245D Services

Manual

Career Planning & Employment, Supervised Living, Supportive Living, and Home-Based Services

Reviewed/Revised: 10/2020

245D Services Manual

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ADDENDUM

245D

FRASER

245D Services Manual

POLICY #1: **Admission**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: July 2014, July 2017, December 2019, August 2020

Policy

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including Fraser's admission criteria and processes. Services may be provided by Fraser as registered and licensed according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the person's service-related and protection-related rights identified in MN Statutes, section 245D.04. Fraser may provide services to persons with a wide range of disabilities.

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

Purpose

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

Procedure

Admission Criteria

1. Certain criteria will be used by Fraser to determine whether Fraser is able to develop services to meet the needs of the person as specified in the person's *Coordinated Service and Support Plan.* In addition to registration and licensed ability, the criteria include:
    a. The determination to admit a person will be based upon the program's eligibility requirements and the program's ability to meet each person's needs.
    b. Persons must have a current service agreement, vendor agreement, or private pay agreement in place with the program prior to service initiation.
    c. Private pay clients are exempt from Medical Assistance, waiver, and other assessment eligibility requirements. Persons must complete all required enrollment paperwork and attend the intake meeting.
    d. For Supported Employment, Home-Based, and Supportive Living services, if the determination not to admit a person is based on program capacity, the person may

choose to be added to an interest list for services if the corresponding service interest list is open.

2. Fraser, when defined as a health care facility according to MN Statutes, chapter 245A, will notify all residents when a registered predatory offender is admitted into the program or to a potential admission when the facility is already serving a registered predatory offender. This notification will be done according to the requirements in MN Statutes, section 243.166.
3. Refusal to admit a person to the program must be based on an evaluation of the person's assessed needs and Fraser's lack of capacity to meet the needs of the person.
    a. Fraser will not refuse to admit a person based solely on:
        i. the type of residential services the person is receiving
        ii. person's severity of disability;
        iii. orthopedic or neurological impairments;
        iv. sight or hearing impairments;
        v. lack of communication skills;
        vi. physical disabilities;
        vii. toilet habits;
        viii. behavioral disorders; or
        ix. past failure to make progress.
4. Documentation regarding the basis for the refusal will be completed using the Admission Refusal Notice and must be provided to the person and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Designated Coordinator and/or Designated Manager or designee.

Admission Process and Requirements

1. In the event of an emergency service initiation, Fraser must ensure that staff training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the person served. Fraser must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.
2. Prior to or upon the initiation of services, the Designated Coordinator and/or Designated Manager or designee will develop, document, and implement the Individual Abuse Prevention Plan according to MN Statutes, section 245A.65, subdivision 2.
3. When the person to be served is to receive foster care or supported living services in a residential site controlled by the license holder, the person and/or legal representative and the license holder must sign and date the residency agreement. The residency agreement must include service termination requirements. It must be reviewed annually, dated, and signed by the person and/or legal representative and license holder.
4. The Designated Coordinator and/or Designated Manager or designee will ensure that during the admission process the following will occur:
    a. Each person to be receiving services and/or the legal representative is provided with the written list of the Individual Rights and Responsibilities that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
        1) An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.

2) Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the person and/or legal representative.

b. Orientation to Fraser's Program Abuse Prevention Plan will occur within 24 hours of service admission, or for those persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

c. An explanation of and provision of a copy of the Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults will be provided to the person served and/or legal representative and case manager within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

d. An explanation and copies of the following policies and procedures will be provided within five (5) working days of service initiation to the person and/or legal representative and case manager:
   i. *Grievances*
   ii. *Temporary Service Suspension*
   iii. *Service Termination*
   iv. *Data Privacy*
   v. *Emergency Use of Manual Restraint*

e. Written authorization is obtained at admission by the person and/or legal representative for required forms, such as:
   i. *Authorization for Medication and Treatment Administration*
   ii. *Agreement and Authorization for Injectable Medications*
   iii. *Authorization to Act in an Emergency*
   iv. *Standard Release of Information*
   v. *Specific Release of Information*
   vi. *Financial Authorization*
      1) This authorization may be obtained within five (5) working days of the service initiation meeting and annual thereafter. The case manager also provides written authorization for the Financial Authorization.

f. The *Admission Form and Data Sheet* is signed by the person and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the person and/or legal representative.

5. During the admission meeting, the support team and other people as identified by the person and/or legal representative will discuss:
   a. Fraser's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum.*
   b. The desired frequency of progress reports and progress review meetings, at a minimum of annually.
   c. The initial financial authorization and the Designated Coordinator and/or Designated Manager or designee will survey, document, and implement the preferences of the person receiving services and/or legal representative and case manager for the frequency of receiving statements that itemizes receipt and

disbursements of funds or other property. Changes will be documented and implemented when requested.

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

Admission Process Follow up and Timelines

1. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's other providers, medical and mental health care professionals, and vendors are notified of any change in address and phone number.
2. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's service recipient record is assembled according to Fraser standards.
3. Within 15 calendar days of service initiation, the Designated Coordinator and/or Designated Manager or designee will complete a preliminary *Coordinated Service and Support Plan Addendum Summary* that is based upon *Coordinated Service and Support Plan*. At this time, the person's name and date of admission will be added to the *Admission and Discharge Register* maintained by the Designated Coordinator and/or Designated Manager or designee.
4. When a person receiving services requires a *Positive Support Transition Plan* for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D, and is admitted after January 1, 2014:
    a. The *Positive Support Transition Plan* must be developed and implemented within 30 calendar days of service initiation.
    b. The plan must be phased out no later than 11 months after the implementation date.
5. Before the 45-day meeting, the Designated Coordinator and/or Designated Manager or designee will complete the Self-Management Assessment regarding the person's ability to self-manage in health and medical needs, personal safety, and symptoms or behavior. This assessment will be based on the person's status within the last 12 months at the time of service initiation.
6. Before providing 45 days of service, or within 60 calendar days of service initiation, whichever is shorter, the support team and other people as identified by the person and/or legal representative will meet to assess and determine the following based on information obtained from the Self-Management Assessment, *Coordinated Service and Support Plan*, and person-centered planning:
    a. The scope of services to be provided to support the person's daily needs and activities.
    b. Outcomes and necessary supports to accomplish the outcomes.
    c. The person's preference for how services and supports are provided including how the provider will support the person to have control of the person's schedule.
    d. Whether the current service setting is the most integrated setting available and appropriate for the person.
    e. Opportunities to develop and maintain essential and life-enriching skills, abilities,

strengths, interests, and preferences.

f. Opportunities for community access, participation, and inclusion in preferred community activities.
g. Opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community.
h. Opportunities to seek competitive employment and work at competitively paying jobs in the community.
i. How services for this person will be coordinated across 245D licensed providers and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person.

7. A discussion of how technology might be used to meet the person's desired outcomes will also be included at the 45-day meeting (and annually thereafter). The *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum* will include a summary of this discussion. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made.
8. Within 10 working days of the 45-day meeting, the Designated Coordinator and/or Designated Manager or designee will develop a service plan that documents outcomes and supports for the person based upon the assessments completed at the 45-day meeting.
9. Within 20 working days of 45-day meeting, the Designated Coordinator and/or Designated Manager or designee will submit to and obtain dated signatures from the person and/or legal representative and case manager to document completion and approval of the assessment and *Coordinated Service and Support Plan Addendum Summary.*
    a. If, within 10 working days of this submission, the legal representative or case manager has not signed and returned the assessments or has not proposed written modifications, the submission is deemed approved and the documents become effective and remain in effect until the legal representative or case manager submits a written request to revise the documents.

Bedroom Sharing

1. Each person receiving services that will share a bedroom in a foster care or supported living services in a residential site controlled by the license holder must have a choice of roommate. Both persons must mutually consent, in writing, to sharing a bedroom with one another. Persons served also retain the right to request a change in roommate and may notify the Designated Coordinator/Designated Manager in these instances.
2. The Designated Coordinator/Designated Manager will ensure that the Bedroom Sharing Consent form has been completed prior to sharing of the bedroom. The consent will be reviewed, signed, and dated by the person and/or legal representative. A copy of the consent will be maintained in each person's file.
3. No more than two people receiving services may share one bedroom.

Legal Authority: MS §§ 245D.11, subd. 4; 245D.04, subd.2,(4) to (7), and 3, (8)

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POLICY #2: **Temporary Service Suspension**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: August 2015, December 2016, December 2019

Policy

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

Purpose

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

Procedure

Fraser recognizes that temporary service suspension and service termination are two separate procedures. Fraser limits service suspension to specific situations that are listed below. Temporary service suspensions and Service Terminations may occur together, or by itself. Fraser limits service termination to specific situations that are listed in Policy and Procedure on Service Termination.

1. Fraser must limit temporary service suspension to situations in which:
    a. The person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension, but have not been effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension;
    b. The person has emergent medical issues that exceed Fraser's ability to meet the person's needs; or
    c. Fraser has not been paid for services.
2. Prior to giving notice of temporary services suspension, Fraser must document actions taken to minimize or eliminate the need for service suspension. Action taken by Fraser must include, at a minimum:
    a. Consultation with the person's expanded/support team to identify and resolve

issues leading to issuance of the suspension notice; and

   b. A request to the person's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions issued due to non-payment of services.
   c. If, based on the best interests of the person, the circumstances at the time of the notice were such that Fraser was unable to take the actions listed above, Fraser must document the specific circumstances and the reason for being unable to do so.

3. The notice of temporary service suspension must meet the following requirements:
   a. Fraser must notify the person or the person's legal representative and case manager in writing of the intended temporary services suspension. If the temporary services suspension is from residential supports and services, as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the company must also notify MN Department of Human Service's Commissioner in writing;
   b. The notice of temporary services suspension must be given on the first day of the services suspension;
   c. The notice must include the reason for the action; a summary of actions taken to minimize or eliminate the need for temporary services suspension as required under MN Statutes, section 245D.10, subdivision 3, paragraph (d); and why these measures failed to prevent the suspension.
4. During the temporary suspension period, Fraser must:
   a. Provide information requested by the person or case manager;
   b. Work with the expanded/support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
   c. Maintain information about the temporary service suspension, including the written notice of temporary services suspension, in the service recipient record.
5. If, based on a review by the person's expanded/support team, the team determines the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services. If at the time of the temporary service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the expanded/support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program. If the expanded/support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, Fraser must document the specific reasons why a contrary decision was made.

Legal Authority: MS § 245D.10, subd. 3, subd.

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POLICY #3: **Grievances**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: November 2014, August 2015, December 2019

Policy

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

This policy should be viewed in conjunction with Fraser's Operation's Manual Grievance Policy.

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

Should a person and/or legal representative feel an issue or complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Staff and persons served and/or legal representatives will receive information regarding the informal and formal grievance procedure. This policy will be provided in writing to all persons served and/or legal representatives during the intake and/or service initiation. If a person served and/or legal representative feel that their formal complaint has not or cannot be resolved by other staff, they may bring their complaint to the highest level of authority in the program, the President & CEO, who may be reached at the following:

Name: Diane Cross
Address: 2400 W. 64th St., Richfield, MN 55423
Telephone Number: 612-861-1688

Throughout the grievance procedure, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (i.e. ARC, MN Office of the Ombudsman, local county social service agency) may be sought to assist with the grievance.

Persons served and/or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

Purpose

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

Procedure

1. Service Initiation
    a. A person receiving services, their legal representative, and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.
2. How to File a Grievance
    a. The person receiving services or person's authorized or legal representative:
        i. should talk to a staff person that they feel comfortable with about their complaint or problem or submit the complaint in writing;
        ii. clearly inform the staff person, or state in the letter, that they are filing a formal grievance and not just an informal complaint or problem; and
        iii. may request staff assistance in filing a grievance.
    b. Direct support staff will immediately inform the Designated Coordinator and/or Designated Manager or designee of any grievances and will follow this policy and procedure. If at any time, staff assistance is requested in the complaint process, it will be provided. Additional information on outside agencies that can also provide assistance to the person served and/or legal representative are listed at the end of this procedure.
    c. 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.
        i. That person is the President/CEO of Fraser.
        ii. The President/CEO of Fraser may be reached at 2400 W. 64th Street, Richfield, MN 55423 or 612-861-1688.
    d. If the person served and/or legal representative believe their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services. In addition, persons may contact advocacy agencies (listed at the end of this policy) and state they would like to file a formal grievance regarding their services, Fraser, etc.
3. Response to Program
    a. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
        i. the name, address, and telephone number of outside agencies to assist the person (see letter E below); and
        ii. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
    b. All complaints affecting a person's health and safety will be responded to immediately by the Designated Coordinator and/or Designated Manager or designee

c. If the person is not satisfied with the Designated Coordinator and/or Designated Manager or designee, response and submits the formal grievance with the President & CEO, the President & CEO will respond within 14 calendar days.
d. All complaints will be resolved within 30 calendar days of the receipt. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution and make it available for the President & CEO to review.
e. If not satisfied with the resolution, all persons have a right to appeal the decision. Appeal procedures will be provided upon request within one week of the decision.
f. Once a complaint is received, the Designated Coordinator and/or Designated Manager or designee will complete and document an internal review by using *the Internal* Review form regarding the complaint. The internal review will include an evaluation of whether:
    i. Related policy and procedures were followed;
    ii. Related policy and procedures were adequate;
    iii. There is a need for additional staff training;
    iv. The complaint is similar to past complaints with the persons, staff, or services involved; and
    v. There is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
g. Based on this review, Fraser must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or Fraser, if any.
h. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and/or legal representative and case manager will be provided using the *Complaint Summary and Resolution Notice* form. This summary will:
    i. Identify the nature of the complaint and the date it was received;
    ii. Include the results of the complaint review; and
    iii. Identify the complaint resolution, including any corrective action.

4. The Complaint Summary and Resolution Notice must be maintained in the person's record.
5. The person may contact advocacy agencies and state they would like to file a formal grievance regarding their services. For additional support outside of Fraser, you may contact the following advocacy services:
    a. The Office of Ombudsman for Mental Health and Developmental Disabilities:
    121 7th Place East
    Suite 420 Metro Square Building
    St. Paul, Minnesota 55101-2117
    651-757-1800
    ombudsman.mhdd@state.mn.us
    http://mn.gov/omhdd/
    b. The Arc Greater Twin Cities
    2446 University Ave. W., Suite 110
    St. Paul, MN 55114-1740
    952-920-0855
    www.arcgreatertwincities.org
    info@arcgreatertwincities.org

Advocacy Agencies

Outside Agency Name	Telephone Number	Address and Email Address
ARC MN	(651) 523-0823 (800) 582-5256	770 Transfer Road, Suite 26, St. Paul, MN 55114 www.thearcofminnesota.org mail@arcmn.org
ARC Greater Twin Cities	(952) 920-0855	2446 University Ave W, Suite 110, St. Paul, MN 55114 www.arcgreatertwincities.org info@arcgreatertwincities.org
ARC Northland	(218) 726-4725	424 W Superior St, Suite 201, Duluth, MN 55802 www.arcnorthland.org cbourdage@arcnorthland.org
Disability Law Center/Legal Aid Society	(612) 332-1441	430 1st Ave North, Minneapolis, MN 55401 www.mndlc.org website@mylegalaid.org
MN DHS-Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/ dhs.info@state.mn.us
MN Office of the Ombudsman for Families (and Children)	(651) 603-0058 (651) 643-2539 Fax 1-888-234-4939	1450 Energy Drive, Suite 106 St. Paul, Minnesota 55108 http://mn.gov/ombudfam/
MN Office of the Ombudsman for MH/DD	(651) 757-1800 (800) 657-3506	121 7th Place East, Suite 420, Metro Square Building, St. Paul, MN 55101 www.ombudmhdd.state.mn.us ombudsman.mhdd@state.mn.us
MN Office of the Ombudsman for Long-Term Care	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.dhs.state.mn.us/main dhs.info@state.mn.us
Local County Social Service Agency: ask for either child protection or adult protection dependent upon the age of the person	Individual telephone number per county: See *	Individual addresses per county: See * Telephone book www.yellowpages.com https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG

MN Area on Aging:

MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
Metropolitan Area Agency on Aging	Main: 651-641-8612 Fax: 651-641-8618	2365 N McKnight Road, Suite 3 North St. Paul, Minnesota 55109 Serves: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington counties

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

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POLICY #4: **Data Privacy**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: April 2018, April, 2019, December 2019

Policy

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

This policy should be considered in conjunction with Fraser's HIPAA policies and any other data privacy practices.

Purpose

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

Procedure

1. Private Data
    a. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
    b. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
        i. The individual who is the subject of the data or a legal representative.
        ii. Anyone to whom the individual gives signed consent to view the data.
        iii. Employees of the human services system, defined as the welfare system in MN Statute section 13.46 subd. 1, whose work assignments reasonably require access to the data. This includes staff persons in this program.
        iv. Anyone the law says can view the data.
        v. Data collected within the human services system about individuals are considered human services data. Human services data is private data on individuals; including medical and/or health data. Agencies in the human services system include, but are not limited to: Department of Human

Services; local social services agencies, including a person's case manager; county human services agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.

vi. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing human services data with other persons or entities within the human services system for the purposes of planning, developing, coordinating and implementing needed services.

c. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

2. Providing Notice
   a. 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.
3. Obtaining Informed Consent or Authorization for Release of Information
   a. At the time informed consent is being obtained staff must tell the person or the legal representative the following:
      i. why the data is being collected;
      ii. how the agency intends to use the information;
      iii. whether the individual may refuse or is legally required to furnish the information;
      iv. 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;
      v. 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.
   b. 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):
      i. be written in plain language;
      ii. be dated;
      iii. designate the particular agencies or person(s) who will get the information;
      iv. specify the information which will be released;
      v. indicate the specific agencies or person who will release the information;
      vi. specify the purposes for which the information will be used immediately and in the future;
      vii. contain a reasonable expiration date of no more than one year; and
      viii. 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:

1) Why I am being asked to release this information.
2) 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.
3) If I do not consent, the information will not be released unless the law otherwise allows it.
4) 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.
5) The person(s) or agency(ies) who get my information may be able to pass it on to others.
6) If my information is passed on to others by this program, it may no longer be protected by this authorization.
7) This consent will end one year from the date I sign it, unless the law allows for a longer period."

ix. Maintain all informed consent documents in the consumer's individual record.

4. Staff Access to Private Data
   a. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
   b. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
   c. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
   d. As a general rule, doubts about the correctness of sharing information should be referred to the Designated Coordinator and/or Designated Manager or designee.
5. Individual Access to Private Data
   a. Individuals or their legal representatives have a right to access and review the individual record.
      i. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
      ii. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
      iii. Individuals may request copies of pages in their record.
      iv. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person’s record.
6. Case Manager Access to Private Data

a. A person's case manager and the foster care licensor have access to the records of persons receiving services from Fraser under section 245D.095, subd. 4.

7. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers
    a. Complete the Authorization for the Exchange/Release/Request of Protected Health Information form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
    b. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
    c. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
    d. Keep the document in the person's record.

