



Access North

Center for Independent Living of Northeastern Minnesota

Assisting individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all people.

1309 East 40th Street, Hibbing, MN 55746 • (218) 262-6675 • FAX (218) 262-6677

An Equal Opportunity Employer

www.accessnorth.net

DIRECT SUPPORT PROFESSIONAL EMPLOYEE HANDBOOK

IT'S IMPORTANT TO KNOW:

While Access North believes wholeheartedly in the policies and procedures described here, they are not conditions of employment. Access North reserves the right to apply or not apply, and to modify, revoke, suspend, terminate or change any and all plans, policies, or procedures described, in whole or in part, at any time without notice.

The language used in this handbook is not intended to create, nor is it to be construed to constitute a contract between Access North and any one of its employees. I further understand that employment may be terminated by Access North at any time without prior notice. I also understand that the policies and procedures in this handbook may be changed at any time at the sole discretion on Access North, with or without prior notice.

All parties are responsible for complying with all rules and regulations related to the Direct Support Professional programs. This includes, but is not limited to: state Vulnerable Adults Act, Data Privacy, PCA regulations, including medication administration, and Department of Labor laws governing overtime, etc. **It is a federal crime to provide false information on timecards and/or electronic time documentation** for Direct Support Professional billings for medical assistance. Your signature (or telephone input when using the Dial n Documents) verifies the time and services are accurate and that the services were performed as specified in the Direct Support Professional Care Plan.

Policy Concerning Wages and Conditions of Employment

The conditions of employment for all PCAs/Homemakers are:

- Must be physically able to do the job
- Must be legally employable
- Must be able to communicate with the consumer and Access North staff
- Must have a complete personnel file

Conditions of Employment:

- Prior to any employee having client contact, the Payroll Clerk must have a complete personnel file.

Before a Direct Support Professional (DSP) may work Access North must have the following in your personnel file:

1. BCA (background check authorization) form and pass a background check
2. W-4 form
3. Application form
4. Copy of your Social Security Card
5. Employment eligibility form (I-9)
6. Signed Agreements
7. Signed understanding of fraud statement
8. Received SEIU Minnesota Healthcare enrollment package
9. Verification of Orientation Training – provided by Access North / Consumer which includes:
 - Vulnerable Adult/Minor Training - provided by Access North
 - HIPAA Training – provided by Access North
 - Homecare Bill of Rights
 - Handling emergencies and the use of emergency services (general and consumer specific)
 - Access North policies
 - Consumer specific training (care plan. Etc...)
 - Time card submission training and fraud
 - Basic First Aid
 - OSHA Universal Precautions
 - Basic Roles and Responsibilities with Assisting and Transfers
 - Emergency Preparedness
 - Orientation to Positive Behavioral Practice

- If the employee cannot meet the conditions of employment they may not be employed as a Direct Support Professional.
- If the employee becomes disqualified by the Minnesota Department of Human Service and no longer able to meet the background check requirements, the employee is no longer eligible for employment with Access North.
- The DSP has a 90 day probationary period and can be terminated without cause.
- The DSP is required to complete the DHS Training requirement as a condition of employment. Your employment is at the discretion of the recipient or Responsible Party and they choose when you are hired or fired.

- The DSP can only work 275 hours per month and no more than 16 hours per day regardless of the number of consumers served or agencies they are working for.

REASONS FOR INVOLUNTARY EMPLOYMENT TERMINATION

Minnesota is an Employment at Will State, therefore a DSP may be terminated at any time for any reason including but not limited to:

- Failure to fulfill and/or carry out one or more of the duties or responsibilities listed in the job description for that position.
- Failure to work scheduled hours.
- Tardiness.
- Failure to meet all conditions of employment.
- Drug and/or alcohol use
- Consumer abuse (physical, verbal, sexual or emotional, financial/property)
- Gross negligence, including but not limited to any situations which did or may have resulted in endangering the health or safety of the consumers or staff.
- Deliberate noncompliance with policies, procedures and directions from their supervisor demonstrated by not following policies or direction.
- Any actions contraindicated by common sense or professional standards (ie: any actions that would violate certification, licensing, or what the average person would consider just common sense).

Direct Support Professional Signature

Date

Payroll Reporting

It is the employee's responsibility to submit a complete and accurate time card/Telephony system call on the correct day to receive a paycheck – Mileage and travel time is not to be documented on calls.

Time Cards not received by Access North by the scheduled deadline will not be paid until the following time period. There are NO exceptions.

Paydays Are On Alternate Fridays.

OVERTIME: If an employee believes that they will need to go into overtime they must receive prior authorization from their supervisor. In the PCA/Homemaker/Respite program the consumer is responsible to schedule and therefore responsible for paying additional costs above the wage for overtime in accordance with wage an hour law.

The consumer is responsible for scheduling in the PCA/Homemaker/Respite program and therefore is responsible to pay all wages they authorize above what is authorized by MN DHS.

It is the policy of Access North to keep employees to a maximum 40 hour work week. If an employee believes they will need to go into overtime they must receive prior authorization from their supervisor. Failure to receive prior authorization is grounds for termination.

DSP's are now no longer able to work more than 275 hours per month and no more than 16 hours per day regardless of the number of consumers or agencies they work for. **You CANNOT exceed working a total of 275 hours per month and you CANNOT exceed 16 hours per day no matter how many agencies you work for.**

You may NOT provide DSP Services to the consumer while he/she is under the care of another facility; i.e., hospital, nursing home, treatment center, etc.

Telephony: If you are having difficulties utilizing the Telephony system contact the Access North at (218) 262-6675 as soon as possible. If you made an error in your Telephony reporting and need it corrected you must have the consumer/responsible party verify the correction. All corrections will be documented in the payroll log book with the date, time of call and documentation of authorization of the consumer.

Access North carries workers' compensation and unemployment insurance. To file a workers' compensation claim the employee must immediately (and in no case longer than 24 hours) report the injury to Human Resources.

The consumer is the supervisor of the PCA/Homemaker/Respite worker and is responsible for, and schedules all hours.

Direct Support Professional Signature

Date

DIRECT SUPPORT PROFESSIONAL PERSONAL TIME OFF POLICY

Policy:

It is the policy of Access North to provide workers providing direct support services, in the PCA Choice program, with paid time off according to the labor agreement between the State of Minnesota and SEIU (Service Employees International Union) Healthcare Minnesota. In keeping with the collective bargaining agreement, PCA's are eligible to take PTO after the six hundred (600) hour threshold established in the contract has been met. One (1) hour of PTO is earned after every fifty two (52) hours worked. When PTO is requested, the PCA must not exceed 40 hours of work per week. PTO does not count as hours worked. Access North will pay out accrued, but unused, PTO of up to 80 hours when the worker terminates employment. In order to assure the proper support and safety of our consumers it will be the consumer's responsibility to approve the requested PTO for their PCA. PTO must be pre-approved by consumer.

Procedure:

- In order to establish how much PTO has been accumulated by a PCA, they may contact Access North and ask for our Training and Personnel Support staff.
- PTO request forms will be available in the PCA's home folder or can be picked up at any of our offices.
- The PCA will fill out the PTO request form and have it approved by their Consumer.
- The PTO request form must be submitted to, and received by, Access North according to the payroll schedule in order for the PTO to be paid.
- PTO forms may be mailed, faxed or emailed to the Hibbing office, or delivered to one of our Branch offices and they will forward the form to the Hibbing office.
- PTO must be available in order to be paid.

Direct Support Professional Signature

Date

Telephony/Submission of Contact Sheets

Purpose: To assure compliance with Minnesota Department of Human Services requirements and procedures and to protect our Consumers and Direct Support Professionals from potential fraud in the reporting of time worked.

Policy: Consumers and all Direct Support Professionals (DSP), PCA's/Homemakers/and Respite staff will be educated and knowledgeable in the performance of Access North's Time and Attendance telephony system in order to DAILY, in real time, report hours worked and complete the In Home Contact Sheets that the Consumer, and the Direct Support Professional, will sign.

Procedure:

1. The Qualified Professional (QP) will orientate and educate all DSP's assigned to a Consumer and the Consumer/Responsible Party (RP), in the completion of the "Telephony Policy and Procedure", the "Missed Clock In/Out form " and the daily completion of the **IN HOME CONTACT SHEETS** provided in the Consumer/RP's home folder at the time of Consumer's Admission.
2. All time worked **MUST BE CALLED IN FROM THE CONSUMERS PHONE ONLY**. This phone must be registered to the consumer and is the only number that will be accepted by the telephony system to call in hours.
3. In the event of a "**RARE**" occasion that hours were for some reason not called in for a shift the DSP and Consumer/RP must fill out the "**MISSED CLOCK IN/OUT FORM**" and submit to the office immediately. Any time not reported daily may result in delay of payment.
4. In home Contact Sheets must be received in the office by the Monday following the end of the pay period. As the extended delivery time of regular U.S. mail service has been so delayed; contact sheets can be dropped off at any office, faxed, or emailed to assure the timely arrival of your sheets. Contact sheets not received the Monday following payroll close may result in payment on the next pay date.

NON-COMPLIANCE WITH THE "TELEPHONY POLICY AND/OR THE COMPLETION AND SUBMISSION TO THE OFFICE OF IN HOME CONTACT SHEETS EVERY PAY PERIOD

1. DSP's not complying with this policy will receive a personal message by telephony that they are not complying with the telephony procedure and/or the timely submission of Contact Sheets, and request they contact the office for further assistance in these procedures.
2. Consumer/RP's and DSP's who feel they cannot comply with this policy after orientation and education and continue to send multiple copies of Missed Clock In/Out Forms in a pay period will receive a warning letter, and a copy of this policy, directing the DSP's, Consumer/RP to contact the office if additional help is needed.
3. If the DSP's and/or Consumer/RP's continues to be in non-compliance, of the "Telephony/Contact Sheet" Policy and Procedure, the **Consumer** will be contacted by the office to discuss the possibility of a 30 day notice given to be Discharged from the Agency.
4. Should the DSP, Consumer/RP continue to be in non-compliance of this Policy and Procedure, the **Consumer** will be issued a letter notifying them that they will be Discharged from the Agency in 30 days, from the date of the letter, due to non-compliance with the Telephony/Contact Sheet Policy and Procedure.

