



245D

VOCATIONAL INTENSIVE
SUPPORT SERVICES

POLICIES
AND
PROCEDURES

Policy and Procedure Title	Date
Admission	Rev. 6/24
Temporary Service Suspension	Rev. 8/15
Grievances	Rev. 7/15
Data Privacy	Rev. 6/22
Emergency Use of Manual Restraint	Rev. 6/22
Responding to and Reporting Incidents	Rev. 6/22
Emergencies	Rev. 6/22
Reviewing Incidents and Emergencies	Rev. 6/22
Reporting and Review of Maltreatment of Vulnerable Adults	Rev. 6/22
Reporting and Review of Maltreatment of Minors	Rev. 6/24
Safe Transportation	Rev. 6/22
Anti-Fraud	Rev. 6/19
Alcohol and Drug Use	New 7/13
Death of a Person Served	New 7/13
Universal Precautions and Sanitary Practices	New 7/13
Safe Medication Assistance and Administration	Rev. 6/23
Service Termination	Rev. 6/22
Person-Centered Planning and Service Delivery	New 8/15



POLICY AND PROCEDURE ON ADMISSION

I. PURPOSE

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

II. POLICY

Services may be provided by MRCI 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. MRCI may provide services to persons with disabilities, including, but not limited to, developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when the company is able to meet the person's needs.

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

III. PROCEDURE

Admission criteria

- A. Certain criteria, including existing State and Federal rules and Regulations, will be used by MRCI to determine whether MRCI 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 include:
 1. Proper staff resources available to support the persons preferences and needs.
 2. That with or without requested reasonable accommodations, MRCI has the capability to provide for the health and safety of the person and other persons in the program.
 3. Assurance that all team members have provided full disclosure of the person's communication needs, social skills, relevant legal history, vulnerabilities, behavioral challenges, medical and vocational service expectations.
 4. Medical needs must be within the scope of service that can be provided by non-medical personnel.
 5. Transportation needs can be supported per the MRCI Safe Transportation Protocols and/or Public Transportation Guidelines
 6. Program Licensed Capacity.
- B. When a person and/or legal representative requests services from MRCI, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and MRCI's lack of capacity to meet the needs of the person.
- C. MRCI will not refuse to admit a person based solely on the basis of:
 1. 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.
- E. 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 in the client's file on IBV

Admission process and requirements

- A. In the event of an emergency service initiation, MRCI must ensure that staff training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the person served. MRCI must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.
- B. Prior to or upon the initiation of services, the Coordinator and/or Manager will develop, document, and implement the *Individual Abuse Prevention Plan* according to MN Statutes, section 245A.65, subdivision 2.
- C. The Coordinator and/or Manager will ensure that during the admission process the following will occur:
 1. Each person to be served and/or legal representative is provided with the written list of the *Rights of Persons Served* that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
 - a. An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
 - b. Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the person and/or legal representative.
 2. Overview of the MRCI's *Program Abuse Prevention Plan* will occur within 24 hours of service admission for individuals participating in on-site programming, or for those persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 3. An overview 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 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 4. An explanation of 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: MRCI Policies are available on the MRCI website. (www.mymrci.org)
 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*
 5. Written authorization is obtained by 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. *Standard Release of Information*
 - e. *Specific Release of Information*
 - f. *Funds and Property Authorization (authorization located on the Combined Signature Page)*
 - i. This authorization may be obtained within five (5) working days of the service initiation meeting and annually thereafter. The case manager also provides written authorization for the *Funds and Property Authorization*.
 - g. The *Admission Form and Data Sheet* is signed by the person and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the person and/or legal representative.

- 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. MRCI's 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*, as specified on the Support Plan as petty cash, the coordinator 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, MRCI 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 Coordinator will ensure that the person's service recipient record is assembled according to MRCI standards.

- B. Within 15 calendar days of service initiation, the coordinator will complete a preliminary Support Plan Addendum that is based upon their 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 Client Resource Coordinator.

- C. 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.

- D. Before the initial planning meeting, the coordinator will complete the *Self-Management Assessment* regarding the person's ability to self-manage in health and medical needs, personal safety, and symptoms or behaviors. This assessment will be based on the person's status within the last 12 months at the time of service initiation.

- E. 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 preferences 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.
- F. 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 Support Plan 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.
- G. Within 10 working days of the initial planning meeting, the Coordinator will develop a service plan that documents outcomes and supports for the person based upon the assessments completed at the initial -planning meeting.
- H. Within 20 working days of initial planning meeting, the coordinator 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.



POLICY AND PROCEDURE ON TEMPORARY SERVICE SUSPENSION

I. PURPOSE

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

II. POLICY

It is the intent of MRCI 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. MRCI restricts temporary service suspension to specific situations according to MN Statutes, section 245D.10, subdivision 3. The Director will determine if suspension is appropriate. The Chief Executive Officer will be notified of the pending service suspension.

III. PROCEDURE

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

A. MRCI 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 emergency medical issues that exceed MRCI'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, MRCI must document actions taken to minimize or eliminate the need for service suspension. Action taken by MRCI 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 person 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 MRCI was unable to take the actions listed above, MRCI 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. MRCI 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 the suspension.
- D. During the temporary suspension period, MRCI 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 the 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, MRCI must document the specific reasons why a contrary decision was made.



POLICY AND PROCEDURE ON GRIEVANCES

I. PURPOSE

The purpose of this policy is to promote service recipient rights by providing persons served and/or legal representatives with a simple process to address complaints or grievances at MRCI.

II. POLICY

Each person served and/or legal representative will be encouraged and assisted in continuously sharing ideas and expressing concerns in informal discussions with management staff and in support team meetings. Each concern or grievance will be addressed and attempts will be made to reach a fair resolution in a reasonable manner.