Legal Authority: MS § 245D.11, subd. 3

245D Services Manual

POLICY #5:	**Emergency Use of Manual Restraint**
DATE ADOPTED:	December 2013
DATE REVISED/REVIEWED:	July 2014, August 2015, May 2016, December 2019, August 2020

Policy

It is Fraser's policy to ensure the correct use of emergency use of manual restraint, to provide intense training and monitoring of direct support staff, and to ensure regulations regarding the emergency use of manual restraint are followed. According to MN Statutes, section 245D.02, subdivision 8a, emergency use of manual restraint is defined as "using a manual restraint when a person poses an imminent risk of physical harm to self or others and is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own do not constitute an emergency."

Purpose

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

Procedure

Positive Support Strategies

A. Fraser will attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others. Some of the following procedures could be used to de-escalate the situation and are options that could be implemented by staff. This is not a fully inclusive list of options that could include:

Supportive Living & Home Based

1. A calm discussion between the person served and direct support staff regarding the situation, the person's feelings, their responses, and alternative methods to handling the situation, etc.
2. A staff suggesting or recommending that the person participate in an activity they enjoy as a means to self-calm.
3. A staff to suggest or remind that the person served has options that they may choose to spend time alone, when safety permits, as a means to self-calm.

4. The individualized strategies that have been written into the person's Coordinated Service and Support Plan (CSSP) and/or CSSP Addendum, or Positive Support Transition Plan.

Supervised Living

1. Shift the focus by verbally redirecting the person to a desired alternative activity;
2. Model desired behavior;
3. Reinforce appropriate behavior;
4. Offer choices, including activities that are relaxing and enjoyable to the person;
5. Use positive verbal guidance and feedback;
6. Actively listen to a person and validate their feelings;
7. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
8. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
9. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
10. Respect the person's need for physical space and/or privacy, and suggest or remind the person that they may choose to spend time alone, when safety permits, as a means to self-calm.
11. The implementation of instructional techniques and intervention procedures that are listed as "permitted actions and procedures" as defined in Letter B of this Positive Support Strategies section.
12. A combination of any of the above.

Career Planning and Employment

1. A calm discussion between the person served and direct support staff regarding the situation, the person's feelings, their responses, and alternative methods to handling the situation, etc.
2. A staff suggesting or recommending that the person participate in an activity they enjoy as a means to self-calm.
3. A staff to suggest or remind that the person served has options that they may choose to spend time alone, when safety permits, as a means to self-calm.
4. The individualized strategies that have been written into the person's Coordinated Service and Support Plan (CSSP) and/or CSSP Addendum, or Positive Support Transition Plan.

B. **Permitted actions and procedures** include the use of instructional techniques and intervention procedures used on an intermittent or continuous basis. If used on a continuous basis, it must be addressed in the person's *Coordinated Service and Support Plan Addendum Summary*. These actions include:

1. Physical contact or instructional techniques that are the least restrictive alternative possible to meet the needs of the person and may be used to:
    a. Calm or comfort a person by holding that person with no resistance from that person.

b. Protect a person known to be at risk or injury due to frequent falls as a result of a medical condition.
c. Facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity or duration.
d. Block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff.
e. Redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

2. Restraint may be used as an intervention procedure to:
    a. Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional.
    b. Assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.
    c. Position a person with physical disabilities in a manner specified in their Coordinated Service and Support Plan Addendum Summary. Any use of manual restraint allowed in this paragraph must comply with the restrictions stated in the section of this policy.
3. Restrictive Intervention:
    a. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not, in and of themselves, constitute the use of mechanical restraint.
    b. Positive verbal correction that is specifically focused on the behavior being addressed.
    c. Temporary withholding or removal of objects being used to hurt self or others.

C. **Prohibited Procedures**

Fraser and its staff are prohibited from using the following:

1. Chemical restraints
2. Mechanical restraints
3. Manual restraints, other than the ones specified in this policy
4. Time out
5. Seclusion
6. Any other aversive or deprivation procedures
    a. As a substitute for adequate staffing
    b. For a behavioral or therapeutic program to reduce or eliminate behavior
    c. As punishment
    d. For staff convenience
7. Prone restraint, metal handcuffs, or leg hobbles
8. Faradic shock
9. Speaking to a person in a manner that ridicules, demeans, threatens, or is abusive

10. Physical intimidation or a show of force
11. Containing, restricting, isolating, secluding, or otherwise removing a person from normal activities when it is medically contraindicated or without monitoring the person served
12. Denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damage has passed.
13. Painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation
14. Hyperextending or twisting a person's body parts
15. Tripping or pushing a person
16. Requiring a person to assume and maintain a specified physical position or posture
17. Forced exercise
18. Totally or partially restricting a person's senses
19. Presenting intense sounds, lights, or other sensory stimuli
20. Noxious smell, taste, substance, or spray, including water mist
21. Depriving a person of or restricting access to normal goods and services, or requiring a person to earn normal goods and services
22. Token reinforcement programs or level programs that include a response cost or negative punishment component
23. Using a person receiving services to discipline another person receiving services
24. Using an action or procedure which is medically or psychologically contraindicated
25. Using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure on a person's head, neck, back, chest, abdomen, or joints
26. Interfering with a person's legal rights, except as allowed by MN Statutes, section 245D.04, subdivision 3, paragraph (c).

D. **Positive Support Transition Plans**

Fraser will develop a *Positive Support Transition Plan (PSTP)* on forms provided by the Department of Human Services and in the manner directed for a person served who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. A PSTP must be developed in accordance with MN Statutes, section 245D.06, subdivision 8 and MN Rules, part 9544.0070 for a person who has been subjected to three (3) incidents of EUMR within 90 days or four (4) incidents of EUMR within 180 days. This PSTP will phase out any existing plans for the emergency use or programmatic use of restrictive interventions prohibited under MN Statutes, chapter 245D and MN Rules, Chapter 9544.

<u>Emergency Use of Manual Restraint</u>

A. If the positive support strategies were not effective in de-escalating or eliminating the person's behavior, emergency use of manual restraint may be necessary. To use emergency use of manual restraint, the following conditions must be met:
    1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm.
    2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety.
    3. The manual restraint must end when the threat of harm ends.
B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
    1. The person is engaging in property destruction that does not cause imminent risk of physical harm.
    2. The person is engaging in verbal aggression with staff or others.
    3. A person's refusal to receive or participate in treatment or programming.
C. Fraser allows certain types of manual restraints which may be used by staff on an emergency basis. Detailed instructions on the safe and correct implementation of these allowed manual restraint procedures are included at the end of this policy by department. Please follow department specific instructions. These allowed manual restraints include the following:
    1. Physical escort/walking: Stages 1 and 2
    2. Arm restraint/one staff person standing: 1 arm and 2 arm
    3. Arm restraint/one staff person sitting: 1 arm and 2 arm.
D. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, Fraser staff will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

<u>Monitoring of Emergency Use of Manual Restraint</u>

A. Each single incident of emergency use of manual restraint must be monitored and reported separately. For this understanding, an incident of emergency use of manual restraint is a single incident when the following conditions have been met:
    1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety.
    2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates and staff must immediately re-implement the restraint in order to maintain safety.
B. During an emergency use of manual restraint, Fraser staff will monitor a person's health and safety. Staff monitoring the manual restraint procedure will not be the staff implementing the procedure, when possible. The Emergency Use of Manual Restraint Incident Report will be completed by the staff person for each incident of emergency use of manual restraint to ensure:
    1. Only manual restraints allowed according to this policy are implemented.

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

Reporting of Emergency Use of Manual Restraint

A. Reporting of the incident of emergency use of manual restraint will be completed according to the following process and will contain all required information per MN Statutes, sections 245D.06, subdivision 1 and 245D.061, subdivision 5.
B. Within 24 hours of the emergency use of manual restraint, the Designated Coordinator and/or Designated Manager or designee will make a verbal report regarding the incident to the legal representative or designated emergency contact and case manager. If other persons served were involved in the incident, Fraser staff will not disclose any personally identifiable information about any other person when making the report unless Fraser has the consent of the person.
C. Within three (3) calendar days of the emergency use of manual restraint, the staff who implemented the emergency use of manual restraint will report, in writing, to the Designated Coordinator and/or Designated Manager or designee the following information:
    1. The staff and person(s) receiving services who were involved in the incident leading up to the emergency use of manual restraint.
    2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint.
    3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented. This description must identify the when, how, and how long the alternative measures were attempted before the manual restraint was implemented.
    4. A description of the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident leading up to, during, and following the manual restraint.
    5. Whether there was any injury to the person who was restrained or other persons involved, including staff, before or as a result of the manual restraint use.
    6. Whether there was a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident? The outcome of the debriefing will be clearly documented and if the debriefing could not occur at the time of the incident, the report will identify whether a debriefing is planned in the future.
D. Within five (5) working days of the emergency use of manual restraint, the Fraser Designated Coordinator and/or Designated Manager or designee will complete and

document an internal review of each report of emergency use of manual restraint. The internal review will include an evaluation of whether:

1. The person receiving services' service and support strategies developed according to MN Statutes, sections 245D.07 and 245D.071 need to be revised.
2. Related policies and procedures were followed.
3. The policies and procedures were adequate.
4. There is a need for additional staff training.
5. The reported event is similar to past events with the persons, staff, or the services involved.
6. There is a need for corrective action by the company to protect the health and safety of the person(s) served.

E. Based upon the results of the internal review, Fraser will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or by Fraser, if any. The Fraser Designated Coordinator and/or Designated Manager or designee will ensure that the corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

F. Within five (5) working days after the completion of the internal review, the Designated Coordinator and/or Designated Manager or designee will consult with the person's expanded support team following the emergency use of manual restraint. The purpose of this consultation is to:

1. Discuss the incident and to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served.
2. Determine whether the individual's Coordinated Service and Support Plan Addendum Summary needs to be revised to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint.

G. Within five (5) working dates of the expanded support team review, the Designated Coordinator and/or Designated Manager or designee will submit, using the DHS online Behavioral Intervention Reporting Form (DHS-5148-ENG-1), the following information to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities:

1. The report of the emergency use of manual restraint.
2. The internal review and corrective action plan, if any.
3. The written summary of the expanded support team's discussion and decision.

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

1. The report of an emergency use of manual restraint incident that includes:
    a. Reporting requirements by the staff who implemented the restraint
    b. The internal review of emergency use of manual restraint and the corrective action plan, with information about implementation of correction within 30 days, if any
    c. The written summary of the expanded support team's discussion and decision

d. The notifications to the expanded support team, the Department of Human Services, and the MN Office of the Ombudsman for Mental Health and Developmental Disabilities

2. The PDF version of the completed and submitted DHS online Behavioral Intervention Reporting Form (DHS-5148-ENG-1). An email of this PDF version of the Behavioral Intervention Reporting Form will be sent from DHS to the MN-ITS mailbox assigned to Fraser.

Staff Training Requirements

A. Fraser recognizes the importance of having qualified and knowledgeable staff that are competently trained to uphold the rights of persons served and to protect persons' health and safety. All staff will receive orientation and annual training according to MN Statutes, section 245D.09, subdivisions 4, 4a, and 5. Orientation training will occur within the first 60 days of hire and annual training will occur within a period of 12 months.

B. Within 60 calendar days of hire, the company provides orientation on:
   1. The safe and correct use of manual restraint on an emergency basis according to the requirements in section 245D.061 or successor provisions, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint; and
   2. Staff responsibilities related to prohibited procedures under section 245D.06, subdivision 5, MN Rules, part 9544.0060 or successor provisions, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe.

C. Prior to having unsupervised direct contact with an individual receiving services by Fraser or for whom the staff has not previously provided support, or any time the plans or procedures are revised as they relate to the staff person's job functions for the individual receiving services, the staff person must review and receive instruction on the safe and correct use of manual restraint on an emergency basis.

D. Before staff may implement an emergency use of manual restraint, and in addition to the training on this policy and procedure and the orientation and annual training requirements, staff must receive training on emergency use of manual restraints that incorporates the following topics:
   1. Alternatives to manual restraint procedures including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others.
   2. De-escalation methods, positive support strategies, and how to avoid power struggles.
   3. Simulated experiences of administering and receiving manual restraint procedures allowed by Fraser on an emergency basis.
   4. How to properly identify thresholds for implementing and ceasing restrictive procedures.
   5. How to recognize, monitor, and respond to the person's physical signs of distress including positional asphyxia.
   6. The physiological and psychological impact on the person and the staff when restrictive procedures are used.

7. The communicative intent of behaviors.
8. Relationship building.

E. For staff that are responsible to develop, implement, monitor, supervise, or evaluate positive support strategies, Positive Support Transition Plans, or Emergency Use of Manual Restraint, the staff must complete a minimum of eight (8) hours of core training from qualified individuals prior to assuming these responsibilities. Core training must include the following:
    1. De-escalation techniques and their value
    2. Principles of person-centered service planning and delivery and how they apply to direct support services provided by staff
    3. Principles of positive support strategies such as positive behavior supports, the relationship between staff interactions with the person and the person's behavior, and the relationship between the person's environment and the person's behavior
    4. What constitutes the use of restraint, including chemical restraint, time out, and seclusion
    5. The safe and correct use of manual restraint on an emergency basis, according to MN Statutes, section 245D.061
    6. Staff responsibilities related to prohibited procedures under MN Statutes, section 245D.06, subdivision 5; why the procedures are not effective for reducing or eliminating symptoms or interfering behavior; and why the procedures are not safe
    7. Staff responsibilities related to restricted and permitted actions and procedure according to MN Statutes, section 245D.06, subdivisions 6 and 7
    8. Situations in which staff must contact 911 services in response to an imminent risk of harm to the person or others
    9. Procedures and forms staff must use to monitor and report use of restrictive interventions that are part of a Positive Support Transition Plan
    10. Procedures and requirements for notifying members of the person's expanded support team after the use of a restrictive intervention with the person
    11. Understanding of the person as a unique individual and how to implement treatment plans and responsibilities assigned to the license holder
    12. Cultural competence
    13. Personal staff accountability and staff self-care after emergencies.
F. Staff who develop positive support strategies, license holders, executives, managers, and owners in non-clinical roles, must complete a minimum of four (4) hours of additional training. Function-specific training must be completed on the following:
    1. Functional behavior assessment
    2. How to apply person-centered planning
    3. How to design and use data systems to measure effectiveness of care
    4. Supervision, including how to train, coach, and evaluate staff and encourage effective communication with the person and the person's support team.
G. License holders, executives, managers, and owners in non-clinical roles must complete a minimum of two (2) hours of additional training. Function-specific training must be completed on the following:
    1. How to include staff in organizational decisions

2. Management of the organization based upon person-centered thinking and practices and how to address person-centered thinking and practices in the organization
3. Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for persons receiving services.

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

DETAILED INSTRUCTIONS ON ALLOWED MANUAL RESTRAINT PROCEDURES – SUPERVISED LIVING

If an emergency use of manual restraint is needed, staff will attempt to verbally calm the person down throughout the implemented procedure(s), unless to do so would escalate the person's behavior. The least restrictive manual restraint will be used to effectively handle the situation.

Physical Escort/Walking
If a person served has escalating behaviors and it is necessary to move the person, staff may follow stages 1 and 2 of physical escort/walking.

Stage 1: A staff person will walk by the side of the person while remaining slightly behind the person. Staff will place their hand that is closest to the person, on the person's forearm, just below the elbow while applying firm, but gentle pressure. While walking with the person, staff will remain near to the person so that the placement of the hand on the person's forearm is effective.

Stage 2: If stage 1 is not effective, staff may use both of their hands to move the person while walking. Staff will move their hand currently on the person's forearm to the person's small of their back and apply firm, but gentle pressure. Staff's other arm, that is farthest away from the person, will reach across and be placed on the person's forearm, below the elbow, on their forearm, while applying firm, but gentle pressure. In this position, staff will remain near to the person while walking with them to another area.

Arm Restraint/One Staff Person Standing and Sitting

If a person served has escalating behaviors that can be managed through the use of a one arm restraint, staff will attempt to do so prior to using the two arm restraint. A standing restraint will be attempted first; however, if the person needs to sit, staff may use the arm restraint/one staff person sitting procedure.

Arm restraint/one staff person standing – 1 arm: Staff may use physical escort/walking, stage 2 to move into the 1 arm restraint/staff person standing or it may be used separately. Staff will direct one arm of the person served forward to cross in front of the person's body by applying slight pressure above or below their elbow. The same side arm will be used by staff and the person (i.e. staff's right arm will direct the right arm of the person forward). With their other arm, farthest away from the person, staff will lightly grip the person's crossed arm, slightly above the wrist, holding the arm in a crossed position. Staff will then slide their free arm between the person's arm and their waist, to grip the person's forearm. Staff will ensure that their palms are facing down.

Arm restraint/one staff person standing – 2 arm: Staff will direct one arm of the person served forward to cross in front of the person's body by applying slight pressure above or below their elbow. The same side arm will be used by staff and the person (i.e. staff's right arm will direct the right arm of the person forward). With their other arm, farthest away from the person, staff will lightly grip the person's crossed arm, slightly above the wrist, holding the arm in a crossed position. Staff will then slide their free arm between the person's arm and their waist, to grip the person's forearm. Staff will ensure that their palms are facing down. If the person continued to escalate in behaviors and it is necessary to restrain both of the person's arms, staff will release their arm that is griping the person's arm above the wrist. Staff will quickly bring their arm up and around to "pin" the person's free arm against their side. Staff will then re-grip the arm above the wrist that is crossed in front of the person so that one arm is crossed in front of the person and the other pressed against the person's side.

Arm restraint/one staff person sitting – 1 arm and 2 arm: Using the procedures as stated above in the arm restraint/one staff person standing – 1 arm and 2 arm, staff may transition from a standing to a sitting position if necessary. While restraining the person's arm(s), staff will verbally notify the person of what they are doing and will slowly back up and lower the person to the floor. Staff may be in a sitting or kneeling position behind the person. Should the person attempt to hit staff with their head or aggressively rock back and forth, staff will pull slightly back while maintaining their restraint. If possible, staff will brace their shoulder against the person's shoulder or duck their head to avoid being hit.

<u>DETAILED INSTRUCTIONS ON ALLOWED MANUAL RESTRAINT PROCEDURES—SUPPORTIVE LIVING AND HOME BASED</u>

Restrictive Intervention:
A restrictive intervention means prohibited procedures identified in MN Statutes, section 245D.06, subdivision 5; prohibited procedures identified in MN Rules, part 9544.006; and the emergency use of manual restraint. A restricted procedure must not:

a. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury as defined in MN Statutes, chapter 260E.
b. Be implemented with an adult in a manner that constitutes abuse or neglect as defined in MN Statutes, section 626.5572, subdivisions 2 or 17.
c. Be implemented in a manner that violates a person's rights identified in MN Statutes, section 245D.04.
d. Restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing, or to any protection required by state licensing standards and federal regulations governing the program.
e. Deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin.
f. Be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment of services provided by the company.
g. Use prone restraint (that places a person in a face-down position).
h. Apply back or chest pressure while a person is in the prone or supine (face-up) position.
i. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

A. CPI *CHILDREN'S CONTROL POSITION*

This position will assist you in safely moving an individual who is beginning to regain control.

1. Prior to moving an individual (from the CPI Team Control Position), assist the person into a more upright position and remove your hand from the individual's shoulder.
2. Reach under the individual's arm to grab your own wrist. This cross-grain grip better secures the individual between staff during transport.
3. Remove your leg from directly in front of the individual prior to transport while maintaining close body contact. Direct the individual's shoulders forward and begin moving.

