, and workability skills. Services are provided at our building and at job sites throughout our community.

6. What specific measures has the program taken to minimize the risk of abuse to people through the type of internal programming provided at the program?

Staff persons are trained to meet each individual's needs, preferences, and to ensure their health and safety. Staff people assist individuals in being as independent as possible in their activities of daily living. Supervision and staff assistance will be provided as described in each participant's self-management assessment, individual abuse prevention plan, and Support Plan addendum. Staff has been trained on the Maltreatment of Minors Act and the Maltreatment of Vulnerable Adults Act and can take steps to prevent abuse and take corrective action. All staff are mandated reporters and would report any maltreatment immediately.

7. Describe the program's staffing pattern:

Someone is at the Achieve front desk from 6:30 a.m. to 4:00 p.m. on business days. Staff are assigned to program areas, the production area, and job sites based on the needs of the participants in those areas.

8. What specific measures has the program taken to minimize the risk of abuse to people through the program's staffing pattern?

Each participant is assigned a staff ratio based on their assessed needs. The program that the participants work in is based on this ratio and the ability of the staff in that area to meet the assessed needs of the participants. If a behavioral incident occurs, more staff will be asked to come to the affected area until the situation has resolved. Staff will offer reassurance and attention to those participants who are following their schedule as well as assist in crisis management. Located by the telephones there is an emergency list of numbers to call, if needed. There is also a staff phone list available at the front desk with numbers for all staff and supervisors.

Legal Authority: Minn. Stat. § 245A.65, subd. 2

Board Approval; May 9, 2024

POLICY AND PROCEDURE ON ADMISSION

SECTION 1 - ADMISSION

I. PURPOSE

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including Achieve Service, Inc. admission criteria and processes.

II. POLICY

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

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

III. PROCEDURE

Admission criteria

A. Certain criteria will be used by Achieve Services, Inc. to determine whether it is able to develop services to meet the needs of the person as specified in their *Support Plan*. In addition to registration and licensed ability, the criteria includes:

1. Whether the person applying for services is an adult (18 years or older) with a diagnosis of developmental or intellectual disability, brain injury, mental illness, age-related impairments or physical medical conditions (sometimes referred to as related conditions)
2. Whether the person is eligible to receive day services, prevocational services or employment services as determined by the county of financial responsibility.

3. Whether Achieve Services, Inc. is below its licensed capacity with an opening that is appropriate for the person applying for service or Anoka County requests that Achieve Services, Inc. apply for an increase in license capacity and agrees to supply the necessary additional staff and equipment that the increased capacity requires.
- B. When a person and/or legal representative requests services from Achieve, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and Achieve Services, Inc. lack of capacity to meet the needs of the person. (opening available, placed on waiting list, not appropriate for service).
1. Applicants are placed on the waiting list in designation of what area they would be most appropriate for (minimal work, partial-day, full-day, or CBE). It is possible to be designated for more than one area.
 2. Applications are drawn from the waiting list in the order in which they applied and based on the appropriateness for the opening.
- C. Achieve Services, Inc. cannot refuse to admit a person solely up the type of residential services the person is receiving or solely on the person's:
1. Severity of disability.
 2. Orthopedic or neurological handicaps.
 3. Sight or hearing impairments.
 4. Lack of communication skills.
 5. Physical disabilities.
 6. Toilet habits.
 7. Behavioral disorders.
 8. Past failures to make progress.
- D. Documentation regarding the basis for the refusal will be completed using the *Admission Refusal Notice* and must be provided to the person and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Designated Coordinator and/or Designated Manager or designee.

Admission process and requirements

- A. In the event of an emergency service initiation, Achieve Services, Inc. must

ensure that staffing training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the person served. The company must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.

- B. The Designated Coordinator for the area with an available opening will determine who the most appropriate person is for the spot.
- C. Prior to or upon the initiation of services, the Designated Coordinator and/or Designated Manager will develop, document, and implement the *Individual Abuse Prevention Plan* according to MN Statutes, section 245A.65, subdivision 2.
- D. The Designated Coordinator and/or Designated Manager will ensure that during the admission process the following will occur:
 - 1. Each person to be served and/or legal representative is provided with the written list of the *Rights of Persons Served* that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
 - a. An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
 - b. Reasonable accommodation will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the person and/or legal representative.
 - 2. Orientation to the Achieve's *Program Abuse Prevention Plan* will occur within 24 hours of service admission, or for those persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 - 3. An explanation of and provision of a copy of the *Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults* will be provided to the person served and/or legal representative and case manager within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 - 3. An explanation and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures

to the person and/or legal representative and case manager:

1. *Policy and Procedure on Grievances*
 2. *Policy and Procedure on Temporary Service Suspension*
 3. *Policy and Procedure on Service Termination*
 4. *Policy and Procedure on Data Privacy*
 5. *Policy and Procedure on Emergency Use of Manual Restraint*
 6. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors*
4. Written authorization is obtained from the person and/or legal representative for the following:
- a. *Authorization for Medication and Treatment Administration*
 - b. *Agreement and Authorization for Injectable Medications*
 - c. *Authorization to Act in an Emergency*
 - d. *Release of Information*
 - e. *Specific Release of Information*
 - f. *Funds and Property Authorization*
 - i. This authorization may be obtained within five (5) working days of the service initiation meeting and annual thereafter. The case manager also provides written authorization for the *Funds and Property Authorization*
 - g. The *Admission Form* is signed by the person and/or legal representative and includes the date of admission or readmission. A Cover Sheet is completed including identifying information and contact information for members of the support team or expanded support team and others as identified by the person and/or legal representative.
- D. Also, during the admission meeting, the support team or expanded support team, and other people as identified by the person and/or legal representative will discuss:
1. Achieve Services, Inc. responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *Support Plan* and/or *Support Plan Addendum*.
 2. The desired frequency of progress reports and progress review meetings, at a minimum of annually.
 3. The initial *Funds and Property Authorization* and the Designated Coordinator and/or Designated Manager will survey, document, and

implement the preferences of the person served and/or legal representative and case manager for the frequency of receiving statements that itemizes receipt and disbursements of funds or other property. Changes will be documented and implemented when requested.

- E. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, Achieve Services, Inc. will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Admission process follow up and timelines

- A. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's other providers, medical and mental health care professionals and vendors are notified of the change in address and phone number.
- B. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's service recipient record is assembled according to Achieve Services, Inc. standards.
- C. Within 15 calendar days of service initiation, the Designated Coordinator and/or Designated Manager will complete a preliminary *Support Plan Addendum* that is based upon *Support Plan*. At this time, the person's name and date of admission will be added to the *Admission and Discharge Register* maintained by the Designated Coordinator and/or Designated Manager.
- D. When a person served requires a *Positive Support Transition Plan* for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D, and is admitted after January 1, 2014:
 - 1. The *Positive Support Transition Plan* must be developed and implemented within 30 calendar days of service initiation.
 - 2. No later than 11 months after the implementation date, the plan must be

phased out.

- E. Before the initial planning meeting, the individuals Training Specialist will complete and the Designated Coordinator will review the *Self-Management Assessment* regarding the person's ability to self-manage in health and medical needs, personal safety, and symptoms or behavior. This assessment will be based on the person's status within the last 12 months at the time of service initiation.
- F. Before providing 45 calendar days of service or within 60 calendar days of service initiation, whichever is shorter, the support team or expanded support team and other people as identified by the person and/or legal representative must meet to assess and determine the following based on information obtained from the assessment, *Support Plan*, and person centered planning:
 - 1. The scope of services to be provided to support the person's daily needs and activities.
 - 2. Outcomes and necessary supports to accomplish the outcomes.
 - 3. The person's preference for how services and supports are provided including how the provider will support the person to have control of the person's schedule.
 - 4. Whether the current service setting is the most integrated setting available and appropriate for the person.
 - 5. Opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences.
 - 6. Opportunities for community access, participation, and inclusion in preferred community activities.
 - 7. Opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community.
 - 8. Opportunities to seek competitive employment and work at competitively paying jobs in the community.
 - 9. How services for this person will be coordinated across 245D licensed providers and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person.
- G. Also, at the Initial planning meeting (and annually thereafter), the person and/or legal representative, case manager, and other people as identified by

the person and/or legal representative will discuss how technology might be used to meet the person's desired outcomes. The team meeting minutes and/or Support Plan Addendum will include a summary of this discussion. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made.

- H. Within 10 working days of the initial planning meeting, the Training Specialist with oversight from the Designated Coordinator and/or Designated Manager will develop a service plan that documents outcomes and supports for the person based upon the assessments completed at the initial planning meeting.
- I. Within 20 working days of the initial planning meeting, the Designated Coordinator and/or Designated Manager will submit to and obtain dated signatures from the person and/or legal representative and case manager to document completion and approval of the assessment and *Support Plan Addendum*.
 - 1. If, within 10 working days of this submission, the legal representative or case manager has not signed and returned the assessments or has not proposed written modifications, the submission is deemed approved and the documents become effective and remain in effect until the legal representative or case manager submits a written request to revise the documents.

Board Approval: August 8, 2024

POLICY AND PROCEDURE ON TEMPORARY SERVICE SUSPENSION

I. PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for temporary service suspension.

II. POLICY

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

III. PROCEDURE

Achieve Services recognizes that temporary service suspension and service termination are two separate procedures. Achieve must limit service suspension to specific situations that are listed below. A temporary service suspension may lead to or include service termination or Achieve Services may do a temporary service suspension by itself. Achieve must limit service termination to specific situations that are listed Policy and Procedure on Service Termination. A service termination may include a temporary service suspension or Achieve Services can do a service termination by itself.

A. Achieve Services must limit temporary service suspension to situations in which:

1. The person's conduct poses an imminent risk of physical harm to self or others and either 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 less restrictive measures would not resolve the issues leading to the suspension.
2. The person has emergent medical issues that exceed the company's ability to meet the person's needs; or
3. The program has not been paid for services.

- B. Prior to giving notice of temporary services suspension, Achieve Services must document actions taken to minimize or eliminate the need for service suspension. Action taken by Achieve Services must include, at a minimum:
1. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the suspension notice; and
 2. A request to the person's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the persons in the program. This requirement does not apply to temporary suspensions issued due to non-payment of services.
 3. If, based on the best interests of the person, the circumstances at the time of the notice were such that Achieve Services was unable to take the actions listed above, Achieve Services 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. Achieve Services must notify the person or the person's legal representative and case manager in writing of the intended temporary services suspension;
 2. The notice of temporary services suspension must be given on the first day of the services suspension;
 3. The notice must include the reason for the action; a summary of actions taken to minimize or eliminate the need for temporary services suspension as required under MN Statutes, section 245D.10, subdivision 3, paragraph (d); and why these measures failed to prevent suspension.
- D. During the temporary suspension period, Achieve Services, Inc. must;
1. Provide information requested by the person or case manager;
 2. Work with the expanded/support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 3. Maintain information about the temporary service suspension, including the written notice of temporary services suspension, in the service recipient record.

- E. If, based on a review by the person's expanded/support team, the team determines 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. If at the time of temporary 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 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. If the expanded/support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, Achieve Services, Inc. must document the specific reasons why a contrary decision was made.

Board Approval: August 8, 2024

POLICY AND PROCEDURE ON SERVICE TERMINATION

PURPOSE

- I. The purpose of this policy is to establish determination guidelines and notification procedures for service termination.

II. POLICY

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

IV. PROCEDURE

Achieve Services recognizes that *temporary service suspension* and *service termination* are two separate procedures. The company must limit temporary service suspension to specific situations that are listed in *Policy and Procedure on Temporary Service Suspension*. A temporary service suspension may lead to or include service termination or Achieve Services may do a temporary service suspension by itself. Achieve Services must limit service termination to specific situations that are listed below. A service termination may include a temporary service suspension or Achieve Services can do a service termination by itself.