By signing below, you are verifying you have read and understand this policy and agree to comply with it under penalty of law.

Consumer/RP (Print)

Consumer/RP Signature

Date

DSP (Print)

DSP Signature

Date

QP Signature

Date

A/1 - Equal Opportunity Employment & Harassment-Free Workplace

Purpose:

This policy will outline equal employment practices relative to recruitment, hiring, assignment, advancement and compensation of personnel, as well as to prohibit practices which harass, disrupt or interfere with any employee. It is Access North's policy to provide equal opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof.

Policy:

Our organization will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status, membership or activity in a local human rights commission, or status with regard to public assistance.

Procedure:

We will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, promotion, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. We will provide reasonable accommodation to applicants and employees with disabilities.

Access North will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. In addition, all other employees are expected to perform their job responsibilities in a manner that supports equal employment opportunity for all.

The Human Resource Manager, under supervision of the Executive Director, is considered the EEO Coordinator and will manage the Equal Employment Opportunity Program. This includes monitoring all activities and reporting, as required by Federal, State and Local agencies. Any employee or applicant may inspect our Affirmative Action Program during normal business hours by contacting the EEO Coordinator.

If any employee or applicant for employment believes he or she has been treated in a way that violates this policy, they should contact the Executive Director. Responsible parties will investigate allegations of discrimination or harassment in a prompt and confidential manner, and we will take appropriate action in response to these investigations.

All employment policies, procedures and practices shall state that all personnel be recruited, hired, and assigned on the basis of their qualifications, experience and ability to perform the responsibilities and duties of the position.

Reasonable Accommodations Policy (see policy A/17) as defined and implemented by the Division of Vocational Rehabilitation, State of Minnesota, and the Americans with Disabilities Act, will be adhered to by Access North. It is the responsibility of the employee to request a reasonable accommodation.

Harassment-Free Workplace

As a part of our commitment to equal opportunity, Access North has adopted a harassment-free

workplace policy. Any employee who engages in harassment on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, familial status, status with regard to public assistance, membership or activity in a local human rights commission, disability, age, or other legally protected characteristics; any employee who permits employees under his/her supervision to engage in such harassment; or any employee who retaliates or permits retaliation against an employee who reports such harassment is guilty of misconduct and shall be subject to corrective action which may include the imposition of discipline or termination of employment.

Examples of harassment may include, but not limited to, derogatory comments regarding a person's race, color, religion, or other protected characteristics, sexually explicit or other offensive images (whether in print or displayed on an electronic device), and jokes that are based on stereotypes of particular races, sexual orientations, ages, religions, or other protected characteristics.

Sexual harassment is prohibited and includes any unwelcome sexual advance, request for sexual favor and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made, either explicitly or implicitly, as a term or condition of employment;
- Submission to or rejection of such conduct is used as a factor in any employment decision affecting any individual; or
- Such conduct has the purpose or effect of unreasonably interfering with any employee's work performance or creating an intimidating, hostile or offensive working environment.

Although the intent of the person engaging in the conduct may be harmless, or even friendly, it is the perception of the conduct by the recipient that is relevant to whether the conduct is harassment. The company prohibits all employees from engaging in any conduct of a sexual nature or amounting to harassment based on any protected category in the work setting.

This policy applies to all employees. No retaliation or intimidation directed towards anyone who makes a complaint will be tolerated. If you believe you have been a victim of harassment, discuss the matter with your supervisor or manager.

If, for any reason, you would prefer not to speak to your supervisor (for example, if you believe your supervisor to be the source of, or a party to, the harassment), you may talk to any other member of management or the EEO Coordinator. Access North will investigate and attempt to resolve your complaint promptly. If, for any reason, you believe this has not occurred within a reasonable period of time, refer the problem to any other manager in the company, up to and including the Executive Director of Access North.

Direct Support Professional Signature

Date

A/13 - Data Privacy: HIPAA, Security & Protection

Policy:

It is the policy of Access North to recognize the right to confidentiality and data privacy, of each person receiving services. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section 245D.04, subdivision 4, of the 245D Home and Community-based Service Standards.

Procedures:

Providing Notice

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

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:

- a. why the data is being collected;
- b. how the agency intends to use the information;
- c. whether the individual may refuse or is legally required to furnish the information;
- d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
- e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.

2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):

- a. be written in plain language;
- b. be dated;
- c. designate the particular agencies or person(s) who will get the information;
- d. specify the information which will be released;
- e. indicate the specific agencies or person who will release the information;
- f. specify the purposes for which the information will be used immediately and in the future;
- g. contain a reasonable expiration date of no more than one year; and
- h. specify the consequences for the person by signing the consent form, including:
"Consequences: I know that state and federal privacy laws protect my records. I know:
 - Why I am being asked to release this information.
 - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
 - If I do not consent, the information will not be released unless the law otherwise allows it.
 - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
 - The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - If my information is passed on to others by this program, it may no longer be protected by this authorization.
 - This consent will end one year from the date I sign it, unless the law allows for a longer period."
- i. Maintain all informed consent documents in the consumer's individual record.

As part of employment with Access North, employees agree to respect all confidential information, and not to, directly or indirectly, during employment or at any time thereafter, disclose or divulge any

confidential information obtained in the course of employment with Access North to any third persons, or to use any confidential information for their own benefit or for the benefit of any third party. Employees are ethically bound to keep consumer information private and confidential, even after you are no longer employed by Access North.

Employees further agree to deliver to Access North at the termination of employment, regardless of cause for such termination, all confidential information (and copies thereof) that they may possess or have under their control.

Data Privacy, Security and Protection

Access North relies on information technology resources to handle the vast amounts of information it uses to perform its services. Because the information can vary widely in the type and degree of sensitivity, employees must exercise great caution and flexibility in handling Protected Health Information (PHI) and personal data.

This applies to all Access North employees, volunteers, independent contractors and suppliers and vendors who may receive or come into contact with PHI/personal data in performing their work.

Access North retains ownership of, and the right to inspect, copy, retain and intercept, all e-mail, voice mail, telephone conversations and other electronic communications created using or transmitted over agency voice or data networks.

Scope

The framework for the agency's Policy is based on the following key aspects:

Privacy: Encompasses the rights and desires of an individual to limit the disclosure of individual and agency information.

Confidentiality: Recognizes that PHI/personal data may be released and shared for legitimate purposes, as long as adequate provisions are taken to protect the data.

Security: Consists of the control and processes (e.g. policies and procedures, technical measures) established to protect PHI/personal data and systems. Such security measures not only are aimed at protecting privacy, but also ensuring the authentication, integrity, security, reliability, and availability of information systems.

Data protection principles state that PHI/personal data must be:

- Fairly and lawfully processed,
- Processed for limited purposes,
- Adequate, relevant and not excessive,
- Accurate,
- Not be kept longer than necessary,
- Processed in accordance with the data subject's rights,
- Secure, and
- Not transferred without adequate protection.

Definitions

Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects the confidentiality and security of health information through certain standards or values. The law is about: what information is considered confidential, how employees may use consumer information, which employees may share consumer information, and how much information employees are allowed to access and share. "Business personal data" means personal data that is reasonably necessary to be known or disclosed for an employee to perform his or her job functions effectively and efficiently, or to be lawfully evaluated for specific work assignments. Business personal data includes an

employee's name, title, job function, work experience, performance evaluations, telephone number, etc.

HIPAA regulations protect health information that:

- Identifies an individual,
- Relates to a person's physical or mental health,
- Can be created or received by a covered entity, and
- Is maintained or exchanged in any medium.

Confidential information is any information that can be used to identify a consumer. It includes, but is not limited to, consumer names and addresses, employers, dates of birth, telephone numbers, e-mail addresses, and photos. This individually identifiable information is referred to as Protected Health Information (PHI). The protection remains with the information as long as the information is in the possession of a covered entity or an agency employee.

"Personal data" means any data relating to any identified or identifiable individual, including such individual's name, photograph, address, telephone number, social security number, racial or ethnic origin, health and medical information, and sexual orientation. Personal data includes PHI as such term is defined in HIPAA.

Security

Access North maintains physical, electronic and procedural safeguards that guard PHI and personal data against loss, unauthorized access, destruction, misuse, modification, and improper disclosure. Agency network data back-ups are stored daily in secure server room. Current weekly data back-ups are stored on site in secure server room. Monthly back-ups are stored in a secure lock box at our Duluth office.

Personal information is retained in a database (or a similar system) and in physical form. This database is maintained on computer equipment located in a restricted access environment and passwords and other electronic safeguards restrict access to this database. Physical files are retained in a restricted access environment or locked cabinets when not being used.

Staff who take PHI/personal data home with them need to take particular precautions with respect to ensuring confidentiality of this information. The basic principles of patient confidentiality and data protection must be adhered to; primarily that information must be kept secure. Paper records, for example, should be kept in a locked briefcase or container and not left in a vehicle unattended.

It should be noted that PHI and personal data about consumers, employees, contractors, vendors, etc. remains the property of Access North and therefore any copies must be kept as part of any records system. You are also responsible for destroying/deleting all PHI and personal data when no longer needed. The organization does not support the use of home computers for the preparation of work and does not allow the use of home computers to prepare PHI. All mobile computing equipment remains the property of the organization and personal use should be limited.

Agency computer and communication system privileges shall be restricted based on the principle of "least privilege", which states that every layer of the computing environment (process, user, or program) must be able to access only such information and resources that are necessary to its legitimate purpose. When applied to users, the terms least user access or least-privileged user account are also used, referring to the concept that all users at all times should run with as few privileges as possible, and also launch applications with as few privileges as possible.