Should a person and/or legal representative feel an issue or complaint has not or cannot be resolved through informal discussion with the coordinator from the program, they should file a formal grievance. Staff and persons served and/or legal representatives will receive training regarding the informal and formal grievance procedure. This policy will be provided, orally and in writing, to all persons served and/or legal representatives. If a person served and/or legal representative feel that their formal complaint has not or cannot be resolved by their immediate staff, they may bring their complaint to the highest level of authority, MRCI's Chief Executive Officer, who may be reached at the following:

MRCI
ATTN Patrick C. Westhoff, CEO
PO Box 328
Mankato MN 56002

The Coordinator will ensure that during the service initiation process that there is orientation for the person served and/or legal representative to MRCI's policy on addressing grievances. Throughout the grievance procedure, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (i.e. ARC, MN Office of the Ombudsman) may be sought to assist with the grievance. Persons served and/or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

III. PROCEDURE

- A. All complaints affecting a person's health and safety will be responded to immediately by MRCI's Coordinator.
- B. Direct support staff will immediately inform the MRCI Coordinator of any grievances and will follow this policy and procedure. If at any time, staff assistance is requested in the complaint process, it will be provided. Additional information on outside agencies that also can provide assistance to the person served and/or legal representative are listed at the end of this procedure.
- C. If for any reason a person served and/or legal representative chooses to use the formal grievance process, they will then notify in writing or discuss the formal grievance with the MRCI Director.
- D. When a formal grievance is made, the MRCI Director will initially respond in writing within 14 calendar days of receipt of the complaint.
- E. If the person served and/or legal representative is not satisfied with the MRCI Director response, they will then notify in writing or discuss the formal grievance with MRCI's Chief Executive Officer, who will then respond within 14 calendar days.

- F. All complaints must and will be resolved within 30 calendar days of receipt of the complaint. If this is not possible, MRCI's Chief Executive Officer will document the reason for the delay and the plan for resolution.
- G. If the person served and/or legal representative believe their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services. In addition, persons may contact advocacy agencies (listed at the end of this policy) and state they would like to file a formal grievance regarding their services, MRCI, etc.
- H. As part of the complaint review and resolution process, a complaint review will be completed by the Compliance Director and documented by using the Internal Review (form #80-130) regarding the complaint. The complaint review 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 complaint is similar to past complaints with the persons, staff, or services involved.
 5. There is a need for corrective action by MRCI to protect the health and safety of persons served.
- I. Based upon the results of the complaint review, MRCI staff will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or MRCI, if any.
- J. A written summary of the complaint and a notice of the complaint resolution to the person served and/or legal representative and case manager will be provided by using the Complaint Summary and Resolution Notice form. This summary will:
1. Identify the nature of the complaint and the date it was received.
 2. Include the results of the complaint review.
 3. Identify the complaint resolution, including any corrective action.
- K. The Complaint Summary and Resolution Notice will be maintained in the service recipient record.

Contact Agencies:

Outside Agency Name	Telephone Number	Address and Email Address
ARC MN	(651) 523-0823 (800) 582-5256	770 Transfer Road, Suite 26, St. Paul, MN 55114 www.thearcofminnesota.org mail@arcmn.org
ARC Greater Twin Cities	(952) 920-0855	2446 University Ave W, Suite 110, St. Paul, MN 55114 www.arcgreatertwincities.org info@arcgreatertwincities.org
ARC Northland	(218) 726-4725	424 W Superior St, Suite 201, Duluth, MN 55802 www.arcnorthland.org cbourrage@arcnorthland.org
Disability Law Center/Legal Aid Society	(612) 332-1441	430 1 st Ave North, Minneapolis, MN 55401 www.mndlc.org website@mylegalaid.org
MN DHS-Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/ dhs.info@state.mn.us

MN Office of the Ombudsman for Families (and Children)	(651) 603-0058 (651) 643-2539 Fax 1-888-234-4939	1450 Energy Drive, Suite 106 St. Paul, Minnesota 55108 http://mn.gov/ombudfam/
MN Office of the Ombudsman for MH/DD	(651) 757-1800 (800) 657-3506	121 7 th Place East, Suite 420, Metro Square Building, St. Paul, MN 55101 www.ombudmhdd.state.mn.us ombudsman.mhdd@state.mn.us
MN Office of the Ombudsman for Long-Term Care	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.dhs.state.mn.us/main dhs.info@state.mn.us
Local County Social Service Agency: ask for either child protection or adult protection dependent upon the age of the person	Individual telephone number per county: See *	Individual addresses per county: See * Telephone book www.yellowpages.com https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG



POLICY AND PROCEDURE ON DATA PRIVACY

I. PURPOSE

The purpose of this policy is to establish guidelines that promote service recipient rights ensuring data privacy and record confidentiality of persons served.

II. POLICY

According to MN Statutes, section 245D.04, subdivision 3, persons served by MRCI have protection-related rights that include the rights to:

- ✓ Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the company.
- ✓ Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.

Orientation for the person served and/or legal representative will be completed at service initiation and as needed thereafter. This orientation will include an explanation of this policy and their rights regarding data privacy. Upon explanation, the Coordinator will document that this notification occurred and that a copy of this policy was provided.

MRCI encourages data privacy in all areas of practice and will implement measures to ensure that data privacy is upheld according to MN Government Data Practices Act, section 13.46. MRCI will also follow guidelines for data privacy as set forth in the Health Insurance Portability and Accountability Act (HIPAA) to the extent that MRCI performs a function or activity involving the use of protected health information and HIPAA's implementing regulations, Code of Federal Regulations, title 45, parts 160-164, and all applicable requirements. The Director of Compliance will exercise the responsibility and duties of the "responsible authority" for all program data, as defined in the Minnesota Data Practices, MN Statutes, chapter 13. Data privacy will hold to the standard of "minimum necessary" which entails limiting protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

III. PROCEDURE

Access to records and recorded information and authorizations

- A. The person served and/or legal representative have full access to their records and recorded information that is maintained, collected, stored, or disseminated by MRCI. Private data are records or recorded information that includes personal, financial, service, health, and medical information.
- B. Access to private data in written or oral format is limited to authorized persons. The following MRCI personnel may have immediate access to persons' private data only for the relevant and necessary purposes to carry out their duties as directed by the Support Plan and/or Support Plan Addendum:
1. Executive staff.
 2. Administrative staff.
 3. Financial staff.
 4. Health Services Coordinator and/or Health Consultant and/or consulting nurses.
 5. MRCI staff including Specialist, Coordinator, Manager and Director.
- C. The following entities also have access to persons' private data as authorized by applicable state or federal laws, regulations, or rules:
1. Case manager.
 2. Child or adult foster care licensor, when services are also licensed as child or adult foster care.
 3. Minnesota Department of Human Services and/or Minnesota Department of Health.