It is not recommended to transport an individual who is struggling. If necessary, return to the CPI Team Control Position if the individual's and/or staff's safety is at risk.

B. CPI *TEAM CONTROL POSITION*

The CPI *Team Control Position* is used to manage individuals who have become dangerous to themselves or others. Two staff members hold the individual as the auxiliary team member(s) continually assess the safety of all involved and assist, if needed.

1. First Control Dynamic: Reduce upper-body strength by controlling the arms as weapons.
    a. Turn palms up. (Wrap arms around body.)
    b. Raise arms to be even with or above shoulders.
    c. Anchor arm to your body (hip area).
2. Second Control Dynamic: Reduce lower-body strength by controlling the back incline.

a. Lower shoulders to be even with or below hips.

3. Third Control Dynamic: Reduce mobility by close body contact.
    a. Move hips close to individual's body (hug in).
    b. Move individual's center of gravity forward onto toes.
4. The CPI *Team Control Position* Dynamics Application:
    a. Practice should incorporate all three Control Dynamics into one movement.

C. CPI *TRANSPORT POSITION*

This position will assist you in safely moving an individual who is beginning to regain control.

1. Prior to moving an individual (from the CPI *Team Control Position*), assist the person into a more upright position and remove your hand from the individual's shoulder.
2. Reach under the individual's arm to grab your own wrist. This cross-grain grip better secures the individual between staff during transport.
3. Remove your leg from directly in front of the individual prior to transport while maintaining close body contact. Direct the individual's shoulders forward and begin moving.

It is not recommended to transport an individual who is struggling. If necessary, return to the CPI *Team Control Position* if the individual's and/or staff's safety is at risk.

D. CPI *INTERIM CONTROL POSITION*

This temporary control position allows a single person to maintain control of both of the individual's arms, if necessary, for a short time.

1. Starting from the CPI *Transport Position*, maintain control of the individual's arm, but release the cross-grain grip.
2. Use your free arm to reach across and gain control of the opposite arm.
3. If the individual attempts to strike, use your free arm to block, and safely move away.

Legal Authority: MS §§ 245D.06, subd. 1(a), subd. 5; & 245D.061, subd. 9

245D Services Manual

POLICY #6: **Responding to and Reporting Incidents**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: July 2014, August 2018, December 2019, August 2020

Policy

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

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

Purpose

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

Procedure

Defining Incidents

1. An incident is defined as an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:
    a. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
        i. Fractures
        ii. Dislocations
        iii. Evidence of internal injuries
        iv. Head injuries with loss of consciousness or potential for a closed head

injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought.

v. Lacerations involving injuries to tendons or organs and those for which complications are present
vi. Extensive second degree or third degree burns and other burns for which complications are present
vii. Extensive second degree or third degree frostbite and others for which complications are present
viii. Irreversible mobility or avulsion of teeth
ix. Injuries to the eyeball
x. Ingestion of foreign substances and objects that are harmful
xi. Near drowning
xii. Heat exhaustion or sunstroke
xiii. Attempted Suicide
xiv. All other injuries considered serious after an assessment by a health care professional including, but not limited to, self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

b. Death of a person receiving services.
c. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization.
d. Any mental health crisis that requires the program to call "911" or a mental health crisis intervention team or a similar mental health response team or service when available and appropriate.
e. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department.
f. A person's unauthorized or unexplained absence from a program.
g. Conduct by a person receiving services against another person receiving services that:
    i. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support
    ii. Places the person in actual and reasonable fear of harm
    iii. Places the person in actual and reasonable fear of damage to property of the person
    iv. Substantially disrupts the orderly operation of the program
h. Any sexual activity between persons served involving force or coercion as defined under MN Statutes, section 609.341, subdivisions 3 and 14.
i. Any emergency use of manual restraint as identified in MN Statutes, section 245D.061.
j. A report of alleged or suspected maltreatment of a minor or vulnerable adult under MN Statutes, section 626.557 or chapter 260E.

Responding to Incidents

1. For incidents including death of a person receiving services, maltreatment, and emergency use of manual restraints, staff will follow the applicable policy and procedure:
    a. **Death of a person served:** *Death of a Person Receiving Services*
    b. **Maltreatment:** *Maltreatment of Minors and Vulnerable Adults*
    c. **Emergency Use of Manual Restraint:** *Emergency Use of Manual Restraint*

2. **Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911," physician treatment, or hospitalization**
    a. Staff will first call "9-1-1" if they believe that a person is experiencing a medical emergency (including serious injury), unexpected serious illness, or significant unexpected change in illness or medical condition that may be life threatening and provide any relevant facts and medical history.
    b. Staff will give first aid and/or CPR according to their training or under the direction of the "9-1-1" operator, unless the person receiving services has an advanced directive. Staff will refer to the *Death of a Person Receiving Services* policy for more information.
    c. Staff will notify the Fraser Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
    d. If the person is transported to the hospital, staff and/or guardian will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons receiving services alone or unattended.
    e. Staff will ensure that a completed *Medical Referral* form or emergency information documentation and all insurance information including current medical insurance card(s) accompany the person.
    f. Staff and/or guardian will remain at the hospital and coordinate an admission to the hospital. If the person receiving services is not to be admitted to the hospital, staff and/or guardian will arrange for transportation home.
    g. Upon return from the medical facility, staff will coordinate with the assigned nurse or nurse consultant, Fraser Designated Coordinator and/or Designated Manager or designee, and ensure that appropriate follow up care is coordinated, including but not limited to:
        i. All new medications/treatments and cares have been documented on the *Medical Referral* form or attached documentation.
        ii. All medications or supplies have been obtained from a pharmacy
        iii. All new orders have been recorded on the monthly medication sheet
        iv. All steps and findings are documented in the program and health documentation, as applicable.

3. **For illness or medical conditions <u>not</u> requiring the program to call "9-1-1:"**
    a. If the person's condition does not require a call to "9-1-1," but prompt medical attention is necessary, staff will consider the situation as health threatening and will call the assigned nurse or nurse consultant, Fraser Designated Coordinator and/or Designated Manager or designee who will provide additional instruction. The Fraser Designated Coordinator and/or Designated Manager or designee may

contact the person's physician, licensed health care professional, or urgent care to obtain treatment or instruct the Fraser Staff to do so.

b. Staff and/or guardian will either accompany the person or to go the medical facility (urgent care, medical clinic, etc.) as soon as possible and will remain with the person. Staff and/or guardian should bring appropriate medical documentation if available (i.e. current list of medication, insurance information, etc.) A *Medical Referral* form will be completed at the time of the visit.
c. Staff will not leave other persons served alone or unattended unless authorized by other person's CSSPs or addendums.
d. Upon return from the medical facility, staff will coordinate with the assigned nurse or nurse consultant, Fraser Designated Coordinator and/or Designated Manager or designee, and ensure that appropriate follow up care is coordinated, including but not limited to:
    i. All new medications/treatments and cares have been documented on the *Medical Referral* form or attached documentation from the attending physician.
    ii. All medications or supplies have been obtained from a pharmacy
    iii. All new orders have been recorded on the monthly medication sheet.
    iv. All steps and findings are documented in the program and health documentation, as applicable.

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

a. Staff will implement any crisis prevention plans specific to the person receiving services as a means to de-escalate, minimize, or prevent a crisis from occurring.
b. If a mental health crisis were to occur, staff will ensure the person's safety, and will not leave the person alone if possible.
c. Staff will contact "911" or a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, and explain the situation and that the person is having a mental health crisis.
d. Staff will follow any instructions provided by the "911" operator or the mental health crisis intervention team contact person.
e. After calling "9-1-1" or a mental health crisis intervention team, or a similar mental health response team or services, staff will call the assigned nurse or nurse consultant and Fraser Designated Coordinator and/or Designated Manager or designee who will provide additional instruction and assist in securing any staffing coverage that is necessary.
f. If the person is transported to a hospital, staff and/or guardian will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended unless authorized by other persons' CSSPs or addendums.
g. Staff will ensure that the response team will receive a prepared *Medical Referral* form or emergency information documentation and all current insurance information including current medical insurance card(s).

h. Staff and/or guardian will remain at the hospital and coordinate an admission to the hospital. If the person receiving services is not to be admitted to the hospital, staff and/or guardian will arrange for transportation home.
i. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Fraser Designated Coordinator and/or Designated Manager or designee, and ensure appropriate follow up care is coordinated including, but not limited to:
    i. All new medications/treatments have been documented on the *Medical Referral* form or attached documentation from the attending physician.
    ii. All medications or supplies have been obtained from a pharmacy
    iii. All new orders have been recorded on the monthly medication sheet.
    iv. All steps and findings are documented in the program and health documentation, as applicable.

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

a. Staff will contact "911" immediately if there is a situation or act that puts the person at imminent risk of harm.
b. Staff will immediately notify the Fraser Designated Coordinator and/or Designated Manager or designee of any "911," law enforcement, or fire department involvement or intervention.
c. If a person receiving services has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
d. If a person has been sexually assaulted, staff will discourage the person from bathing, washing, or changing clothing until they have had the opportunity to seek medical attention. Staff will leave the area where the assault took place untouched, if it is under Fraser's control.
e. If a person receiving services is suspected of committing a crime or participating in unlawful activities, staff will follow the person's *Coordinated Service and Support Plan Addendum* when possible criminal behavior has been addressed by the support team.
f. If a person receiving services is suspected of committing a crime and the possibility has not been addressed by the support team, the Fraser Designated coordinator and/or designated manager or designee will determine immediate actions and contact support team members to arrange a planning meeting.
g. If a person receiving services is incarcerated, the Fraser Designated coordinator and/or designated manager or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.

6. Unauthorized or unexplained absence of a person receiving services from a program

a. Based on the person's supervision level as indicated in the Coordinated Service and Support Plan (CSSP) or any addendums, staff will determine when the person is missing from the program site or from supervision in the community after searching the surrounding area.
    i. If the person has a specific plan outlined in the CSSP or any addendums to

address strategies in the event of unauthorized absence, follow the established procedure unless special circumstances warrant otherwise.

b. Staff will immediately call "911" if the person is determined to be missing. Staff will provide the police with information, including but not limited to: the person's appearance (including providing a photo of the person if available), last known location, functional skills, communication, possible places to look, and other information as requested.
c. The immediate area outside the house/community facility and surrounding neighborhood should be searched if a staff is available while maintaining appropriate supervision of all persons served per their *CSSP or CSSPA.*
d. Staff will immediately notify the Fraser Designated coordinator and/or designated manager or designee. Together a more extensive search will be organized, if feasible, by checking locations where the person may have gone, while ensuring the safety and supervision of other individuals receiving services.
e. The Director shall be notified and will initiate the Crisis Communication Plan if appropriate.
f. The Fraser Designated Coordinator and/or Designated Manager or designee will contact the guardian, if appropriate.
g. The Fraser Designated Coordinator and/or Designated Manager or designee will continue to monitor the situation until the individual is located and coordinate efforts with the search team.
h. During the search, the phone at the site should be limited for search business only.
i. If there is reasonable suspicion that abuse and/or neglect led to or resulted from the unauthorized or unexplained absence, staff will report immediately in accordance with applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
j. Once the search is over the Fraser Designated Coordinator and/or Designated Manager or designee will be responsible for notifying all parties contacted and inform them of the results in a timely manner.
k. Staff will document the incident accordingly.

7. Conduct by a person receiving services against another person receiving services

a. Staff will immediately enlist the help of additional staff if they are available and intervene as listed below to protect the health and safety of persons involved.
b. Staff will redirect persons to discontinue the behavior and/or physically place themselves between the aggressor(s) using the least intrusive methods possible in order to de-escalate the situation.
c. If the aggressor has a behavior plan in place, staff will follow the plan as written in addition to the methodologies that may be provided in the *Coordinated Service and Support Plan Addendum Summary.*
d. Staff will redirect the person being aggressed towards to an area of safety.
e. If other least restrictive alternatives were ineffective in de-escalating the aggressors' conduct and immediate intervention is needed to protect the person or others from imminent risk of physical harm, staff will follow the *Emergency Use of Manual Restraint* policy and/or staff will call "911."
f. If the ordinary operation of the program is disrupted, staff will manage the

situation and will return to the normal routine as soon as possible.

g. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
h. If the conduct results in injury, staff will provide necessary treatment according to their training.

8. Sexual activity between persons receiving services involving force or coercion

a. Staff will follow any procedures as directed by the *Individual Abuse Prevention Plans* and/or *Coordinated Service and Support Plan Addendums*, as applicable.
b. Staff will immediately intervene in an approved therapeutic manner (i.e. redirect person to discontinue behavior, physically place themselves between the aggressor(s) using the least intrusive methods possible, etc.) to protect the health and safety of the persons involved if there is obvious coercion or force involved, or based on the knowledge of the persons involved, that one of the persons may have sexually exploited the other.
c. If the persons served are unclothed, staff will provide them with a robe or other appropriate garment and will discourage the person from bathing, washing, changing clothing or redressing in clothing that they were wearing.
d. Staff will leave the area where the sexual activity took place untouched if it is under Fraser's control.
e. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
f. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
g. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting Incidents

1. Staff will first call "911" if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call "911" or a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, for a person experiencing a mental health crisis.
2. Staff will immediately notify the assigned nurse or nurse consultant, the Fraser Designated Coordinator and/or Designated Manager or designee that an incident or emergency has occurred and follow direction issued to them. Staff will document the incident or emergency on a Fraser *General Event Report (GER)* and any related program or health documentation. Each *GER* will contain the required information as stated in the *Reviewing Incidents and Emergencies* policy.
3. When the incident or emergency involves more than one person receiving services, Fraser staff will not disclose personally identifiable information about any other person receiving services when making the report to each person and/or legal representative and case manager unless Fraser has the consent of the person and/or legal representative.
4. The Fraser Designated Coordinator and/or Designated Manager or designee will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that

an incident occurred, unless Fraser has reason to know that the incident has already been reported, or as otherwise directed in the person's *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum Summary*.

5. Incidents involving a serious injury as determined by MN Statutes, section 245.91, subdivision 6 or death of a person receiving services will be reported to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division within 24 hours of the incident, or receipt of the information that the incident occurred, unless Fraser has reason to know that the incident has already been reported, by using the required Ombudsman reporting forms. A report may be made by using the Office of the Ombudsman's Death Report webform or Serious Injury webform. These forms are found on the Ombudsman website (http://mn.gov/omhdd/reporting-death-or-serious-injury/). Forms to fax include *Death Reporting Form, Serious Injury Form,* and *Death or Serious Injury Report FAX Transmission Cover Sheet*.
6. Verbal reporting of an emergency use of manual restraint will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Emergency Use of Manual Restraint* policy which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.
7. Within 24 hours of reporting maltreatment as required under MN Statutes, section 626.556 or 626.557, Fraser staff must inform the case manager (unless there is reason to believe that the case manager is involved in the suspected maltreatment) of the nature of the activity or occurrence reported and the agency that received the report. Fraser staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable. In addition, Fraser staff will follow other reporting requirements as outlined above and in the *Maltreatment of Minors and Vulnerable Adults* policy.
8. For residential programs, licensed under the Adult Foster Care rule and not as a MN Statutes, chapter 245D-CRS Satellite license, the Fraser Designated coordinator and/or designated manager or designee will ensure that a report is made to the county licensing authority for the following incidents within 24 hours of:
    a. The occurrence of a fire that causes damage to the residence or requires the services of a fire department or the onset of any changes or repairs to the residence that require a building permit.
    b. The occurrence of any injuries of a person receiving services that require treatment by a physician.
    c. The occurrence of a death of a person receiving services.
    d. Suspected or alleged maltreatment.
    e. Notification to a person's physician because medication has not been taken as prescribed and the physician has determined that the refusal or failure to take the medication as prescribed created an immediate threat to the person's health or safety or the health or safety of other persons served.
9. For residential programs licensed as a MN Statutes, chapter 245D-CRS Satellite site, Fraser staff will notify the local agency within 24 hours of the onset of changes in a residence resulting from construction, remodeling, or damages requiring repairs that require a building permit or may affect a licensing requirement of MN Statutes, chapter 245D.

10. Since Jan. 1, 2014, all service providers licensed under Minnesota Statutes, Chapter 245D must complete and submit the Behavior Intervention Report Form (BIRF), DHS-5148 to report all occurrences of any of the following:
    a. Planned, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;
    b. Emergency, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;
    c. Emergency use of manual restraint;
    d. PRN psychotropic medication(s) administration in order to avert displayed behavior(s) or in response to displayed behavior(s) as identified on the BIRF reporting form;
        i. PRN psychotropic medication(s) administered to alleviate internal states (e.g., thought disturbances, moods, emotional feelings, depression, anxiety, stress, paranoia, mania, disorientation, apprehension, fear, etc.) and external expressions (e.g., perseveration, OCD ritualism, fixations, agitation, hyperactivity, hypo-activity, lethargy, emotional withdrawal, excessive or prolonged emotional instability, sleeplessness/insomnia, etc.) that are symptoms of a diagnosed mental illness do not require the completion and submission of a BIRF reporting form.
    e. Law enforcement and/or other first responder calls and involvement in response to displayed behavior(s) as identified on the BIRF reporting form;
        i. Physical aggression/physical assault directed toward another person.
        ii. Self-injury/physically injures or harms self is behavior whereby the person inflicts physical injury or physical harm on themself.
        iii. Self-endangerment/risks personal safety is behavior that puts the person in imminent risk of harm or danger (e.g., person runs into a busy street, person exists from moving vehicles, person runs-away and lacks the necessary skills and abilities to preserve their safety, etc.).
        iv. Property destruction/property damage that could harm the person or other people is property damage or destruction that presents as an immediate threat to the physical safety of the person or others.
        v. Other behavior (e.g., verbal aggression, threats, loud vocalizations, disruptive, not following directions, etc.) –Specifically state the behavior(s) that lead to the behavior intervention(s).
    f. Emergency psychiatric hospitalization in response to displayed behavior(s) as identified on the BIRF reporting form.
11. 245D HCBS Incident Reporting Requirements - Who Must Be Notified Within 24 Hours: see chart below.

245D HCBS Incident Reporting Requirements - Who Must Be Notified Within 24 Hours

Incident Type (as defined in MN Statute 245D)	Legal Rep	Case Mgr	Ombuds MH/DD	DHS Licensing	BIRF Requirement
Serious injury	**X**	**X**	**X**	**X**	
Death of a person receiving services	**X**	**X**	**X**	**X**	
Any medical emergencies, unexpected serious illnesses, or significant unexpected change in illness or medical condition that requires the program to call 911, physician treatment, or hospitalization	**X**	**X**			
Any mental health crisis that requires the program to call 911 or mental health crisis intervention team, or similar service	**X**	**X**			*15 days
Act or situation involving a person that requires the program to call 911, law enforcement, or fire department	**X**	**X**			
Person's unauthorized or unexplained absence from program	**X**	**X**			
Conduct by a service recipient against another service recipient	**X**	**X**			
Sexual activity between service recipients involving force or coercion.	**X**	**X**			
Any emergency use of manual restraint (Must also submit external report required under section 245D.061, subd. 8.)	**X**	**X**			*See *EUMR Policy*
A report of child or vulnerable adult maltreatment	**X**	**X**			
PRN psychotropic medication(s) administration in order to avert displayed behavior(s) or in response to displayed behavior(s)	**X**	**X**			*15 days

Legal Authority: MS §§ 245D.11, subd. 2(7); 245D.02, subd. 11; 245.91, subd. 6; 609.341, subd. 3 and 14

245D Services Manual

POLICY #7: **Emergencies**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: August 2015, May 2018, December 2019

Policy

Fraser will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Responding to and Reporting Incidents* policy.