Equipment/Property Disposal

A large volume of electronic data is stored on computer systems and electronic media throughout Access North. Much of this data consists of confidential information, including consumer PHI, financial data, and personnel records. All personal, confidential information and licensed software must be properly removed when disposing of computer systems with hard drives, PDAs, and removable media, such as CDs, DVDs, USB drives, zip disks, diskettes, tapes and smart cards.

All Access North owned computers, faxes, copy machines, cell phones, and other electronic equipment shall be recycled by the agency selected and approved vendor. In addition, all computers or servers that contain hard drives shall be wiped clean or destroyed by either physical force or by electromagnetic degaussing.

The proper disposal of this equipment is essential to avoid liability and be environmentally conscientious. In addition, computer hard disks may contain personal, confidential, and legally protected information that is still readable even when the files have been erased or the hard drive reformatted. Failure to destroy this information could lead to unauthorized access, identity theft, and liability to Access North.

Confidential paper documents or products will be stored separately from ordinary paper waste for recycling. All such waste will be placed in secure containers for shredding. The confidential waste must only be removed by authorized personnel. Confidential waste must be securely stored and not left in corridors or outside awaiting removal. Confidential waste should not be used for any other purpose either before or after it has been shredded; for example, as scrap paper or packing material.

The administration of equipment/property recycling shall be under the direction of the Executive Director.

Procedure for Lost, Stolen or Missing Equipment/Property

Each employee must take precautions to protect any equipment assigned to them, especially mobile equipment (laptops, cell phones, Blackberries/PDAs, etc.). Employees may not access agency email or databases on personal mobile devices unless they have permission from the Executive Director and can show that they have proper security in place.

In the event that agency equipment/property is lost, stolen or missing, these items must be reported immediately to the employee's manager/supervisor and an incident report completed. The employee's manager/supervisor will inform the Executive Director within the same business day of the loss and provide them with the incident report.

The agency will investigate each report of lost, stolen or missing equipment/property and take prompt, necessary action. When the incident warrants, local law enforcement will be notified regarding the incident.

Procedure Regarding a Breach of PHI

A breach is the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information."

Breach does not include:

- Any unintentional breach by an employee or individual acting under the authority of a covered entity or business associate if (1) the acquisition, access, or use was made in good faith and within the

course and scope of the employment or other professional relationship of such employee or individual, and (2) the PHI is not further acquired, accessed, used, or disclosed by any person, or

- Any inadvertent disclosure from an individual who is otherwise authorized to access PHI at a facility operated by a covered entity or business associate to another similarly situated individual at the same facility and the PHI received as a result of such disclosure is not further acquired, accessed, used, or disclosed by any person without authorization.

In the event of a breach of PHI, the incident must be reported immediately to the employee's manager/supervisor and an incident report completed. The employee's manager/supervisor will inform the Executive Director.

When a breach is identified, Access North will provide a notice of the breach to the individual within a reasonable period of time, but in no case later than sixty (60) days of the discovery of the breach. Access North will provide individual notice in written form by first-class mail, or alternatively, by e-mail if the affected individual has agreed to receive such notices electronically.

This notice will include:

- A brief description of what happened and the date of the breach
- A description of the information involved in the breach
- The steps the person should take to protect himself or herself
- A description of what the covered entity is doing to investigate, mitigate and prevent other breaches, and
- Contact information for the person to use to gain more information.

If there is insufficient or out-of-date information that prevents notice directly by mail, Access North will publish notice of the breach on its website or in major local media outlets and must include a toll-free telephone number to call for information regarding the breach. If there is insufficient or out-of-date information for fewer than ten (10) individuals, Access North may provide substitute notice by an alternative form of written, telephone, or other means. In any case in which 500 or more persons are affected by a breach, Access North will provide notice to major local media outlets.

Access North will disclose all breaches to Department of Health and Human Services (DHHS). Breaches affecting 500 or more consumers must be made to DHHS immediately. If the breach affects fewer than 500 individuals, Access North may notify the Secretary of such breaches on an annual basis, which are due to the Secretary no later than sixty (60) days following the end of the calendar year in which the breaches occurred.

Unsecured PHI

Access North must only provide the required notification if the breach involved unsecured PHI. PHI that is unsecured PHI is information that has not been rendered unusable, unreadable or indecipherable to unauthorized individuals through the use of technology or methodology. A breach of secured PHI does not require any notice.

Release of Information (ROI) for Agency Services

This section defines guidelines to ensure the proper use of a release of information to disclose, obtain or receive information about a consumer.

Consumer PHI/personal data/other service information gathered during the course of work with an individual may be disclosed with the authorization of the consumer if:

- The ROI is in writing, dated, and signed or otherwise authenticated;
- The ROI specifies the information to be disclosed;
- The ROI specifies the person(s) or entity to receive the information;

Consumer PHI/personal data/other service information may only be disclosed, obtained or received as follows:

- To those directly involved in the care of the consumer,
- For the protection of public health as provided by law,
- For the payment of services as authorized by the consumer,
- To assist legally authorized individuals,
- For any other purposes authorized/required by law, or
- Authorized by the consumer or other legally authorized individual/or entity.

All agency releases will include the following disclaimer for the consumer:

I understand that my refusal to consent to the release of information for Access North, Inc. will prevent the disclosure of information. The consequences of my refusal may include provider being unable to provide services. I understand that I have the right to inspect and copy the information that I authorized to be disclosed and that it may contain drug and/or alcohol diagnoses and treatment. I understand that I have the right to revoke this authorization in writing at any time.

If not revoked, this authorization will expire: ONE YEAR FROM SIGNED DATE

Before obtaining or disclosing any PHI/personal data/other service information, the release must be fully reviewed and verified that all pertinent authorization is present.

Reporting and Enforcement

If an employee has reason to believe that there has been a breach of data privacy or confidentiality, he/she should immediately notify his/her manager/supervisor or the Executive Director.

Failure to comply with this Policy may place Access North in irreparable harm. Non-compliance with this Policy and supporting policies or procedures pertinent to information security is subject to disciplinary action, up to and including termination of employment.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You have privacy rights under the Minnesota Government Data Practices Act and the federal Health Insurance Portability and Accountability Act (HIPAA). These laws protect your privacy but also let us give information about you to others if the law requires it. We may tell you before we give the information. These laws require us to keep your health information private and to give you notice of our legal duties and practices to protect private information.

Meaning of "you," "we," and "us."

In this notice, when we say "we" or "us", we mean the staff of Access North Center for Independent Living of Northeastern Minnesota. When we say "you," "your", or "yours," we mean you as an individual and members of your family or household who live with you.

Understanding Your Personal Health Information.

Personal health information is any information created and used by Access North, or received from a health care provider, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, health insurance policies, health information, your diagnoses, and the medical treatments you received.

Access North's Confidentiality Commitment.

Access North is committed to protecting your privacy. Any personal health information about you that is generated by Access North or received from health care providers will be kept confidential to the full extent required by the law. You may ask us not to share certain personal health information. We will say "yes" unless a law requires us to share that information. The law requires us to maintain the privacy of protected health information, to provide you with this notice, and to abide by what this notice says. We may change what this notice says, but will provide you with information about any changes made if you are then receiving services from Access North or upon your request.

How Information is Used By Access North.

Except as explained in this notice, we will disclose and use your personal health information only with your written authorization. We may use your personal health information for treatment, payment and health care operations without your written authorization (except if you are being treated for alcohol or drug abuse). "Treatment information" is information you give to us or a health care provider gives to us that will be used to determine the course of treatment and to document treatment you have received or will receive. "Payment information" includes a bill for services sent to you or to a health insurance company or Medicare and a bill for services from a health care provider, and may include information that identifies you, your diagnosis or other necessary information for accurate payment. "Health care operations information" includes information used to assess the care and outcomes in your case and other cases and to assure the quality and effectiveness of healthcare services. We may also use or disclose your personal health information to:

- Keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- Notify another person responsible for your care if necessary;
- Communicate with any person you identify about that person's involvement in your care or payment for your care;
- Business associates that perform functions on behalf of Access North.
- Other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or facility accreditation;
- Law enforcement personnel for specific purposes, including reporting any suspected child abuse or neglect;
- Staff or research projects that ensure the continued privacy and protection of protected health information;
- Public health agencies to prevent or control disease and for statistical reporting, to the Food and Drug Administration for reporting reactions to medications, to Workplace Safety and Insurance (formerly known as Workers Compensation) for benefit coordination, to government agencies in cases of national security or for military purposes, or to correctional institutions;
- Respond to a court order, or subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested; and
- Share with our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements.

Your Health Information Rights.

You have the following rights regarding your personal health information maintained by Access North:

1. You may request restriction on certain uses and disclosure of your information. We may not be able to agree to the requested restriction, but if approved, we will abide by it except in an emergency treatment situation or as required by law.
2. If you feel that some information Access North has created about you is wrong, you may ask to change that information. In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial.
3. You may inspect and obtain a copy of your personal health information in our possession. We may limit or deny you access in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a fee for copies you request for personal use.
4. You may obtain a paper copy of this notice upon request.
5. You may revoke a signed authorization for the use or disclosure of your protected health information except to the extent we have already acted based on your authorization.
6. If you request, we will account for disclosures we have made of your protected health information made by us beginning in April 2003, except for disclosures to you, under an authorization, for treatment, payment, or health operations purposes, and a few other situations. We will not charge for the first accounting given to you in a twelve-month period. We will charge a fee for an additional accounting requested in that twelve-month period.
7. You may request that we contact you about personal health care matters only in a certain way (phone, e-mail, in writing) and at a certain location (home, office, at an address you have given).

For More Information or to Report a Problem.

If you have questions and would like additional information, you may contact the Executive Director toll-free at 1-800-390-3681, Access North Center for Independent Living of Northeastern Minnesota, 1309 East 40th Street, Hibbing, MN 55746. If you believe that your privacy rights have been violated, you may file a complaint with the Access North office where you received services.