4. County of Financial Responsibility or the County of Residence's Social Services.
 5. The Ombudsman for Mental Health or Developmental Disabilities.
 6. US Department of Health and Human Services.
 7. Social Security Administration.
 8. State departments including Department of Employment and Economic Development (DEED), Department of Education, and Department of Revenue.
 9. County, state, or federal auditors.
 10. Adult or Child Protection units and investigators.
 11. Law enforcement personnel or attorneys related to an investigation.
 12. Various county or state agencies related to funding, support, or protection of the person.
 13. Other entities or individuals authorized by law.
- D. MRCI will obtain authorization to release information of persons served when consultants, sub-contractors, or volunteers are working with MRCI to the extent necessary to carry out the necessary duties.
- E. Other entities or individuals not previously listed who have obtained written authorization from the person served 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.
- F. Information will be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the person served or other individuals or persons. The Coordinator will ensure the documentation of the following:
1. The nature of the emergency.
 2. The type of information disclosed.
 3. To whom the information was disclosed.
 4. How the information was used to respond to the emergency.
 5. When and how the person served and/or legal representative was informed of the disclosed information.
- G. All authorizations or written releases of information will be maintained in the person's service recipient record. In addition, all requests made to review data, have copies, or make alterations, as stated below, will be recorded in the person's record including:
1. Date and time of the activity.
 2. Who accessed or reviewed the records.
 3. If any copies were requested and provided.

Request for records or recorded information to be altered or copies

- A. The person served and/or legal representative has the right to request that their records or recorded information and documentation be altered and/or to request copies.
- B. If the person served and/or legal representative objects to the accuracy of any information, staff will ask that they put their objections in writing with an explanation as to why the information is incorrect or incomplete.
1. The coordinator will submit the written objections to the Director of Compliance who will make a decision in regard to any possible changes.
 2. A copy of the written objection will be retained in the person's service recipient record.
 3. If the objection is determined to be valid and approval for correction is obtained, the coordinator will correct the information and notify the person served and/or legal representative and provide a copy of the correction.
 4. If no changes are made and distribution of the disputed information is required, the Coordinator

will ensure that the objection accompanies the information as distributed, either orally or in writing.

- C. If the person served and/or legal representative disagrees with the resolution of the issue, they will be encouraged to follow the procedures outlined in the *Policy and Procedure on Grievances*.

Security of information

- A. A record of current services provided to each person served will be maintained at the administrative offices at 1750 Energy Drive, Mankato, MN 56001. Client files can be accessed by authorized MRCI staff through the electronic case management system. Files will not be removed from the administrative offices without consent from the Chief Executive Officer.
- B. The Director of Compliance will ensure that all information for persons served are secure and protected from loss, tampering, or unauthorized disclosures. This includes information stored by computer for which a unique password and user identification is required.
- C. No person served and/or legal representative, staff, or anyone else may permanently remove or destroy any portion of the person's record.
- D. MRCI and its staff will not disclose personally identifiable information about any other person when making a report to each person and case manager unless MRCI has the consent of the person. This also includes the use of other person's information in another person's record.
- E. 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.
- F. All staff will receive training at orientation and annually thereafter on this policy and their responsibilities related to complying with data privacy practices.



POLICY AND PROCEDURE ON EMERGENCY USE OF MANUAL RESTRAINT

I. 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.

II. POLICY

It is the policy of MRCI to ensure the correct use of emergency use of manual restraint, to provide intense training and monitoring of direct support specialists 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.”

This MRCI Policy DOES allow for the use of 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.

III. PROCEDURE

Positive support strategies

- A. MRCI 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 specialist 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.
 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.
 4. The individualized strategies that have been written into the person’s Support Plan and/or Support Plan 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. MRCI trains all staff in the interactional, de-escalation and post-incident techniques as described in the attachment A.
 7. 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 Support Plan. 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 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

MRCI and its staff are prohibited from using the following:

- A. Chemical restraints
- B. Mechanical restraints
- C. Manual restraint (except in the case of an emergency or safety, unless needed to protect the person or others from imminent risk of physical harm. See Emergency Use of Manual Restraint section)
- 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 (c).

Positive Support Transition Plans

MRCI uses *Positive Support Transition Plans* on forms provided by the Department of Human Services. These plans are 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 restrictive intervention means prohibited procedures identified in MN Statutes, section 245D.06, subdivision 5; prohibited procedures identified in MN Rules, part 9544.006; and the emergency use of manual restraint.

A restrictive 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 MRCI.
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. MRCI may utilize approved types of manual restraints which may be used by staff on an emergency basis listed on Attachment A. MRCI educates and trains staff in a system of gradual and graded alternatives for de-escalating and supporting people, using a combination of interpersonal communication skills and physical interaction techniques.
- 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, MRCI 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.

Positive Support Transition Plans (PSTP)

MRCI 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. A PSTP must be developed in accordance with MN Statutes, section 245D.06, subdivision 8 and MN Rules, part 9544.0070 for a person who has been subjected to three (3) incidents of EUMR within 90 days or four (4) incidents of EUMR within 180 days. 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 and MN Rules, Chapter 9544.

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 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, MRCI 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.06, subdivision 1 and 245D.061, subdivision 5.
- B. Within 24 hours of the emergency use of manual restraint, MRCI 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, MRCI will not disclose any personally identifiable information about any other person when making the report unless MRCI 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 Coordinator 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 persons 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 Coordinator 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, MRCI 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 MRCI, if any. The Director will ensure that the corrective action plan, if any, is implemented within 30 days of the internal review being completed.