- A. Achieve Services must permit each person served to remain in the program or continue receiving services and must not terminate services unless:
 1. The termination is necessary for the person's welfare and the facility cannot meet the person's needs;
 2. The safety of the person, others in the program, or staff 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, others in the program, or staff would otherwise be endangered;
 4. The program has not been paid for services;
 5. The program 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, Achieve Services must document actions taken to minimize or eliminate the need for termination. Action taken by Achieve Services must include, at a minimum:
 - 1. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the termination notice; and
 - 2. A request to the case manager for intervention services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued due to the program not being paid for services.
 - 3. If, based on the best interests of the person, the circumstances at the time of the termination notice were such that Achieve Services was unable to take the action specified above, Achieve Services 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. Achieve Services must notify the person or the person's legal representative and the case manager in writing of the intended services termination; and
 - 2. The notice must include:
 - a. The reason for the action;
 - b. Except for a service termination when the program ceases to operate, a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required under section 245D.10, subdivision 3a, paragraph (c), and why these measures failed to prevent the termination or suspension;
 - c. The person's right to appeal the termination of services under MN 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 MN Statutes, section 256.045, subdivision 4a or 6, paragraph (c).
- D. Notice of the proposed termination of service, including those situations that began with a temporary service suspension, must be given:
 - 1. At least 60 days prior to termination when Achieve Services is providing intensive supports and services identified in section 245D.03, subdivision 1,

- paragraph (c).
2. At least 30 days prior to termination for all other services licensed under Chapter 245D.
 3. This termination notice may be given in conjunction with a notice of temporary services suspension.
- E. During the service termination notice period, Achieve Services must:
1. Work with the expanded/support team to develop reasonable alternative 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 service recipient record.
- F. Within 30 days after discharge, an Achieve Services, Inc. designee will complete a Discharge Summary. This will include: the discharge plan which was created by the person served and all the persons who contributed to the program of the person served and other appropriate individuals, admission and discharge dates, a brief description of the person including diagnosis, programming implemented to try to meet the person's needs while at Achieve Services, Inc.– including professionals or community resources used and additional funds that Achieve Services, Inc., attempted to access, the outcomes achieved through programming, the amount of time Achieve Services, Inc. was able to continue services to the person and reason for discharge.

Board Approval: August 8, 2024

POLICY ON PERSON CENTERED PLANNING AND SERVICE DELIVERY**I. PURPOSE**

The purpose of this policy is to ensure services and supports adhere to the principles covered within the domains of a meaningful life: community membership; health, wellness; safety; one's own place to live; important long term relationships; control over supports; and employment earnings, and stable income. Services and supports address these domains to the extent the person wants and address them in a manner that promotes self-determination, acting on preferences, respecting and understanding cultural background, skill development, and a balance between risk and opportunity.

II. POLICY

This planning process, and the resulting person-centered services, will direct the support team in how to guide the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences, talents, choices, and contribute to ensuring health and welfare.

Services are provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and services outcomes, consistent with the principles of:

A. Person-centered service planning and delivery which:

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

B. Self-determination which supports and provides:

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

C. Providing the most integrated setting and inclusive services delivery which supports, promotes, and allows:

1. 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 maintain a role as a valued community member;
2. Opportunities for self-sufficiency as well as developing and maintain social relationships and natural supports; and
3. 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.

RIGHTS OF PERSONS SERVED

Application and intent of these rights

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

Service-related rights

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

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

Achieve staff will strive to create an individualized program for each participant. We encourage you to let Achieve know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

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

You may notify us of your needs, interests, preferences, and desired outcomes we may be able improve the services to you and to the best of our ability. Achieve's mission includes the aspiration to assist each participant to lead a meaningful and self-determined life. With this in mind staff assist participants in determining what this means for them and help guide them to this life goal.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Protection-related rights

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

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

Your information will be private at all times except for case consultation, treatment, and discussion. Achieve will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery (see Achieves Data Privacy Policy).

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

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

3. Be free from maltreatment.

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

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

Staff are trained in positive support strategies and will assist you in minimizing risk to yourself or others in challenging situations. Staff are also trained not to use prohibited procedures according to law.

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

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

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

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

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

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

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

You are a unique person and have the right to live, work, and engage in environments that are free of bias and harassment. Each staff person will encourage you to express your individuality and will not judge, humiliate, harass, or act in any way that can be construed as biased, humiliating, or harassing.

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

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

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

Should you choose to voice a grievance, you will not be retaliated against. Please see the list of contact information for protection and advocacy agencies listed at the end of the Policy and Procedure on Grievances as well as in your Participant Handbook.

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

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

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

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

13. Associate with other people of your choice.

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

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

You have the right to personal privacy to the level you chose including the opportunity to use a lock on your bedroom door or unit. As you do not have a bedroom or unit at Achieve this right applies to your living situation.

15. Engage in chosen activities.

You have the right to choose, refuse or engage in the activities planned by you, your family, your support team, staff and other persons.

16. To know the rules and policies of Achieve

All participants prior to admission have the right to be oriented to Achieve's policies and procedures. New participants will also receive a copy of the Participant Handbook

for future reference. All participants will have ongoing training on existing policies and procedures, as well as any new information.

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

You have the right to access your possessions and you may access your financial resources when you choose.

Achieve does not provide residential services. Rights for persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:

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

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

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

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

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

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

4. Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in

accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom

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

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

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

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

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

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

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

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

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

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

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

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

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

Limiting Participant Rights

There may be occasions when a participant may need additional limits or greater assistance to exercise his or her rights, or occasions when a participant may be at greater risk of harm or jeopardize a placement without some parameters around exercising individual rights. If this should occur, the team will be consulted to ensure that risk factors have been clearly identified and documented for that individual. This documentation will be included in the individuals Support Plan. The team must identify what steps can and are being taken to assist the person to develop the necessary skills to exercise rights in a responsible manner. Included within this discussion should be some criteria for determining when the restriction may no longer be required. Also, it will be determined whether the rights of others are being restricted by this change. The restriction will be reviewed by the team at least semi-annually.

I understand that only to protect my health, safety, and well-being can my rights be restricted. If they are or will be restricted, I have received an explanation of what the right restriction means and that the company must document and implement this restriction according to MN Statutes, chapter 245D. It has also been explained to me that the company will support me in getting my rights returned to me as soon as possible.

☐ Yes ☐ No

I have received a written notice identifying my rights. ☐ Yes ☐ No

These rights have been explained to me in a manner in which I understand.

☐ Yes ☐ No

Person served Date

Legal representative Date

Board Approval: May 9, 2024

POLICY AND PROCEDURE ON PARTICIPANT DATA USE AND PRIVACY

I. PURPOSE

The purpose of this Policy is to enhance the fulfillment of Achieve's mission of service, and to conform operations to the requirements of applicable laws which address the collection, content, maintenance, access to and release/disclosure of records containing information about Participants. Generally the purpose is to limit the access and use and thus protect privacy.

II. POLICY

It is the policy of Achieve Services, Inc, ("Achieve") to recognize the privacy, interests, dignity, reasonable expectations and legal rights of all individuals with whom Achieve interacts. As this relates to information about Participants that is classified as "private" under State law, Achieve will maintain, use and disseminate such information in accordance with this Policy and established legal standards regarding the collection, maintenance, use and release of such information. Achieve encourages data privacy in all areas of practice and will implement measures to assure that data privacy is upheld.¹

III. APPLICABILITY

This policy and the related procedures apply to everyone: members of the Board of Directors, all managers, staff employees and contract vendors, i.e., all people that have access to Achieve records, and all records that personally identify any individual.

The legal standards that this Policy seeks to address are the requirements of Minn. Stat. §§13.01-13.90, 144.291-144.298, and 245D.04, subd. 3(a), and the HIPAA Privacy Rules, 45 C.F.R. Parts 160, 162 and 164, as well as other guidance and authority for these laws and regulations, and the substance and procedural requirements of related laws, i.e., reporting mandates.

IV. PROCEDURES:

A. Definitions

¹ For guidance relating to other data maintained by Achieve relating to its clients, see the applicable policies and procedures, e.g. policies relating to governance, human resources, vendors and safety.

1. Breach in the Security of Data. As used relative to the Government Data Practices Act. A breach in the Security of Data constitutes an unauthorized acquisition of data that compromises the data. A good faith acquisition of or access to the data or information by an employee, contractor, or agent of Achieve is not a breach of the security data if the data is not provided to or viewable by an unauthorized person, or accessed for a purpose not described in the Government Data Practices Act.
2. Covered Entity. As used relative to HIPAA Privacy and Security regulations, a Covered Entity is a health plan, a health care clearinghouse, or a health care provider (a person or entity who furnishes, bills, or is paid for health care in the normal course of business) who transmits any health information electronically as part of transactions described in federal regulations.
3. Employment and Training Data. As used relative to the Government Data Practices Act. Employment and Training Data are data on individuals that are enrolled in, or have been enrolled in employment and training programs funded with federal, state, or local resources. All Employment and Training Data are classified as private.
4. Health Record. As used relative to the Minnesota Health Records Act, a Health Record is any information, whether oral or recorded in any form or medium, that relates to the past, present or future physical or mental health or condition of a patient; the provision of healthcare to a patient or the past, present or future payment for the provision of health care to a patient.
5. Medical Data. As used relative to the Government Data Practices Act, Medical Data is data collected because an individual was or is a patient or client of a hospital, nursing home, medical center, clinic, health or nursing agency operated by a government entity including business and financial records, data provided by a private health care facilities, and data provided by or about relatives of the individual. All Medical Data are classifies as private.
6. Record Information about a Participant that is classified as "private: under the Government Data Practices Act. Including but not limited to a Participants Health Record. Medical Data and Employment and Training Data.

7. Participant. An individual who satisfies the eligibility requirements for services provided by Achieve and is receiving, or will receive, services provide by Achieve. *A Participant includes the Participant's legally authorized representative.*
 8. Provider. A provider is a person who furnishes health care services as defined in Minn. Stat. § 144.291, and subd. 2(b).
 9. Protected Health Information ("PHI"). Past, present, or future health information that is individually identifiable and is created or received by a Covered Entity in any form (oral, written, or electronic).
 10. Responsible Authority. Within Achieve, the official designated as the individual responsible for the collection, use and dissemination of any set of data on individuals, government data or summary data.
 11. Unauthorized Acquisition. As used relative to the Government Data Practices Act, an Unauthorized Acquisition means that a person has obtained, assessed, or viewed government data without the informed consent of the individuals who are the subjects of the data or statutory authority and with the intent to use the data for nongovernmental purposes.
- B. Responsible Authority. Achieve' s Chief Executive Officer, or a person so designated by the Chief Executive Officer will act as the Responsible Authority and will be responsible for the collection, use, and dissemination of Records under this Policy. The Responsible Authority shall keep all Records in such an arrangement and condition as to make them easily accessible for convenient use, and shall also prepare as inventory of the Records in accordance with the Minnesota Government Data Practices Act.
- All board members, mangers and staff will receive training on this Policy at the inception of his or her involvement with Achieve and annually thereafter, regarding his or her responsibilities complying with this Policy and all data privacy practices at Achieve.
- C. Orientation and Training. All new Achieve Participant's will complete an initial orientation at the beginning of the Participant's involvement with Achieve, and as needed thereafter. The orientation will include an explanation of this Policy and the Participant's rights regarding data

privacy and the delivery to Participant of written copy of these policies and procedures which must include the reason the private data are being requested and a statement of the consequences of not providing the requested information. The Designated Manager or Designated Coordinator at that time will keep a record of all orientations, including a record that the Participant received notification of his or her data privacy rights and that a copy of this Policy was provided to the Participant.

D. Maintenance of Participant's Records.

1. A complete and accurate Record shall be maintained for every Achieve Participant. The Record may exist in multiple locations in both paper-based and electronic formats. The Record contents must be legible and can be maintained in either paper or electronic formats, including digital images, photographs, and films.
2. A record of current services provided to each person served will be maintained on the premises of where the services are provided or coordinated. Files will not be removed from the program site without valid reasons and security of those files will be maintained at all times.
3. Participants asked to supply private data for their own Record shall be informed of: (a) the purpose and intended use of the requested data; (b) whether the Participant may refuse or is legally required to supply the requested data; (c) any known consequence arising from supplying or refusing to supply private data; and (d) the identity of other persons or entities authorized by federal or State law to receive the data.
4. The Record of the Participant, regardless of whether it was created, or received by, Achieve, including any billing information, is property of Achieve. As discussed below, the information contained within the Record must be accessible to the Participant.

E. Safekeeping of Information and Use of Flash/Thumb Drives.

1. Safeguards to prevent loss, destruction, tampering, and unauthorized disclosures of Participant Records and other information will be maintained as appropriate.
2. All Records will be kept in locked cabinets in the office area of

Achieve. Records will not be removed from the program site without valid reasons, such as a court order subpoena, or as otherwise required by law. The security of the Records will be maintained at all times.