You may also file a complaint with a Privacy Official by calling or writing to: Minnesota Department of Human Services, 444 Lafayette Rd N., St. Paul, MN 55155-3813 or call 651-296-5764 or with the Secretary of Health and Human services by calling or writing to: 200 Independence Ave SE, Washington, DC 20201 or call 1-877-696-6775.

There will be no retaliation against you for filing a complaint.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I have read and understand this notice:

Direct Support Professional Signature

Date

**Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)
Employee/Student/Volunteer Confidentiality Agreement**

It is the intention of Access North to ensure the confidentiality and integrity of protected health information of both consumers and employees, as required by HIPAA, professional ethics, accreditation standards, licensure requirements, and any other legal requirements.

Employees/students/volunteers are expected to follow Access North’s policies, guidelines and standards for workforce performance expectations which are mandated by HIPAA. Violation of these rules and standards will constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

Employees are required to comply with all relevant standards, including the following:

- An employee must not review employee or consumer protected health information for any purpose other than to provide the services we offer,
- An employee/student/volunteer must not disclose to others employee or protected health information for any purpose other than provide services, payment or health care operations, and only with the others having a legitimate need to know such information.
- An employee/student/volunteer must not discuss a consumer’s protected health information in a public area or outside of the Access North’s premises.
- An employee/student/volunteer must secure protected health information to avoid inadvertent disclosure.
- An employee/student/volunteer must not intentionally access or disclose protected health information in a manner inconsistent with Access North policies and procedures, for personal gain, curiosity, concern or any other reason not permitted by HIPAA.
- An employee/student/volunteer must report to his or her supervisor their knowledge of any breach in HIPAAA confidentiality standards.

I _____ acknowledge my understanding of my duties as set forth herein. I further understand that these duties apply during work hours and during off duty time. I further understand that these duties and standards apply even after the termination of my employment with Access North. I understand that my failure to comply with these standards during my employment may result in disciplinary action, civil liability, and/or criminal prosecution. I understand that my failure to comply with these standards after my employment ends may result in civil liability and/or criminal prosecution.

Signature of Employee/Student/Volunteer

Date

A/14 – Code of Conduct, Ethics & Integrity

Purpose:

Access North Center for Independent Living of NE MN governance, as a non-profit institution, is a public trust. As such, Access North and its representatives must act with integrity, cultural sensitivity, and in accordance with appropriate laws and ethical principles in order to maintain the public confidence with which Access North has been entrusted. Access North is accountable for stewardship of its property, conducting its programs, and serving the public with accuracy, honesty, and sensitivity. Since staff, volunteers, and Board members are never wholly separable from their institution, any Access North related action by an individual may reflect on Access North or be attributed to it.

Policy:

Fiduciary and Legal Responsibility: Access North will act responsibly in its financial decisions so as to protect the financial support necessary to maintain Access North's mission. Access North, its staff, its policies, and its practices will conform to and comply with all applicable federal, state, and local laws and all applicable international treaties. Fee for service activities undertaken by Access North will not violate or compromise the integrity of Access North's Mission, the ability of Access North or its staff to maintain professional standards, or Access North's not-for-profit status.

Access North personnel will recognize that when outside activity or employment is related to their regular duties for Access North there is the potential that they are perceived as representing Access North in these activities. Access North personnel will not use their position for personal gain at the expense of Access North or appear to compromise the integrity of Access North.

Property, including physical and intellectual property belonging to Access North will not be used by, or released for use by any other party for any purpose contrary to the mission of Access North.

Conflict of Interest: Access North is concerned with conflicts of interest that create actual or potential job related concerns, especially in the areas of confidentiality, consumer relation, safety, security, and morale. Any actual or potential conflict of interest between an employee of Access North and a competitor, supplier, distributor, or contractor to the company, must be disclosed by the employee to Human Resources or the Executive Director. If an actual or potential conflict of interest is determined to exist, Access North will take such steps as it deems necessary to reduce or eliminate this conflict.

Personal Data: Access North abides by the highest ethical and legal standards when dealing with personal data. Personal data is gathered, maintained, and used only for the purpose of furthering the mission of Access North. Access North ensures that it complies with all State and Federal Laws pertaining to the gathering and use of personal data.

Duty to Report: Employees have a duty to inform the program supervisor or Executive Director of the unethical behavior to ensure that appropriate action is taken to rectify the situation. Employees who know of an ethical violation by another employee will informally attempt to resolve the issue with that employee, when the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience. If the violation does not seem amenable to an informal solution, or is of a more serious nature, that behavior should be reported to the Executive Director or the Access North Board of Directors. The person receiving the report has the responsibility to investigate the incident, and to take appropriate action to rectify the situation. All reporting and investigations must be done in a confidential manner to protect the integrity of the agency as a whole. Access North will not retaliate against or harass individuals who report or investigate unethical behaviors.

Attitude and Behavior: Employees will promote a positive and supportive attitude toward consumers, co-workers, supervisors, families, the organization, and any other contacts she or he has as part of the job. Employees will promote the concept of team work and maintain reasonable flexibility in job function to best meet the needs of the consumers, department or program and the organization. They will uphold and support the policies, procedures and philosophy of the organization. Employees will present responsible, mature and professional behavior at all times. The employee's behavior should be such that it provides a positive role model for consumers and co-workers.

Procedure:

As an Access North employee I will conduct myself in the following manner:

- I will maintain a professional relationship and be respectful of all people.
- I will respect and promote the consumers right of choice and self-determination.
- I will assist consumers in identifying, clarifying and reaching their goals.
- I will not put my personal opinions ahead of the goals of consumers.
- I will model appropriate behavior for consumers.
- I will report any mistreatment, neglect, abuse, or financial exploitation of consumers.
- I will respect consumer's rights to privacy and not share confidential information.
- I will not lend money, vehicles, equipment, or any other items to consumers or families.
- I will not borrow money, vehicles, equipment, or any other items from consumers or families.
- I will not accept personal favors, such as tips or gifts, from consumers or families.
- I will not sell merchandise of any kind to consumers.
- I will not co-sign loans for consumers, staff or family members.
- I will not become involved in romantic and/or sexual relationships with consumers or their families.
- I will strive to collaborate with other staff and outside agencies about consumers when given written permission by the consumer.
- I will strive to eliminate attitudinal barriers, including stereotyping and discrimination toward consumers and will promote a positive and supportive attitude toward Access North consumers, co-workers, supervisors, management and Board of Directors.
- I will respect the rights, views and confidences of my co-workers and treat them with fairness and courtesy, will not exploit the trust of my co-workers or the public or make false statements about consumers, co-workers or Access North.
- I will use proper channels for expressing concerns about consumers, co-workers and Access North.
- I will maintain accurate records necessary for rendering services to consumers as required by law, regulations, agency procedures, and will not falsify any documents related to Access North operations.
- I will work to advance Access North in its goals, community standing and success.
- I will be honest and trustworthy in all my professional relationships, will not take advantage of these relationships to exploit or further my personal or professional interests and will not participate with any form of dishonesty, fraud or deception.
- I will not conduct myself in a manner that is detrimental to the professionalism of the program or has the appearance of a conflict of interest.

Failure to follow Access North Employee Code of Conduct, Ethics and Integrity will result in disciplinary action and possible termination of employment.

Direct Support Professional Signature

Date

Boundary Guidelines for All Access North Employees & Volunteers

Providing quality service requires an attitude of respect. It is necessary to respect the consumer, their family, their home, their possessions, their confidentiality and their relationships with other Access North employees. In order to assure respect and to keep both you and the consumer safe so that a trust relationship may develop we have developed boundary guidelines.

You may not:

- Accept gifts or money from consumers or family members.
- Sell items of any kind to consumers or their family members.
- Loan money to consumers or their family members.
- Borrow money, cars, equipment or anything else from consumers or their family members.
- Buy any possessions from consumers or their family members.
- Have romantic or sexual relationships with consumers or their immediate family members.
- Sexually harass consumers or their family members.
- Verbally, physically, financially or sexually abuse consumers or their family members.

Violation of boundary guidelines may result in termination of employment and possible legal consequences.

There are early indicators of boundary issues in consumer relationships, such as consumers talking derogatorily about your co-workers, making unreasonable requests, offering to give you things, etc... If you feel these or other boundary issues are occurring within your relationship with a consumer, discuss this with your supervisor and/or the Program Manager. Early recognition of these issues can help prevent boundary violations.

In the PCA/Homemaker/Respite Program there may be family members and/or friends who are PCA/Homemaker/Respite providers – with this in mind there are certain boundary issues that arise from personal relationships – always err on the side of being cautious – **time may only be counted for activities in the care plan**. Friends and family members may do all kinds of things for one another – but when you are “on the clock” you are the consumer’s EMPLOYEE and you must meet all employee requirements.

Direct Support Professional Signature

Date

A/6 - Reporting & Investigating Consumer Abuse & Neglect

The purpose of this policy and procedure is to express Access North's views concerning abuse of a consumer and to identify specific actions to be taken if this were to occur or be suspected. All employees shall be informed of these reporting procedures, Minnesota Statute 626.5571, and DHS Rule 10 within 72 hours of employment as part of their initial orientation. This policy is provided to all staff in hire packet, and is listed within the direct support professional handbook, and will be made available upon request.

Access North will provide each consumer an orientation to the Minnesota mandated reporting laws, and Access North's procedure for making reports of suspected abuse at the time of intake, or within 24 hours of admission to program. This orientation shall include internal and external reporting procedures and the contact information for the statewide Common Entry Point (CEP). **As of July 1st 2015, reports of vulnerable adult abuse or neglect are now all directed to one common entry point, statewide: Minnesota Adult Abuse Reporting Center (MAARC).**

mn.gov/dhs/reportadultabuse/ or 844-880-1574

Mistreatment, neglect, abuse, or financial exploitation of any consumer is strictly prohibited within this program. Each consumer shall be free from mental, physical, sexual or financial abuse. Access North prohibits the employment of individuals with a conviction of child or consumer abuse, neglect or mistreatment. As such, a background check will be completed on all new employees. An employee of this program engaging in the abuse of a consumer will be subject to verbal reprimand, a probationary warning, or dismissal. The supervisor and/or Executive Director will determine the action to be taken based on the seriousness of the incident and a record of any previous occurrence.