- F. Within five (5) working days after the completion of the internal review, the Coordinator 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 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 Director will submit, using the DHS online *Behavioral Intervention Reporting Form* (DHS-5148-ENG-1), which will automatically be routed to 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 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 Ombudsman if needed.
 - 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. MRCI 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, 4a 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. Prior to having unsupervised direct contact with a person served by the company or for whom the staff has not previously provided support, or any time the plans or procedures are revised as they relate to the staff person's job functions for the persons served, the staff person must review and receive instruction on:
 - 1. What constitutes use of restraints, time out, and seclusion including chemical restraints.
 - 2. Staff responsibilities related to the prohibitions of their use according to this policy and MN Statutes, section 245D.06, subdivision 5. MN Rules, part 9544.0060, or successors 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:

1. 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.
 2. De-escalation methods, positive support strategies, and how to avoid power struggles.
 3. Simulated experiences of administering and receiving manual restraint procedures allowed by MRCI on an emergency basis.
 4. How to properly identify thresholds for implementing and ceasing restrictive procedures.
 5. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
 6. The physiological and psychological impact on the person and the staff when restrictive procedures are used.
 7. The communicative intent of behaviors.
 8. 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.

ATTACHMENT A: ALLOWED USE OF MANUAL RESTRAINT PROCEDURES

ALLOWED MANUAL RESTRAINT PROCEDURES

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.

MRCI trains all staff in the interactional, de-escalation and post-incident techniques used by the MANDT System. The Mandt System is a comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others.

The MANDT System focuses on building healthy relationships, communication, and conflict resolution; medical risk factors, assisting and supporting; and restraining techniques.

The physical skills taught through MANDT may include:

- proper stances,
- walking with and accompanying,
- escorting,
- assisting a person from the floor,
- one person side body hug,
- two person side body hug,
- one arm support/restraint,
- two arm support/restraint,
- one arm two person support/restraint,
- bite release,
- turn and step,
- wrist release, finger release, clothing release,
- hair pull,
- following a person to the floor,
- two person separating
- **Please refer to the MANDT manual for specific details and techniques.**



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

MRCI 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. These emergency procedures will be easily accessible on the MRCI Safety page. In addition, all MRCI staff will have their client contact information which includes emergency medical care and transportation readily accessible. A list of emergency phone numbers will be readily accessible for persons served including each person's representative, physician, and dentist.

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 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, advanced practice registered nurse, physician assistance treatment, or hospitalization.
4. Any mental health crisis that requires the program to call “911,” a mental health crisis intervention team, or a 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 626.556 or 626.557.

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, advanced practice registered nurse, physician assistance 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. Staff will refer to the *Policy and Procedure on the Death of a Person Served* for more information.
 3. Staff will notify the coordinator who will assist in securing any staffing coverage that is necessary. Staff will not leave other persons served alone or unattended.
 4. If the person is transported to a hospital, staff will either accompany the person or follow up with MRCI, other agencies, and/or the hospital as soon as possible.
 5. Staff will provide any medical information available to the emergency respondents.
 6. Staff will inform the person’s emergency contact(s) of the situation.
 7. In a non-emergency situation in which prompt medical attention is necessary, staff will consider the situation and respond appropriately per basic first aid training.

8. Subsequent to a major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Manager, Director and Chief Executive Officer shall be notified as soon as possible.

C. Any mental health crisis that requires the program to call “911,” 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,” a mental health crisis intervention team, or a similar mental health response team or service, and the person’s emergency contact, 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 or contact person.
5. Staff will notify the coordinator who will assist in securing any staffing coverage that is necessary.
6. After any major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Manager, Director and Chief Executive Officer shall be notified as soon as possible.

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 or others at imminent risk of harm.
2. Staff will immediately notify the coordinator 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 the company’s control.
5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person’s Support Plan Addendum
6. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, the coordinator will determine immediate actions and contact support team members to arrange a planning meeting.
7. If a person served is incarcerated, the coordinator will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.
8. After any major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Manager, Director and Chief Executive Officer shall be notified as soon as possible.

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 notify the coordinator if the staff team decides a more extensive search will be organized-by checking locations where the person may have gone.
3. Staff will call “911” if the person is determined to be missing and there is no protocol in place. Staff will provide the police with information about the person’s vulnerable adult status, appearance, last known location, disabilities, and other information as requested.

4. The coordinator 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.
6. After any major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Manager, Director and Chief Executive Officer shall be notified as soon as possible.

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 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. Aggressive or Sexual Conduct (involving force or coercion) between persons 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 intervene between the aggressor(s) using the least intrusive methods possible 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 Support Plan Addendum.
4. Staff will remove the person being aggressed towards to an area of safety.
5. If a sexual assault is believed to have occurred staff will discourage the person from bathing, washing, changing clothing, or redressing in clothing that they were wearing. Staff will seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will observe for signs of physical injury and document any findings.
7. If the incident results in injury, staff will provide basic first aid according to their training.

Reporting incidents

- H. Staff will immediately notify the coordinator 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*.

1. When the incident or emergency involves more than person served, MRCI 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 MRCI has the consent of the person and/or legal representative.
2. The coordinator 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 MRCI has reason to know that the incident has already been reported, or as otherwise directed in the person's Support Plan and/or Support Plan Addendum.
3. If an incident involves serious injury as determined by MN Statutes, section 245.91, subdivision 6 or death of a person served, 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 MRCI has reason to know that the incident has already been reported, by using the required reporting forms. These forms include *Death Reporting Form*, *Serious Injury Form*, and *Death or Serious Injury Report Transmission Cover Sheet*. The link for these fillable online forms can be found on the MRCI HUB/Safety
4. 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.
5. Within 24 hours of reporting maltreatment, MRCI will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report. MRCI staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable.



POLICY AND PROCEDURE ON EMERGENCIES

I. PURPOSE

The purpose of this policy is to provide guidelines to MRCI staff on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

II. POLICY

MRCI will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, 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 emergencies 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, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Specialists will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be readily available on the MRCI Safety page and emergency contact information for persons served can be accessed on MRCI's secured client data information system.

III. PROCEDURE

Defining emergencies

- A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
1. Fires
 2. Bomb Threat
 3. Medical Emergency
 4. Violent Intruder
 5. Severe weather
 6. Natural disasters
 7. Accidental Disaster
 8. Power Failure
 9. Emergency evacuation or moving to an emergency shelter
 10. Temporary closure or relocation of the program to another facility or service site for more than 24 hours
 11. Other events that threaten the immediate health and safety of persons served and that require calling "911."