3. The Designated Coordinator and/or Designated Manager will ensure that all information contained in the Records for Participants is safe, secure, and protected from loss or unauthorized disclosures. This includes information stored by computer for which a unique password and user identification is required.
 4. Special care will be exercised with Records and other medical data protected by federal and State laws covering mental health records and vulnerable adult maltreatment or abuse.
 5. The company and its staff will not disclose personally identifiable information about any other person when making a report to each person and case manager unless the company has the consent of the person. This also includes the use of other person's information in another person record.
 6. Written and verbal exchanges of information regarding persons served are considered to be private and will be done in a manner that preserves confidentiality, protects their data privacy, and respects their dignity.
 7. Flash/Thumb Drives: Flash/Thumb drives may not be used on any Achieve computers or laptops and may not be used to store any Achieve information or documents.
- F. Collection of Data. Achieve will give every Participant a written disclosure that details the Participant's right to request his or her own Record, as well as Achieve's duty not to disclose the Participant's Record to another party without consent, subject to certain limitations.
- G. Disclosure of Records.
1. Upon a Participant's and/or their legal representatives request for his or her own Record, Achieve will provide the complete and accurate Record promptly, and at a reasonable cost, unless Achieve determines that the information will be detrimental to the Participant's physical or mental health.
 2. In order to release Record to the Participant, Achieve must obtain a

signed and dated consent from the Participant authorizing the release unless an exception under applicable federal and State law applies.

3. In order for Achieve to release a Record to another health care provider or other licensed caregiver, Achieve must obtain a written request for the release from the Participant and/or their legal representative who is the subject of the Record. The request must specify the name of the provider to whom the records are to be furnished. In limited circumstances, Achieve may release the necessary portion of the Record without the Participant's prior approval when authorized to do so under federal and State law.
4. Access to a Participant's Record is limited to authorized persons within the Achieve network. The following personnel may have immediate access to a Participant's Record and only for the relevant and necessary purposes to carry out their duties as directed by the *Support Plan* and/or the *Support Plan Addendum*:
 - a) Executive staff.
 - b) Administrative staff.
 - c) Nursing staff including assigned or consulting nurses.
 - d) Management staff including the Designated Coordinator and/or the Designated Manager.
 - e) Direct Support Staff.
5. Achieve will obtain authorization to release Medical Data and other information of Participants when consultants, sub-contractors, or volunteers are working with Achieve and only to the extent needed to carry out the necessary duties.
6. Other entities or individuals not previously listed who have obtained written authorization from the participant and/or legal representative have access to written and oral information as detailed within that authorization. This includes other licensed caregivers or health care providers as directed by the release of information.
7. The following entities also have access to a Participant's private data as authorized by applicable federal or State laws, regulations, or rules:
 - a) Case Manager.
 - b) Child or adult foster care licensor, when services are also licensed as child or adult foster care.

- c) Minnesota Department of Human Services and/or Minnesota Department of Health.
 - d) County of Financial Responsibility or the County of Residence's Social Services.
 - e) The Ombudsman for Mental Health or Developmental Disabilities.
 - f) US Department of Health and Human Services.
 - g) Social Security Administration.
 - h) State departments including Department of Employment and Economic Development (DEED), Department of Education, and Department of Revenue.
 - i) County, state, or federal auditors.
 - j) Adult or Child Protection units and investigators.
 - k) Law enforcement personnel or attorneys related to an investigation.
 - l) Various county or state agencies related to funding, support, or protection of the person.
 - m) Other entities or individuals authorized by law.
8. If a Record is released without a Participant's authorization as listed above, Achieve will document the release in the Participant's Record. If the release is to a law enforcement agency, the documentation will also include the date and circumstances under which the release was made, the person or agency to the release was made, and the records that were released.
9. Other entities or individuals not listed above who have obtained written authorization from the Participant may have access to written and oral information of the Participant, as detailed within that authorization. This includes other licensed caregivers or health care providers as directed by the release of information.
10. Information will be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health and safety of the Participant. The Designated Coordinator and/or Designated Manager will ensure the documentation of the following on Achieve's "Incident and Emergency Report":
- a) The nature of the emergency.
 - b) The type of information disclosed.
 - c) To whom the information was disclosed.

- d) How the information was used to respond to the emergency.
 - e) When and how the person served and/or legal representative was informed of the disclosed information.
11. All authorizations or written releases of information and Records will be maintained in the Participant's individual file. In addition, all requests made to review data, have copies, or make alterations, as stated below, will be recorded in the Participant's file including:
- a) Date and time of the activity.
 - b) Who accessed or reviewed the records.
 - c) If any copies were requested and provided.

H. Breach in the Security of Data

1. If there is an Unauthorized Acquisition of a Participants Record or other information that rises to a level of a Breach in the Security of Data, Achieve will provide written notification of the breach to the Participant in accordance with applicable federal and State law. Achieve will also take the following steps:
- a) Inform the participant that a report will be prepared regarding the incident and how he or she may obtain access to the report or delivery of the report by mail or email.
 - b) Upon completion of an investigation into any Breach in the Security of Data, Achieve (through the Responsible Authority) will prepare a report on the facts and results of the investigation.
 - c) If the breach involves unauthorized access to or acquisition of data by an employee, contractor, or agent of Achieve, the report must at a minimum include (1) a description of the type of data that were access or required; (2) the number of individuals whose data was improperly accessed; (3) the name of each employee determined to be responsible for the unauthorized access, unless the employee was performing his or her job duties; and (4) the final disposition of any disciplinary action taken against each employee in response.
 - d) On an annual basis, Achieve will conduct a comprehensive security assessment of all Participants' private information.

I. Request for Alterations to Records.

1. The Participant and/or their legal representative has the right to

- request that his or her Record or other information and documentation be altered and to request copies of such information.
2. All objections to the accuracy of information by a Participant and/or their legal representative must be in writing and with an explanation as to why the information is incorrect or incomplete.
 - a) The Designated Coordinator and/or Designated Manager will submit the written objections to the Chief Executive Officer who will make a decision in regards to any possible changes.
 - b) A copy of the written objection will be retained in the Participant's file.
 - c) If the objection is determined to be valid and approval for correction is obtained, the Designated Coordinator and/or Designated Manager will correct the information and notify the Participant and/or their legal representative and provide a copy of the correction. The Correction entry must be dated and signed by the person making the revision. The original entry, including an entry in electronic format, must not be obliterated, and the inaccurate information should still be accessible.
 - d) If no changes are made and distribution of the disputed information is required, the Designated Coordinator and/or Designated Manager will ensure that the objection accompanies the information as distributed, either orally or in writing.
 3. If there is a disagreement with the resolution of the issue, the Participant and/or legal representative will be encouraged to follow the procedures outlined in the *Policy and Procedure on Grievances*.
 4. If a member of Achieve's staff is presented with a subpoena, search warrant, investigation, or other legal issues regarding the program, he or she will inform his or her immediate supervisor. The CEO or supervisor will consult with Achieve's legal advisors for assistance in responding to the request.
 5. E-mail transmissions that contain private information will have an initial disclaimer message for the intended receiver, and how to respond if the message is sent in error. The actual message containing the private information will be sent as an attachment.

J. Miscellaneous.

1. Achieve will not disclose PHI about any Participant in the program when making a report to the participant and his or her case manager, unless the Participant consents to the disclosure. This nondisclosure also includes the use of other Participant information in another Participant's record.
2. Written and verbal exchanges of information regarding Participants are considered to be private and will be done in a manner that preserves confidentiality, protects their data, and respects their dignity.

Board approval: September 11, 2014

POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

I. PURPOSE

The purpose of this policy is to establish guidelines for the internal review of incidents and emergencies.

II. POLICY

Achieve Services, Inc is committed to the prevention of and safe and timely response to incidents and emergencies. Staff will act immediately to respond to incidents and emergencies as directed in the *Policy and Procedure on Responding to and Reporting Incidents* and the *Policy and Procedure on Emergencies*. After the health and safety of person(s) served are ensured, staff will complete all required documentation that will be compiled and used as part of the internal review process.

Achieve Services, Inc will ensure timely completion of the internal review procedure of incident and emergencies to identify trends or patterns and corrective action, if needed.

III. PROCEDURE

A. The Designated Manager will conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. This review will include:

1. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
2. Identification of patterns which may be based upon the person served, staff involved, location of incident, etc. or a combination.
3. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Service Plan Addendum*.

B. Each *Incident and Emergency Report* will contain the following information:

1. The name of the person or persons involved in the incident. It is not necessary for staff to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident.

2. The date, time, and location of the incident or emergency.
 3. A description of the incident or emergency.
 4. A description of the response to the incident or emergency and whether a person's *Service Plan Addendum* or program policies and procedures were implemented as applicable.
 5. The name of the staff person or persons who responded to the incident or emergency.
 6. The determination of whether corrective action is necessary based on the results of the review that will be completed by the Designated Manager.
- C. In addition to the review for the identification of patterns and implementation of corrective action, Achieve Services, Inc will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review:
1. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.06l. MN Statutes, section 245D.06l, subdivision 6, has an internal review report requiring the answering of six questions.
 2. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
 3. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 626.556.
 4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.
- D. When Achieve Services, Inc has knowledge that a situation has occurred that requires an internal review, the Designated Manager will ensure that an *Incident and Emergency Report* or *Emergency Use of Manual Restraint Incident Report* has been completed.
1. In addition to the *Incident and Emergency Report*, if there was a death or serious injury, the Designated Manager will also ensure that the applicable documents have also been completed for the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division.
 2. For internal reports of suspected or alleged maltreatment of a vulnerable adult, a copy of the *Notification to an Internal Reporter* will also be submitted for the internal review.

3. The internal review and reporting of emergency use of manual restraints will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint*.
- E. Documentation to be submitted to the designated person responsible for completing internal reviews will include, as applicable:
1. *Incident and Emergency Report*.
 2. *Notification to an Internal Reporter*.
 3. *Emergency Use of Manual Restraint Incident Report*.
 4. *Death Reporting Form*.
 5. *Serious Injury Form*.
 6. *Death or Serious Injury Report FAX Transmission Cover Sheet*.
 7. *Complaint Summary and Resolution Notice*.
- F. The Program Director is the primary individual responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that the Program Director is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the Program Supervisor is the secondary individual responsible for ensuring that internal reviews are completed.
- G. The internal review will be completed (within 30 calendar days for maltreatment reports) using the *Internal Review* form and will include an evaluation of whether:
1. Related policies and procedures were followed.
 2. The policies and procedures were adequate.
 3. There is a need for additional staff training.
 4. The reported event is similar to past events with the persons or the services involved.
 5. There is a need for corrective action by the license holder to protect the health and safety of persons served.
- H. Based upon the results of the review, the license holder will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.

- I. The following information will be maintained in the service recipient record or Incident/Informational Report file, as applicable:
 1. *Incident and Emergency Report* including the written summary and the Designated Manager's review.
 2. *Emergency Use of Manual Restraint Incident Report* and applicable reporting and reviewing documentation requirements.
 3. *Death Reporting Form*.
 4. *Serious Injury Form*.
 5. *Death or Serious Injury Report FAX Transmission Cover Sheet*.
 6. *Complaint Summary and Resolution Notice*.
- I. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be maintained separately by the internal reviewer in a designated file that is kept locked and only accessible to authorized individuals.
- II. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

Board Approval: September 10, 2020

POLICY AND PROCEDURE ON RESPONDING TO AND REPORTING INCIDENTS

I. PURPOSE

The purpose of this policy is to provide instructions to staff for responding to and reporting incidents.

II. POLICY

Achieve Services Inc. Services, Inc will respond to incidents as defined in MN Statutes, section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all incidents according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures. For emergency response procedures, staff will refer to the *Policy and Procedure on Emergencies*.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. In addition, program sites will have contact information of a source of emergency medical care and transportation readily accessible. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist is readily available.

III. PROCEDURE

Defining incidents

- A. An incident is defined as an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:
 - 1. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
 - a. Fractures
 - b. Dislocations
 - c. Evidence of internal injuries

- d. 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.
 - e. Lacerations involving injuries to tendons or organs and those for which complications are present
 - f. Extensive second degree or third degree burns and other burns for which complications are present
 - g. Extensive second degree or third degree frostbite and others for which complications are present
 - h. Irreversible mobility or avulsion of teeth
 - i. Injuries to the eyeball
 - j. Ingestion of foreign substances and objects that are harmful
 - k. Near drowning
 - l. Heat exhaustion or sunstroke
 - m. Attempted suicide
 - n. All other injuries 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.
- 2. Death of a person served.
 - 3. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization.
 - 4. Any mental health crisis that requires the program to call "911" or a mental health crisis intervention team, or similar mental health response team or service when available and appropriate.
 - 5. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department.
 - 6. A person's unauthorized or unexplained absence from a program.
 - 7. Conduct by a person served against another person served that:
 - a. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support
 - b. Places the person in actual and reasonable fear of harm

- c. Places the person in actual and reasonable fear of damage to property of the person
- d. Substantially disrupts the orderly operation of the program
- 8. Any sexual activity between persons served involving force or coercion as defined under MN Statutes, section 609.341, subdivisions 3 and 14.
- 9. Any emergency use of manual restraint as identified in MN Statutes, section 245D.061.
- 10. A report of alleged or suspected maltreatment of a minor or vulnerable adult under MN Statutes, sections 626.557 or chapter 260E.