Access North shall develop an individual abuse assessment prevention plan for each vulnerable adult receiving PCA Choice, Homemaker, Respite services, ILS, or SILS services. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

Mandated Reporter: All persons working with consumers of Access North on either a paid or volunteer basis are mandated reporters and are obligated to report all suspected or alleged maltreatment of vulnerable adults or children in compliance with state and federal laws (Minnesota Statutes 1994 Section 626.557 subdivision 1 as amended). Persons other than mandated reporters (including consumers or family members) may and should make a report if they determine an incident of abuse or neglect has occurred. All reported, suspected or alleged violations are thoroughly investigated by Access North and corrective action taken if necessary to protect the health and safety of Access North consumers.

Vulnerable Adult: The Minnesota legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on services are particularly vulnerable to maltreatment.

"Vulnerable adult" means any person 18 years of age or older who:

- (1) is a resident or inpatient of a facility;
- (2) receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);
- (3) receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care

assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659; or (4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

(i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and

(ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

(b) For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

For the purpose of this policy, the following definitions will be used:

Abuse:

Abuse means an act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

- Assault in the first through fifth degrees in sections 609.221 to 609.224;
- The use of drugs to injure or facilitate crime as defined in section 609.235;
- The solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
- 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.
- Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
 - a. Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
 - b. Use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, or threatening;
 - c. Use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative if the vulnerable adult; and
 - d. Use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
 - e. 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 consumer of that facility.
- 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. For the 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 525.539 to 525.6199. 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 intubations. This paragraph does not enlarge or diminish rights otherwise held under law by:
 - 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;
 - Caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

- For the 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.

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

- a. A person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiver relationship;

- b. Or a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship

Financial Exploitation:

Financial exploitation means: 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:

- 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

- 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.

In the absence of legal authority a person:

- a. Willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

- b. Obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;

- c. Acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

- d. Forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

- e. 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

Maltreatment:

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

Neglect:

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:

- Reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and

- Not the result of an accident or therapeutic conduct.

- The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

For the purposes of this section, a vulnerable adult is not neglected 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, 252A, or section 253B.03, or 525.539 to

525.6199, 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 the law, to provide nutrition and hydration parenterally or through intubations; this paragraph does not enlarge or diminish rights otherwise held under law by:

- A vulnerable adult or a person acting on behalf of a vulnerable adult, including and involved family member, to consent for therapeutic conduct; or
- A caregiver to offer or provide or refuse to offer or provide therapeutic conduct, or
- 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 of belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
- The vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in sexual contact with:
 - A person including a facility staff person when a consensual sexual personal relationship existed prior to the care giving relationship; or
 - A personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship, or
 - 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; or
 - An individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm which requires the care of a physician; and
 - The necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
 - a. Is 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;
 - b. The error is not part of a pattern of errors by the individual;
 - c. If in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility;
 - d. 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
 - e. If in a facility, the actions under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.
 - f. 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.

If the findings of an investigation by a lead agency results in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph ©, 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).

Maltreatment of Vulnerable Adults/Reporting Procedures:

Reporting Policy: All Access North employees and volunteers are mandated by law to report any incidents or suspected incidents of abuse or neglect immediately (within 24 hours), including a physical injury not reasonably explained by the consumer's history.

Access North will not retaliate against any person who reports in good faith suspected maltreatment pursuant to this section, or against a vulnerable adult with respect to whom a report is made, because of the report.

False Reporting: A person or facility that intentionally makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

Failure to report: A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure. Nothing in this subdivision imposes vicarious liability for the acts or omissions of others.

External Reporting: External reporting to the Common Entry point is required. In addition, internal reporting is also required so that the Designated Program Manager or the Executive Director can begin an immediate internal investigation, and take any needed immediate measures necessary for the well-being of the consumer(s). Access North will inform appropriate agencies and fully cooperate with any investigation conducted by other agencies. Our policy is to inform and involve the consumer with this process when such information would not be a risk to their personal safety as determined by supervisor.

A mandated reporter shall immediately make a report to the common entry point through MAARC web based reporting system or phone number. Use of a telecommunications device for the deaf or other similar device shall be considered an oral report.

Employee must complete a Vulnerable Adult/Minor Abuse or Maltreatment Report form and submit to their Designated Program Manager in addition to external reporting.

Reports, internal or external, shall include the following (if known by reporter):

1. The time and date of the report;
2. The name, address, and telephone number of the person reporting;
3. The time, date, and location of the incident;
4. The names of the persons involved, including but not limited to, perpetrators, alleged victims, and witnesses;
5. Whether there was a risk of imminent danger to the alleged victim;
6. A description of the suspected maltreatment;
7. The disability, if any, of the alleged victim;
8. The relationship of the alleged perpetrator to the alleged victim;
9. Whether law enforcement has been notified;
10. All other information that the reporter feels is pertinent or would be helpful in investigating the suspected neglect/abuse.

Minnesota Adult Abuse Reporting Center (MAARC) statewide CEP available 24/7
mn.gov/dhs/reportadultabuse/ or (844-880-1574)

Internal Reporting: A written summary of an internal investigation including any conclusions, recommendations or actions taken will be completed by the Designated Program Manager or Executive Director.

Maltreatment of Minors Reporting Procedures:

All Access North staff persons will report suspected or known maltreatment, abuse, or financial exploitation of a minor in compliance with state and federal laws. This policy/procedure will be provided to all staff in hire packet, and is listed within the direct support professional handbook, and will be made available upon request.

Initial Reporting: If Access North staff or volunteers know or suspect that a minor has been maltreated, they must report it immediately (within 24 hours) externally to the Initial Intervention Unit (IIU). The Initial Intervention Unit (IIU) is the local child protection agency. After hours please leave a

message. If the county in which the abuse occurred is not listed, please call United Way 211 (or 800-543-7709) for the number to the local IIU.

Aitkin County Human Services 218-927-7200

Carlton County Human Services 218-879-4583

Cass County Human Services 218-547-1340

Cook County Social Services 218-387-3620

Crow Wing County Social Services 218-824-1140

Itasca County Family Services 218-327-2941

Koochiching Community Services 218-283-7000

Lake County Human Services 218-834-8400

St. Louis County Social Services (Southern) 218-726-2012 or (Northern) 218-471-7128

Internal Reporting: Access North staff must also report the suspected abuse/maltreatment internally to the Designated Program Manager. If the Designated Program Manager is involved in the suspected maltreatment, staff can report to Access North Executive Director.

Internal Review

- An internal review of the report must be completed if Access North has reason to know that an internal or external report of alleged or suspected maltreatment has been made and corrective action has been taken to protect the health and safety of children.
- The review will be completed by the Designated Program Manager.
- If the Designated Program Manager is involved in the alleged or suspected maltreatment, Access North Executive Director will be responsible for completing the internal review.

The internal review must identify whether:

- Related policies and procedures were followed;
- The policies and procedures were adequate;
- There is a need for additional staff training; and
- Corrective action is necessary to protect the health and safety of vulnerable minors.
- The reported event is similar to past events with the child or services involved.

The internal review must be documented, and made available to the Commissioner of the Department of Human Services upon request. Based on the results of this review, the license holder developed, documented, and implemented a corrective action plan designed to correct lapse and prevent future lapses in performance by individuals or the license holder, if any.

Based on the results of this review, the license holder developed, documented, and implemented a corrective action plan designed to correct lapse and prevent future lapses in performance by individuals or the license holder, if any.

Direct Support Professional Signature

Date

Staff Training Requirements

Access North shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the program's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services as well as responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556).

The program must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14. The program must document the provision of this training in individual personnel records.

Direct Support Professional Signature

Date

Vulnerable Adult/Minor Abuse or Maltreatment Report
Please follow Policy A/6 for process for internal and external reporting.

Person Making Report:

Name _____

Address _____ Phone # _____

Time & Place of Incident: Date _____ Time _____

Address _____

City _____ County _____ State _____

Were there injuries? _____

If yes, describe:

Was a doctor seen? _____ Dr.'s name _____

Clinic _____ City _____ State _____

Hospitalized? _____ Hospital Name _____ City _____ State _____

Describe the incident in detail including the following information when known:

(The names of the persons involved, including but not limited to, perpetrators, alleged victims, and witnesses; Whether there was a risk of imminent danger to the alleged victim; A description of the suspected maltreatment; The disability, if any, of the alleged victim; The relationship of the alleged perpetrator to the alleged victim; All other information that the reporter feels is pertinent or would be helpful in investigating the suspected neglect/abuse)

Full name, address and phone number of every witness:

Names

Addresses

Phone #

Date/time/method of external report _____

made to: (check all that apply)

- CEP (vulnerable adults) IIU (children) law enforcement

Date and time of internal incident report

Signature of person making report

Follow up to report including persons sent a copy of this report, or any actions taken in regard to this report.

Internal mandated reporter will be notified within two days of report.

Please note, employees and volunteers of Access North programs are required to make report of suspected abuse or neglect to designated external CEP or IIU. If employee is not satisfied with Access

North's decision on whether or not to report externally, the reporter may still make an external report to CEP or IIU. Reporter is protected against any retaliation if they decide to make a good faith report to the CEP.

Explanation:

Direct Support Professional Signature

Date

A/7 – Accident & Incident Reporting

Purpose:

The purpose of this policy is to outline the documentation and reporting procedures that are to be used when an incident occurs.