Preparing for emergencies

- A. To be prepared for emergencies, all MRCI Specialists, Coordinators and Directors are trained in first aid and when required in a person's Support Plan and/or Support Plan Addendum, be able to provide cardiopulmonary resuscitation (CPR).
- B. All MRCI Specialists will have a first aid kit readily available for use that meet the needs, of persons served along with the emergency contact information for those individuals. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.

- C. All MRCI Day Service Facilities will have:
 - 1. A floor plan available that identifies the locations of:
 - a. Fire extinguishers and audible or visual alarm systems
 - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
 - c. An emergency shelter within the facility
 - 2. A site plan that identifies:
 - a. Designated assembly points outside the facility
 - b. Locations of fire hydrants
 - c. Routes of fire department access
 - 3. A facility emergency escape plan as quarterly rehearsed.

- D. Quarterly fire and severe weather drills will be conducted and logged throughout the year on various days of the week and times of the day. Staff and persons served will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The Compliance Coordinator will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill.

- E. Compliance Coordinator regularly updates emergency information on the MRCI Safety Page. This information is accessible to all MRCI staff and includes the following information:
 - 1. The log of quarterly fire and severe weather drills.
 - 2. The Emergency Action Plan.
 - 3. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
 - 4. Program Abuse Prevention Plan (and current/approved updates)
 - 5. Relocation procedures or service suspension when services are interrupted for more than 24 hours
 - 6. Emergency phone numbers.

- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies

- A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated in the Emergency Action Plan. After any major event in which 911 is activated, and if any police, fire or emergency personnel are utilized, the Manager, Director and Chief Executive Officer shall be notified as soon as possible.
 - 1. Refer to the Crisis / Emergency Action Plan located on MRCI Safety Page.

Reporting emergencies

- A. Staff will immediately notify the Director 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* 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*.

- B. If an incident resulted from the emergency situation, the Coordinator 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 MRCI has reason to know that the incident has already been reported, or as otherwise directed in the person's Support Plan and/or Support Plan Addendum.

- C. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served*. The Manager, Director and Chief Executive Officer will be called by the end of the day.

IV. Review Emergency Procedures

This program will complete an Emergency Report and Internal Review of all emergencies.

1. The review will be completed using the program's emergency report and review form by the Coordinator and Compliance Coordinator.
2. The review will ensure that the written report provides a written summary of the emergency.
3. The review will identify trends or patterns, if any, and determine if corrective action is needed.
4. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

Record Keeping Procedures

- A. The review of an emergency will be documented on the Emergency Procedure Report and Annual Safety Report and will include identifying trends or patterns and corrective action, if needed.
- B. Emergency Report and Safety Report will be maintained by the Compliance Coordinator.



POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

I. PURPOSE

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

II. POLICY

MRCI is committed to the prevention of, and safe and timely response to, and consistent and accurate reporting of 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.

MRCI 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 Compliance Coordinator in concert with MRCI's Safety Committee, 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 Support 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 Support Plan Addendum or program policies and procedures were implemented as applicable.
5. The name of the staff person or persons who responded to the 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 Director.

C. In addition to the review for the identification of patterns and implementation of corrective action, the company 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.061. MN Statutes, section 245D.061, 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 260E.

4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.
- D. When MRCI has knowledge that a situation has occurred that requires an internal review, the Director 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 Director 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 Director 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 Transmission Cover Sheet*.
 7. *Complaint Summary and Resolution Notice*.
- F. The Director is the primary individual responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that this person is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the Chief Executive Officer 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, as applicable:
1. *Incident and Emergency Report* including the written summary and the Director'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 Transmission Cover Sheet*.
 6. *Complaint Summary and Resolution Notice*.
- J. 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.

- K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.



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 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 MRCI who encounter 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 are expected to conduct themselves in a supportive and respectful manner which does not maltreat Vulnerable Adults.

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. MRCI 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 as well as the safekeeping of their funds and property. 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 report immediately (within 24 hours) to the Minnesota Adult Abuse Reporting Center (MAARC) or internally to MRCI coordinator. Should the staff choose to make a report directly to an external agency, they must make the verbal report by notifying the Minnesota Adult Abuse Reporting Center.
- C. The Director is the primary individual responsible for receiving internal reports of maltreatment and forwarding internal reports to the Minnesota Adult Abuse Reporting Center. If there are reasons to believe that the Director is involved in the alleged or suspected maltreatment, the Chief Executive Officer is the secondary individual responsible for receiving internal reports of maltreatment and for forwarding internal reports to the Minnesota Adult Abuse Reporting Center.
- D. 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/**.
- E. 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.
- F. For internal reports of suspected or alleged maltreatment, the person who received the report will:
 1. Contact the Minnesota Adult Abuse Reporting Center if the report is determined to be suspected or alleged maltreatment.
 2. Ensure an *Incident/Accident Report* has been completed.
 3. Inform the case manager within 24 hours of reporting maltreatment, unless there is reason to believe that the case manager is involved in the suspected maltreatment. The person who received the report will disclose to the case manager on form #80-131 the:
 - a. Nature of the activity or occurrence reported
 - b. The agency that received the report
 4. Complete the *Notification to an Internal Reporter* (form #80-128) staff who reported the

maltreatment within two working days. This letter will be provided in a manner that protects the reporter's confidentiality. The notification must indicate whether or not MRCI reported externally to the Minnesota Adult Abuse Reporting Center. The notice must also inform the staff that if MRCI did not report externally and they are not satisfied with that decision they may still make the external report to the Minnesota Adult Abuse Reporting Center 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 on their own.

- F. When MRCI has knowledge that an external or internal report of alleged or suspected maltreatment has been made, an internal review will be completed. The Manager is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Manager is involved in the alleged or suspected maltreatment, the Director is the secondary individual responsible for ensuring that internal reviews are completed.
- G. The *Internal Review* will be completed within 30 calendar days. The person completing it will:
 - 1. Ensure an Incident/Accident 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 MRCI contact, ensuring that staff cooperate, and that all records are available.
 - 4. Complete an *Internal Review* (form #80-130) 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 vulnerable adults, or the services involved
 - e. 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 *Maltreatment Reporting Review Checklist* (form #80-126) and compile together all documents regarding the report of maltreatment.
- H. Based upon the results of the internal review, the coordinator will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or MRCI, if any.
- I. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment. A copy will be kept at the administrative office site at 1750 Energy Drive, Mankato, MN 56001.
- J. MRCI 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 for the Minnesota Adult Abuse Reporting Center. 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.
- K. 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.