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

Purpose

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

Procedure

Defining Emergencies

1. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
    a. Fires
    b. Severe weather
    c. Natural disasters
    d. Power failures
    e. Emergency evacuation or moving to an emergency shelter
    f. Temporary closure or relocation of the program to another Fraser facility or service site for more than 24 hours

g. Other events that threaten the immediate health and safety of persons served and that require calling "9-1-1."

Preparing for emergencies

For the purposes of this section "Community Residential Setting" only applies to Fraser's Supervised Living Programs.

1. To be prepared for emergencies, a staff person trained in first aid will be available on site and in a community residential setting, and when required in a person's *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*, Fraser staff will be able to provide cardiopulmonary resuscitation (CPR) whenever persons are present and staff are required to provide direct services.
2. Each community residential setting will have a first aid kit readily available for use by, and that meets the needs of, persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
3. Community residential setting facilities will have:
    a. A floor plan available that identifies the locations of:
        i. Fire extinguishers and audible or visual alarm systems
        ii. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
        iii. An emergency shelter within the facility
    b. A site plan that identifies:
        i. Designated assembly points outside the facility
        ii. Locations of fire hydrants
        iii. Routes of fire department access
    c. An emergency escape plan for each resident
    d. A floor plan that identifies the location of enclosed exit stairs for facilities that have three (3) or more dwelling units.
4. Quarterly fire drills and annual severe weather drills will be conducted throughout the year on various times and days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The Fraser Designated Coordinator and/or Designated Manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.
5. As part of the emergency plan file kept at the community residential setting, the following information will be maintained:
    a. The log of quarterly fire and annual severe weather drills
    b. The readily available emergency response plan
    c. Emergency contact information for persons served at the Fraser facility including each person's representative, physician, and dentist.
    d. Information on the emergency shelter within the Fraser facility and the designated assembly points outside the Fraser facility.
    e. Emergency phone numbers that are posted in a prominent location
6. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

Responding to emergencies

1. Staff will call "9-1-1" based upon the emergency situation as provided in each individual response procedure as stated below.
2. **Fire**
    a. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by ensuring activation of the alarms system.
    b. **Rescue:** All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility.
    c. **Alarm/Alert:** "911" will be immediately called once the building is evacuated to report the fire.
    d. **Contain:** Staff will contain the area of the fire, if feasible, by closing doors.
    e. **Extinguish:** If it is possible to put out the fire with a fire extinguisher, staff may attempt to do so.
    f. Staff will notify the Fraser supervisor or designee. The Fraser supervisor or designee will contact the Division Director and Facilities Manager.
    g. Individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
    h. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E below of this **Responding to emergencies** section.** *The order of these four steps may vary according to the circumstances.*
3. **Severe weather conditions and natural disasters**
    a. At the first sign of severe weather, including but not limited to, high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons receiving services.
    b. Staff will listen to the radio or watch television for current weather conditions.
    c. Upon hearing sirens or take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to the designated safe area in the community residential setting and will also bring a battery operated radio or television set, first aid kit, and flashlight/battery operated lantern.
    d. If feasible, persons receiving Supportive Living or Supervised Living services who are not scheduled for supervision will be called and warned. (For example, a person receiving services is utilizing his alone time in the community when sever weather approaches. Fraser staff will make attempts to call the person to notify him of the severe weather, and provide support according to his CSSP.)
    e. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
    f. If injury or damage occurs, staff will notify the Fraser Designated Coordinator and/or Designated Manager, or designee and follow directions given.
    g. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in "Responding to emergencies" section.
4. **Power failure (electricity outage or gas leak)**
    a. During a power failure, staff will locate the individuals and provide supervision and care per their CSSP or CSSPA or their individual needs.
    b. The power company will be contacted by cell phone to determine estimated length of the power outage.

c. Staff will inform the power company there are individuals with disabilities living at the Fraser facility. Staff will contact the Fraser Supervisor to report the power failure and receive direction regarding further action.
d. If gas is smelled or a gas leak is suspected, staff will evacuate persons to the established designated assembly point outside the Fraser facility.
e. The gas company will be immediately notified and instructions followed.
f. The Fraser Designated coordinator and/or designated manager or designee will be notified of the gas leak. These calls will be made by staff from a safe area. The Fraser Supervisor will contact the division director and Fraser Facilities or Property Manager
g. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

5. **Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another Community Residential Services or service site for more than 24 hours**
    a. Staff will ensure that everyone leaves the building and will assist all persons in gathering at the designated assembly point outside the Fraser facility.
    b. Staff will immediately notify the Fraser Designated Coordinator and/or Designated Manager or designee of the conditions that may require emergency evacuation, moving to an emergency shelter, temporary closure, or the relocation of program to another site.
    c. The Fraser Designated Coordinator and/or Designated Manager or designee will coordinate relocation of services in a way that promotes continuity of care of persons served.
    d. The Fraser Designated Coordinator and/or Designated Manager or designee will coordinate and assist staff as necessary in transporting persons and their supplies to the designated location.
    e. If access to the program site is permitted, staff will transfer persons' program files, clothing, necessary personal belongings, current medications, and medication administration records to the designated location.
    f. The Fraser Designated coordinator and/or designated manager or designee will notify the legal representative or designated emergency contact, and case manager, and other licensed caregiver (if applicable) of the new location of the program.
    g. Note: This does not apply to Fraser's In-Home Services or Supportive Living Program.
6. **Other events that threaten the immediate health and safety of persons served and that require calling "9-1-1"**
    a. Pandemic event: Fraser staff upon request will cooperate with state and local disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.
    b. Bomb threat
        i. Staff will ensure that everyone leaves the building and assembles at the designated assembly point outside the facility.
        ii. Staff will immediately call "911".

iii. Staff will contact the division director and facilities manager to notify them of the threat.
iv. Staff and persons will remain outside the building until further instructions are received from the police or fire department.
v. If unable to re-occupy the building, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

c. Repeated and unwanted or threatening phone calls
   i. Upon receiving repeated and unwanted or threatening phone calls, staff will hang up the phone immediately or encourage the person served to hang up the phone.
   ii. Staff will lock all doors and windows.
   iii. Staff will monitor the frequency of disruptive phone calls, informing the Fraser Designated coordinator and/or designated manager or designee when the calls continue to a point where the safety of persons served is in question or when the calls are personally threatening or environmentally threatening to a program site or property.
   iv. Staff will call "911" if at any point they feel threatened.
   v. The Fraser Designated coordinator and/or designated manager or designee will determine when and if the telephone number will be changed due to the harassing or threatening telephone calls.

Reporting emergencies

1. Staff will immediately notify the Fraser Designated Coordinator and/or Designated Manager or designee that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency and any related program or health information on a General Event Report (GER). Each GER will contain the required information as stated in the *Reviewing Incidents and Emergencies* policy.
2. If an incident resulted from the emergency situation, the Fraser Designated Coordinator and/or Designated Manager or designee will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless Fraser has reason to know that the incident has already been reported, or as otherwise directed in the person's *Coordinated Service and Support Plan* and/or *Coordinated Service and support Plan Addendum.*
3. When the incident or emergency involved more than one person served, Fraser staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the signed, written consent of the person and/or legal representative.
4. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Responding to and Reporting Incidents* policy and, if needed, the *Death of a Person Served* policy.

Legal Authority: MS §§ 245D.11, subd. 2; 245D.02, subd. 8; 245D.22, subd 4-7
CRS

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POLICY #8: **Reviewing Incidents and Emergencies**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: July 2014, August 2018, December 2019

Policy

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

Purpose

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

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

Procedure

1. The Designated Manager and/or Designated Coordinator or designee will conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. This review will include:
    a. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
    b. Identification of patterns which may be based upon the person served, staff involved, location of incident, etc. or a combination.
    c. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Coordinated Service and Support Plan Addendum.*

2. Each *GER* will contain the following information:
    a. The name of the person or persons involved in the incident. It is not necessary for staff to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident.

b. The date, time, and location of the incident or emergency.
c. A description of the incident or emergency.
d. A description of the response to the incident or emergency and whether a person's *Coordinated Service and Support Plan Addendum* or program policies and procedures were implemented as applicable.
e. The name of the staff person or persons who responded to the incident or emergency.
f. The determination of whether corrective action is necessary based on the results of the review that will be completed by the Designated Manager.

3. In addition to the review for the identification of patterns and implementation of corrective action, Fraser will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review:
    a. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.061. MN Statutes, section 245D.061, subdivision 6, has an internal review report requiring the answering of six questions.
    b. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
    c. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 626.556.
    d. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2. Please see "Grievances Policy" for further information.
4. When Fraser has knowledge that a situation has occurred that requires an internal review, the Designated Manager will ensure that a *GER* or *Emergency Use of Manual Restraint Incident Report* has been completed.
    a. In addition to the *GER*, if there was a death or serious injury, the Designated Manager will also ensure that the applicable documents have also been completed for the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division.
    b. For internal reports of suspected or alleged maltreatment of a vulnerable adult, a copy of the *Notification to an Internal Reporter* will also be submitted for the internal review.
    c. The internal review and reporting of emergency use of manual restraints will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint.*
5. Documentation to be submitted to the designated person responsible for completing internal reviews will include, as applicable:
    a. *General Event Report including any applicable attachments*
    b. *Notification to an Internal Reporter.*
    c. *Emergency Use of Manual Restraint Incident Report.*
    d. *Death Reporting Form.*
    e. *Serious Injury Form.*
    f. *Death or Serious Injury Report FAX Transmission Cover Sheet.*
    g. *Complaint Summary and Resolution Notice. See "Grievance Policy" if needed for further instructions.*

6. The Program Manager is the primary individual responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that the Program Manager is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the Assistant Director or Director is the secondary individual responsible for ensuring that internal reviews are completed.
7. The internal review will be completed (within 30 calendar days for maltreatment reports) using the GER 'Minnesota Incident Report – 245D' in Therap and will include an evaluation of whether:
    a. Related policies and procedures were followed.
    b. The policies and procedures were adequate.
    c. There is a need for additional staff training.
    d. The reported event is similar to past events with the persons or the services involved.
    e. There is a need for corrective action by the license holder to protect the health and safety of persons served.
8. Based upon the results of the review, the license holder will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
9. The following information will be maintained in the service recipient record, as applicable:
    a. *Incident and Emergency Report* including the written summary and the Designated Manager's review.
    b. *Notification to Internal Reporter*
    c. *Emergency Use of Manual Restraint Incident Report* and applicable reporting and reviewing documentation requirements.
    d. *Death Reporting Form.*
    e. *Serious Injury Form.*
    f. *Death or Serious Injury Report FAX Transmission Cover Sheet.*
    g. *Complaint Summary and Resolution Notice*. See "Grievance Policy" if needed.
10. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be only accessible to appropriately authorized individuals.
11. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

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POLICY #9:	**Maltreatment of Minors and Vulnerable Adults Supplement**
DATE ADOPTED:	December 2013
DATE REVISED/REVIEWED:	August 2014, August 2015, February 2016, October 2018, December 2019, October 2020

Policy:

Fraser's Maltreatment of Minors and Vulnerable Adults Policy contains definitions of maltreatment for children and vulnerable adults, internal and external reporting procedures, telephone numbers to report maltreatment in designated counties and state agencies and as internal investigation procedures.

To review Fraser's Maltreatment of Minors and Vulnerable Adults policy, please refer to the Fraser Operations Manual. The most recent version of the Fraser Operations Manual Maltreatment of Minors and Vulnerable Adults Policy dated October 2020 can be found in the Addendum of this 245D Services Manual.

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POLICY #10: **Safe Transportation**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: September 2018, December 2019, August 2020

Policy

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

Purpose

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

Procedure

1. Upon employment, driving staff are informed of the requirement that they must hold a valid driver's license, appropriate insurance, and maintain a safe driving record. Staff may also be required to complete additional training on safe transportation procedures.
2. The Fraser Designated Coordinator and/or designated Manager or designee will ensure the safety of vehicles, equipment, supplies, and materials owned or leased by Fraser and will maintain these in good condition. Standard practices for vehicle, equipment, supplies, and maintenance and inspection of materials will be followed.
3. Staff will transport persons served with a program's vehicle. If there is no program vehicle, staff will attempt to use public, contracted transportation or staff will use their own vehicle for transportation of persons served.
4. For contracted transportation, the Fraser Designated coordinator and/or designated manager or designee as needed, will ensure that all required documentation is completed and submitted before the first trip is scheduled. Staff will arrange ongoing use of contracted transportation or will assist persons served, as needed, in arranging transportation for themselves.
5. When dropping off persons served at a site which requires a change in staff, transporting staff will ensure that staff or another responsible party are present before leaving the person served unless otherwise specified in the person's *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum.* Any necessary information will be presented to the staff or other responsible party.

6. In accordance with state laws, anyone riding in a moving vehicle must wear seatbelts and/or child safety restraints.
7. Staff are prohibited by state law (MN Statutes, section 169.475) from using a wireless communications device with their hands while operating a motor vehicle in motion or a part of traffic upon a street or highway. This includes a program vehicle or a staff person's own vehicle. Staff may not use a mobile device with their hands for any purpose while operating a vehicle for Fraser business purposes. If the use of a mobile device is needed, for any reason, the staff member should pull the vehicle to the side of the road. If a staff member is using a vehicle with Bluetooth capability, and receives a phone call regarding Fraser business purposes and is able to complete the call "hands-free" then they are permitted to do so. Staff are still encouraged to pull over to the side of the road to complete any necessary communication that could distract from their driving.
8. Persons served using wheelchairs will be transported according to manufacturer's safety guidelines. This includes, but is not limited to, safe operation and regular maintenance of lift equipment, checks of straps to secure the wheelchair to the floor of the vehicle, and use of adaptive seating equipment (i.e. headrests, lap trays) when appropriate. Staff who are transporting persons served and who complete "tie-downs" of wheelchairs will receive training on how to do so and will be required to demonstrate competency prior to transporting persons using wheelchairs.
9. Staff will receive training on each person's transferring or handling requirements for the person and/or equipment prior to transferring or transporting persons. All transfers and handling of persons served will be done in a manner that ensures their dignity and privacy. Any concerns regarding transportation, transfers, and handling will be promptly communicated to the Fraser Designated coordinator and/or designated manager or designee who will address these concerns. This will be done immediately if the health and safety of the person(s) served are at risk.
10. When equipment used by a person served is needed, staff will place the equipment in a safe location in the vehicle such as the trunk of a car. If a program vehicle does not have a designated storage space such as a trunk, staff will place the equipment in an area of the vehicle and secure it, when possible, so that there is limited to no shifting during transport.
11. If there is an emergency while driving, staff follow emergency response procedures to ensure the person(s) safety. This will include pulling the vehicle over and stopping in a safe area as quickly and as safely as possible. Staff will use a cell phone or any available community resource to contact "911" for help if needed. If a medical emergency were to occur, staff will call "911" and follow first aid and/or CPR protocols according to their training.
12. While transporting more than one person served and person to person physical aggression occurs, staff will pull over and stop the vehicle in a safe area as quickly and as safely as possible, redirect the persons served, and if necessary, attempt to contact another staff person, the Fraser supervisor, or "911" for assistance.
13. Persons served are prohibited from driving program or staff vehicles at any time.

14. With consideration to pre-scheduled transportation by Fraser employees for individuals receiving services and unsafe driving conditions; Employees are to check http://511mn.org/ or the 511 app for information on travel safety and/or discuss with the designated coordinator (or on-call designated coordinator). Given unsafe road conditions Fraser employees may need to support alternative types of transportation such as public transportation, Metro Mobility, and/or single-use transportation providers (taxi/Uber/Lyft/etc.).

Legal Authority: MS §§ 245D.11, subd. 2(4)

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POLICY #11: **Anti-Fraud**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: December 2019

Policy

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

It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49.

Government funds may be from state or federal governments, to include, but not be limited to: Minnesota's Medical Assistance, Medicaid, Medicare, Brian Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Alternatives for Disabled Individuals (CADI) Waiver, Developmental Disability (DD) Waiver, Elderly Waiver (EW), and Minnesota's Alternative Care (AC) program. Fraser has a longstanding practice of fair and truthful dealing with persons receiving services, families, health professionals, and other businesses. Management, staff, contractors, and other agents of Fraser shall not engage in any acts of fraud, waste, or abuse in any matter concerning Fraser's business, mission, or funds.
This policy should be viewed in conjunction with Fraser's Employee Handbook and Operations Manual policies on Fraud Waste and Abuse.

Purpose

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

Procedure

This policy should be considered in conjunction with Fraser's Principles of Conduct and Standards and the Reporting Fraud, Waste and Abuse and Whistleblower policies contained within the Fraser Employee Handbook.

Staff are trained on this policy and as needed, they may need to be re-trained. As determined by Fraser, staff may need to demonstrate an understanding of the implementation of this policy.

Legal Authority: The MN False Claims Act, MS §§ 15C (2010); 609.465 (2006); 609.466; and 256B.121 (2006)

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POLICY #12: **Drug and Alcohol Prohibition**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: November 2015, December 2019

Policy

This policy provides Fraser employees with Fraser's view on alcohol, drug, chemical, and prescription medication abuse and provides uniform guidelines. It should be viewed in conjunction with the Fraser Employee Handbook and Fraser Operations Manual.

Purpose

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

Procedure

1. Any employee, subcontractor, or volunteer, while directly responsible for persons served, are prohibited from abusing any prescription/legal drugs, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care including alcohol, prescription/legal drugs, or illegal drugs.
2. Any employee, subcontractor, or volunteer reporting or returning to work, whose behavior reflects the consumption of alcoholic beverages or the use of drugs, may be referred for an immediate medical evaluation to determine fitness for work and may be suspended without pay until deemed able to return to work.
3. When prescription or over-the-counter drugs may affect behavior and performance, the employee, subcontractor, and volunteer must inform the Designated Coordinator and/or Designated Manager. Re-assignment, light duty assignment, or temporary relief from duties may be required.
4. At any time, the sale, purchase, transfer, use, or possession of illegal drugs or alcohol, and/or the involvement in these activities of any individual under the legal age of consumption during work hours or at a program site will result in disciplinary action up to and including termination. Law enforcement will be notified as determined by the Designated Coordinator and/or Designated Manager or designee.

5. Employees will immediately take necessary action up to and including contact of medical professionals, “911,” and/or contact of law enforcement at any time a person served is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption, or is believed to be a victim of potential alcohol poisoning.
6. Prescription drugs that belong to an employee, subcontractor, or volunteer are to be stored in a location that is not accessible to any person served.
7. Employees, subcontractors, or volunteers are not allowed to store alcoholic beverages at a program site. Persons served may store alcoholic beverages at a program site; however, based on a person’s vulnerabilities or other related concerns, alcoholic beverages may be prohibited at any or all times from a program site.
8. As a condition of continuing employment, under certain circumstances, employees, subcontractors, and volunteers may be required to submit to drug and/or alcohol testing. Drug or alcohol testing may be required when there is a reasonable suspicion that an individual is currently abusing a drug or alcohol, is under the influence of drugs or alcohol while on duty, or has violated any of the procedures in this policy.
9. Failure to complete the testing or upon receiving positive test results are cause for disciplinary action up to and including termination. A positive test result may be explained or a request to pay for a confirmatory result made to the Designated Coordinator and/or Designated Manager or designee.