Policy:

For the purpose of this policy, an incident shall be defined as:

Incidents:

- “Incident” means an occurrence which involves a person and requires the program to make a response that is not part of the program’s ordinary provision of services to that person. Any consumer injury, accident or seizure requiring inpatient or outpatient medical assistance, physician attention qualifies as an incident. Or any emergency medical assistance while the consumer is working with our personnel and includes:

A. All employee injuries.

1. Fractures;
2. Dislocations;
3. Evidence of internal injuries;
4. Head injuries with loss of consciousness;
5. Lacerations involving injuries to tendons or organs and those for which complications are present;
6. Extensive second degree or third degree burns and other burns for which complications are present;
7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
8. Irreversible mobility or avulsion of teeth;
9. Injuries to the eyeball;
10. Ingestion of foreign substances and objects that are harmful;
11. Near drowning;
12. Heat exhaustion or sunstroke; and
13. All other injuries considered serious by a physician.

B. A person’s death.

C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization.

D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.

E. Vulnerable adult reports.

F. A person’s unauthorized or unexplained absence from a program.

G. Conduct by a person receiving services against another person receiving services that:

1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support;
2. Places the person in actual and reasonable fear of harm;
3. Places the person in actual and reasonable fear of damage to property of the person; or
4. Substantially disrupts the orderly operation of the program.

H. Any sexual activity between persons receiving services involving force or coercion.

- “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the

threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.

- “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

I. Report if any use of manual restraint, see manual restraint policy.

J. A report of alleged or suspected child or vulnerable adult maltreatment.

These include incidents related to consumers, employees, the facility and personal property not associated with the facility.

* Incidents of alleged abuse will be documented on an incident report form, but will not become part of the incident report file or kept in the client plan file. To protect confidentiality, these reports will be kept in the administrative vulnerable adult act/child protection investigation file.

To file a vulnerable adult or child protection report, look up numbers for your area in the telephone directory or call Information and Referral at 1-800-232-1300 to ask for your local agency number.

Procedure:

I. Notification of Supervisor - All incidents will be verbally reported to a supervisor by the involved responsible employee before the end of the shift in which the situation occurred.

II. Documentation - All incidents will require an incident report form to be completed by the involved responsible employee before the end of the shift in which the situation occurred. The employee will assure information is written in ink, complete, legible and signed with employee's name and position.

III. Supervisory follow-up – supervisors must document their follow up.

Employee injury - If you are injured at work contact Human Resources at (218) 262-6675 within 24 hours of the injury occurring.

Legal Authority: MS. §§§ 245D.11, subd. 2; 245.91, subd. 6; 609.341, subd. 3 and 14

Direct Support Professional Signature

Date

Claimant's Report of Accident/Incident

Person Making Claim:

Name _____

Address _____

Phone # _____

Time & Place of Incident:

Date _____ Time _____

Address _____

City _____ County _____ State _____

Were there injuries? _____

Describe

Did you see a doctor? _____ Dr.'s name _____

Address _____ City _____ State _____

Were you hospitalized? _____ Hospital _____

Address _____ City _____ State _____

Describe the incident in detail.
(Who, What, Why, When, Where & How?)

Full name and address of every witness.

Names	Addresses
-------	-----------

Was law enforcement notified? _____

Date and time of report

Signature of person making report

Follow up to report including persons sent a copy of this report, or any actions taken in regard to this report.

(Internal mandated reporter will be notified in writing within two days of report:

1. Whether or not the report has been forwarded to the CEP
2. If not satisfied with Access North's decision on whether or not to report externally, the reporter may still make an external report to CEP
3. Reporter is protected against any retaliation if they decide to make a good faith report to the CEP
4. Will be given to the reporter in a manner that protects their identity)

Explanation:

Direct Support Professional Signature

Date

Report of Accident/Incident

Person Making Claim:

Name _____

Address _____

Phone # _____

Time & Place of Incident:

Date _____ Time _____

Address _____

City _____ County _____ State _____

Were there injuries? _____

Describe

Did you see a doctor? _____ Dr.'s name _____

Address _____ City _____ State _____

Were you hospitalized? _____ Hospital _____

Address _____ City _____ State _____

Describe the incident in detail.
(Who, What, Why, When, Where & How?)

Full name and address of every witness.

Names

Addresses

Was law enforcement notified? _____

Date and time of report

Signature of person making report

Follow up to report including persons sent a copy of this report, or any actions taken in regard to this report.

Explanation:

Employee is responsible to notify Human Resources within 24 hours of accident if employee related.

Direct Support Professional Signature

Date

A/10 – Grievance Policy

Purpose:

The purpose of this policy is to establish and communicate to each consumer and employee the avenues available for communicating his or her concerns, the internal process used to register and investigate complaints, and the rights and responsibilities of the consumer, employee and Access North with regard to the complaint process. This policy will include concerns and complaints by an applicant process. This policy will include concerns and complaints by an applicant or employee regarding Access North's equal opportunity and affirmative action practices.

*For the purpose of this policy, the term "consumer" includes the consumer, a family member, and/or a representative of the consumer.

Policy:

Employee teamwork is a necessity for achieving our goals with our consumers and our organizational goals. With this concept in mind, we cannot underestimate the importance of communication. Therefore, it is Access North's policy to openly discuss any issues, ideas or areas of concern that a consumer or an employee may have. We believe that this sharing of ideas and concerns is conducive to growth and is necessary to facilitate the concept of teamwork.

Should a consumer or employee feel an issue or area of concern has not been resolved through informal discussion or meeting and that this issue or area of concern is critical to the well-being of a consumer, employee or the organization, the issue or area of concern should become a formal complaint by the consumer or employee following the procedures outlined in this policy.

It is the policy of this organization to assess each complaint and attempt to reach a resolution internally in a fair and reasonable manner. Each complaint will be addressed within established time frames and all involved parties will be informed and updated of the status of the registered complaint.

A consumer or an employee registering a complaint shall be free from any restraint, interference, coercion, discrimination, or reprisal.

Procedure for Employee:

Each employee is expected to communicate directly with their supervisor concerning any employment related problem. If this method does not resolve the problem, the employee may make a formal complaint using the procedure below.

The employee or employees submit(s) a written grievance to the Human Resource Manager.

The Human Resource Manager, direct supervisor of employee or employees, and the employee or employees meet within five (5) work days of receipt of the written complaint to discuss the problem. Every effort will be made to resolve the issue at this step. If resolved, the Human Resource Manager, direct supervisor, and employees sign a written description of the resolution.

If resolution does not occur at step 2, the employee or employees must submit a written grievance to the Executive Director within five (5) work days after the meeting with the Human Resource Manager and direct supervisor.

The Executive Director will meet with the employee or employees within five (5) work days of receipt of the written grievance.

The Executive Director will send a written notice of its decision within five (5) work days to the employee or employees. The decision of the Executive Director will be final.

*If the complaint is against the Executive Director, and the aggrieved has discussed the issue with the Executive Director and has not resolved the issue to his/her satisfaction, the aggrieved will file the grievance directly with the Board of Directors.

**The time line may be waived based on the Board of Director's convenience to meet.

Procedure for Consumer:

A. Service Initiation

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

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. should talk to designated grievance officer about their complaint or problem;
 - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
 - This person is the Executive Director.
 - They may be reached at 1309 East 40th Street, Hibbing MN 55746. 218-262-6675 Phone, 1-800-390-3681 Toll-free.

C. Response by the Program

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

7. Based on this review, the license holder must 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.
8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - a. identifies the nature of the complaint and the date it was received;
 - b. includes the results of the complaint review; and
 - c. identifies the complaint resolution, including any corrective action.

D. The complaint summary and resolution notice must be maintained in the person's record.

Legal Authority: Minn. Stat. § 245D.10, subd. 2 and 4

If a consumer has not resolved a grievance to his or her satisfaction, they may receive further assistance by contacting the Client Assistance Project at:

(800) 292-4150, (612) 332-4668 (TTY) or the Disability Law Center (612) 332-4668

Office of Health Facility Complaints

(651) 201-4201

1-800- 369-7994

Fax: (651) 281-9796

Mailing Address:

Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

(651) 431-2555

1-800-657-3591

Fax: (651) 431-7452

Mailing Address:

Home Care Ombudsman
Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971

Direct Support Professional Signature

Date

A/15 – Drug and Alcohol Policy

Policy

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

Procedures

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

Legal authority: MS 245A.04, subd. 1© and 14

Direct Support Professional Signature

Date

A/16 - Smoking & the Use of Tobacco Products

Access North has a vital interest in maintaining a healthy and safe environment for its employees, consumers, vendors, community partners, and visitors while respecting individual choice. Consistent with these concerns and the Minnesota Clean Indoor Air Act, the following policy has been established to restrict smoking in most areas, and to provide procedures for accommodating the preference of both smokers and nonsmokers.

Policy:

Smoking is not permitted in any indoor work area. Indoor work areas include hallways, conference rooms, the break room, restrooms, private and non-private offices, and consumer residences. Employees who choose to smoke must do so away from Access North windows, doorways or air intakes to prevent second hand smoke from entering Access North buildings.

Employees providing service in the residence of a consumer who use tobacco products may choose to request that the consumer cease the use of these products while services are being provided. If it becomes a problem, employees should bring the issue to their supervisor. The agencies may also explore the feasibility of consumer discharge if the smoking is to such a degree that no staff will consent to work in the home.

Lit tobacco products must be extinguished and tobacco residue must be placed in an appropriate receptacle.

Regardless of the office location, smoking will not be permitted in any indoor work area.

Compliance:

Cooperation between smokers and nonsmokers is necessary to assure the successful implementation of this policy. All employees, consumers, vendors, community partners, and visitors are expected to comply with this policy at all times. Individuals violating this policy will be reminded of the policy and asked to move to the designated smoking area. Employees may be subject to disciplinary action, up to and including termination, if warnings are ignored.

Direct Support Professional Signature

Date

A/8 - Risk Assessment & Planning (Accident & Injury Reduction)

Purpose:

This policy was developed to identify the significant risks arising out of employment at Access North. Typically staff is able to manage risks on their own. However there may be some risks that are beyond our ability to understand or control. The level of detail in a risk assessment should be proportionate to the risk, with the risk assessment undertaking that all relevant risks or hazards are addressed to ensure that all employees and others who may be affected are considered.