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 [609.3451](#).

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; unless authorized under applicable licensing requirements on 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, if 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).



POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF MINORS

I. PURPOSE

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

II. POLICY

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

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

III. PROCEDURE

- A. MRCI staff who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If a staff knows or suspects that a child is in immediate danger, they will call "911" or local law enforcement.
- B. Staff mandated to report maltreatment within a licensed facility will report the information to the agency responsible for licensing the facility. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction.
- C. Staff who know or suspect that a child has been maltreated but is not in immediate danger will report to:
 1. The local child welfare agency if an alleged perpetrator is a parent, guardian, family childcare 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 childcare 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 MRCI, the report should also include any actions taken by MRCI 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 MRCI has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Director is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Director is involved in the alleged or suspected maltreatment, the Chief Executive Officer 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 MRCI 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, MRCI will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or MRCI, 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. MRCI must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

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
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

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 childcare 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 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.



POLICY AND PROCEDURE ON SAFE TRANSPORTATION

I. PURPOSE

The purpose of this policy is to ensure the safety of persons served as well as staff during transportation and include the provisions for handling emergency situations.

II. POLICY

When transportation is the responsibility of MRCI, staff will assist in transporting, handling, and transferring persons served in a safe manner and according to their Support Plan and/or Support Plan Addendum.

III. PROCEDURE

- A. Upon employment, and if a requirement of the job, staff are informed that they must hold a valid driver's license, appropriate insurance, and maintain a safe driving record. Staff may also be required to complete additional training on safe transportation procedures.
- B. The Compliance Coordinator will ensure the safety of vehicles, equipment, supplies, and materials owned or leased by MRCI and will maintain these in good condition. Standard practices for vehicle, equipment, supplies, and materials maintenance and inspection will be followed.
- C. Staff will transport persons served with a MRCI vehicle.
- D. For contracted transportation, the Manager will ensure that all required documentation is completed and submitted before the first trip is scheduled. Staff or the residential provider will arrange ongoing use of contracted transportation or will assist persons served, as needed, in arranging transportation for themselves.
- E. Staff drivers will follow the established drop-off practice for each individual served, unless stated in their Support Plan and/or Support Plan Addendum. Any necessary information will be presented to the staff or other responsible party.
- F. In accordance with state laws, anyone riding in a moving vehicle must wear seatbelts.
- G. Staff are prohibited by state law (MN Statutes, section 169.475) to compose, send, or receive an electronic message while operating a motor vehicle. This includes a MRCI vehicle or a staff person's own vehicle. An electronic message (as defined by state law) "means a self-contained piece of digital communication that is designed or intended to be transmitted between physical devices. An electronic message includes, but is not limited to, e-mail, a text message, an instant message, a command, or request to access a World Wide Web page, or other data that uses a commonly recognized electronic communications protocol. An electronic message does not include voice or other data transmitted as a result of making a phone call, or data transmitted automatically by a wireless communications device without direct initiation by a person."
- H. Persons served using wheelchairs will be transported according to manufacturer's

safety guidelines. This includes, but is not limited to, safe operation and regular

maintenance of lift equipment, checks of straps to secure the wheelchair to the floor of the vehicle, and use of adaptive seating equipment (i.e. headrests, lap trays) when appropriate. Staff who are transporting persons served and who complete “tie- downs” of wheelchairs will receive training on how to do so and will be required to demonstrate competency prior to transporting persons using wheelchairs.

- I. Staff will receive training on each person’s transferring or handling requirements for the person and/or equipment prior to transferring or transporting persons. All transfers and handling of persons served will be done in a manner that ensures their dignity and privacy. Any concerns regarding transportation, transfers, and handling will be promptly communicated to the Compliance Coordinator who will address these concerns.
- J. When equipment used by a person served needs to be transported, staff will place the equipment in a safe location in the vehicle.
- K. If there is an emergency while driving, staff follow emergency response procedures to ensure the person(s) safety. This will include pulling the vehicle over and stopping in a safe area as quickly and as safely as possible. Staff will use a cell phone or any available community resource to contact “911” for help if needed. If a medical emergency were to occur, staff will call “911” and follow first aid and/or CPR protocols according to their training.
- L. While transporting more than one person served and person to person physical aggression occurs, staff will pull over and stop the vehicle in a safe area as quickly and as safely as possible, redirect the persons served, and if necessary, contact the coordinator or “911” for assistance.
- M. Persons served are prohibited from driving program or staff vehicles at any time.



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

MRCI is licensed by Minnesota Department of Human Services (DHS), pursuant to MN Statutes, chapter 245A [Human Services Licensing Act], and has enrolled to receive public governmental funding reimbursement for services. We are required to comply with the enrollment requirements as a licensing standard (MN Statutes, sections 245A.167 and 256B.04, subdivision 21). MRCI 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 Alternatives for Disabled Individuals (CADI) Waiver, Developmental Disability (DD) Waiver, Elderly Waiver (EW), and Minnesota's Alternative Care (AC) program. MRCI 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 our company shall not engage in any acts of fraud, waste, or abuse in any matter concerning MRCI'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. MRCI has designated the Director of Compliance as the Public Funds Compliance Officer. This person can be contacted at (507)386-5600. MRCI's Compliance Hotline is also available at 1-866-280-9928.
- C. MRCI 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 Director of Compliance. If the staff is not comfortable speaking with the Director of Compliance, the staff is encouraged to speak with the CEO. 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 CEO. 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. 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. 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 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. The Director of Compliance 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. The Director of Compliance 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 role if the complaint involves the Director of Compliance. If the complaint involves both the CEO and Director of Compliance outside legal counsel or an applicable external agency will carry out the functions of the Public Funds Compliance Officer. The Director of Compliance or its designee will implement corrective action to remediate any resulting problems.
- I. On a regular schedule and as needed, the Director of Compliance, or its designee, will run routine financial reports to review financial information for accuracy and compliance. On a regular schedule and as needed, the Director of Compliance, will review standard operations and procedures to ensure that they remain compliant.
- J. Annually, MRCI schedules an external financial audit.
- K. The Director of Compliance shall immediately notify appropriate individuals of all reported concerns or complaints regarding corporate accounting practices, internal controls, or auditing. This will include the Chief Financial Officer and Chief Executive Officer. The Director of Compliance 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. All MRCI staff are trained annually on this policy. As determined by MRCI, staff may need to demonstrate an understanding of the implementation of this policy.
- N. MRCI will 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 ALCOHOL AND DRUG USE

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the use of alcohol, prescription/legal drugs, chemicals, or illegal drugs while staff, subcontractors, and volunteers are on duty, whether they are at the program site, transporting persons served, or with persons in the community.