Legal Authority: MS § 245A.04, subd. 1(c)

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POLICY #13: **Death of a Person Receiving Services**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: September 2018, December 2019

Policy

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

Purpose

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

Procedure

1. If a person receiving services develops a life threatening illness or sustains a life threatening injury from which the attending physician indicates death is anticipated, the Fraser Designated coordinator and/or designated manager or designee ensure that the legal representative, case manager, other service providers, and Fraser staff are notified immediately (family members and others may be notified by the legal representative).
2. If requested or appropriate, the Fraser Designated coordinator and/or designated manager or designee will ensure that a support team meeting or conference call is scheduled.
3. In coordination with the support team and in anticipation of the person's death, the Fraser Designated coordinator and/or designated manager or designee, assigned nurse or nurse consultant, and legal representative will determine whether the person receiving services will reside at a hospital, other facility, or at home.
4. Fraser Designated coordinator and/or designated manager or designee will ensure that the support team makes a decision in regards to an advance directive.
    a. Staff will act as if all persons under state guardianship have "do resuscitate" status unless consent has been given by the Guardianship Unit at the MN Department of Human Services for an advance directive.
    b. At the request of the support team, the Fraser Designated coordinator and/or designated manager or designee will help obtain an advanced directive order by supplying information to the case manager from the physician so that a summary

report may be submitted to the Guardianship Unit.

c. The Fraser Designated coordinator and/or designated manager or designee and staff will not take a formal position on whether or not such an advanced directive order should or should not be issued. Staff will work to implement the wishes of the legal representative including helping to arrange and implement all physicians' orders. Staff who cannot in good conscience help obtain or implement particular physicians' orders will report this to the Fraser Designated coordinator and/or designated manager or designee.
d. The Fraser Designated coordinator and/or designated manager or designee will review and document the status of all advanced directives regularly with the case manager (consent for advanced directive orders for persons under state guardianship expire annually and must be reauthorized by the Guardianship Unit at the MN Department of Human Services).

5. The Fraser Designated coordinator and/or designated manager or designee will coordinate with the support team to determine what services the program needs to deliver to meet the needs of the person receiving services, including but not limited to additional supervision, specialized staff training, and implementation and documentation of all physician and nursing orders, including advanced directives.
6. The Fraser Designated coordinator and/or designated manager or designee and assigned nurse or nurse consultant, will ensure that staff are trained in, implement, and document all physician and nursing orders related to the person's anticipated death including instructions on witnessing or discovering death.
7. When discovering a person receiving services who appears to have died, all staff will treat the situation as if it were a medical emergency and will take the following:
    a. Staff will call "9-1-1" and provide first aid and/or CPR to the extent they are qualified, unless the person receiving services has an advance directive.
    b. Staff will notify all required persons including the Fraser Designated Coordinator and/or Designated Manager or designee and assigned nurse or nurse consultant, if available.
    c. When an authorized person, such as a physician or paramedic, determines that the person receiving services is deceased, the Fraser Designated Coordinator and/or Designated Manager or designee will ensure the County Coroner's office is notified and will ensure that the body is not moved until the coroner arrives.
    d. The Fraser Designated Coordinator and/or Designated Manager or designee will notify the following individuals or entities within 24 hours of the death, or receipt of information that the death occurred, unless the company has reason to know that the death has already been reported:
        i. Legal representative or designated emergency contact
        ii. Case manager
        iii. MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division using the required Ombudsman reporting forms. These forms are found on the Ombudsman website (http://mn.gov/omhdd/report-death-or-serious-injury/) and include the *the Death Reporting Form* or *Serious Injury Report Fax Transmission Cover Sheet.*
        iv. Adult or Child Foster Care licensing authority, as applicable.

e. The Fraser Designated Coordinator and/or Designated Manager or designee will discuss with the legal representative any funeral arrangements and notifications and will offer to assist the family/legal representative as needed.
f. The Fraser Designated Coordinator and/or Designated Manager or designee will be responsible for sending the notification letter "Notification Letter to Next-of-Kin" from the MN Office of the Ombudsman for Mental Health and Developmental Disabilities to the next of kin and for offering to arrange grief counseling for staff and other involved persons.

8. Upon the death of the person, any funds or other property of the person will be surrendered to the person's legal representative or given to the executor or administrator of the estate in exchange for an itemized receipt. A written inventory that was completed regarding the person's funds or property will be placed in their file with signatures obtained from the legal representative, executor, or administrator of the estate.
9. Fraser will conduct an internal review of incident of deaths that occurred while services were being provided and that were not reported by the program as alleged or suspected maltreatment, for identification of incident patterns and implementation of corrective action as necessary to reduce occurrences.
10. The Program Manager will complete and document the internal review related to the report of death and will ensure the person's name is added to the *Admission and Discharge Register*. The internal review will include an evaluation of whether:
    a. Related policies and procedures were followed.
    b. The policies and procedures were adequate.
    c. There is a need for additional staff training.
    d. The reported event is similar to past events with the persons or the services involved.
    e. There is a need for corrective action by Fraser to protect the health and safety of persons receiving services.
11. Based upon the results of the internal review, Fraser will develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by the individuals or Fraser, if any.

Legal Authority: MS §§ 245A.04, subd. 16

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POLICY #14: **Universal Precautions and Sanitary Practices**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: September 2018, December 2019

Policy

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

This policy should be viewed in conjunction with the Fraser Operations Manual and Employee Handbook policies on Universal Precautions and Sanitary Practices.

Purpose

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

Procedure

Care and sanitation of the facility

1. The Fraser Designated Coordinator and/or Designated Manager or designee will ensure that the facility, including the interior and exterior of buildings, structures, or enclosures, walls, floors, ceilings, registers, fixtures, equipment, and furnishings, are maintained in good repair and in sanitary and safe condition by addressing the problem or reporting to maintenance or facilities. Furnishings (such as furniture and carpet), particularly upholstery, will be routinely inspected and cleaned as necessary. The facility will be kept clean and free from accumulations of dirt, grease, garbage, peeling paint, mold, vermin, and insects.
2. Building and equipment deterioration, safety hazards, and unsanitary conditions will be addressed directly by staff or by reporting to maintenance or facilities. The Fraser Designated Coordinator and/or Designated Manager, or designee, will be the primary individual(s) responsible for this coordination. Cleaning and disinfecting schedules will be developed by the supervisor and implemented by staff.

3. Food obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to persons served. Food and drink will not be stored in areas where bodily fluids, hazardous materials, and harmful substances may be present (i.e. bathrooms).
4. Chemicals, detergents, cleaning supplies, and other hazardous or toxic substances will not be stored with food or drink products or in any way that poses a hazard to persons served.
5. A personal health and hygiene items must be stored in a safe and sanitary manner. These items may include, but are not limited to: hair comb/brush and hair accessories, toothbrush, toothpaste, floss, cosmetics, deodorants, razors/shavers, bath soap/body wash, shampoo/conditioner.

Universal precautions and infection prevention and control

1. Hand washing is the single most important practice for preventing the spread of disease and infection. Proper hand washing will be completed as a part of regular work practice and routine, regardless of the presence or absence of any recognized disease and infection. Staff are also expected to assist persons served to ensure regular hand washing. Hand washing will occur often and will include thorough use of water, soap, rubbing hands vigorously together for 20 seconds, rinsing and drying completely.
2. Staff will make an attempt to appropriately cover their coughs and sneezes. Appropriately covered means coughing or sneezing into a tissue or paper towel. When these items are not available, staff will cough or sneeze into their elbows. Staff are also expected to assist persons served to understand and use appropriate means to cover their coughs and sneezes.
3. Gloves will be used as a barrier between hands and any potential source of infection. Gloved must be worn when contact with high risk bodily fluids can be reasonably anticipated. Fresh gloves will be used for each situation and for each person served.
4. Eye protection may be made available whenever splashes or drops of high risk bodily fluids are anticipated. This can include, but is not limited to, oral hygiene procedures and clean-up of large amounts of high risk bodily fluids.
5. If necessary, a fluid resistant gown and foot protection may be provided for staff to wear as a barrier during clean-up of high volume fluids.
6. When handling linen and clothing contaminated with high risk bodily fluids, staff will wear gloves at all times. Contaminated laundry will be cleaned in the washing machine and dried in the dryer separate from non-contaminated laundry.
7. Staff are to use extreme, deliberate precaution in handling contaminated needles and sharps. Contaminated needles will not be bent or recapped. All needles and sharps will be disposed of in an appropriate sharps container. Sharps container will be closeable, replaced routinely and not allowed to overflow, and disposed of when full.
8. Specimens obtained for medical testing or procedures containing high risk bodily fluids or other potentially infectious material must be handled with gloves, placed in a sealed container to prevent leakage, and labeled with the persons' name and the type of specimen. If refrigeration is required, the specimen will be placed inside a second sealed container and separated from any refrigerated foods.

Compliance

1. Staff are responsible to adhere to universal precaution procedures. If there are obstacles to the implementation of universal precaution procedures, they will be immediately brought to the attention of the Fraser Designated Coordinator and/or Designated Manager or designee. The Fraser Designated Coordinator and/or Designated Manager or designee will then develop and implement solutions as necessary.
2. At a minimum, gloves, disinfectant, and appropriate cleaning supplies and materials will be available at the program site as required per Minnesota Statute and/or individual plan of care. The Fraser Designated Coordinator and/or Designated Manager or designee will ensure adequate amounts of the infection control supplies are available after consideration of the program and staff needs.
3. Staff will receive training at orientation and annually thereafter on universal precaution procedures, infection control, and blood borne pathogens.
4. Staff will be trained on universal precautions and sanitary practices specific to their program.

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

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POLICY #15: **Health Service Coordination**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: July 2014, March 2016, September 2018, December 2019

Policy

Fraser will implement procedures to ensure the continuity of care regarding health-related service needs as assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum Summary.* These procedures will be implemented in a way that is consistent with the specific health needs of the person served.

Decision making regarding the health services needs of the person served will be guided by person-centered philosophy and conservative medical practice. Fraser will defer to the judgment of the assigned nurse, nurse consultant, or other licensed health care professional regarding medical or health-related concerns. If the program does not have an assigned nurse or nurse consultant, Fraser will coordinate all health-related services with the licensed health care professionals of the persons served.

Purpose

The purpose of this policy is to promote the health and safety of persons served through establishing guidelines for the coordination and care of health-related services.

Procedure

1. If responsibility for meeting the person's health service needs has been assigned to Fraser in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum Summary*, Fraser must maintain documentation on how the person's health needs will be met, including a description of the procedures Fraser will follow in order to:
    a. Provide medication setup, assistance or administration according to MN Statutes, chapter 245D.
    b. Monitor health conditions according to written instructions from a licensed health care professional.
    c. Assist with or coordinate medical, dental, and other health service appointments.
    d. Use medical equipment, devices, or adaptive aides or technology safely and correctly according to written instructions from a licensed health care professional.

2. Unless directed otherwise, in the CSSP or *CSSP Addendum*, the Fraser Designated Coordinator and/or Designated Manager or designee will ensure the prompt notification to the legal representative, if any, and the case manager of any changes to the person's mental and physical health needs that may affect the health service needs assigned to Fraser in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum Summary.* This notice will be made, and the date documented, when the change in mental and physical health needs of the person has been discovered by Fraser, unless Fraser has reason to know that the change has already been reported.
3. In coordination with the person's health care providers, Fraser Designated Coordinator and/or Designated Manager or designee and the person's legal representative will determine how each person's health condition(s) will be monitored.
4. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the Fraser Designated Coordinator and/or Designated Manager or designee will ensure the safe and correct use of the item and that staff are trained accordingly on its use and assistance to the person.
5. When a person served requires the use of medical equipment to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, staff will be specifically trained by a licensed health care professional or a manufacturer's representative including an observed skill assessment to demonstrate staff's ability to safely and correctly operate the equipment according to the treatment orders and manufacturer's instructions. Equipment includes, but is not limited to ventilators, feeding tubes, and endotracheal tubes.
6. The Fraser Designated Coordinator and/or Designated Manager or designee will ensure that action is taken regarding all referrals for services or treatments recommended by the assigned nurse, nurse consultant, or licensed health care professional.
7. Under the direction of the assigned nurse, nurse consultant, or licensed health care professional, the Fraser Designated Coordinator and/or Designated Manager or designee will ensure correct administration of all prescriber ordered medications and treatments. All medications and treatments will be administered according to prescriber order.
8. Staff will ensure that the assigned nurse, nurse consultant, or licensed health care professional is notified in a timely manner of the following individual related events:
    a. Changes in physical or mental status including seizure patterns.
    b. Results of physician or other health provider examinations.
    c. Injuries and illnesses.
    d. Changes in or new medication/treatment prescriber's orders.
    e. Indications of medication side effects.
    f. Medication/treatment discrepancies/errors.

Legal Authority: MS §§ 245D.11, subd. 2(2)

245D Services Manual

POLICY #16: **Medication Support**

DATE ADOPTED: July 2019

DATE REVISED/REVIEWED: December 2019

Policy

Minnesota Statute 245D.05 defines three levels of support that trained employees may provide to an individual receiving 245D licensed services with their medications which include: Medication Setup, Medication Assistance, and Medication Administration.

Individuals receiving Fraser 245D services who want to participate in their medication administration must have Guardian (if applicable) and support team approval to do so as documented in their signed CSSP. Individuals who want to completely self-manage their medications must also pass a standardized medication self-administration competency evaluation administered by the Fraser Registered Nurse (RN) or in their absence, a Designated Coordinator or Manager, or designee who has been trained by a Fraser RN.

Purpose

The intent of this policy is to specify procedures and documentation requirements when Fraser is assigned responsibility in a person's Coordinated Service and Support Plan Addendum (*CSSP Addendum Summary, Individual Abuse Prevention Plan, Self-Management Assessment, etc.*) for any level of medication support. Prior to providing any level of Medication Support to an individual receiving Fraser 245D services, all Fraser employees must pass an approved Medication Administration course and other trainings as noted in Fraser Community Living Employee Training.

Procedure

Definitions:

Medication Support: Includes Medication Setup, Medication Assistance, and Medication Administration.

Medication Setup: The arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration (245D.05 Subdivision 1a).

Medication Assistance: Bringing to the person and opening a container of previously set up medications, emptying the container into the person's hand, or opening and giving the medications in the original container to the person under the direction of the person; OR bringing to the person liquids or food to accompany the medication; OR providing reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises (245D.05 Subdivision 1b).

Pattern of medication errors: A group of errors will be considered a pattern if three errors are committed by one person within 30 days or five errors within 60 days.

Written instructions from the prescriber: A prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

Medication Administration means:

1) Checking the person's medication record;
2) Preparing the medication as necessary;
3) Administering the medication or treatment to the person;
4) Documenting the administration of the medication or treatment or the reason for not administering the medication or treatment; and
5) Reporting to the prescriber or a nurse any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed. Adverse reactions must be immediately reported to the prescriber or a nurse.

General Medication Support Procedures:

1. The level of Medication Support Fraser is assigned responsibility for will be documented in the CSSP Addendum.
    a. If Fraser is assigned multiple levels of Medication Support, all applicable boxes will be checked in the *CSSP Addendum Summary*
    b. A description of the ways in which that support is provided will be documented in detail.
2. When a medication set [herein referred to as a mediset] is used in conjunction with Fraser Medication Support:
    a. When Fraser holds the mediset, it will be labeled with the person's first and last name.
    b. When the individual holds the mediset:
        i. The person will be encouraged to maintain a list of the medications that are in the mediset in their personal living space.
        ii. It is up to the discretion of the person and their support team if the person's name will be present on the mediset.
3. Medication Administration Records, including electronic Medication Administration Records (MAR/eMAR) will only contain entries for medication and treatments prescribed by a licensed health professional. Activities of Daily Living not prescribed by a licensed health professional will be tracked elsewhere, as needed.

4. For each medication that is delivered in a ‘bubble pack’ or ‘blister pack’ which Fraser staff administer, observe, or assist in the medications being removed:
    a. Medications stored in bubble packs should be removed from the sector that corresponds to the date the medication is administered or will be taken by the person.
    b. Staff will initial and date on the back of the medication card next to the sector(s) that the person has emptied.
    c. Staff will document the administration of medication on the MAR.
5. When multiple containers of the same medication are available, Fraser staff will, when appropriate, empty a med card or bottle before starting another one. If multiple containers have not yet been opened, Fraser staff will use the one with the earliest expiration date first.
6. Individuals should be given their medication or reminded to take their medication as close to the time prescribed as possible and within 1 hour of the medication order.
    a. Medication administered or a reminder given more than 1 hour early or 1 hour late is considered a staff medication error.
    b. If an individual self-administers their medication without reminders from staff, it is considered a self-medication error if Fraser staff are aware they have not taken their medication within 1 hour before or after the prescribed time.
    c. If the person does not take their medication within 1 hour of the medication order, Fraser staff must contact the pharmacy, prescribing professional or on-call Registered Nurse (RN) to obtain instructions for next steps.
7. The back of the MAR will be used to document details regarding any unusual (not just lines and staff initials) notation/s on the front of the MAR. Staff will end this documentation with their name and title.
    a. If there is an error or discrepancy, Fraser staff will document details of the error/discrepancy on the back of the MAR page on which the error/discrepancy occurred.
    b. If the person goes on leave, and Fraser is responsible for administration or storage of the persons medications or mediset, Fraser staff will:
        i. Document to whom the medications were given on the back of the MAR
        ii. When a mediset is used;
            1) Check the mediset to ensure enough days are filled to cover the length of the person’s absence.
                a) If there are not enough days, mediset will be filled to cover all absences or to the mediset’s capacity, whichever is most appropriate.
                    I. If the mediset is not able to be refilled or if there are more days of absence than the mediset is able to cover, additional medications will be packed in an envelope following Medication Administration policy.
            2) Upon return, staff will review the medications in the mediset and verify that the correct doses are remaining and sectors of

the mediset were emptied of medications that were to be taken during that time of absence.

c. If the information on the back of the MAR would cover a large area, or if the information they are writing is duplicative of a Health Note, staff may instead write on the MAR that a full set of detailed information can be found in a Health Note and document the information in the designated Health Notes area.