Responding to incidents

- A. Staff will respond to incidents according to the following plans. For incidents including death of a person served, maltreatment, and emergency use of manual restraints, staff will follow the applicable policy and procedure:
 - 1. **Death of a person served:** *Policy and Procedure on the Death of a Person Served*
 - 2. **Maltreatment:** *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults or Policy and Procedure on Reporting and Review of Maltreatment of Minors*
 - 3. **Emergency use of manual restraint:** *Policy and Procedure on Emergency Use of Manual Restraint*
- B. **Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization**
 - 1. Staff will first call "911" if they believe that a person is experiencing a medical emergency (including serious injury), unexpected serious illness, or significant unexpected change in illness or medical condition that may be life threatening and provide any relevant facts and medical history.
 - 2. Staff will give first aid and/or CPR to the extent they are qualified, when it is indicated by their best judgment or the "911" operator, unless the person served has an advanced directive. Staff will refer to the *Policy and Procedure on the Death of a Person Served* for more information.
 - 3. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.

4. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other person served alone or unattended.
5. Staff will ensure that a copy of the current cover sheet accompanies the person.
6. Staff will remain at the hospital until residential provider, guardian, or other authorized person has arrived to accompany the person. If no one arrives at the hospital, staff will coordinate admission to the hospital or if the person served is not to be admitted to the hospital, staff will arrange for transportation home.
7. If staff are present upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments and cares have been documented.
 - b. A copy of all information is made for Achieve Services Inc.'s records and all information is handed over to the residential provider, guardian, or other authorized person.
8. If the person's condition does not require a call to "911," but prompt medical attention is necessary, staff will consider the situation as health threatening and will contact the persons residential provider, guardian, or other authorized person and relay the information. If at any time the condition changes, staff will call 911.

C. Any mental health crisis that requires the program to call "911" or a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.

1. Staff will implement any crisis prevention plans specific to the person served as a means to de-escalate, minimize, or prevent a crisis from occurring.
2. If a mental health crisis were to occur, staff will ensure the person's safety, and will not leave the person alone if possible.
3. Staff will contact "911" or a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, and explain the situation and that the person is having a mental health crisis.

4. Staff will follow any instructions provided by the "911" operator or the mental health crisis intervention team contact person.
5. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
6. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
7. Staff will ensure that a copy of the most current cover sheet accompanies the person.
8. Staff will remain at the hospital until residential provider, guardian, or other authorized person has arrived to accompany the person. If no one arrives at the hospital, staff will coordinate admission to the hospital or if the person served is not to be admitted to the hospital, staff will arrange for transportation home.
9. If staff are present upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments and cares have been documented.
 - b. A copy of all information is made for Achieve Services Inc.'s records and all information is handed over to the residential provider, guardian, or other authorized person.

D. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department

1. Staff will contact "911" immediately if there is a situation or act that puts the person at imminent risk of harm.
2. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee of any "911," law enforcement, or fire department involvement or intervention.
3. If a person served has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
4. If a person has been sexually assaulted, staff will discourage the person from bathing, washing, or changing clothing. Staff will leave the area

where the assault took place untouched, if it is under Achieve Services Inc. Services, Inc's control.

5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person's *Service and Plan Addendum* when possible criminal behavior has been addressed by the support team.
6. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, the Designated Coordinator and/or Designated Manager will determine immediate actions and contact support team members to arrange a planning meeting.
7. If a person served is incarcerated, the Designated Coordinator and/or Designated Manager or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.

E. Unauthorized or unexplained absence of a person served from a program

1. Based on the person's supervision level, staff will determine when the person is missing from the program site or from supervision in the community.
2. Staff will immediately call "911" if the person is determined to be missing. Staff will provide the police with information about the person's appearance, last known location, disabilities, and other information as requested.
3. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee. Together a more extensive search will be organized, if feasible, by checking locations where the person may have gone.
4. The Designated Coordinator and/or Designated Manager or designee will continue to monitor the situation until the individual is located.
5. If there is reasonable suspicion that abuse and/or neglect led to or resulted from the unauthorized or unexplained absence, staff will report immediately in accordance with applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.

F. Conduct by a person served against another person served

1. Staff will immediately enlist the help of additional staff if they are available and intervene to protect the health and safety of persons involved.

2. Staff will redirect persons to discontinue the behavior and/or physically place themselves between the aggressor(s) using the least intrusive methods possible in order to de-escalate the situation.
3. If the aggressor has a behavior plan in place, staff will follow the plan as written in addition to the methodologies that may be provided in the *Coordinated Service and Support Plan Addendum*.
4. Staff will remove the person being aggressed towards to an area of safety.
5. If other least restrictive alternatives were ineffective in de-escalating the aggressors' conduct and immediate intervention is needed to protect the person or others from imminent risk of physical harm, staff will follow the *Policy and Procedure on Emergency Use of Manual Restraint* and/or staff will call "911."
6. If the ordinary operation of the program is disrupted, staff will manage the situation and will return to the normal routine as soon as possible.
7. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
8. If the conduct results in injury, staff will provide necessary treatment according to their training.

G. Sexual activity between persons served involving force or coercion

1. Staff will follow any procedures as directed by the *Individual Abuse Prevention Plans* and/or *Service Plan Addendums*, as applicable.
2. Staff will immediately intervene in an approved therapeutic manner to protect the health and safety of the persons involved if there is obvious coercion or force involved, or based on the knowledge of the persons involved, that one of the persons may have sexually exploited the other.
3. If the persons served are unclothed, staff will provide them with a robe or other appropriate garment and will discourage the person from bathing, washing, changing clothing or redressing in clothing that they were wearing.
4. Staff will leave the area where the sexual activity took place untouched if it is under Achieve Services Inc. Services, Inc's control.
5. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.

7. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting incidents

- A. Staff will first call “911” if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call “911” or a mental health crisis intervention team for a person experiencing a mental health crisis, or a similar mental health response team or service when available and appropriate.
- B. Staff will immediately notify the Designated Coordinator and/or Designated Manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* and any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless Achieve Services Inc. Services, Inc has the consent of the person and/or legal representative.
- D. The Designated Coordinator and/or Designated Manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless Achieve Services Inc. Services, Inc has reason to know that the incident has already been reported, or as otherwise directed in the person’s *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.
- E. A report will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division within 24 hours of the incident, or receipt of the information that the incident occurred, unless Achieve Services Inc. Services, Inc has reason to know that the incident has already been reported, by using the

required reporting forms. A report may be made using the Office of the Ombudsman's Death Report webform or Serious Injury webform. Forms to fax include *Death Reporting Form*, *Serious Injury Form*, and *Death or Serious Injury Report FAX Transmission Cover Sheet*. Incidents to be reported include:

1. Serious injury as determined by MN Statutes, section 245.91, subdivision 6.
 2. Death of a person served.
- F. Verbal reporting of an emergency use of manual restraint will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint* which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.
- G. Within 24 hours of reporting maltreatment, Achieve Services Inc. Services, Inc will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report unless there was reason to believe the case manager was involved in the suspected maltreatment. Achieve Services Inc. Services, Inc and staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable.
- H. Informational Report: In addition to Incident and Emergency Reporting, Achieve Services Inc. Services documents events that are less serious on a form known as an "Informational Report". Events that might be reported using an "Informational Report" include but are not limited to: minor injuries, conduct between persons served that does not meet the severity level for an Incident Emergency Report, observations of unusual or concerning behavior, or any other information regarding persons served that may be of interest to Expanded Support Teams and facilitates consistency and full awareness of services. "Informational Reports" will be completed after observations are made and sent to Expanded Support Teams by mail, email, or fax. Copies of "Informational Reports" will be maintained in the incident/informational file for each person served.
- I. Illness/Medical Concerns Report: Achieve Services Inc. Services has an Illness/Medical Concerns report that is filled out for concerns that arise that do not meet the severity level for an Incident Emergency Report. An Illness

report means that we are asking the residence or caregiver to take the participant home. A medical concern is describing a medical concern that we want the residence/care giver to be aware of. This form is filled out and sent to Expanded Support Teams by mail, email, or faxed. Copies of "Illness/Medical Concerns Reports" will be maintained in the incident/informational file for each person served.

- J. Seizure Report: Achieve Services Inc. services has a seizure report form that is filled out in the event that a participant has experienced a seizure or has exhibited a series of behaviors that lead you to think they may have experienced a seizure. Seizure reports will be reviewed by the RN Consultant and a copy mailed, emailed, or faxed to Expanded Support Team members. Copies of "Seizure Reports" will be maintained in the seizure file for each individual.

POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF VULNERABLE ADULTS

I. PURPOSE

The purpose of this policy is to establish guidelines for the external and internal reporting and the internal review of maltreatment of vulnerable adults.

II. POLICY

Staff who are mandated reporters must report all of the information they know regarding an incident of known or suspected maltreatment, either externally or internally, in order to meet their reporting requirements under law. All staff of Achieve Services, Inc. who encounters maltreatment of a vulnerable adult will take immediate action to ensure the safety of the person(s) served. Staff will define maltreatment of vulnerable adults as abuse, neglect, or financial exploitation and will refer to the definitions from Minnesota Statutes, section 626.5572 at the end of this policy.

Staff will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Minors* regarding suspected or alleged maltreatment of persons 17 years of age or younger.

III. PROCEDURE

- A. Achieve Services Inc staff who encounter maltreatment of a vulnerable adult, age 18 or older, will take immediate action to ensure the safety of the person or persons. If a staff knows or suspects that a vulnerable adult is in immediate danger, they will call "911."
- B. If a staff knows or suspects that maltreatment of a vulnerable adult has occurred, they must make a verbal report immediately (within 24 hours) either to the Minnesota Adult Abuse Reporting Center (MAARC) or internally to the Designated Coordinator. Should the staff choose to make a report directly to an external agency, they must make the verbal report by calling the Minnesota Adult Abuse Reporting Center (MAARC). Staff may also report alleged or suspected maltreatment to the appropriate law enforcement agency if the situation involves criminal activity.

- C. To make a report externally to the Minnesota Adult Abuse Reporting Center, staff can call **844-880-1574** or report at **mn.gov/dhs/reportadultabuse/**.
- D. When reporting the alleged or suspected maltreatment, either externally or internally, staff will include as much information as known and will cooperate with any subsequent investigation.
- E. If a staff knows or suspects that maltreatment of a vulnerable adult has occurred and they choose to report internally, they must complete the *Incident and Emergency Report* immediately after the verbal report. The staff must submit this report to the Designated Coordinator.
- F. The Designated Coordinators are the primary individuals responsible for receiving internal reports of maltreatment and for forwarding internal reports to Minnesota Adult Abuse Reporting Center (MAARC). If there are reasons to believe that the Designated Coordinator is involved in the alleged or suspected maltreatment, the Designated Manager is the secondary individual responsible for receiving internal reports of maltreatment and for forwarding internal reports to the Minnesota Adult Abuse Reporting Center (MAARC). Designated Coordinators include the following positions: Program Supervisors, the Program Specialist, and the Behavior Specialist. The Designated Manager includes the Program Director position.
- G. For internal reports of suspected or alleged maltreatment, the person who received the report will:
 - 1. Contact the Minnesota Adult Abuse Reporting Center (MAARC) if the report is determined to be suspected or alleged maltreatment. The person filing the report with the Minnesota Adult Abuse Reporting Center (MAARC) will disclose:
 - i. The identity of the vulnerable adult;
 - ii. The identity of the caregiver
 - iii. The nature and extent of the suspected maltreatment;
 - iv. Any evidence of previous maltreatment;
 - v. The name and address of the reporter;
 - vi. The time, date, and location of the incident; and
 - vii. Any additional information that the reporter feels might be helpful in investigating the suspected maltreatment

2. Ensure an *Incident and Emergency* form has been completed.
 3. Inform the case manager and guardian within 24 hours of reporting maltreatment, unless there is reason to believe that the case manager or guardian is involved in the suspected maltreatment. The person who received the report will disclose to team members:
 - i. The nature of the activity or occurrence reported;
 - ii. The agency that received the report; and
 4. Complete and interoffice mail the *Notification to an Internal Reporter* to staff who reported the maltreatment within two working days in a manner that protects the reporter's confidentiality. The notification must indicate whether or not Achieve Services, Inc reported externally to the Minnesota Adult Abuse Reporting Center (MAARC). The notice must also inform the staff that if Achieve Services, Inc. did not report externally and they are not satisfied with that determination, they may still make the external report to the Minnesota Adult Abuse Reporting Center (MAARC) themselves. It will also inform the staff that they are protected against any retaliation if they decide to make a good faith report to the Minnesota Adult Abuse Reporting Center (MAARC) on their own. The facility may not prohibit a mandated reporter from reporting externally.
- H. When Achieve Services, Inc. has knowledge that an external or internal report of alleged or suspected maltreatment has been made regarding an incident that occurred at Achieve, an internal review will be completed. The Designated Coordinator is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Designated Coordinator is involved in the alleged or suspected maltreatment, the Designated Manager is the secondary individual responsible for ensuring that internal reviews are completed.
- I. The *Internal Review* will be completed within 30 calendar days. The person completing the review will:
1. Ensure an *Incident and Emergency Report* has been completed.
 2. Contact the lead investigative agency if additional information has been gathered.
 3. Coordinate any investigative efforts with the lead investigative agency by serving as Achieve Services, Inc. contact, ensuring staff cooperation,

and that all records are available.