Policy:

Access North recognizes the importance of safe and healthy working environments and conditions for all employees and consumers. On-the-job risks that staff is not able to manage need to be identified and reported to management including the details of the potential risks.

Each Access North employee is responsible to report potential risks they have encountered in their employment:

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

Whenever a risk is identified and reported to management all employees, management and Board of Directors will work cooperatively in alerting co-workers and consumers, and will work together in keeping the risks to a minimum.

Management accepts overall responsibility for the provision of risk assessment including training, guidance, and control of the plan to correct or reduce the risks identified in the workplace.

Program:

Goal: Our goal is to identify and assess risks in order to create a safe and healthy work environment that benefits the employees, the consumers, and the organization as a whole.

II. Objectives:

- To detect and correct unsafe circumstances, situations, activities and events through consistent risk identification and risk assessment.
- To detect and correct unsafe individual actions, practices and procedures through training and supervision.
- To determine when and how policies and procedures need to be changed or revised through analysis and evaluation of all risks involving individual accidents/injuries and/or property losses in the workplace.
- To ensure control and awareness of unsafe acts and circumstances through formal reporting of all potential risks.
- To monitor long-term improvement in the workplace by recording and documenting actions taken to achieve the goals of the program.

General Safety Rules

- Report all risks and potential risks to your supervisor immediately, and report in writing as mandated by policy and procedure.

- Know, understand and carry out all responsibilities and duties of your job description, including and especially those that encompass preventative practices to ensure the safety and health of employees and consumers in the facility.

Risk Identification and Assessment

For Site: _____

State Specific Risks Encountered Or Identify Potential Risks:

Identified Risk:

Risk Assessment:

_____	_____
_____	_____
_____	_____

PLAN FOR REDUCING THE RISK:

Direct Support Professional Signature

Date

A/26 Universal Precautions and Sanitary Practices Policy

Policy

It is the policy of Access North Access North to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

Procedures

A. Universal precautions, sanitary practices, and prevention

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. It is well-documented that the most important measure for preventing the spread of pathogens is effective hand washing. **Hand Washing is mandatory.** Employees wash hands and any other skin with soap and water or flush mucous membranes with water as soon as feasible after contact with blood or other potentially infectious materials. Additional precautions must be used for patients who are known or suspected to have an infectious condition, and vary depending on the infection control needs of that patient. Proper hand washing is the most effective way to prevent the spread of infections. Don't be afraid to remind friends, family and health care providers to wash their hands. Also remember to cover coughs and sneezes, stay up to date with your immunizations and follow guidelines when dealing with blood or contaminated items.
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

B. Control of communicable diseases (Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health)(<http://www.health.state.mn.us>)

C. Conditions needing additional precautions include but are not limited to: Prior diseases, diseases with air-borne transmission (e.g., tuberculosis, Diseases with droplet transmission (mumps, rubella, influenza, and pertussis.) Blood borne pathogens (e.g. HIV, Hepatitis)

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the Human Resources manager.
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Legal Authority: MS §§ 245D.11, subd. 2 (1) and 245D.06, subd 2 (5)

Direct Support Professional Signature

Date

First Aid Basics

In case of accident

- Give artificial respiration
- Control severe bleeding
- Contact emergency medical services
- Treat patient for shock
- Do not move patient unnecessarily
- Do not give liquids to an unconscious person

Abrasions and Minor Cuts

Cleanse the area, apply antiseptic and cover with a sterile bandage.

Bleeding

Elevate injured part. Apply pressure over wound with sterile pad.

Severe lacerations generally require sutures (stitches). Cleanse the wound area, control bleeding, apply a sterile dressing and consult with a physician.

Cleanse puncture wounds with mild soap and water, rinse thoroughly, dry with clean cloth, apply antiseptic and sterile bandage.

Deep puncture wounds may require a tetanus injection. Consult a physician.

Burns

Minor burns immerse in cold water. Cover with clean dry pad to exclude air.

Severe burns require medical treatment. Do not apply antiseptic or salve of any type. Cover with layers of sterile bandage to exclude air and consult a physician at once.

Fractures

Move patient as little as possible. If fracture is open, control bleeding. DO NOT splint unless patient must be moved. Get medical help.

Insect Bites

To help prevent infection apply antiseptic to bite and cover with adhesive bandage.

Poisoning

Give victim one or two glasses of water to dilute the poison. If victim is unconscious or convulsing. DO NOT give fluids or induce vomiting. Call the Poison control Center or physical immediately for further instructions.

Shock

Symptoms: weakness; pale; moist skin; eyes vacant, pupils dilated; irregular breathing; weak and rapid pulse; nausea. Keep patient lying down quiet and warm. Get medical help.

Probably the biggest indicator of a serious medical emergency is an inability to wake a victim. If the person you are trying to help does not respond to you as you attempt to wake him or her, then you should call 911 immediately. If you are out of the house and using your cell phone, make sure you know that you need to give directions as cell phones will not give the responders an exact location like a land line does.

Direct Support Professional Signature

Date

Assisting and Transfers

A move as basic as getting in and out of a chair can be difficult for a person with a disability, depending on their age, flexibility, and strength. The height and stability of the chair or other sitting surface also plays a role in the successful transfer. A slightly raised seat is preferable to one that is low or deep. Follow the guidelines for safely assisting the consumer with the directions provided by the consumer, physician or qualified professional to transfer safely.

There are a few general guidelines that apply when assisting in the completion of any transfer:

- When assisting in the transfer never pull on his arms or under his shoulders.
- Use a gait belt secured around his waist to assist him.
- Explain each step of the transfer and allow the person to complete it slowly.
- Give physical assistance and verbal cues to the person during the transfer.
- Allow time for the person to respond and follow through.

If you are having difficulty with transfers and mobility issues it is recommended that you consult your physician, physical therapist or occupational therapist to evaluate your situation and provide treatment and recommendation

Direct Support Professional Signature

Date

A/31 - Emergency Response, Reporting & Review Policy

Policy

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

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

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

Response Procedures

A. Safety procedures

1. Fires. Additional information on safety in fires is available online at: <http://www.ready.gov/fires>.

In the event of a fire emergency, staff will follow the Emergency Response Floor Plan posted at each Access North building.

- Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.
- When evacuating outside, the designated meeting place is posted on each emergency floor plan for each Access North building
- Call 911 for the fire department and provide them with relevant information.
- Provide emergency first aid as required until emergency personnel arrive.

2. Severe weather and natural disasters. Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. In the event of a severe weather emergency, staff will follow the Emergency Response Floor Plan posted at each Access North building.

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

3. Power failures. Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. In the event of a power failure emergency, staff will follow the Emergency Response Floor Plan posted at each Access North building.

- Report power failures to, local utility company, emergency response team, and/or 911.
- Use emergency supplies (flashlights, battery-operated radio) which are located at each Access North building according to the Emergency Response Floor Plan.
- Account for the well-being of all people receiving services.
- Inform people why plans and activities are changing and what they are doing to keep them safe.

4. Emergency shelter. Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter>. Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.

- Follow directions of local emergency personnel to locate the closest emergency shelter.
- At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.
- Remain calm and keep everyone informed of why events are occurring.

Use of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

5. Emergency evacuation. Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

- Account for the well-being of all people receiving services.
- Inform people why they are leaving the program and what is being done to keep them safe.
- Follow directions received from administrative staff, police, fire, and other emergency personnel.

Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

6. Temporary closure or relocation. Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff.

- Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
- Follow directions received from administrative staff, police, fire, and other emergency personnel.

Closure or relocation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

B. Emergency Response Floor Plan

An emergency response floor plan must be readily available to staff and persons receiving services. The emergency response floor plan is located by each exit at every Access North Building. The floor plan includes:

1. Procedures for emergency evacuation and emergency sheltering, including:
 - How to report a fire or other emergency;
 - Procedures to notify and evacuate occupants
 - Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.
 - Location of fire extinguishers;
 - Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems;
 - Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and
 - Location of emergency shelter within the facility.
 - Designated assembly points outside the facility;
 - Locations of fire hydrants; and
 - Routes of fire department access.

Reporting Procedures

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

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

Review Procedures

A. This program will complete a review of all emergencies.

- The review will be completed using the program's emergency report and review form by completed by Human Resources Department.
- The review will be completed within [insert the number of days] days of the emergency.
- The review will ensure that the written report provides a written summary of the emergency.
- The review will identify trends or patterns, if any, and determine if corrective action is needed.
- When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

B. Record Keeping Procedures

- The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- Emergency reports will be maintained at each Access North building and a master copy will be housed in Human Resources Department at Access North main building.

Direct Support Professional Signature

Date

Basic Problem Solving Steps

Identify the Problem

Try to get as specific as possible. Don't hesitate to ask for help from a friend if you are feeling uncertain. What is the specific problem you want to resolve?

Look at the Problem in as many different ways as you can

"Nothing is more dangerous than an idea when it is the only one you have". It either means you don't understand the problem or you've not taken the time to figure out more creative, more likely to succeed, solutions.

Use different words to restate the problem. Are other people affected by the problem? How do others, such as your family, your friends, your doctors, or your boss, see the problem? Flexible mind, flexible solutions

If you're having trouble, take a physical break. Go for a walk, listen to music, tidy up your room, or do whatever it takes to free your mind and open it to creating new, innovative solutions to your problem.

If you're feeling overwhelmed – break down the problem into parts and work on a small part first.

Pick a Solution and Try It - ACT

Spend a trial period assessing if this solution is working. If things aren't working like you'd hope, try to sort through what may be creating obstacles.

Get feedback from others. Sometimes it can be hard to see the whole picture when you are so close to the problem.

Continue to Assess

Is the solution working? Are you seeing any positive results? If so, continue to fine tune the solution as you need along the way. If you are still not seeing positive results, even after you have addressed the obstacles, go back to your list of solutions and try another. Try not to get discouraged and give yourself a pat on the back for each little step you make towards solving the problem.

When helping someone else to problem solve, communicate clearly and specifically.