8. For any type of Medication Support, if the person declines support in any capacity, staff will attempt to provide the support a minimum of three times prior to it being classified as a refusal from the person.
9. Any scheduled non pill form medication(s) *i.e. topical ointment or eye drops* will be written on the MAR. When Fraser is assigned responsibility for Medication Setup or Medication Assistance, each medication description will include:
    a. The location where the medication is stored and the level of staff support to be provided *i.e. the medication is stored in the site medication storage area and staff observe as the person self-administers; the medication is held by the person and they self-administer; etc.*
    b. If the person self-administers without staff observation, the description will additionally state that staff perform the following procedure and documentation [herein referred to as Visual & Verbal Verification].
        i. Procedure:
            1) Visually verify that the medication supply seems adequate for the set time period,
            2) Visually verify that the medication appears to have been used since the last Visual & Verbal Verification, and
            3) Verbally verify with the individual that the person understands how to use the medication as prescribed.
        ii. Documentation:
            1) Initial the first date for which the medication has been set up, initial the last date for which the medication has been set up, and draw a line through the boxes on the MAR to connect their two set of initials. Please note that this line may cross over two months.
        iii. If a concern arises during the Visual & Verbal Verification, staff will coach the individual, document in the Health Notes, and notify their supervisor.
10. If an active medication is contaminated or otherwise needs to be destroyed, staff will call the pharmacy to request that a spare dose of the medication be delivered to replace the dose that must be destroyed.
11. If there is a medication that needs to be destroyed, Fraser staff will:
    a. If a medication is contaminated, place the medication/s in a pill envelope labeled with the following: name of the person, staff name, date, medication name, dose, time, quantity and reason for destruction.
    b. If a medication is expired or discontinued and the entire medication bottle, card or other container needs to be destroyed, staff will label it as expired or discontinued along with staff name and date.

c. Medications pending destruction must be placed in the designated container which must be stored in the locked medication area.
d. Controlled Substances that need to be destroyed must remain under double lock and key until the documentation and destruction process is complete.

12. On a monthly basis or at least quarterly, the Fraser Registered Nurses (RNs) or in their absence, a Designated Coordinator or Manager will review medications to be destroyed and:
    a. Document each medication, dose, quantity and reason for destruction in the Medication Destruction Record for each person.
    b. Once documented, any identifying medication labels will be removed and the Fraser RNs or in their absence, a designated Coordinator or Manager will securely transport the medications to an approved medication destruction drop-off location.
    c. A witness is required for the documentation and transportation of the destruction of controlled substances.

General Medication Administration Procedures:

Fraser will implement a medication administration procedure to ensure a person takes medications and treatments as prescribed if Fraser has been assigned the responsibility for medication administration in the coordinated service and support plan or the coordinated service and support plan addendum. Fraser will use staff training to ensure that staff are using appropriate procedures and that all requirements are met before administering medication or treatment.

Fraser will obtain written authorization from the person or the person's legal representative to administer medication or treatment. This authorization shall remain in effect unless it is withdrawn in writing and may be withdrawn at any time. If the person or the person's legal representative refuses to authorize Fraser to administer medication, the medication will not be administered. The refusal to authorize medication administration must be reported to the prescriber as soon as possible.

Fraser will ensure the following information is documented in the person's medication record:

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

person; and
    b. The occurrence of possible adverse reactions to the medication or treatment;
5. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
6. Notation of when a medication or treatment is started, administered, changed, or discontinued.

General Medication Setup Procedures:

When Fraser is assigned responsibility for Medication Setup in a person's CSSP Addendum, the following procedures will be followed:

1. Fraser staff may provide Medication Setup services to individuals who are able to participate in the setup of their own medications. Fraser staff may not set up medications without the individual present and participating in the process.
2. Fraser staff will generally assist or observe an individual set up medications for 1-2 weeks in a mediset.
3. For scheduled medications that cannot be placed in a mediset *i.e. topical ointment or eye drops*, Fraser staff must perform the Visual & Verbal Verification. Fraser will store spare medications used to fill the mediset and monitor the medication supplies to assure they are adequate. Fraser staff will assist the person in re-ordering their medications as needed.
4. The CSSP Addendum will state where the mediset will be held *i.e. with the person or in the site medication storage area.*
5. If a pattern of self-medication administration errors develops, Fraser will alert the support team and make recommendations for how to correct the issue.

Documentation

When Fraser is assigned responsibility for Medication Setup in a person's CSSP Addendum, the following documentation requirements must be completed by trained Fraser staff:

1. Preparing the MAR:
    a. Each scheduled medication that is to be in the mediset will be written on the person's MAR with an asterisk.
    b. On each page an asterisk is used, there will be a key at the bottom of that page referencing that asterisk and a statement of the level of support staff provide in Medication Setup for the person *i.e. observe and confirm, assist, etc.*
2. At time of Medication Setup:
    a. Fraser must document on the MAR the dates for which medications have been set up, name of medication(s), dosage, quantity, times to be administered, and route of administration.
    b. For each medication, Fraser staff will initial the first date for which the medication has been set up, initial the last date for which the medication has been set up, and draw a line through the boxes on the MAR to connect their two set of initials.

i. The line with initials indicates that the medications have been set up correctly for the period indicated according to the prescribers instructions even if some of the medications are not set up or to be taken each date of the period *i.e. medication is prescribed to be taken Mondays and Thursdays only.*

ii. If any scheduled medication(s) do not have enough pills available to fill the entire mediset, staff will:

1) Fill the sector(s)/time(s) of the mediset in chronological order starting with the next upcoming medication administration time.
2) Document on the MAR only the days that have been filled with that medication.
3) Assist the person in requesting a refill of that prescription as needed.
4) Write a note on the back of the MAR stating which date(s) have been filled and any information regarding when the requested refill is expected to be available.
5) Notify their supervisor directly.

c. Fraser staff will complete the following, and if any medication(s) will not meet the requirements below, staff will notify the supervisor, and, if necessary, assist in requesting refills from the pharmacy and document in the Health Notes.

i. Fraser staff must initial on the MAR that they performed the Visual & Verbal Verification for medication(s) that cannot be placed in a mediset *i.e. topical ointment or eye drops*.

ii. Fraser staff will count the medications that will be packed in the mediset the next time it is filled to ensure that there will be enough medication supplies on site to fill it when that time comes.

3. If any medication(s) must be removed from the mediset due to a change, staff will:
    a. Follow the medication change guide as noted in the Medication Flip Chart
    b. Remove the medication from the mediset, and;
    c. Document on the MAR which date(s) the medication was removed from the mediset by circling the dates that had previously been noted as being set up in the mediset and writing a note on the back of the MAR.
4. If a discrepancy is discovered staff will document:
    a. On the MAR by circling the effected date(s) for each medication involved in the discrepancy;
    b. On the back of the MAR to indicate what occurred; and
    c. Complete a Medication Discrepancy Form.
5. If an error is discovered staff will:
    a. Document on the MAR by writing an ‘X’ directly above or below the box(es) for the date and medication on the MAR where each medication was originally noted for the Medication Setup process on the MAR for the date(s) to be taken;
    b. Make a circle to join the ‘X’ and the effected date(s) for each medication involved in the Error;

c. Document on the back of the MAR to indicate what occurred;
d. Complete a Medication Error Form;

6. If a medication is dropped, or otherwise considered contaminated, staff will follow the Medication Destruction Policy and procedures aforementioned in this Policy, and whenever possible they will go through the Medication Setup process again to avoid a medication error.
    a. If the medication had already been set up in the mediset, staff will document additional instances of Medication Setup for this by:
        i. Initialing on the MAR directly above or below the box(es) originally noted for the Medication Setup process.
        ii. Creating a circle that encompasses both the original box for that date and the new box where they have initialed.
        iii. Writing on the back of the MAR to document what occurred.

General Medication Assistance Procedures:

When Fraser is assigned responsibility for Medication Assistance in a person's CSSP Addendum, the following procedures must be followed:

1. Medication Assistance includes any type of support provided by Fraser staff related to medications that does not meet the definition of Medication Setup or Medication Administration.
2. The MAR must clearly denote when and how Fraser staff are to provide Medication Assistance.
3. Common types of Medication Assistance may include:
    a. Storing the person's mediset in Fraser's locked medication storage area for the program. Staff would then bring the individual their mediset and observe them taking their medication out of the correct sector.
    b. For individuals who hold their own medications or mediset, Fraser staff may be required to provide reminders at specific times either by phone, text, or, less commonly, in person.
    c. Some individuals may keep just a week or two of medications in their own apartment, while Fraser is required to maintain the additional medication in the locked medication storage area for the program.
    d. Some individuals may just require Fraser assistance to order refills of their medication and monitor that they have an adequate supply available, using the Visual & Verbal Verification method described in the Medication Setup section of this policy.

Documentation

When Fraser is assigned responsibility for Medication Assistance in a person's CSSP Addendum, the following documentation requirements must be completed by trained Fraser staff:

1. Preparing the MAR:
    a. If Fraser provides medication reminders or observes the person taking their medications, the MAR must include a separate entry including the time and

specific type of assistance required, *i.e. staff remind via text message/phone call; staff bring the mediset to the person from the storage area and observe the person take the medications from the correct sector; etc.*

2. At time of Medication Assistance:
    a. If Fraser staff are bringing the individual their mediset or medication bottle and observing them taking their medication, staff must document their initials on the MAR at the appropriate date and time immediately following the observation.
    b. If Fraser staff are providing reminders to the individual, staff must document their initials on the MAR at the appropriate date and time immediately following the reminder.
    c. If the person is on leave, Fraser staff will document 'L/staff initials' in the box(es) typically used for 'observation' or 'reminder' to note which days the individual will be on leave

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POLICY #17: **Person-Centered Planning**

DATE ADOPTED: August 2015

DATE REVISED/REVIEWED: September 2018, December 2019

Policy

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

Purpose

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

Procedure

Fraser staff will ensure that services are provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and ISP programs, consistent with the principles of:

1. Person-centered service planning and delivery which:
    a. Identifies and supports what is important *to* as well as what is important *for* the person, including preferences for when, how, and by whom direct support services is provided;
    b. Uses that information to identify outcomes the person desires; and
    c. Respects each person's history, dignity, and cultural background.

2. Self-determination which supports and provides:
    a. Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
    b. The affirmation and protection of each person's civil and legal rights.

3. Providing the most integrated setting and inclusive services delivery which supports, promotes, and allows:
    a. Inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with others to the fullest extent possible and supports the person in developing and maintain a role as a valued community member;
    b. Opportunities for self-sufficiency as well as developing and maintain social relationships and natural supports; and
    c. A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.

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POLICY #18: **Service Termination**

DATE ADOPTED: December 2013

DATE REVISED/REVIEWED: July 2014, August 2015, December 2019, August 2020

Policy

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

Purpose

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

Procedure

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

1. Fraser must permit each person receiving services to remain in the program and must not terminate services unless:
    a. The termination is necessary for the person's welfare and the facility/program cannot meet the person's needs;
    b. The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
    c. The health of the person or others in the program would otherwise be endangered;
    d. The program has not been paid for services;
    e. The program ceases to operate; or
    f. The person has been terminated by the lead agency from waiver eligibility.

2. Prior to giving notice of service termination, Fraser must document actions taken to minimize or eliminate the need for termination. Action taken by Fraser must include, at a minimum:
    a. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the termination notice; and
    b. A request to the case manager for intervention services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued due to the program not being paid for services.
    c. If, based on the best interests of the person, the circumstances at the time of the termination notice were such that Fraser was unable to take the action specified above, Fraser must document the specific circumstances and the reason for being unable to do so.

3. The notice of service termination must meet the following requirements:
    a. Fraser must notify the person or the person's legal representative and the case manager in writing of the intended services termination. If the service termination is from Fraser Supportive Living or Fraser Residential Living, as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), Fraser must also notify MN Department of Human Service's Commissioner in writing; and
    b. The notice must include:
        i. The reason for the action;
        ii. Except for a service termination when the program ceases to operate, a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required under section 245D.10, subdivision 3a, paragraph (c), and why these measures failed to prevent the termination or suspension;
        iii. The person's right to appeal the termination of services under MN Statutes, section 256.045, subdivision 3, paragraph (a); and
        iv. The person's right to seek a temporary order staying the termination of services according to the procedures in MN Statutes, section 256.045, subdivision 4a or 6, paragraph (c).

4. Notice of the proposed termination of service, including those situations that began with a temporary service suspension, must be given:
    a. At least 60 days prior to termination when Fraser is providing intensive supports and services identified in section 245D.03, subdivision 1, paragraph (c).
    b. At least 30 days prior to termination for all other services licensed under Chapter 245D.
    c. This termination notice may be given in conjunction with a notice of temporary service suspension.

5. During the service termination notice period, Fraser must:
    a. Work with the expanded/support team to develop reasonable alternative to protect the person and others and to support continuity of care;
    b. Provide information requested by the person or case manager; and
    c. Maintain information about the service termination, including the written notice of intended service termination, in the service recipient record.

Legal Authority: MS § 245D.10, subd. 3a, subd. 4

Workplace Conduct

This section applies only to Supervised Living, Supportive Living, and Home-Based Services

Supervised Living, Supportive Living & Home Based Services Manual

POLICY #1: **Attendance**

DATE ADOPTED: February 2019

DATE REVISED/REVIEWED:

Policy

Consistent attendance and timeliness of all employees, is critical to the health, safety and quality of services for individuals Fraser serves. In addition, attendance is essential to support fellow employees in maintaining a stable and positive work environment.

Purpose

The intent of this policy is to specify attendance expectations for direct support staff working in the Community Living division, including the Supervised Living, Home-Based and Supportive Living departments.

Procedure

Attendance Expectations

1. All Fraser employees are expected to arrive on time for each of their scheduled shifts, including required trainings and extra shifts agreed upon by the employee.
2. Employees must be clocked in using UltiPro and prepared to begin work at their scheduled shift time.
3. The use of Timeclock Exception Forms (TEFs) should be very rare. Any pattern of not using UltiPro to clock in and out may be considered a performance concern.
4. Fraser employees are expected to plan ahead for weather conditions, traffic, etc. as the services provided are critical to the health and safety needs for individuals served in Community Living.
5. Providing services during the entire scheduled shift is required; personal tasks should not be completed during work time.
6. Fraser recognizes that there may be occasional circumstances such as illness that impact an employee's ability to arrive on time and work their complete shift.
7. An employee who will be absent for their shift, must provide verbal notification directly to their supervisor or on-call supervisor as soon as possible, but no less than 2 hours prior to the start time of their shift. Failure to do so may be considered a no-call, no-show by the employee.

8. An employee who will be late for their shift, must provide verbal notification directly to their supervisor or on-call supervisor as soon as possible, but no less than 15 minutes prior to the start time of their shift.
9. Employees requesting to leave their shift early must directly contact their supervisor or on-call supervisor to request approval.
10. Unless approved by a supervisor, employees must have PTO or Sick and Safe Time accrued to cover their absences.
11. To ensure each employee has consistent expectations, Fraser has developed a points system for managing attendance, including planned and unplanned absences.

Planned Absences

1. Time off requested at least 2 weeks in advance (per policy) and approved; or
2. Time off requested less than 2 weeks in advance but at least 48 hours in advance, with a coverage person confirmed, and approved by a Fraser supervisor.
3. All planned time off requests must be submitted in writing for tracking purposes. Verbal requests for planned absences will not be considered.
4. PTO Request for full-time staff must be submitted and approved via UltiPro. Part-time staff planned absences must also be submitted in writing, preferably in UltiPro as well.

Unplanned Absences

1. Any unexpected absence that is made less than 48 hours in advance, even if the request is approved is considered an unplanned absence.
2. Absences covered by FMLA or other Leaves defined in the Fraser Employee Handbook are not considered unplanned absences.
3. To assure quality service delivery, Fraser must limit employee unplanned absences to an equivalent of up to 12 points as defined by this policy per a rolling 12-month period. A point expires 12 months from the date it was accrued.

Point Definitions

1. Each unplanned absence counts as 1 point
2. Generally, each work day absent is counted as 1 point, with the following exceptions:
   a. A missed overnight shift is counted as 1 point
   b. A missed full weekend shift is counted as 3 points
3. If an employee works less than half of their scheduled shift due to late arrival or leaving early, this is considered an unplanned absence and counts as 1 point
4. Clocking in more than 7 minutes late or early counts as 0.5 point with supervisor notification or as 1 point without supervisor notification.
5. Clocking out more than 7 minutes late or early counts as 0.5 point with supervisor notification or as 1 point without supervisor notification.
6. If there is a client health and safety or Fraser business need requires an employee to clock in or out at a time other than their scheduled shift, the employee must document the reason in writing, preferably in the Comments of their UltiPro timecard for supervisor consideration. (Do not include client names, initials are allowed). Validated client or business reasons will not be counted as points.
7. It is critical that all staff arrive on time and any pattern of tardiness may be considered a performance concern, even within 7 minutes of their shift time.

Disciplinary Action

1. Any tardiness or absenteeism that jeopardizes the health or safety of an individual receiving services or creates organizational risk for Fraser may result in immediate disciplinary action.

2. If an employee is absent from a shift and fails to notify their supervisor, this will result in Fraser following the No-Call, No-Show procedure.
3. **0.5-7.5 points:** If no health and safety issues arise, there will be no disciplinary action taken by Fraser for employees who have 0.5-7 points as it is expected that unforeseen circumstances such as illness will occasionally prevent an employee from arriving on time or working their full shift.
4. **8-9.5 points:** An employee may receive verbal warning/s from their supervisor to remind them of the potential further disciplinary action should unplanned absenteeism continue.
5. **10-11.5 points:** The employee may receive a formal written warning/s reminding them of the Community Living Attendance Policy expectations for all Fraser direct support staff.
6. **12+ points:** The employee may be terminated from Fraser employment and may be become ineligible for future employment / rehire at Fraser.
7. Supervisors will generally be reviewing timecards on a pay period basis and updating attendance points in UltiPro for tracking purposes and for employee reference.
8. Employees, however, are ultimately responsible for knowing their points balance and/or verifying it with their supervisor.

Supervised Living, Supportive Living & Home Based Services Manual

POLICY #2: Electronics

DATE ADOPTED:

DATE REVISED/REVIEWED: October 2019

Policy

Communication systems shall be used for purposes directly related to the mission of Fraser. This policy works in conjunction with the Fraser Employee Handbook and Fraser Operations Manual on use of Fraser resources.

Purpose

The purpose of this policy is to provide staff with guidelines on appropriate use of electronics.

Procedure

Personal Cell Phone

Staff may use their persona cell phones for business purposes during scheduled work time. This includes, but it not limited to, any texting, outgoing/incoming calls, internet data, or use of therap. *Staff may not take photos/videos of individuals receiving services with their personal phones unless previously authorized through the use of Therap.*

Fraser Phones

- Staff are expected to answer Fraser phones promptly whenever possible. Staff shall assist the caller and/or relay information to the appropriate individual in a timely manner.
- If a staff member is unable to immediately answer the phone, staff shall check the phone for a message as soon as possible. If there was a message, staff shall contact the caller and/or relay a message to the appropriate individual in a timely manner. Staff should follow the site specific phone/voicemail protocol that outlines who responds to voicemails and how to distribute messages.
- If applicable, staff should keep the Fraser phone on them during a shift. The Fraser phone should remain at Fraser outside of any business purposes requiring staff to be off site. If a staff member discovers the Fraser phone on their person after their shift, they are expected to communicate their possession of it to their supervisor and return it to the site *as soon as possible.*

Health & Safety

This section applies only to Supervised Living, Supportive Living, and Home-Based Services

Supervised Living, Supportive Living & Home Based Services Manual

POLICY #1: Drug and Alcohol for Persons Served

DATE ADOPTED:

DATE REVISED/REVIEWED: October 2019

Policy

People receiving services, who are adults, may use drug and alcohol in accordance with the law, their Coordinated Service Support Plan, or Coordinated Service Support Plan Addendum.