4. Complete an *Internal Review* which will include the following evaluations of whether:
 - i. Related policies and procedures were followed
 - ii. The policies and procedures were adequate
 - iii. There is a need for additional staff training
 - iv. The reported event is similar to past events with the vulnerable adults or the services involved
 - v. There is a need for corrective action by the license holder to protect the health and safety of the vulnerable adult(s)
 5. Complete the *Alleged Maltreatment Review Checklist* and compile together all documents regarding the report of maltreatment.
- J. Based upon the results of the internal review, Achieve Services, Inc. will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or Achieve Services, Inc., if any.
- K. All reports pertaining to the maltreatment of a vulnerable adult will be maintained indefinitely in a locked file cabinet in the front office. All reports will be made available to the commissioner, Minnesota Adult Abuse Reporting Center (MAARC), the MN Department of Human Services, and/or other investigating authorities, upon request. Achieve Services, Inc. will fully cooperate with the aforementioned parties during the course of any investigation. *Internal Reviews* must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.
- L. Achieve Services, Inc. will provide an orientation to the internal and external reporting procedures to all persons served and/or legal representatives. This orientation will include the telephone number and website for the Minnesota Adult Abuse Reporting Center (MAARC). This orientation for each new person to be served will occur within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

- M. Staff will receive training on this policy, MN Statutes, section 245A.65 and sections 626.557 and 626.5572 and their responsibilities related to protecting persons served from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.
- N. A person or facility that acts in good faith to make a mandated report according to applicable reporting obligations and complies with all related investigations is immune to civil and criminal charges if that report is found to be false.

EXTERNAL AGENCIES

Minnesota Adult Abuse Reporting Center (MAARC)

Phone Number: 844-880-1574

Website (for mandated reporters only): mn.gov/dhs/reportadultabuse/

Department of Human Services Licensing Division

Phone Number: 651-431-6500

MINNESOTA STATUTES, SECTION 626.5572 DEFINITIONS

Subdivision 1. **Scope.**

For the purpose of section [626.557](#), the following terms have the meanings given them, unless otherwise specified.

Subd. 15. **Maltreatment.**

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

Subd. 2. **Abuse.**

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) assault in the first through fifth degrees as defined in sections [609.221](#) to [609.224](#);

(2) the use of drugs to injure or facilitate crime as defined in section [609.235](#);

(3) the solicitation, inducement, and promotion of prostitution as defined in section

[609.322](#); and

(4) criminal sexual conduct in the first through fifth degrees as defined in sections [609.342](#) to [609.345](#).

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

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

(1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

(2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

(3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and

(4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section [245.825](#) or Minnesota Rules, chapter 9544.

(c) Any sexual contact or penetration as defined in section [609.341](#), between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

(e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections [144.651](#), [144A.44](#), chapter 145B, 145C or 252A, or section [253B.03](#) or 524.5–313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted

under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

- (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
- (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

(f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

(g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

- (1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
- (2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Subd. 9. Financial exploitation.

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section [144.6501](#), a person:

- (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
- (2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person

for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

(4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Subd. 17. **Neglect.**

"Neglect" means neglect by a caregiver or self-neglect.

(a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

(2) which is not the result of an accident or therapeutic conduct.

(b) "Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own food, clothing, shelter, health care, or other services that are not the responsibility of a caregiver which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort.

(c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

(1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections [144.651](#), [144A.44](#), chapter 145B, 145C, or 252A, or sections [253B.03](#) or [524.5-101](#) to [524.5-502](#), refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish

rights otherwise held under law by:

- (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
 - (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
- (2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
- (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
- (i) a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or
 - (ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or
- (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or
- (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:
- (i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
 - (ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;
 - (iii) the error is not part of a pattern of errors by the individual;
 - (iv) if in a facility, the error is immediately reported as required under section [626.557](#), and recorded internally in the facility;
 - (v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and
 - (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently

documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

(d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

(e) If the findings of an investigation by a lead agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead agency's determination of mitigating factors under section [626.557, subdivision 9c](#), paragraph (c).

Board Approval: March 14, 2024

POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF MINORS

PURPOSE

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

POLICY

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

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

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

PROCEDURE

- E. Staff of the company who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If a staff knows or suspects that a child is in immediate danger, they will call

"911" or local law enforcement.

- F. Staff mandated to report maltreatment within a licensed facility will report the information to the agency responsible for licensing the facility. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction.
- G. Staff who know or suspect that a child has been maltreated but is not in immediate danger will report to:
 - 1. The local child welfare agency if an alleged perpetrator is a parent, guardian, family child care provider, family foster care provider, or an unlicensed personal care provider.
 - 2. The Minnesota Department of Human Services, Licensing Division, 651-431-6600, if alleged maltreatment was committed by a staff person at a child care center, residential treatment center (children's mental health), group home for children, minor parent program, shelter for children, chemical dependency treatment program for adolescents, waived services program for children, crisis respite program for children, or residential program for children with developmental disabilities.
 - 3. Minnesota Department of Health, Office of Health Facility Complaints, 651-201-4200 or 800-369-7994, if alleged maltreatment occurred in a home health care setting, hospital, regional treatment center, nursing home, intermediate care facility for the developmentally disabled, or licensed and unlicensed care attendants.
- D. Reports regarding incidents of maltreatment of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement referencing the phone numbers contained within this policy.
- E. When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment, and the name and address of the reporter.
- F. If the report of suspected maltreatment within the company, the report should also include any actions taken by the company in response to the incident. If a

staff attempts to report the suspected maltreatment internally, the person receiving the report will remind the staff of the requirement to report externally.

- G. A verbal report of suspected maltreatment that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.
- H. When the company has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Program Supervisor is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Program Supervisor is involved in the alleged or suspected maltreatment, the Program Director is the secondary individual responsible for ensuring that internal reviews are completed.
- I. The *Internal Review* will be completed within 30 calendar days. The person completing it will:
 - 1. Ensure an *Incident and Emergency Report* has been completed.
 - 2. Contact the lead investigative agency if additional information has been gathered.
 - 3. Coordinate any investigative efforts with the lead investigative agency by serving as the company contact, ensuring that staff cooperate, and that all records are available.
 - 4. Complete an *Internal Review* which will include the following evaluations of whether:
 - a. Related policies and procedures were followed
 - b. The policies and procedures were adequate
 - c. There is a need for additional staff training
 - d. The reported event is similar to past events with the children or the services involved
 - e. There is a need for corrective action by the license holder to protect the health and safety of the children in care
 - 5. Complete the *Alleged Maltreatment Review Checklist* and compile together all documents regarding the report of maltreatment.
- J. Based upon the results of the internal review, the company will develop, document, and implement a corrective action plan designed to correct

current lapses and prevent future lapses in performance by individuals or the company, if any.

- K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.
- L. Staff will receive training on this policy, MN Statutes, section 142B.54 and chapter 260E and their responsibilities related to protecting children in care from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

EXTERNAL AGENCIES

COUNTY	DAY	EVENING/WEEKEND
AITKIN	(218) 927-7200 or (800) 328-3744	(218) 927-7400
ANOKA	(763) 422-7215	(651) 291-4680
BECKER	(218) 847-5628	(218) 847-2661
BELTRAMI	(218) 333-4223	(218) 751-9111
BENTON	(320) 968-5087	(320) 968-7201
BIG STONE	(320) 839-2555	(320) 815-0215
BLUE EARTH	(507) 304-4111	(507) 625-9034
BROWN	(507) 354-8246	(507) 233-6720
CARLTON	(218) 879-4511	(218) 384-3236
CARVER	(952) 361-1600	(952) 442-7601
CASS	(218) 547-1340	(218) 547-1424
CHIPPEWA	(320) 269-6401	(320) 269-2121
CHISAGO	(651) 213-5600	(651) 257-4100
CLAY	(218) 299-5200	(218) 299-5151
CLEARWATER	(218) 694-6164	(218) 694-6226

COOK	(218) 387-3620	(218) 387-3030
COTTONWOOD	(507) 831-1891	(507) 831-1375
CROW WING	(218) 824-1140	(218) 829-4740
DAKOTA	(952) 891-7459	(952) 891-7171
DODGE	(507) 635-6170	(507) 635-6200
DOUGLAS	(320) 762-2302	(320) 762-8151
FARIBAULT	(507) 526-3265	(507) 526-5148
FILLMORE	(507) 765-2175	(507) 765-3874
FREEBORN	(507) 377-5400	(507) 377-5205
GOODHUE	(651) 385-3232	(651) 385-3155
GRANT	(218) 685-4417	(800) 797-6190
HENNEPIN	(612) 348-3552	(612) 348-8526
HOUSTON	(507) 725-5811	(507) 725-3379
HUBBARD	(218) 732-1451	(218) 732-3331
ISANTI	(763) 689-1711	(763) 689-2141
ITASCA	(218) 327-2941	(218) 326-8565
JACKSON	(507) 847-4000	(507) 847-4420
KANABEC	(320) 679-6350	(320) 679-8400
KANDIYOHI	(320) 231-7800	(320) 235-1260
KITTSOON	(218) 843-2689	(218) 843-3535
KOOCHICHING	(218) 283-7000	(218) 283-4416
LAC QUI PARLE	(320) 598-7594	(320) 598-3720
LAKE	(218) 834-8400	(218) 834-8385
LAKE OF THE WOODS	(218) 634-2642	(218) 634-1143
LE SUEUR	(507) 357-8288	(507) 357-8545
LINCOLN	(800) 810-8816	(507) 694-1664
LYON	(800) 657-3760	(507) 537-7666
MAHNOMEN	(218) 935-2568	(218) 935-2255

Achieve Services

245D Policies and Procedures

MARSHALL	(218) 745-5124	(218) 745-5411
MARTIN	(507) 238-4757	(507) 238-4481
MC LEOD	(320) 864-3144	(320) 864-3134
MEEKER	(320) 693-5300	(320) 693-5400
MILLE LACS	(320) 983-8208	(320) 983-8250
MORRISON	(320) 632-2951	(320) 632-9233
MOWER	(507) 437-9700	(507) 437-9400
MURRAY	(800) 657-3811	(507) 836-6168
NICOLLET	(507) 386-4528	(507) 931-1570
NOBLES	(507) 295-5213	(507) 372-2136
NORMAN	(218) 784-5400	(218) 784-7114
OLMSTED	(507) 328-6400	(507) 328-6583
OTTER TAIL	(218) 998-8150	(218) 998-8555
PENNINGTON	(218) 681-2880	(218) 681-6161
PINE	(320) 591-1570	(320) 629-8380
PIPESTONE	(507) 825-6720	(507) 825-6792
POLK	(218) 281-8483	(218) 281-0431
POPE	(320) 634-5750	(320) 634-5411
RAMSEY	(651) 266-4500	(651) 291-6795
RED LAKE	(218) 253-4131	(218) 253-2996
REDWOOD	(507) 637-4050	(507) 637-4036
RENVILLE	(320) 523-2202	(320) 523-1161
RICE	(507) 332-6115	(507) 210-8524
ROCK	(507) 283-5070	(507) 283-5000
ROSEAU	(218) 463-2411	(218) 463-1421
SCOTT	(952) 445-7751	(952) 496-8484
SHERBURNE	(763) 241-2600	(763) 241-2500
SIBLEY	(507) 237-4000	(507) 237-4330

ST. LOUIS	N. (218) 749-7128 or S. (218) 726-2012	N. (218) 749-6010 or S. (218) 727-8770
STEARNS	(320) 656-6225	(320) 251-4240
STEELE	(507) 444-7500	(507) 444-3800
STEVENS	(320) 589-7400	(320) 589-2141
SWIFT	(320) 843-3160	(320) 843-3133
TODD	(320) 732-4500	(320) 732-2157
TRAVERSE	(320) 563-8255	(320) 563-4244
WABASHA	(651) 565-3351	(651) 565-3361
WADENA	(218) 631-7605	(218) 631-7600
WASECA	(507) 835-0560	(507) 835-0500
WASHINGTON	(651) 430-6457	(651) 291-6795
WATONWAN	(507) 375-3294	(507) 507-3121
WILKIN	(218) 643-8013	(218) 643-8544
WINONA	(507) 457-6200	(507) 457-6368
WRIGHT	(763) 682-7449	(763) 682-1162
YELLOW MEDICINE	(320) 564-2211	(320) 564-2130

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

MINNESOTA STATUTES, CHAPTER 260E.03 DEFINITIONS

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

Subd. 12. **Maltreatment.** "Maltreatment" means any of the following acts or omissions:

- (1) egregious harm under subdivision 5;
- (2) neglect under subdivision 15;
- (3) physical abuse under subdivision 18;
- (4) sexual abuse under subdivision 20;
- (5) substantial child endangerment under subdivision 22;
- (6) threatened injury under subdivision 23;

- (7) mental injury under subdivision 13; and
- (8) maltreatment of a child in a facility

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

- (1) conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
- (2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
- (3) conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
- (4) conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
- (5) conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
- (6) conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
- (7) conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
- (8) conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
- (9) conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
- (10) conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345

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

- (1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
- (2) failure to protect a child from conditions or actions that seriously endanger the

child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;

(4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

(5) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;

(6) medical neglect, as defined in section 260C.007, subdivision 6, clause (5);

(7) chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or

(8) emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child, which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

(b) Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.