Be respectful and don't judge.

If the problem affects you explain how it affects you and if there is some action you'll have to take if the behavior continues.

Direct Support Professional Signature

Date

A/25 - Emergency use of Manual Restraints Policy

Policy

It is the policy of Access North to promote the rights of persons served by this program and to protect their health and safety at all times. Access North does not condone the use of emergency use of manual restraints.

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

Procedures

The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self and others:

1. Follow individualized strategies in a person’s coordinated service and support plan and coordinated service plan.
2. Shift the focus by verbally redirect the person to a desired alternative activity.
3. Model desired behavior.
4. Reinforce appropriate behavior.
5. Offer choices.
6. Use positive verbal guidance and feed - back.
7. Actively listen to a person and validate their feelings.
8. Create a calm environment by reducing sounds, lights, and other factors that may agitate a person.
9. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication.
10. Simplify a task or routine or discontinue until the person is calm and agrees to participate.
11. Respect the person’s need for physical space and/or privacy.

The program will develop a positive support transition plan on the forms and in a manner prescribed by the Commissioner and within the required in order to:

1. Eliminate the use of prohibited procedures as identified in this policy.
2. Avoid the emergency use of manual restraints as identified in this policy.
3. Prevent the person from physically harming self or others.
4. Phase out any existing plans for the emergency use or programmatic use of aversive or deprivation procedures prohibited.

Permitted actions and procedures

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

Physical contact or instructional techniques must be the least restrictive alternative possible to meet the needs of the person and may be used to:

1. Calm or comfort a person by holding that person with no resistance from that person.
2. Protect a person known to be at risk for injury due to frequent falls as a result of a medical condition.
3. Facilitate the person’s completion of a task or response when the person does not resist or the person’s resistance is minimal in intensity and duration.
4. Briefly block or redirect a person’s limbs or body without holding the person or limiting the person’s movement to interrupt the person’s behavior that may result in injury to self or others.

Restraint may be used as an intervention procedure to:

1. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition.
2. Assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.

Prohibited Procedures

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

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

Manual Restraints Not Allowed in Emergencies

This program does not allow the emergency use of manual restraint. Any unauthorized use of emergency manual restraints will be reported as an incident to the Human Resources Department. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

1. Continue to utilize the positive support strategies.
2. Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum.
3. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer.
4. Remove objects from the person's immediate environment that they may use to harm self or others.
5. Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person/ and or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person.

This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as a part of the required service planning required under the 245 D Home and Community based Services (HCBS) Standards (section 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services). A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible. Records will be kept in the Human Resource Office.

Staff Training

The program must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09

1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - a. Staff responsibilities related to ensuring prohibited procedures are not used
 - b. Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior.
 - c. Why prohibited procedures are not safe.
2. Within 60 days of hire the program must provide instruction on the following topics:
 - a. Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others.
 - b. De-escalation methods, positive support strategies, and how to avoid power struggles.

The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Legal Authority: MS 245D.06, subd, 8; 245D.061

Direct Support Professional Signature

Date

A/24 – Safe Transportation

Policy

It is the policy of Access North to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services. Access North does not own or lease vehicles for the purpose of transporting consumers.

Direct Support Professionals within PCA/Homemaker/Respite programs are **not authorized** to transport for Access North.

Staff may not transport program participants unless transportation is authorized. If you transport a program participant you **MUST** have written authorization from Access North, have signed a Department of Motor Vehicle release and provide annually a copy of your driver's license and proof of insurance.

At times Access North staff has a personal relationship with program participants and consider transportation of a program participant a personal choice. Should Access North staff choose not to adhere to Access North's transportation policy, it is at their own personal risk, and in such a situation Access North staff or participants will not hold Access North or affiliates of Access North liable. In such situations the arrangement is solely between the participant and staff, mileage will not be paid by Access North, and the arrangement is between the participant and the driver.

Procedures

- A. Consumer transportation may be required if identified in the ILS service plan.
- B. Staff will report all vehicular accidents occurring on company time immediately, whether consumer transportation is involved or not.
- C. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
- D. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections 169.685 and 169.686 when transporting a child.
- E. Staff will be responsible for the supervision and safety of persons while being transported.

1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
1. Name and phone number of person(s) to call in case of emergency. (Access North office and specific consumer emergency information)
 2. Proof of insurance card and vehicle registration.
- G. In the event of a severe weather emergency, staff will take the following actions:
1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
- H. All staff are required to follow all traffic safety laws while operating the vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating vehicle.
- I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the vehicle.

Legal Authority: MS §§ 245D.11, subd. 2. (4); 245D.06, subd. 2, paragraphs (2) to (4)

Direct Support Professional Signature

Date

A/27 - Medication Assistance Policy

Purpose: The purpose of this policy is to define Access North's policy and procedure for assistance with self-medication administration.

Definitions:

Self-administered medication: Medication taken orally, by injection, nebulizer or insertion, or applied topically without the need for assistance.

Health-related procedures and tasks: Procedures and tasks that can be delegated or assigned by a licensed health care professional under state law to be performed by a DSP. A licensed health care professional may be a physician or a nurse.

Procedure:

A Direct Support Professional (DSP) may assist with medication as a health-related procedure and task. This is within the scope of the DSP service. Once the task is delegated to the DSP, the qualified professional, who is a registered nurse, is responsible to:

- Delegate the procedure/task
- Document this in the care plan
- Regularly supervise and keep documentation of the procedure/task
- Train the DSP specific to the task and document

A DSP must follow the care plan and be directed by either the:

- Person who can direct their own care or
- Responsible party

A responsible party does not have to be present when the DSP assists with taking medication. However, the responsible party must assure the medication is set up as individual doses and labeled with:

- Name and dosage of the medication
- Time the medication is to be given
- Method to assist the person to take the medication

For any medications given as needed/intermittent (PRN) basis:

- Person must self-direct the DSP or
- DSP must notify the responsible party before assisting with the medication.

The DSP is responsible to document:

- The completion of the task on the paper timecard or through telephony with the contact sheet
- They follow provider agency-specific policies

Covered services:

Assistance with medication includes the following:

- Assist with opening medication under the direction of the recipient or responsible party, including medications given through a nebulizer
- Assist with organizing medications such as putting in a weekly pill container if under the direction of a person who directs their own care
- Bring the medication to the person
- Remind the person to take medication

Non-covered services: A DSP CANNOT:

- Determine the medication dose or time the medication should be given
- Determine the need for medication or evaluate the effectiveness of the medication
- Set up medications except for the medication organization described as a covered service
- Do sterile procedures
- Inject fluids and medications into veins, muscles, or skin

Make assessments

Legal Authority: Minn. Stat. § 256B.0659, subd. 1(p) and 2(d)

Direct Support Professional Signature

Date

A/29 - Service Suspension and Termination

Policy

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

Procedure

A. Temporary Service Suspension

1. The use of temporary service suspension by this program is restricted to situations in which the conduct of the person being served poses an imminent risk of physical harm to self or others and less restrictive or positive support strategies would not achieve safety.
2. The program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
3. The program must provide information requested by the person or the person's legal representative or case manager when services are temporarily suspended.
4. Prior to giving notice of temporary service suspension, the program must document the actions taken by the program to minimize or eliminate the need for temporary service suspension. For example:
 - a. The person's behavior that is prompting the temporary service suspension, including the frequency, intensity and the duration of the behavior.
 - b. The events leading up to the temporary service suspension.
 - c. Consultations with others on methods to minimize or eliminate the need for temporary service suspension.
5. During the period of temporary service suspension the program will work with the appropriate county agency to develop reasonable alternatives to protect the person and others.
6. The program must maintain information about the temporary service suspension in the person's record.

B. Service Termination

1. The program must notify the person or the person's legal representative and the case manager in writing of the intended service termination and the person's right to seek a temporary order staying the termination of service according to the procedures in Minnesota Statutes, section 256.045, subdivision 4a or 6, paragraph (c).
2. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
 - a. For those persons receiving intensive supports and services (including Independent Living Skills and Semi Independent Living Skills Training), the notice must be provided at least 60 days before the proposed effective date of service termination.
 - b. For those persons receiving other services licensed under Minnesota Statutes, chapter 245D (including Homemaking, Personal Care, Companion Services, or Respite) the notice must be provided at least 30 days before the proposed effective date of service termination.
3. The program must provide information requested by the person or the person's legal representative or case manager upon notice of service termination.
4. Prior to giving the written notice of service termination, the program must document the actions taken by the program to minimize or eliminate the need for service termination.
5. During the service termination notice period the program will work with the appropriate county agency to develop reasonable alternatives to protect the person and others.
6. The program must maintain information about the service termination including the written termination notice in the consumer service record.

7. The program must provide a copy of this policy to the person or the person's legal representative and case manager within five working days of service initiation.

Direct Support Professional Signature

Date

Consumer Bill of Rights (Home and Community-based Services) Consumer Packet

This packet contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

Program name: _____

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

Date services were started: _____ Date I received this information: _____

This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights?

Yes (if yes, see rights restriction document) No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health
and Developmental Disabilities
121 7th Place E, Suite 420
Metro Square Building
St. Paul, MN 55101
Phone: (651) 7567-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center
430 1st Ave N, Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: <http://www.mndlc.org/>

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

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.

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

23. Have personal privacy.

24. Take part in activities that I choose.

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

ADDITIONAL RIGHTS:

25. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.

26. Receive and send mail and emails and not have them opened by anyone else unless I ask.

27. Use of and have free access to common areas (this includes the kitchen).

28. Visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

RIGHTS RESTRICTIONS

CAN MY RIGHTS BE RESTRICTED?

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

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

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

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

CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS?

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

1. Your right to associate with other persons of your choice;
2. Your right to have personal privacy; and
3. Your right to engage in activities that you choose.

WHAT IF I DON'T GIVE MY APPROVAL?

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

WHAT IF I WANT TO END MY APPROVAL?

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

Direct Support Professional Signature

Date