Purpose

The purpose of this policy is to provide appropriate guidance for drug and alcohol use and storage by persons served.

Procedure

If an individual makes a request for alcohol or drugs, the support team shall determine the person's level of vulnerability to the use of alcohol and drugs, and develop guidelines for responsible use and control. The support team shall consider physician's orders when developing these guidelines.

Alcohol may be stored in a designated space of a person's home for personal consumption as designated in their CSSP or CSSPA. Persons served may order alcohol at a restaurant or bar in accordance with their CSSP or CSSPA.

The inside of all living spaces are non-smoking environments. People are allowed to smoke in areas on property as designated by Fraser, in accordance with the Operations Manual, or the property owner. Fraser does not allow alcohol to be consumed by visitors while on Fraser property.

People served are not allowed to use illegal drugs. If a staff should observe such use, they should encourage the person to surrender the drug and contact the Designated Coordinator and/or Designated Manager, or designee, and Nurse Consultant for further direction.

Supervised Living, Supportive Living & Home Based Services Manual

POLICY #2: Financial Management

DATE ADOPTED:

DATE REVISED/REVIEWED: October 2019

Policy

People receiving services shall retain the use and availability of personal funds or property, as directed in the Community Services and Support Plan Addendum.

Purpose

The purpose of this policy is to ensure appropriate financial management of Fraser clients.

Procedure

Fraser shall ensure the separation of the funds of person's served from the funds of the organization, the program or program staff and other clients.

Whenever persons served are assisted with the safekeeping of funds or other property, written authorization shall be obtained to do so by the legal representative and case manager.

Fraser will:

1.) Review the Financial Authorization form with the legal representative and case manager.
    a. Authorization will be obtained within 5 working days of service initiation and renewed annually thereafter.
2.) Document receipt and disbursement of the funds and property of persons served.
3.) Document any missing receipt with the Affidavit for Lost or No Receipt and/or Petty Cash slip.
4.) Annually survey, document, and implement the preferences of the person, the legal representative, and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of consumer funds or other property.
5.) Upon the transfer or death of a person, any funds or other property of the person must be surrendered to the person or the person's legal representative, or given to the executor or administrator of the estate in exchange for an itemized receipt.

Fraser staff **may not:**

1.) Borrow money from persons served.
2.) Borrow money from one client to another client; but may, if urgent, borrow money temporarily for the client from the house petty cash.
3.) Co-mingle client funds with other client funds.
4.) Purchase personal items from a person served.
5.) Sell merchandise or personal services to a person served.
6.) Require a person to purchase items for which Fraser is eligible for reimbursement.
7.) Use the Fraser Tax Exempt Certificate for the purchases of individuals receiving services.
8.) Use a person's funds in a manner that would violate State of MN fiscal expectations (256B.04).

Supervised Living, Supportive Living & Home Based Services Manual

POLICY #3: Medication/Treatment Discrepancies/Errors/Refusals

DATE ADOPTED:

DATE REVISED/REVIEWED: October 2019

Policy

Staff who are able and trained to administer medications, will administer medications and follow treatment plans per health care Professional orders and follow Fraser's Medication Support policy. If there are discrepancies, errors, or refusals, Fraser staff will follow this procedure.

Definitions:

Medication Discrepancy: A medication or treatment was administered but was not documented/charted.

Medication Error: A medication or treatment error has occurred in all of the following situations:

1.) A medication or treatment is not administered
2.) An incorrect dose of medicine is administered
3.) A treatment is administered incorrectly
4.) A medication or treatment is administered to the wrong client
5.) A medication or treatment is administered via the wrong route
6.) A medication or treatment is administered at the wrong time
7.) A medication or treatment is administered on the wrong date
8.) A medication or treatment is not administered according to Health Care Professional orders
9.) A medication or treatment is not documented according to Health Care Professional orders

Medication Refusal: The person refuses to take the medication or allow the treatment.

Purpose

The purpose of this policy is to ensure the safe administration of medication to all individuals served. It will be used to determine if a medication/treatment discrepancy, error, or refusal has

occurred, and how staff should respond and document in the event of a discrepancy, error, or refusal.

Procedure

Upon arrival to shift, staff must review all the current Medication Records to verify the correct medication/treatment administration and documentation during the shift prior to theirs. They are also to review any Health Progress Notes or Health T-Logs since the last time they worked.

When staff discovers that a Medication/Treatment has not been documented on a prior shift, they will call the staff responsible for that shift's Medications/Treatments and ask if the Medication/Treatment was given.

a.) *If the staff is unable to reach the prior shift staff person on a non-documented Medication/Treatment:*
   a. Supervised Living: Call the Nurse or Nurse On-Call for further information
   b. Supportive Living/Home-Based: Call your Supervisor. The supervisor should contact the Nurse or Nurse On-Call if there are additional questions on how to proceed.

b.) *If staff is able to reach the prior shift staff person* for clarification on a non-documented medication/treatment:
   a. and the medication/treatment **was given**, it is a **Medication/treatment discrepancy**. This requires a **Medication/treatment – Discrepancy/Error/Refusal form.** Staff should refer to the section on "immediate actions for Medication/Treatment discrepancies" in this policy.
   b. and the medication **was not given** or the treatment was **not performed as prescribed,** whether by error by staff, or the person, it is a **Medication Error.** This requires a **Medication/treatment – Discrepancy/Error/Refusal form.** Staff should refer to the section on "immediate actions for Medication/Treatment discrepancies" in this policy.
   c. and the medication **was not given** or the treatment was **not performed as prescribed,** because the person refused, this is a **Medication Refusal.** This requires a **Medication/treatment – Discrepancy/Error/Refusal form.** Staff should refer to the section on "immediate actions for Medication/Treatment discrepancies" in this policy.

Immediate Action for Medication/Treatment – Discrepancy

1.) Circle the box on the medication/treatment record
2.) Complete the medication/treatment discrepancy/error/refusal form
3.) Inform the staff from the prior shift to initial the circled box on the Medication/Treatment record upon arrival to their next scheduled shift.
4.) The staff who discovered the discrepancy must document in the Health Progress Notes or Health T-Log the events.
5.) Document the discrepancy on the back of the MAR.
6.) Place the form in the Nurse Consultation Book or Supervisor mailbox.
7.) The site coordinator will review the Medication/Treatment Discrepancy/Error/Refusal form with the staff who made the discrepancy

Immediate Action for Medication/Treatment –Error

1.) Call
    a. Supervised Living – the nurse or nurse on-call and follow their instructions
    b. Supportive Living/Home based – your supervisor and the supervisor will call the nurse for additional instructions if necessary.
2.) If the staff haven't notified the coordinator of the site or on-call coordinator, they should do so now.
3.) Circle the box on the Medication/Treatment Record
4.) Document on the back of the MAR
5.) Document the events in the Health Progress Notes or Health T-Log.
6.) Complete the Medication/Treatment Discrepancy/Error/Refusal Form
7.) Place the form in the Nurse Consultation Book or the Supervisor mailbox.
8.) The site Coordinator will review the Medication/Treatment Discrepancy/Error/Refusal form with the staff who made the error.

Immediate Action for Medication/Treatment – Refusal

1.) Call
    a. Supervised Living – the nurse or nurse on-call and follow their instructions
    b. Supportive Living/Home based – your supervisor and the supervisor will call the nurse for additional instructions if necessary.
2.) If the staff haven't notified the coordinator of the site or on-call coordinator, they should do so now.
3.) Circle the box on the Medication/Treatment Record, staff should put an "R" with their initials in the box
4.) Document on the back of the MAR
5.) Document the events in the Health Progress Notes or Health T-Log
6.) Complete the Medication/Treatment Discrepancy/Error/Refusal Form
7.) Place the form in the Nurse Consultation Book or the Supervisor mailbox.
8.) The site Coordinator will review the Medication/Treatment Discrepancy/Error/Refusal form with the staff involved in the refusal.

Immediate Action for the Discovery of a Pharmacy Error

1.) Call the nurse or nurse on call and follow their instructions
2.) Notify the Coordinator for that site or the on-call coordinator and follow their instructions
    a. The coordinator will ensure that someone calls the pharmacy

Required Follow-Up on Medication/Treatment Discrepancies, Errors, and Refusals

1.) For Discrepancies, the Site, or on-call, coordinator will:
    a. Ensure the discrepancy was documented in the Health Progress Notes or Health T-Log and the Medication/Treatment Discrepancy/Error/Refusal Form has been completed.
    b. Ensure involved staff complete the medication/treatment record upon arrival to their next scheduled shift.
    c. Review the Medication/Treatment Discrepancy/Error/Refusal Form and the plan for the involved staff and document the related training/coaching on the form.
2.) For Errors or Refusals, the Site, or on-call, coordinator will:

a. Ensure the Nurse or Nurse On-Call is notified.
b. Consult the CSSP or CSSPA to determine if a physician, guardian, or case manager needs to be notified.
c. Ensure the individual receiving services is not in danger and that they are receiving the appropriate treatment.
d. Ensure that the Medication/Treatment Discrepancy/Error/Refusal form has been completed and the error/refusal is documented in the Health Progress Notes or Health T-Log.
e. Review the Medication/Treatment Discrepancy/Error/Refusal form and the plan for the involved staff and document the related training/coaching on the form.

When there are concerns about a person's self-administration of medication(s) or treatment(s), the Designated Coordinator and/or Designated Manager, or designee, will notify the Nurse, the person's legal representative, and case manager unless otherwise noted in the CSSP or CSSPA.

Monitoring of Medication/Treatment Errors

1.) Medication/Treatment errors will be regarded as neglect when the error is part of a pattern.
2.) The Director of Community Living, or designee, will track Medication/Treatment Discrepancy/Error/Refusal forms to monitor for patterns of errors.
3.) A group of errors will be considered a pattern if **3 errors** are committed by 1 staff person within **30 days**, or **5 errors** within **60 days**.

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POLICY #4: **Medication Administration Class**

DATE ADOPTED:

DATE REVISED/REVIEWED: October 2019

Policy

Fraser employees, who are responsible for medication support, are to be competent to administer medications and treatments to implement individual Coordinator Service & Support Plans (CSSP) or Coordinator Service & Support Plan Addendums (CSSPA) for people receiving services. Staff are expected to attend and pass an approved medication administration class and observed skills demonstration test within 60 days of hire. Until these requirements are completed, Fraser employees, who are responsible for medication support, are not to receive on site orientation to individual's medications or the site Medication Administration book or medical equipment training.

Staff who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining and/or be denied the responsibility of administering medications.

Purpose

The provide employees with the expectations of passing the medication administration class.

Procedure

1.) Scheduling
   a. The Fraser trainer will schedule staff for the next available medication administration class and observed skills demonstration test that their schedule allows.
   b. Health Counseling Services has a 24 hour cancellation policy. The fee for a no-show or late cancellation is the same as the cost of the course. The employee should contact their Fraser Trainer and Fraser Supervisor immediately if they know they will need to cancel and reschedule the class.
2.) The staff will receive:
   a. Information on material to be covered, the class location and schedule.
   b. The need to arrive prior to the start time because Health Counseling Services will

not allow staff to take the class if they are late.

c. Information upon request for accommodations, as it is the staff's responsibility to inform the Fraser trainer privately of the request for an accommodation. The Fraser trainer will then discuss with the Fraser Employee Relations Team and make arrangements with Health Counseling Services, for the class, and their supervisor, for their employment at Fraser, if appropriate.

3.) After completion of the Medication Administration class and Observed Skill Demonstration:

a. If the staff **did** pass with a score of 85% or above:
    i. Staff should notify the Fraser Trainer and their Fraser supervisor of their score.
    ii. Once an employee passes the course, the employee should bring their certificate to their next shift.
    iii. Health Counseling Services will send the Fraser Trainer their certificates.
    iv. The certificates will be entered into Elan for documentation purposes.

b. If the staff did **not** pass with a score of 85% or above:
    i. The employee should contact the Fraser Trainer and their Fraser Supervisor with this information within 24 hours.
    ii. If the employee earned a score of 65% - 85%:
        1. Fraser will offer one additional opportunity to pass the course (either the full course or the review course as determined by Fraser)
        2. The employee will be scheduled by the Fraser trainer for the next available class that the employee is able to attend. Class is required to be completed within 60 days of hire.
        3. The Fraser trainer will notify the employee's supervisor with this information.
        4. The employee *may* be able to continue working/training if the employee's schedule and Fraser business needs can accommodate.
            a. If they are working, the employee is not to distribute medication before passing the course.
    iii. If the employee earned a score of 64% or less
        1. The employee should contact the Fraser trainer and their supervisor with this information within 24 hours.
        2. Fraser reserves the right to end employment, offer a different position that does not require medication support, or offer one additional opportunity to retake the full course and test.
            a. If it is determined by Fraser that the employee can retake the full course, the Fraser trainer will schedule and notify the employee and employee's supervisor with this information.
            b. If it is determined by Fraser that the employee would be a better fit for a different position, the Fraser Trainer and employer's supervisor will work with their Human Resources Representative.

c. If a staff member is offered a second opportunity to take the exam, and they do

not pass the second time, they are to notify the Fraser trainer and their Fraser Supervisor.

i. The employee *may* be offered a position that does not require medication support, or the employee *may* terminated.
ii. Fraser will not offer the opportunity to retake the course or test
iii. A representative from Human Resources will contact the employee.

Addendum

FRASER OPERATIONS MANUAL

POLICY# 2: **Maltreatment of Minors and Vulnerable Adults**

DATE ADOPTED: October 2003

DATE REVISED/REVIEWED: May, 2005; November, 2005; March, 2008; December, 2008; February, 2009; February 2010; March 2010; October 2010; January 2012; June 2012; July 2013; December 2013; August 2014; July 2015; August 2015; October 2018; October 2020

APPROVED BY: _____ _____
President / Chief Executive Officer Date

_____ _____
Executive Vice President / Chief Operating Officer Date

Policy

Children and adults receiving Fraser services will be assisted in maximizing their abilities and realizing their potentials in an environment free from maltreatment and in compliance with licensing requirements, including the Maltreatment of Minors Act, Minnesota Statute 626.556, the Vulnerable Adults Act, Minnesota Statute 626.557, and chapter 260E. Fraser requires staff, volunteers and others representing the organization to report suspected maltreatment of minors and vulnerable adults.

For Fraser School, this policy should be viewed in conjunction with the DHS form regarding maltreatment in child care settings. This form can be found in Appendix F of this policy.

Purpose

To be in compliance with licensing requirements, including the Maltreatment of Minors Act, Minnesota Statute 626.556, the Vulnerable Adults Act, Minnesota Statute 626.557, and chapter 260E.

Procedures

1. Services shall be developed to reduce or eliminate the likelihood of maltreatment, while respecting each child's or vulnerable adult's right to take risks typically associated with the process of personal development and ability to engage fully in life's activities.
2. Children and vulnerable adults receiving services licensed under Minnesota Statute 245D consolidated standards and/or their legal representatives shall receive orientation on this policy, which includes Fraser's internal and external maltreatment reporting procedures and telephone numbers to report maltreatment to designated counties and State agencies.
3. This policy, definitions of maltreatment of minors and/or vulnerable adults, internal and external reporting procedures and the phone numbers to report maltreatment in designated counties and state agencies will be located in the Operations Manual. This information will be made available to people receiving services, their legal representatives, caregivers, volunteers and consultants upon initiation of Fraser services and upon request. The policy will be posted at each Fraser location.
4. Fraser employees, volunteers and/or consultants, who engage in social services and have responsibility for children and/or vulnerable adults, are mandated to report suspected maltreatment of minors and/or vulnerable adults immediately.
5. They will receive training on the definitions of maltreatment of minors and vulnerable adults, and how to report suspected maltreatment to designated county and state agencies, within orientation timelines established by each program's regulatory guidelines. Additional training will occur thereafter in accordance with each program's regulatory guidelines.
6. For programs regulated under Minnesota Statute 245D, new staff will receive training within 72 hours of first providing direct contact services to a minor or vulnerable adult and annually thereafter. The initial training and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, section 626.557 and 626.5572, definitions under chapter 260E, and the requirements of Minnesota Statutes, section 245A.65 the program's "Program Abuse Prevention Plan," and all Fraser policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.
7. Fraser will document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified in Minnesota Statute 626.556 Maltreatment of Minors and Minnesota Statute 626.5572 Maltreatment of Vulnerable Adults and Minnesota Statute 245A.04, subdivision 14.
8. Fraser employees, volunteers and/or consultants shall cooperate with internal and external investigations of suspected maltreatment.
9. Fraser and its employees, volunteers, and/or consultants shall not retaliate against, or be subject to, retaliation for reporting suspected maltreatment. It is also a violation of this policy to retaliate in any way against anyone who has reported in good faith suspected maltreatment. If an employee, volunteer or consultant believes he or she has been retaliated against, the employee should report the retaliation promptly to a supervisor or Human Resources.

Reporting Requirements for Suspected Maltreatment of Minors

General Reporting Procedure for Minors

1. Fraser's employees, volunteers and/or consultants who know or have reason to believe a minor is being maltreated within the preceding three years, are mandated to verbally report the information to an external agency immediately. The responsibility to report cannot be shifted to a supervisor or anyone else at Fraser.
2. If a child is in immediate danger or abandoned, immediately contact the police department by calling 9-1-1 or local law enforcement.
3. Any employee who suspects maltreatment of a child is responsible for immediately making an external report to the proper agency by following the external reporting procedure outlined below. If the report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern Fraser, call the Department of Human Services, Licensing Division at 651-431-6500.
4. If the suspected maltreatment occurred in a licensed program, a follow-up written report of suspected maltreatment of a minor must be submitted to the DHS Licensing Division within 72 hours of first knowledge of the incident, exclusive of weekends or holidays.
5. The employee **may** make an additional internal report by using the Internal Reporting Procedure, outlined below, which allows Fraser to immediately take corrective action and implement a thorough internal investigation. While it is the strong preference of Fraser that suspected maltreatment is reported using this procedure, employees, volunteers and/or consultants may make external reports of suspected maltreatment without fear of reprisal by Fraser.
6. The employee making the report should inform a supervisor of the situation in accordance with incident reporting policy and procedures.
7. A mandated reporter who fails to report suspected maltreatment of a minor is guilty of a misdemeanor.
8. Failure to report suspected maltreatment of a minor may result in disqualification from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.
9. All reports, whether internal or external, shall include:
    a. Enough information to identify the minor,
    b. Enough information to identify any persons responsible for the abuse (if known),
    c. The nature and extent of the suspected maltreatment or licensing violations,
    d. Any evidence of previous maltreatment,
    e. Name and address of the reporter,
    f. The time, date and location of the incident,
    g. For reports concerning suspected neglect or abuse occurring at Fraser, the report should include any actions taken by Fraser in response to the incident, and
    h. Any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

External Reporting Procedure for Minors

1. Under the law, employees, volunteers, and/or consultants may make external reports of suspected maltreatment directly to DHS Licensing Division's Maltreatment Intake Line, 651-431-6600.
2. For suspected maltreatment within the community or family, contact the Child Protection Department in the county in which the suspected maltreatment occurred. A follow-up

report should be made to the person's host county, if it is different from the county in which the maltreatment occurred. County Child Protection Intake phone numbers are listed in Appendix A of this policy.