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

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

(b) Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.

(c) For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:

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

Subd. 20. **Sexual abuse.** "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

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

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

(12) parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Subd. 23. **Threatened injury.** (a) "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.

(b) Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:

- (1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
- (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
- (3) committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
- (4) committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.

(c) A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

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

Board Approval: March 14, 2024

POLICY AND PROCEDURE ON EMERGENCY USE OF MANUAL RESTRAINT

III. PURPOSE

The purpose of this policy is to promote service recipient rights and protect the health and safety of persons served during the emergency use of manual restraint. This policy will also promote appropriate and safe interventions needed when addressing behavioral situations.

IV. POLICY

It is the policy of Achieve Services, Inc. to ensure the correct use of emergency use of manual restraint, to provide intense training and monitoring of direct support staff, and to ensure regulations regarding the emergency use of manual restraint are followed. According to MN Statutes, section 245D.02, subdivision 8a, emergency use of manual restraint is defined as “using a manual restraint when a person poses an imminent risk of physical harm to self or others and 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.”

V. PROCEDURE

Positive support strategies

- A. Staff will attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others. Some of the following procedures could be used to de-escalate the situation and are options that could be implemented by staff. This is not a fully inclusive list of options that could include:
 - 1. A calm discussion between the person served and direct support staff regarding the situation, the person’s feelings, their responses, and alternative methods to handling the situation, etc.
 - 2. A staff suggesting or recommending that the person participate in an activity they enjoy as a means to self-calm or de-escalate.
 - 3. A staff to suggest or remind that the person served has options that they may choose to spend time alone, when safety permits, as a means to self-calm or de-escalate.
 - 4. The individualized strategies that have been written into the person’s

Coordinated Service and Support Plan (CSSP) and/or CSSP Addendum, or Positive Support Transition Plan.

5. The implementation of instructional techniques and intervention procedures that are listed as “permitted actions and procedures” as defined in Letter B of this **Positive support strategies** section.
 6. Building a positive relationship with the individual served to help build trust.
 7. Evaluation of the environment and personal stressors as it relates to the individual.
 8. Empowering the person served to change their own behavior.
 9. A combination of any of the above.
- B. Permitted actions and procedures include the use of instructional techniques and intervention procedures used on an intermittent or continuous basis. If used on a continuous basis, it must be addressed in the person’s *Coordinated Service and Support Plan Addendum*. These actions include:
1. Physical contact or instructional techniques that are the least restrictive alternative possible to meet the needs of the person and may be used to:
 - a. Calm or comfort a person by holding that person with no resistance from that person.
 - b. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition.
 - c. 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 or duration.
 - d. 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.
 - e. 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.
 2. Restraint may be used as an intervention procedure to:
 - a. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional.
 - b. 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.
- c. Position a person with physical disabilities in a manner specified in their *Coordinated Service and Support Plan Addendum*. Any use of manual restraint allowed in this paragraph must comply with the restrictions stated in the section of this policy **Emergency use of manual restraint**, Letter C.
 3. 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.
 4. Positive verbal correction that is specifically focused on the behavior being addressed.
 5. Temporary withholding or removal of objects being used to hurt self or others.

Prohibited Procedures

Achieve Services Inc. and its staff are prohibited from using the following procedures as a substitute for adequate staffing, as a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience:

- A. Chemical restraints
- B. Mechanical restraints
- C. Manual restraint
- D. Time out
- E. Seclusion
- F. Any other aversive or deprivation procedures
- G. As a substitute for adequate staffing
- H. For a behavioral or therapeutic program to reduce or eliminate behavior
- I. Punishment
- J. For staff convenience
- K. Prone restraint, metal handcuffs, or leg hobbles
- L. Faradic shock
- M. Speaking to a person in a manner that ridicules, demeans, threatens, or is abusive
- N. Physical intimidation or a show of force
- O. Containing, restricting, isolating, secluding, or otherwise removing a person

from normal activities when it is medically contraindicated or without monitoring the person served

- P. Denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed.
- Q. Painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation
- R. Hyperextending or twisting a person's body parts
- S. Tripping or pushing a person
- T. Requiring a person to assume and maintain a specified physical position or posture
- U. Forced exercise
- V. Totally or partially restricting a person's senses
- W. Presenting intense sounds, lights, or other sensory stimuli
- X. Noxious smell, taste, substance, or spray, including water mist
- Y. Depriving a person of or restricting access to normal goods and services, or requiring a person to earn normal goods and services
- Z. Token reinforcement programs or level programs that include a response cost or negative punishment component
- AA. Using a person receiving services to discipline another person receiving services
- BB. Using an action or procedure which is medically or psychologically contraindicated
- CC. Using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure on a person's head, neck, back, chest, abdomen, or joints
- DD. Interfering with a person's legal rights, except as allowed by MN Statutes, section 245D.04, subdivision 3, paragraph I.

Positive Support Transition Plans

Achieve Services Inc. must and will develop a *Positive Support Transition Plan* on forms provided by the Department of Human Services and in the manner

directed for a person served who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. This *Positive Support Transition Plan* will phase out any existing plans for the emergency use or programmatic use of restrictive interventions prohibited under MN Statutes, chapter 245D.

Emergency use of manual restraint

- A. If the positive support strategies were not effective in de-escalating or eliminating the person's behavior, emergency use of manual restraint may be necessary. To use emergency use of manual restraint, the following conditions must be met:
 - 1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm.
 - 2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety.
 - 3. The manual restraint must end when the threat of harm ends.
- B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
 - 1. The person is engaging in property destruction that does not cause imminent risk of physical harm.
 - 2. The person is engaging in verbal aggression with staff or others.
 - 3. A person's refusal to receive or participate in treatment of programming.
- C. A restricted intervention means prohibited procedures identified in MN Statutes, section 245D.06, subdivision 5; prohibited procedures identified in MN Rules, part 9544.006; and emergency use of manual restraint. A restricted procedure must not:
 - 1. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury as defined in MN Statutes, chapter 260E.
 - 2. Be implemented with an adult in a manner that constitutes abuse or neglect as defined in MN Statutes, section 626.5572, subdivisions 2 or 17.
 - 3. Be implemented in a manner that violates a person's rights identified in MN Statutes, section 245D.04.
 - 4. Restrict a person's normal access to a nutritious diet, drinking water,

adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing, or to any protection required by state licensing standards and federal regulations governing the program.

5. Deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin.
 6. Be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment of services provided by the company.
 7. Use prone restraint (that places a person in a face-down position).
 8. Apply back or chest pressure while a person is in the prone or supine (face-up) position.
 9. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.
- D. Achieve Services Inc. allows certain types of manual restraints which may be used by staff on an emergency basis. Detailed instructions on the safe and correct implementation of these allowed manual restraint procedures are included at the end of this policy. These allowed manual restraints include the following:
1. Physical escort/walking: Stages 1 and 2
 2. Arm restraint/one staff person standing: 1 arm and 2 arm
 3. Arm restraint/one staff person sitting: 1 arm and 2 arm
- E. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, Achieve Services Inc. and its staff members will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. Achieve Services, Inc. will obtain an order/statement from the individual's physician, ordering staff to abstain from manual restraints. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be obtained as part of service initiation planning process at intake.

Monitoring of emergency use of manual restraint

- A. Each single incident of emergency use of manual restraint must be monitored and reported separately. For this understanding, an incident of

emergency use of manual restraint is a single incident when the following conditions have been met:

1. After implementing the manual restraint, staff will attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety.
 2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates and staff must immediately re-implement the restraint in order to maintain safety.
- B. During an emergency use of manual restraint, Staff will monitor a person's health and safety. Staff monitoring the manual restraint procedure will not be the staff implementing the procedure, when possible. A monitoring form will be completed by the staff person for each incident of emergency use of manual restraint to ensure:
1. Only manual restraints allowed according to this policy are implemented.
 2. Manual restraints that have been determined to be contraindicated for a person are not implemented with that person.
 3. Allowed manual restraints are implemented only by staff trained in their use.
 4. The restraint is being implemented properly as required.
 5. The mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.

Reporting of emergency use of manual restraint

- A. Reporting of the incident of emergency use of manual restraint will be completed according to the following process and will contain all required information per MN Statutes, sections 245D.06, subdivision 1 and 245D.061, subdivision 5.
- B. Within 24 hours of the emergency use of manual restraint, the company will make a verbal report regarding the incident to the legal representative or designated emergency contact and case manager. If other persons served were involved in the incident, the company will not disclose any personally identifiable information about any other person when making the report

unless the company has the consent of the person.

C. Within three (3) calendar days of the emergency use of manual restraint, the staff who implemented the emergency use of manual restraint will report, in writing, to the Designated Coordinator and/or Designated Manager the following information:

1. The staff and person(s) served who were involved in the incident leading up to the emergency use of manual restraint.
2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint.
3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented. This description must identify the when, how, and how long the alternative measures were attempted before the manual restraint was implemented.
4. A description of the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident leading up to, during, and following the manual restraint.
5. Whether there was any injury to the person who was restrained or other persons involved, including staff, before or as a result of the manual restraint use.
6. Whether there was a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other people who were involved in, or who witnessed the restraint, following the incident. The outcome of the debriefing will be clearly documented and if the debriefing could not occur at the time of the incident, the report will identify whether a debriefing is planned in the future.

D. Within five (5) working days of the emergency use of manual restraint, the Designated Coordinator and/or the Designated Manager will complete and document an internal review of each report of emergency use of manual restraint. The internal review will include an evaluation of whether:

1. The person's served service and support strategies developed according to MN Statutes, sections 245D.07 and 245D.071 need to be revised.

2. Related policies and procedures were followed.
 3. The policies and procedures were adequate.
 4. There is a need for additional staff training.
 5. The reported event is similar to past events with the persons, staff, or the services involved.
 6. There is a need for corrective action by the company to protect the health and safety of the person(s) served.
- E. Based upon the results of the internal review, Achieve Services Inc. will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or the company, if any. The Designated Manager will ensure that the corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
- F. Within five (5) working days after the completion of the internal review, the Designated Coordinator and/or Designated Manager will consult with the person's expanded support team following the emergency use of manual restraint. The purpose of this consultation is to:
1. Discuss the incident and to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served.
 2. Determine whether the person's served *Coordinated Service and Support Plan Addendum* needs to be revised to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint.
- G. Within five (5) working dates of the expanded support team review, the Designated Coordinator and/or Designated Manager will submit, using the DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1), the following information to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities:
1. The report of the emergency use of manual restraint.
 2. The internal review and corrective action plan, if any.
 3. The written summary of the expanded support team's discussion and

decision.