II. POLICY

It is not permissible for MRCI staff, subcontractors, and volunteers to be on duty, transporting a person(s) served, driving on MRCI business, or accompanying a person served into the community when under the influence of alcohol or illegal drugs or impaired by any chemicals or prescription/legal drugs.

MRCI will give the same consideration to staff, subcontractors, and volunteers with chemical dependency issues as it does to those having other health issues. Voluntarily seeking assistance for such an issue will not jeopardize employment, whereas performance, attendance, or behavioral issues will.

MRCI will train staff, subcontractors, and volunteers on the company's alcohol and drug policy.

III. PROCEDURE

- A. Any staff, subcontractor, or volunteer, while directly responsible for persons served, are prohibited from abusing any prescription/legal drugs, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care including alcohol, prescription/legal drugs, or illegal drugs.
- B. Any staff, subcontractor, or volunteer reporting or returning to work, whose behavior reflects the consumption of alcoholic beverages or the use of drugs, may be referred for an immediate medical evaluation to determine fitness for work and may be suspended without pay until deemed able to return to work.
- C. When prescription or over-the-counter drugs may affect behavior and performance, the staff, subcontractor, and volunteer must inform the coordinator. Re-assignment, light duty assignment, or temporary relief from duties may be required.
- D. At any time, the sale, purchase, transfer, use, or possession of illegal drugs or alcohol, and/or the involvement in these activities of any individual under the legal age of consumption during work hours or at a program site will result in disciplinary action up to and including termination. Law enforcement will be notified as determined by the Director.
- E. Staff will immediately take necessary action up to and including contact of medical professionals, "911," and/or contact of law enforcement at any time a person served is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption or is believed to be a victim of potential alcohol poisoning.
- F. Prescription drugs that belong to a staff, subcontractor, or volunteer are to be stored in a location that is not accessible to any person served.
- G. Staff, subcontractors, or volunteers are not allowed to store alcoholic beverages at a program site or vehicle owned by MRCI.

- H. As a condition of continuing employment, under certain circumstances, staff, subcontractors, and volunteers may be required to submit to drug and/or alcohol testing. Drug or alcohol testing may be required when there is a reasonable suspicion that an individual is currently abusing a drug or alcohol, is under the influence of drugs or alcohol while on duty or has violated any of the procedures in this policy.
- I. Failure to complete the testing or upon receiving positive test results are cause for disciplinary action up to and including termination.



POLICY AND PROCEDURE ON THE DEATH OF A PERSON SERVED

I. PURPOSE

The purpose of this policy is to establish guidelines for anticipating the death of a person served. In addition, this policy establishes the response and reporting guidelines for when death occurs of a person served.

II. POLICY

When the death of a person served is anticipated, the priority is to ensure that the person's dignity is preserved and that the wishes of the person and/or legal representative are complied with to the greatest extent possible. In the event that a person dies, staff will ensure proper response and reporting of the death.

III. PROCEDURE

- A. If a person served develops a life-threatening illness or sustains a life-threatening injury from which the attending physician indicates death is anticipated, the coordinator will ensure that the legal representative, case manager, other service providers, and MRCI staff are notified immediately (family members and others may be notified by the legal representative).
- B. In coordination with the support team regarding the person's life-threatening illness, the coordinator, assigned nurse or nurse consultant, and legal representative will conduct a team meeting or conference call to determine whether the person served is able to attend MRCI. If it is determined the person served is able to attend MRCI:
 1. If the Coordinator receives an advance directive, they shall inform MRCI staff, and the directive will be saved in the client's file.
 2. The coordinator will coordinate with the support team to determine what services the program needs to deliver to meet the needs of the person served, including but not limited to additional supervision, specialized staff training, and implementation and documentation of all physicians and nursing orders, including advanced directives.
- C. When discovering a person served who appears to have died, all staff will treat the situation as if it were a medical emergency and will take the following steps:
 1. Staff will call "911" and provide first aid and/or CPR to the extent they are qualified.
 2. The coordinator will notify all required persons including the Manager, Director, and Chief Executive Officer, assigned nurse or nurse consultant, if available.
 3. When an authorized person, such as a physician or paramedic, determines that the person served is deceased, the coordinator will immediately contact the person's legal representative and residential provider. If the death occurs when the person is in attendance in an MRCI program, the Manager will ensure the County Coroner's office is notified and will ensure that the body is not moved until the coroner arrives.
 4. The coordinator will notify the following individuals or entities within 24 hours of the death, or receipt of information that the death occurred, unless MRCI has reason to know that the death has already been reported:
 - a. Legal representative or designated emergency contact
 - b. Case manager
 - c. MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division using the required reporting forms. These forms include the *Death Reporting Form* and *Death or Serious Injury Report Transmission Cover Sheet*.