H. The following written information will be maintained in the person's service recipient record:

1. The report of an emergency use of manual restraint incident that includes:
 - a. Reporting requirements by the staff who implemented the restraint
 - b. The internal review of emergency use of manual restraint and the corrective action plan, with information about implementation of correction within 30 days, if any
 - c. The written summary of the expanded support team's discussion and decision
 - d. The notifications to the expanded support team, the Department of Human Services, and the MN Office of the Ombudsman for Mental Health and Developmental Disabilities
2. The PDF version of the completed and submitted DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1). An email of this PDF version of the *Behavioral Intervention Reporting Form* will be sent to the MN-ITS mailbox assigned to the license holder

Staff training requirements

- A. Achieve Services, Inc. recognizes the importance of having qualified and knowledgeable staff that are competently trained to uphold the rights of persons served and to protect persons' health and safety. All staff will receive orientation and annual training according to MN Statutes, section 245D.09, subdivisions 4 and 5. Orientation training will occur within the first 60 days of hire and annual training will occur within a period of 12 months.
- B. Within 60 calendar days of hire, the company provides orientation on:
 - a. The safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint; and
 - b. Staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, MN Rules, part 9544.0060, or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe.

- C. Before staff may implement an emergency use of manual restraint, and in addition to the training on this policy and procedure and the orientation and annual training requirements, staff must receive training on emergency use of manual restraints that incorporates the following topics:
- a. Alternatives to manual restraint procedures including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others.
 - b. De-escalation methods, positive support strategies, and how to avoid power struggles.
 - c. Simulated experiences of administering and receiving manual restraint procedures allowed by the company on an emergency basis.
 - d. How to properly identify thresholds for implementing and ceasing restrictive procedures.
 - e. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
 - f. The physiological and psychological impact on the person and the staff when restrictive procedures are used.
 - g. The communicative intent of behaviors.
 - h. Relationship building.
- D. For staff that are responsible to develop, implement, monitor, supervise, or evaluate positive support strategies, *Positive Support Transition Plans*, or *Emergency Use of Manual Restraint*, the staff must complete a minimum of eight (8) hours of core training from qualified individuals prior to assuming these responsibilities. Core training must include the following:
- a. De-escalation techniques and their value
 - b. Principles of person-centered service planning and delivery and how they apply to direct support services provided by staff
 - c. Principles of positive support strategies such as positive behavior supports, the relationship between staff interactions with the person and the person's behavior, and the relationship between the person's environment and the person's behavior
 - d. What constitutes the use of restraint, including chemical restraint, time out, and seclusion
 - e. The safe and correct use of manual restraint on an emergency basis, according to MN Statutes, section 245D.061
 - f. Staff responsibilities related to prohibited procedures under MN Statutes,

- section 245D.06, subdivision 5; why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe
- g. Staff responsibilities related to restricted and permitted actions and procedure according to MN Statutes, section 245D.06, subdivisions 6 and 7
 - h. Situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others
 - i. Procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a *Positive Support Transition Plan*
 - j. Procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person
 - k. Understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to the license holder
 - l. Cultural competence
 - m. Personal staff accountability and staff self-care after emergencies.
- E. Staff who develop positive support strategies, license holders, executives, managers, and owners in non-clinical roles, must complete a minimum of four (4) hours of additional training. Function-specific training must be completed on the following:
- a. Functional behavior assessment
 - b. How to apply person-centered planning
 - c. How to design and use data systems to measure effectiveness of care
 - d. Supervision, including how to train, coach, and evaluate staff and encourage effective communication with the person and the person's support team.
- F. License holders, executives, managers, and owners in non-clinical roles must complete a minimum of two (2) hours of additional training. Function-specific training must be completed on the following:
- a. How to include staff in organizational decisions
 - b. Management of the organization based upon person-centered thinking and practices and how to address person-centered thinking and practices in the organization
 - c. Evaluation of organizational training as it applies to the measurement of

behavior change and improved outcomes for persons receiving services.

- G. Annually, staff must complete four (4) hours of refresher training covering each of the training topics listed in items D, E, and F listed above.
- H. For each staff, the license holder must document, in the personnel record, completion of core training, function-specific training, and competency testing or assessment. Documentation must include the following:
 - a. Date of training
 - b. Testing or assessment completion
 - c. Number of training hours per subject area
 - d. Name and qualifications of the trainer or instructor.
- I. The license holder must verify and maintain evidence of staff qualifications in the personnel record. The documentation must include the following:
 - a. Education and experience qualifications relevant to the staff's scope of practice, responsibilities assigned to the staff, and the needs of the general population of persons served by the program; and
 - b. Professional licensure, registration, or certification, when applicable.

Section IV: DETAILED INSTRUCTIONS ABOUT EMERGENCY USE OF MANUAL RESTRAINT PROCEDURES THAT STAFF ARE ALLOWED TO IMPLEMENT AT ACHIEVE SERVICES. If an emergency use of manual restraint is needed, staff will attempt to verbally calm the person down throughout the implemented procedure(s), unless to do so would escalate the person's behavior. The least restrictive manual restraint will be used to effectively handle the situation.

Agencies that allow the Emergency Use of Manual Restraint must describe in detail what interventions may be implemented by the staff in response to potentially dangerous participant behavior. An Emergency Use of Manual Restraint may only be implemented when the participant poses an imminent risk of physical harm to themselves or others and, is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment **do not** constitute an emergency. The following interventions are allowed to be implemented by staff at Achieve if circumstances meet the criteria

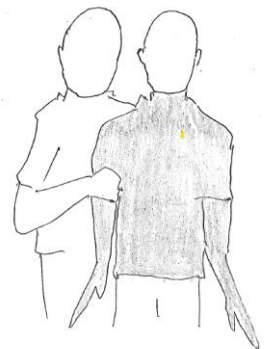
for imminent risk of physical harm.

All Emergency Uses of Manual Restrain should be done thoughtfully with both the participants' and the staff persons' safety in mind. If it seems that the participant's size or strength, or other environmental factors make it too risky to implement any of the following restraints staff should refrain from attempting to implement them. Staff may not implement Emergency Use of Manual Restraint with participants who have a medical contraindication for the use of restraint or with participants whose Teams have declined to provide permission for the Emergency Use of Manual Restraint.

Physical Escort/ Walking

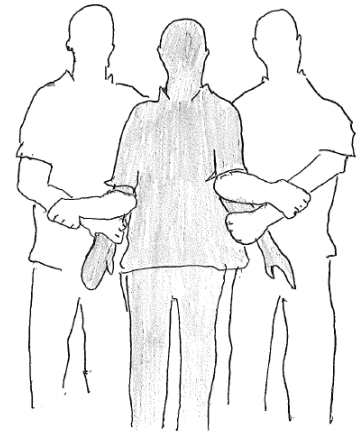
If a participant is agitated and at imminent risk of posing physical harm to themselves and others and it seems that it would be best for them to leave the immediate area for safety staff may implement a Physical Escort to assist them out of the area if they are resistant to leaving.

1. One person escort: If one staff person is implementing a physical escort, they should approach the participant from behind and to one side of the participant depending on the staff person's dominant hand. (i.e. a right-handed staff person would approach from behind and to the left of the participant). The staff person will place their non-dominant hand on the participant's upper arm applying gentle pressure. They will place the palm of their dominant hand against the participant's back and move forward to motivate the participant to leave the immediate area. (See Illustration) If the participant is physically resistant to the escort staff will avoid attempting to overcome their resistance with more force. They will instead attempt to maintain contact with one hand holding the participant's arm and the other on the participant's back, allow the participant to calm down enough to walk, and try again. If the participant continues to be resistant or moves to aggress toward the staff person, the staff person may move their arms forward to direct the participant slightly ahead of them to provide space between the staff person and the participant. The staff person will then be prepared to block and redirect any attempted aggression or serious self-injury.



2. Two person escort: If two staff people are implementing a physical escort they will stand on either side of the participant. Each staff person will reach under

the participant's armpits with their arms that are closest to the participant. The staff people will then take hold of the participant's arms (above the wrist) with their other hands. Staff will place the hand of their arm that went under the participant's armpit over their other hand that is holding the participant's arm. (see illustration) Staff will walk/guide the participant out of the immediate area until they reach a place where the participant may be safely released from the escort. If the participant is physically resistant staff will avoid attempting to overcome their resistance with more force. They will instead attempt to maintain the contact with their hands holding the participant's arms, allow the participant to calm enough to walk, and try again. It is intended that the escorts be brief and be released as soon as possible when the imminent risk of physical harm to themselves or others is reduced.



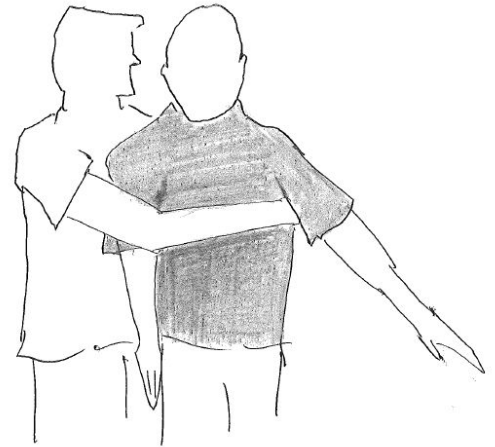
Brief immobilization of one arm to escape grabbing

There may be times when a participant who is agitated might grab another person and possibly create a situation in which there is an imminent risk of physical harm. An example might be if a participant grabbed a person's fingers in a way that risked possible fracture or other injury and didn't respond to prompts to let go. Under circumstances like that staff may hold the participant's arm in order to immobilize it and reduce the risk of injury. Staff may also hold the participant's arm as part of an effort to extract themselves or other people from the grab of an agitated participant. Such interventions should be brief and end as soon as the risk of injury is effectively stopped.

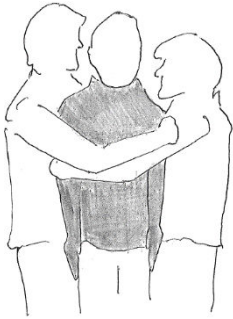
Physical restraints of one or both arms

In the event that a participant is agitated and posing an imminent risk of physical harm to themselves or others and less restrictive interventions are not effective (including the use of physical escorts) staff may implement a physical restraint of one or both of the participant's arms as needed to achieve safety.

1. One arm restraint by one staff person: The staff person may approach the participant from one side and reach both of their arms around the participant's torso trapping one of the participant's arms (the arm on the side staff approached) against their own body. The staff person will clasp their own hands together under the participant's other arm so that arm (the arm on the opposite side from which the staff person approached the participant) is still free to move. Staff will attempt to stand slightly behind the participant to avoid potential strikes by the participant's free arm as well as to avoid spitting, or biting. Staff will be mindful of the potential for head butting by the participant and move their own head father back while implementing the restraint. Staff will maintain this restraint hold only as long as needed to ensure safety (when the risk of imminent physical harm to the participant themselves or to others is reduced and can be managed without the use of restraint).



2. Two arm restraint by one staff person: The staff person may approach the participant from either side of the participant and reach their arms around the participant's torso, over both of the participant's arms, causing them to be held against the participant's sides when the staff person clasps their hands together to complete the hold. The staff person should attempt to stand slightly behind the participant to avoid attempts at spitting, or biting. Staff will be mindful of the potential for head butting by the participant and move their own head father back while implementing the restraint. Staff will maintain this restraint hold only as long as needed to ensure safety (when the risk of imminent physical harm to the participant themselves or to others is reduced and can be managed without the use of restraint).



3. Two arm restraint by two staff people (option 1): Staff may implement a two-arm restraint in much the same manner described for the Two Person Escort. Instead of attempting to move the participant staff would stand in place until the risk of imminent harm is reduced. Staff will maintain this restraint hold only as long as needed to ensure safety (when the risk of imminent physical harm to the participant themselves or to others is reduced and can be managed without the use of restraint).

4. Two arm restraint by two staff people (option 2): Staff may implement a two-armed restraint by having each staff person implement the “two-arm restraint by one staff person” described above. The staff people will approach the participant from opposite sides and reach their arms around the participant’s torso holding both of the participant’s arms against the participant’s body. Staff will maintain this restraint hold only as long as needed to ensure safety (when the risk of imminent physical harm to the participant themselves or to others is reduced and can be managed without the use of restraint).



5. “Basket hold” Two arm restraint by one staff person: A “basket hold” restraint involves the staff person approaching the participant from behind. The staff person reaches their arms past either side of the participant under the participant’s arms. The staff person takes hold of the participant’s forearms (above the wrist) crossing over to grasp the participant’s right arm with the staff’s left hand and the participant’s left arm with the staff person’s right hand. (See illustration). The staff person should hold firmly enough to prevent any imminent risk of physical harm from the participant’s behavior but should be mindful that this very secure hold should avoid risking undue pressure on the chest that might contribute to

positional asphyxia. If there are any concerns regarding positional asphyxia the staff person should release the hold and attempt to respond to the participant's challenging behavior in another way.

Sitting a participant on the floor during restraint:

All attempts at Emergency Use of Manual Restraint may include physical resistance and unpredictable movement by the participant involved. It is possible that they might lose their balance and possibly risk a fall for both them and the staff person implementing the restraint. If it seems that there may be a risk of losing balance and falling staff may either release the restraint and immediately be prepared to re-implement it if the participant's behavior poses an imminent risk of physical harm OR they may safely guide and assist the participant to a sitting position on the floor. It is important to immediately release the restraint once the participant is sitting on the floor to avoid increased pressure on the torso or chest that could risk positional asphyxia.

In every case involving the Emergency Use of Manual Restraint Achieve staff will be mindful of the risk that restraint may exacerbate a participant's agitation. They will be prepared for possible aggression. Staff will attempt to model being as calm as possible for the participant. It is recommended that no Achieve staff person attempt an Emergency Use of Manual Restraint if they are alone. Restraints should only be implemented if other staff are available to assist, to help monitor the participant, and to assure and redirect other participants who might be nearby.

It is most important to remember that the Emergency Use of Manual Restrain is intended only for times when there is an imminent risk of physical harm to the participant themselves or to others nearby. Restraints are not a teaching method. They are only implemented as a way of keeping people safe in the immediate situation. Restraints should be brief and only last as long as needed to reduce the risk of imminent harm. Risks of imminent harm can be reduced by redirecting others away from the agitated participant, removing potentially dangerous items from the area, reducing stimulation in the area, modeling calm behavior, and offering choices for relaxation.

Board Approval: September 10, 2020

POLICY AND PROCEDURE ON ANTI-FRAUD

I. PURPOSE

The purpose of this policy is to provide information regarding the prevention, elimination, monitoring, and reporting of fraud, abuse, and improper activities of government funding in order to obtain and maintain integrity of public funds.

II. POLICY

A holder of a license that is issued by Minnesota Department of Human Services (DHS), pursuant to MN Statutes, chapter 245A [Human Services Licensing Act], and who has enrolled to receive public governmental funding reimbursement for services is required to comply with the enrollment requirements as a licensing standard (MN Statutes, sections 245A.167 and 256B.04, subdivision 21). The company is a provider of services to persons whose services are funded by government/public funds.

Government funds may be from state or federal governments, to include, but not be limited to: Minnesota's Medical Assistance, Medicaid, Medicare, Brain Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Access for Disability Inclusion (CADI) Waiver, Developmental Disability (DD) Waiver, Elderly Waiver (EW), and Minnesota's Alternative Care (AC) program. The company has a longstanding practice of fair and truthful dealing with persons served, families, health professionals, and other businesses. Management, staff, contractors, and other agents of the company shall not engage in any acts of fraud, waste, or abuse in any matter concerning the company's business, mission, or funds.

III. PROCEDURE

A. Definition: Types of fraud, abuse, or improper activities include, but are not limited to, the following:

1. Billing for services not actually provided.
2. Documenting clinical care not actually provided.
3. Paying phantom vendors or phantom staff.
4. Paying a vendor for services not actually provided.
5. Paying an invoice known to be false.
6. Accepting or soliciting kickbacks or illegal inducements from vendors of services, or offering or paying kickbacks or illegal inducements to vendors of services.

7. Paying or offering gifts, money, remuneration, or free services to entice a Medicaid recipient to use a particular vendor.
 8. Using Medicaid reimbursement to pay a personal expense.
 9. Embezzling from the company.
 10. Ordering and charging over-utilized medical services that are not necessary for the person served.
 11. Corruption.
 12. Conversion (converting property or supplies owned by the company to personal use).
 13. Misappropriation of funds of the company or person served by the company.
 14. Personal loans to executives.
 15. Illegal orders.
 16. Maltreatment or abuse of persons served by the company.
- B. Public Funds Compliance Officer: This company has designated the Human Resource Director as their Public Funds Compliance Officer.
- C. Reporting responsibility: The company has an open door policy and encourages staff to share their questions, concerns, suggestions, or complaints regarding the company and its operations with someone who can address them properly. In most cases, this will be a staff person's supervisor. However, if the staff person is not comfortable speaking with their supervisor or is not satisfied with the supervisor's response, the staff person is encouraged to speak with the Public Funds Compliance Officer. If the staff is not comfortable speaking with the Public Funds Compliance Officer, the staff is encouraged to speak with the owner/CEO/Board of Directors. At any time, the staff may speak with an applicable external agency to express their concerns if it is believed that it is not possible to speak with the owner/CEO/Board of Directors. Examples of applicable external agencies are local social service agency's financial manager or law enforcement. This policy is intended to encourage and enable persons to raise serious concerns within the company prior to seeking resolution outside it.
- D. Requirement of good faith: Anyone filing a complaint concerning a violation or suspected violation of the law or regulation requirements must be acting in good faith and have reasonable grounds for believing the information

disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

- E. Confidentiality: Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.
- F. No retaliation: No staff person who in good faith reports a violation of a law or regulation requirements will suffer harassment, retaliation, or adverse employment consequences. A staff who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.
- G. Report acknowledgement: The Public Funds Compliance Officer, or designee, will acknowledge receipt of the reported violation or suspected violation by writing a letter (or email) to the complainant within ten (10) business days, noting that the allegations will be investigated.
- H. Responding to allegations of improper conduct: The Public Funds Compliance Officer is responsible for responding to allegations of improper conduct related to the provision or billing of Medical Assistance services. This may include, but is not limited to: investigating, interviewing applicable individuals involved, reviewing documents, asking for additional assistance, seeking input on process of the investigation, or seeking input on Medical Assistance laws and regulations interpretations to address all staff complaints and allegations concerning potential violations. The CEO will take on functions of the Public Funds Compliance Officer role if the complaint involves the Human Resource Director. If the complaint involves both the CEO and Human Resource Director, outside legal counsel or an applicable external agency will carry out the functions of the Public Funds Compliance Officer. The Human Resource Director or its designee will implement corrective action to remediate any resulting problems.

- I. Evaluation and monitoring for internal compliance: On a regular schedule and as needed, the Human Resource Director, or its designee, will run routine financial reports to review financial information for accuracy and compliance. On a regular schedule and as needed, the Human Resource Director, or its designee, will review standard operations and procedures to ensure that they remain compliant.
- J. External auditing for compliance: On a regular schedule, the company will have an external financial audit.
- K. Promptly reporting errors: The Public Funds Compliance Officer shall immediately notify appropriate individuals of all reported concerns or complaints regarding corporate accounting practices, internal controls, or auditing. This may include the Chief Financial Officer, the owner/CEO, or the Chairperson of the Board of Directors. The Human Resource Director will promptly report to DHS any identified violations of Medical Assistance laws or regulations.
- L. Recovery of overpayment: Within 60 days of discovery by the company of a Medical Assistance reimbursement overpayment, a report of the overpayment to DHS will be completed and arrangements made with DHS for the Department's recovery of the overpayment.
- M. Training: Staff are trained on this policy and as needed, they may need to be re-trained. As determined by the company, staff may need to demonstrate an understanding of the implementation of this policy.
- N. Documentation: The provider must maintain documentation that, upon employment and annually thereafter, staff providing a service have attested to reviewing and understanding the following statement: "It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092, and 256B.49."

POLICY AND PROCEDURE ON PARTICIPANT FUNDS

I. PURPOSE

The purpose of this plan is to detail the agency's policies and procedures addressing participant cash management and control.

I. POLICY

According to MN Statutes, section 245D.06, subdivision 4, and MN Statutes, section 245A.04, subdivision 13, Achieve Services may assist participants with the handling of their funds given specific requirements that are outlined in section III Procedure of this policy.

II. PROCEDURE

- I. Achieve will obtain authorization from the individual receiving service/legal representative within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, Achieve Services will survey, document and implement the preference of the person or the person's legal representative and case manager for frequency of receiving a statement that itemizes receipts and disbursements of funds. Achieve Services will document changes to these preferences when they are requested.
- II. Each participant retains the use and availability of their personal funds unless their individual plan or legal representative outlines restrictions. This is determined upon admission and annually thereafter.
- III. A written log/ledger will be kept for cash held at Achieve for each participant. This information will include:
 1. The identity of the person
 2. The date of each entry (deposit, withdrawal, balance check).
 3. The current balance of the account.
 4. A description of any deductions made and how the money was spent.
- IV. Any cash received for deposit into the account or removed from the account will be documented in writing in the log/ledger by the designated staff. All funds must be kept locked in a secure place.

- V. Amounts in excess of one weeks' worth of funds (approximately \$10.00) will be kept in a locked area in a locked box.
- VI. A receipt should be kept when possible unless the legal representative or county case manager makes other arrangements. This is determined during initial admission and annually thereafter. When a receipt is not available, such as through a vending machine purchase, staff will hand write a receipt with total cost, date, and item purchased. Receipts will be kept with the participant funds in the locked box unless the legal representative requests they are sent home. In this case staff will maintain a copy of the receipt for Achieve records.
- VII. A copy of each participant's expense log/ledger will be sent to the legal representative in the frequency requested by the legal representative and county case manager. This is formally determined upon admission and annually thereafter.
- G. Participant funds should be kept separate from other participant funds and never mixed with other agency funds. Participants should have their own account if they need assistance handling their money while at Achieve.
- H. Participant change from purchases will either be sent home or maintained in their own separate account in a locked area (outlined above) at Achieve. This determination is made between Achieve staff, the participant and their legal representative.
- I. When a participant or their legal representative requests that their funds be returned to them, subject to the restrictions in the participant's individual plan, the funds will be distributed no later than 3 working days after the request.
- J. Upon transfer or death of a participant, any funds or other property of the person will be surrendered to the person or the person's legal representative, or given to the executor or administrator of the estate in exchange for an itemized receipt.
- K. Achieve Services and program staff must not:

1. borrow money from participants;
2. purchase personal items from participants;
3. sell merchandise or personal services to participants;
4. require participants to purchase items for which Achieve is eligible for reimbursement; or
5. use funds of participant to purchase items for which Achieve is already receiving public or private payments.

POLICY AND PROCEDURE ON RELEASING PARTICIPANTS

I.PURPOSE

The purpose of this policy is to protect the safety of individuals served by ensuring they are released to appropriate personnel or family members when requested.

II.APPLICATION

This policy applies to all participants and staff at Achieve.

III.POLICY

It is the policy at Achieve to release participants only to persons authorized to do so. This plan is written upon admission to Achieve's program and is reviewed annually with the interdisciplinary team.

IV.AGENCY PROCEDURES

1. All participants have a Plan that outlines each person's areas of vulnerability. Included in this are names of individuals who are NOT authorized to have contact with the participant. A list will be kept at the front desk with the names of any individuals not authorized to see a person in Achieve space and/or take them out of the program.
2. If a participant is their own guardian, they may sign themselves out during the program day. This is reviewed annually by the interdisciplinary team, and is documented on their Individualized Plan.
3. Upon admission to the program and on an annual basis, releases of information are written to determine with whom information can be shared. This is decided by the participant, and/or their guardian, based upon the wishes and capabilities of the participant or their guardian if they are unable to. Primary contact and emergency contacts are listed on the cover sheets in the main file.
4. All visitors are requested to enter Achieve through the office area.
5. There is a sign in log at the receptionist's desk in the Achieve front office, and visitor tags if the person wants to go into the program areas.

6. In general, persons authorized to take individuals out of Achieve include:
 - Guardians
 - Residential staff
 - Family members
 - County Case Managers
 - Others authorized through the release of information
7. If a participant is going to be picked up, families or other caregivers will notify Achieve (either through a phone call to the office, notification to the driver or note to staff) about the pickup information (including but not limited to); date, time picked up, who will be picking them up and if they are going to be returning to Achieve that day. Achieve staff will also be notified with the name of the individual that is picking the participant up, so Achieve staff know who to expect.
8. Upon arrival, the individual picking up the participant, will go to the front office. The person will sign their name, and what time they are leaving, and if the participant is returning that day or not. If the office staff are not familiar with the person picking up the participant, or if Achieve had not been notified prior about the pickup, Achieve staff will contact the guardian and/or residential staff for verification. In addition, they may contact an Achieve staff person that works with the individual for verification. Achieve staff may ask for identification as well.

POLICY AND PROCEDURE ON DRUG AND ALCOHOL USE

Refer to Employee Handbook

POLICY AND PROCEDURE ON UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES

Refer to Nurses Policy Book

POLICY AND PROCEDURE ON SAFE MEDICATION ASSISTANCE AND ADMINISTRATION

Refer to Nurses Policy Book

POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED

Refer to Achieve's AWAIR Plan

POLICY AND PROCEDURE ON EMERGENCIES

Refer to Achieve's AWAIR Plan

POLICY AND PROCEDURE ON GRIEVANCES

Refer to Employee Handbook

POLICY AND PROCEDURE ON SAFE TRANSPORTATION

Refer to Achieve's AWAIR Plan