5. The Director will be responsible for sending the notification letter "Notification Letter to Next-of-Kin" from the MN Office of the Ombudsman for Mental Health and Developmental Disabilities to the next of kin and may offer to arrange grief counseling for staff and other involved persons.
- I. Upon the death of the person, any funds or other property of the person will be surrendered to the person's legal representative or given to the executor or administrator of the estate in exchange for an itemized receipt. A written inventory that was completed regarding the person's funds or property will be placed in their file with signatures obtained from the legal representative, executor, or administrator of the estate.
- J. The Manager will conduct an internal review of incident of deaths that occurred while services were being provided and that were not reported by the program as alleged or suspected maltreatment, for identification of incident patterns and implementation of corrective action as necessary to reduce occurrences.
- K. The Manager will complete and document the internal review related to the report of death. The internal review 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 MRCI to protect the health and safety of person served.
- L. Based upon the results of the internal review, and if indicated, the Manager 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 MRCI, if any.
- M. The Client Resource Coordinator will add the person's name to the Admission and Discharge Register.



POLICY AND PROCEDURE ON UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES

I. PURPOSE

The purpose of this policy is to establish guidelines to follow regarding universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. POLICY

It is the policy of MRCI is to minimize the transmission of illness, communicable diseases and prevent infection by practicing and using proper sanitary practices. Staff will be trained on universal precautions to prevent the spread of blood borne pathogens, sanitary practices, and general infection control procedures. This includes active methods to minimize the risk of contracting illness or disease through individual-to-individual contact or individual to contaminated surface contact.

III. PROCEDURE

Care and sanitation of the general program site:

- A. The Director will ensure that the program site including the interior and exterior of buildings, structures, or enclosures, walls, floors, ceilings, registers, fixtures, equipment, and furnishings are maintained in good repair and in sanitary and safe condition. The program site will be and kept clean and free from accumulations of dirt, grease, garbage, peeling paint, mold, vermin, and insects. Any building and equipment deterioration, safety hazards, and unsanitary conditions will be corrected.
- B. Food will be obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to persons served. Food and drink will not be stored in areas where bodily fluids, hazardous materials, and harmful substances may be present (i.e., bathrooms).
- C. Chemicals, detergents, cleaning supplies, and other hazardous or toxic substances will not be stored with food or drink products or in any way that poses a hazard to persons served.
- D. Persons served who become ill during the day will be provided with an area to rest if:
 - 1. The person becomes ill during the day.
 - 2. The person does not live in a licensed residential site.
 - 3. The person requires supervision.
 - 4. There is not a caretaker immediately available. Supervision will be provided until the caretaker arrives to bring the person home.
- E. If the day services facility provides refrigeration at their service sites owned or leased by MRCI for storing perishable foods and perishable portions of bag lunches, whether the foods are supplied by MRCI or the persons served, the refrigeration must have a temperature of 40 degrees Fahrenheit or less.
- G. Drinking water will be available in single-service containers or from drinking fountains accessible to all persons.
- H. MRCI will establish general written safety procedures that include criteria for selecting, training, and supervising persons who work with hazardous machinery, tools, or substances. Safety procedures specific to each person's activities must be explained and be available in writing to all staff and persons served.

Universal precautions and infection prevention and control

Please see HCS Infection Control Procedures- section H-1

Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:

1. Use of proper hand washing procedure
2. Use of gloves in contact with infectious materials.
3. Use of a gown or apron when clothing may become soiled with infectious materials
4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solution when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

Compliance

[Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health](http://www.health.state.mn.us)(<http://www.health.state.mn.us>)

- A. Staff are responsible to adhere to universal precaution procedures. If there are obstacles to the implementation of universal precaution procedures, they will be immediately brought to the attention of the Compliance Coordinator. The Compliance Coordinator will develop and implement solutions, as necessary.
- B. At a minimum, gloves, disinfectant, and appropriate cleaning supplies and materials will be available to all staff. The Compliance Coordinator will ensure adequate amounts of the infection control supplies after consideration of the needs of the program and area.
- C. Staff will receive training at orientation and annually thereafter on universal precaution procedures, infection control, and blood borne pathogens. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing.
- D. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services exhibits to the coordinator and/or Manager, Contracted Nurse Consultant and/or the individual's residential contact.
- E. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
- F. Individuals diagnosed with a communicable disease, may return to work upon direction of a health care professional.



POLICY AND PROCEDURE ON SAFE MEDICATION ASSISTANCE AND ADMINISTRATION

I. PURPOSE

The purpose of this policy is to establish guidelines to promote the health and safety of persons served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

II. POLICY

MRCI is responsible for meeting health service needs including medication-related services of persons as assigned in the Support Plan and/or Support Plan Addendum.

Persons served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the Support Plan and/or Support Plan Addendum. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to a person who self-administers their own medication.

MRCI will obtain written authorization from the person served and/or legal representative to administer medications or treatments, including psychotropic medications, and will re-obtain this authorization annually. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time. If authorization by the person served and/or legal representative is refused, MRCI will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

All medications and treatments will be administered according to this policy and procedure and MRCI's medication administration training curriculum.

MRCI utilizes Health Counseling Services (HCS) Contracted Nurse Consultants. MRCI follows the HCS Medication and Health Care Policy and Procedures Manual. Please see the policy manual for medication assistance and administration policies and procedures.



POLICY AND PROCEDURE ON SERVICE TERMINATION

I. PURPOSE

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

II. POLICY

It is the intent of MRCI 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 termination. MRCI restricts temporary service termination to specific situations according to MN Statutes, section 245D.10, subdivision 3a. The Director of the program will determine if termination is appropriate. The CEO will be notified of the pending service termination.

III. PROCEDURE

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

- A. MRCI must permit each person served to remain in the program or continue receiving alternative services and must not terminate services unless:
 - 1. The termination is necessary for the person's welfare and the license holder 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 license holder has not been paid for services;
 - 5. The program or license holder 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, MRCI must document actions taken to minimize or eliminate the need for termination. Action taken by MRCI 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 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 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 MRCI was unable to take the actions specified above, MRCI 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. MRCI must notify the person or the person's legal representative and 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 the company 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, MRCI 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.



PERSON-CENTERED PLANNING AND SERVICE DELIVERY

I. PURPOSE

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

II. POLICY

As required in section 245D.07, subdivision 1a of the 245D HCBS Standards, 245D licensed programs must provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

A. Person-centered service planning and delivery which:

- a. identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
- b. uses that information to identify outcomes the person desires; and
- c. respects each person's history, dignity, and cultural background.

B. Self-determination that supports and provides:

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

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

- a. inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- b. opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
- c. 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.