3. For suspected maltretament occurring within a public school setting, contact the Minnesota Department of Education at 651-582-8546.
4. External reports shall include:
    a. The name and date of birth of the minor,
    b. The address and telephone number of the minor,
    c. The nature of the maltreatment, including the physical/emotional condition of the minor,
    d. Pertinent dates and times,
    e. Knowledge of any history of maltreatment,
    f. The name, phone number and address of the reporter,
    g. The name, address and phone number of the person suspected of maltreatment, and
    h. Other information that would explain the incident and assist in a thorough investigation.
5. Within 24 hours of reporting maltreatment as required under section 626.556 or 626.557, the license holder must inform the consumer's legal representative and case manager of the report unless there is reason to believe that the legal representative or case manager is involved in the suspected maltreatment
6. The information the license holder must disclose includes the nature of the activity or occurrence reported, the agency that receives the report, and the telephone number of the department of human services licensing division.

Internal Reporting Procedure for Minors

1. The employee, volunteer and/or consultant reports suspected maltreatment to the employee designated in charge of the program where the person receives services:
    a. *Career Planning and Employment* – report to the Director of Career Planning and Employment
        i. If the Director of Career Planning and Employment is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Vice President of Education, Housing and Community Supports.
        ii. If the Vice President of Education, Housing and Community Supports is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
        iii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.
    b. *Fraser Autism Center of Excellence* – report to the immediate supervisor
        i. If the immediate supervisor is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Service Lead who supervises the area.

ii. If the Service Lead is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Fraser Autism Center of Excellence.
iii. If the Director of Fraser Autism Center of Excellence is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
iv. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.

c. *Fraser Mental Health* – report to the immediate supervisor
   i. If the immediate supervisor is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Clinical Site Supervisor or Program Lead.
   ii. If the Clinical Site Supervisor or Program Lead is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Mental Health.
   iii. If the Director of Mental Health is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
   iv. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.

d. *Fraser Supervised Living* – report to the Program Coordinator or Designated House Coordinator.
   i. If the Program Coordinator or Designated House Coordinator is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Assistant Director.
   ii. If the Assistant Director is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Community Living.
   iii. If the Director of Community Living is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
   iv. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.

e. *Fraser School* – report to the Assistant Director or coordinators of Fraser School
   i. If the Assistant Director or a coordinator is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Fraser School.

ii. If the Director is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
iii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.

f. *Community Living* – report to the Coordinator or Program Manager
   i. If the Coordinator or Program Manager is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Community Living.
   ii. If the Director of Community Living is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President / Chief Operation Officer.
   iii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.

g. *Pediatric Therapy* – report to the Director of Pediatric Therapy or designee
   i. If the Director of Pediatric Therapy or designee is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
   ii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.

2. The supervisor who received the report will direct the reporter to complete an Incident Report.
3. The supervisor of an employee, consultant, and/or volunteer suspected of maltreatment will take immediate steps with the employee, volunteer and/or consultant to assure protection of minors receiving services.
4. The supervisor who received the report will consult with the next level supervisor to determine whether the incident requires external reporting to the Child Protection Department or DHS Licensing Division's Maltreatment Intake Line at 651-431-6600.
5. If it is determined the incident requires reporting, the supervisor who received the report will verbally report suspected maltreatment to the Child Protection Department, DHS Licensing Division's Maltreatment Intake Line (651-431-6600) immediately within 24 hours of first knowledge of the incident, even if the internal investigation is not completed.
   a. When a verbal report of maltreatment of a minor is made to the DHS Licensing Division's Maltreatment Intake Line, a written report shall also be submitted to the DHS Licensing Division within 72 hours of first knowledge of the incident, exclusive of weekends or holidays.

Internal Investigation Review Procedure for Minors

1. Following an internal or external report of suspected maltreatment, the Division Director or designee will complete an internal investigation review of the incident within 30 calendar days.
    a. If the Division Director or designee is suspected of maltreatment, the Executive Vice President/Chief Operating Officer shall conduct and complete an internal investigation.
    b. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the President/Chief Operations Officer shall conduct and complete an internal investigation.
2. The director of the internal review or the director's designee will assure that corrective action has been taken as necessary to protect the health and safety of minors when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.
3. Based on the results of this review, the director or designee will develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or Fraser, if any.
4. The internal review checklist will include an evaluation of whether:
    i. Related policies and procedures were followed,
    ii. Policies and procedures were adequate,
    iii. There is need for additional staff training,
    iv. The reported event is similar to past events with the minor or the services involved, and
    v. Whether there is a need for any further corrective action to be taken by the program to protect the health and safety of minors.
5. The internal review checklist will also include:
    i. Name of the minor,
    ii. Date of birth of the minor,
    iii. Date of the incident of possible maltreatment,
    iv. Persons involved,
    v. Persons interviewed,
    vi. Persons and agencies notified,
    vii. Summary of findings,
    viii. Corrective actions taken,
    ix. Name and title of person completing the report, and
    x. Signature of person completing the report.
6. Documentation of internal investigation reviews must be made immediately available to the commissioner of the Minnesota Department of Health Services upon the commissioner's request. The documentation provided to the commissioner will include the completed internal review checklist that verified completion of the requirements of the internal review.
7. Documentation of internal investigation reviews and external investigations will be maintained by division directors.
    a. If the division director is suspected of maltreatment, the Executive Vice President/Chief Operating Officer will maintain the documents.
    b. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the President/Chief Executive Officer will maintain the documents.

8. If a minor dies as a result of suspected maltreatment, the division director or designee will immediately notify the county's medical examiner regarding the suspicion of maltreatment.

Reporting Requirements for Suspected Maltreatment of Vulnerable Adults

General Reporting Procedure for Vulnerable Adults

1. Employees, volunteers and/or consultants of Fraser who have reason to believe a vulnerable adult is being or has been maltreated, or have knowledge a vulnerable adult has sustained a serious unexplained injury, are mandated to verbally report the information immediately. Immediately means as soon as possible, but no more than 24 hours from the time initial knowledge that the incident occurred has been received.
2. If a vulnerable adult is in immediate danger, immediately contact the police department by calling 9-1-1.
3. Therapeutic errors resulting in injuries, which reasonably require the care of a physician, are also mandated to be reported.
4. Suspected maltreatment of a vulnerable adult is reported verbally or online to the Minnesota Adult Abuse Reporting Center (MAARC).
5. Mandated reporters must assure suspected maltreatment is reported to the MAARC. There are two ways in which maltreatment may be reported:
    a. Externally by contacting the MAARC directly by phone at 844-880-1574 or online at http://mn.gov/dhs/reportadultabuse/.
    b. Internally by using the Internal Reporting Procedure, which allows Fraser to immediately take corrective action and implement a thorough internal investigation. While it is the strong preference of Fraser that suspected maltreatment is reported using this procedure, employees, volunteers and/or consultants may make external reports of suspected maltreatment without fear of reprisal by Fraser.
6. A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.
7. Failure to report serious or recurring maltreatment of a vulnerable adult may result in disqualification from employment by the Minnesota Department of Human Services (MDHS)
8. All reports, whether internal or external, shall include:
    a. Enough information to identify the vulnerable adult,
    b. Enough information to identify the caregiver,
    c. The nature and extent of the suspected maltreatment,
    d. Any evidence of previous maltreatment,
    e. Name and address of the reporter,
    f. The time, date and location of the incident, and
    g. Any other information that the reporter believes might be helpful in investigating the suspected maltreatment.
9. Division specific policies may include additional written reporting.

External Reporting Procedure for Vulnerable Adults

1. Under the law, employees, consultants, and/or volunteers may make external reports of suspected maltreatment directly to the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574 or http://mn.gov/dhs/reportadultabuse/.

2. External reports shall include:
    a. The name and date of birth of the vulnerable adult,
    b. The address and telephone number of the vulnerable adult,
    c. The nature of the maltreatment,
    d. Pertinent dates and times,
    e. Knowledge of any history of maltreatment,
    f. The name, phone number and address of the reporter,
    g. The name, address and phone number of the person suspected of maltreatment, and
    h. Other information that would explain the incident and assist in a thorough investigation.
3. Within 24 hours of reporting maltreatment as required under Minnesota Statute Section 626.557, the license holder must inform the vulnerable adult's legal representative and case manager of the report unless there is reason to believe that the legal representative or case manager is involved in the suspected maltreatment.
4. The information the license holder must disclose is the nature of the activity or occurrence reported, the agency that receives the report, and the telephone number of the Minnesota Adult Abuse Reporting Center, 844-880-1574.

Internal Reporting Procedure for Vulnerable Adults

1. The employee, consultant and/or volunteer reports suspected maltreatment to the employee designated in charge of the program where the person receives services:
    a. *Career Planning and Employment* – report to the Director of Career Planning and Employment
        i. If the Director of Career Planning and Employment is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Vice President of Education, Housing and Community Supports.
        ii. If the Vice President of Education, Housing and Community Supports is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
        iii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.
    b. *Fraser Autism Center of Excellence* – report to the immediate supervisor
        i. If the immediate supervisor is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the Service Lead who supervises the area.
        ii. If the Service Lead is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the Director of Fraser Autism Center of Excellence.
        iii. If the Director of Fraser Autism Center of Excellence is suspected of maltreatment, the employee, consultant, and/or volunteer will report

suspected maltreatment to the Executive Vice President/Chief Operating Officer.

iv. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant, and/or volunteer will report suspected maltreatment to the President/Chief Operating Officer or designee.

c. *Fraser Mental Health* – report to the immediate supervisor
    i. If the immediate supervisor is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the clinical site supervisor or program lead.
    ii. If the Clinical Site Supervisor or Program Lead is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Mental Health.
    iii. If the Director of Mental Health is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
    iv. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.
d. *Fraser Supervised Living* – report to the Program Coordinator or Designated House Coordinator
    i. If the Program Coordinator or Designated House Coordinator is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Assistant Director.
    ii. If the Assistant Director is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Community Living.
    iii. If the Director of Community Living is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
    iv. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Operating Officer.
e. *Supportive Living* – report to the Coordinator or Program Manager
    i. If the Coordinator or Program Manager is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Community Living.
    ii. If the Director of Community Living is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
    iii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the President/Chief Executive Officer or designee.
f. *Independent Living* – report to the Property Manager

i. If the Property Manager is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Director of Community Living.
ii. If the Director of Community Living is suspected of maltreatment, the employee, consultant and/or volunteer will report suspected maltreatment to the Executive Vice President/Chief Operating Officer.
iii. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the employee, volunteer and/or consultant will report suspected maltreatment to the President/Chief Executive Officer.

2. The supervisor who received the report will direct the reporter to complete an Incident Report.
3. The supervisor of an employee, consultant and/or volunteer suspected of maltreatment will take immediate steps with the employee, volunteer and/or consultant to assure protection of the vulnerable adults receiving services.
4. The supervisor who received the report will consult with the next level supervisor to determine whether the incident requires external reporting to the MAARC.
    a. If the next level supervisor is suspected of maltreatment, the consultation shall occur with the next level supervisor.
5. If it is determined the incident requires reporting, the supervisor who received the report will verbally report suspected maltreatment to the MAARC immediately within 24 hours of first knowledge of the incident, even if the internal investigation is not completed.
6. The supervisor who received a report of maltreatment of a vulnerable adult will provide written notice to the mandated reporter, in a way that protects the confidentiality of the reporter, within two working days of the date of the incident, indicating whether or not the MAARC was notified of the incident. The notice will include:
    a. Whether the incident was reported to the MAARC,
    b. The date and time the incident was reported,
    c. Advice for the mandated reporter that if the mandated reporter was not satisfied with the action taken by Fraser, the mandated reporter could contact the outside agency directly, and
    d. A statement that Fraser may not stop mandated reporters from choosing to report the incident to an external agency, or take retaliatory action against a mandated reporter who reports the incident to an outside agency in good faith.
7. The supervisor who received the report will notify the Division Director whenever an internal report of suspected maltreatment is made, and will indicate whether an external report was made.
    a. If the Division Director is suspected of maltreatment, the Executive Vice President/Chief Operating Officer shall be notified.
    b. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the President/Chief Executive Officer will be notified.

Internal Investigation Review Procedure for Adults

1. Following an internal or external report of suspected maltreatment; the Division Director or designee will complete an internal investigation review of the incident as soon as possible and at a maximum within 30 calendar days.

a. If the Division Director or designee is suspected of maltreatment, the Executive Vice President/Chief Operations Officer shall conduct and complete an internal investigation.
b. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the President/Chief Executive Officer shall conduct and complete an internal investigation.
c. The director of the internal review or the Director's designee will assure that corrective action has been taken as necessary to protect the health and safety of the vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.
d. Based on the results of the review, the Director or designee will develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.
e. The internal review checklist will include an evaluation of whether:
    i. Related policies and procedures were followed,
    ii. Policies and procedures were adequate,
    iii. There is a need for additional staff training,
    iv. The reported event is similar to past events with the vulnerable adult or the services involved,
    v. Whether there is a need for any further corrective action to be taken by the program to protect the health and safety of vulnerable adults.
f. The internal review checklist will also include:
    i. Name of the vulnerable adult,
    ii. Date of birth of the vulnerable adult,
    iii. Date of the incident of possible maltreatment,
    iv. Persons involved,
    v. Persons interviewed,
    vi. Persons and agencies notified,
    vii. Summary of findings,
    viii. Corrective actions taken,
    ix. Name and title of person completing the report,
    x. Signature of the person completing the report, and
    xi. Date the report is complete.

2. Documentation of internal investigation reviews will be made available to the commissioner of the Minnesota Department of Human Services immediately upon the commissioner's request. The documentation provided to the commissioner will include the completed internal review checklist that verified completion of the requirements of the internal review.
3. Documentation of internal investigation reviews and external investigations will be maintained by division directors.
    a. If the Division Director is suspected of maltreatment, the Executive Vice President/Chief Operating Officer will maintain the documents.
    b. If the Executive Vice President/Chief Operating Officer is suspected of maltreatment, the President/Chief Executive Officer will maintain the documents.

4. If a vulnerable adult dies as a result of suspected maltreatment, the division director or designee will immediately notify the county's medical examiner regarding the suspicion of maltreatment.

Appendix A
Child Protection Intake Phone Numbers

Department of Human Services,
Licensing Division's Maltreatment Intake Line **651-431-6600**

Minnesota Department of Education **651-582-8546**

Child Protection Intake Phone Numbers

COUNTY	*DAY*	*EVENING/WEEKEND*
Anoka County	763-422-7125	763-427-1212
Carver County	952-361-1600	952-361-1212
Dakota County	952-891-7459	952-891-7171
Hennepin County	612-348-3552	612-348-3552
Ramsey County	651-266-4500	651-291-6795
Washington County	651-430-6484	651-291-6795

Appendix B
Phone Number and Online Reporting for Vulnerable Adults

Minnesota Adult Abuse Reporting Center	**844-880-1574**
Online Report	**mn.gov/dhs/reportadultabuse/**

Appendix C
Definitions of Maltreatment of Minors, Minnesota Statutes 260E

Maltreatment of Minors Act: A Minnesota law that intends to:
a.) Protect children and promote child safety;
b.) Strengthen family;
c.) Make the home, school, and community safe for children by promoting responsible child care in all settings; and
d.) Provide, when necessary, a safe temporary or permanent home environment for maltreated children.

Mandatory Reporter: A person who knows or has reason to believe a child is being maltreated, or has been maltreated within the preceding three years. ***Fraser employees, volunteers and/or consultants are mandated reporters and must report suspected maltreatment of minors.***

Maltreatment of minors: Physical abuse, neglect or sexual abuse

Accidental: Accidental means a sudden, not reasonably foreseeable, and unexpected occurrence or event that:

1. Is not likely to occur and could not have been prevented by exercise of due care; and
2. If occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Child Fatality: Child fatality means the death of a child from maltreatment.

Commissioner: Commissioner means the commissioner of human services unless otherwise indicated.

Egregious Harm: Egregious harm means harm under section 260C.007, subdivision 14 (GET DEF)

Facility. Facility means:

1. A licensed or unlicensed day care facility, certified license-exempt child care center, residential facility, agency, hospital, sanitarium, or other facility or institution required to be licensed under sections 144.50 to 144.58, 241.021, or 245A.01 to 245A.16, or chapter 144H, 245D, or 245H;
2. A school as defined in section 120A.05, subdivisions 9, 11, 13, and chapter 124E, subdivision 19a.

Family Assessment: Family assessment means a comprehensive assessment of child safety, risk of subsequent maltreatment, and family strengths and needs that is applied to a maltreatment report that does not allege sexual abuse or substantial child endangerment. Family assessment does not include a determination as to whether maltreatment occurred but does determine the need for services to address the safety of family members and the risk of subsequent maltreatment.

Findings and Information: Findings and information means a written summary described in sections 260E.35, subdivision 7, paragraph (b), of actions taken or services rendered by a local welfare agency following receipt of a report.

Immediately: Immediately means as soon as possible but in no event longer than 24 hours.

Interested Person Acting on Behalf of the Child: Interested person acting on behalf of the child means a parent or legal guardian; stepparent; grandparent; guardian ad litem; adult stepbrother, stepsister, or sibling; or adult aunt or uncle; unless the person has been determined to be the offender who committed the maltreatment.

Investigation: Investigation means fact gathering conducted during:

1. A family investigation related to the current safety of a child and the risk of subsequent maltreatment that determines whether maltreatment occurred and whether child protective services are needed; or
2. A facility investigation related to duties under section 260E.28.

Maltreatment: Maltreatment means any of the following acts or omissions:

1. Egregious harm under subdivision 5;
2. Neglect under subdivision 15;
3. Physical abuse under subdivision 18;
4. Sexual abuse under subdivision 20;
5. Substantial child endangerment under subdivision 22;
6. Threatened injury under subdivision 23;
7. Mental injury under subdivision 13; and
8. Maltreatment of a child in a facility.

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

Near Fatality: Near fatality means a case in which a physician, advanced practice registered nurse, or physician assistant determines that a child is in serious or critical condition as the result of sickness or injury caused by maltreatment.

Neglect:

1. Failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
2. Failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

3. Failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
4. Failure to ensure that the child is educated as defined in Minnesota Statutes section 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A. 091, subdivision 5;
5. Prenatal exposure to a controlled substance, as defined in Minnesota Statute section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at deliver or the child at birth, or medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
6. Medical neglect is defined in Minnesota Statutes section 260C.007, subdivision 6, clause (5) is medically neglected, which includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. The term "withholding of medically indicated treatment" means the failure to respond to the infant's life-threatening conditions by providing treatment, including appropriate nutrition, hydration, and medication which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician's or physicians' reasonable medical judgment:
    a. The infant is chronically and irreversibly comatose;
    b. The provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; or
    c. The provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane;
7. Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or
8. Emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.
9. Nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care. This chapter does not impose upon persons, not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care, a duty to provide that care;

Person in a current or recent position of authority: Person in a current or recent position of authority means an individual in a position of authority over a child and inclused but is not limited to any person who is a parent or acting in the place of a parent and charged with any of a parent's rights, duties, or responsibilities to a child, or a person who is charged with any duty or responsibility for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, within 120 days immediately preceding the act. Person in a position of authority includes a psychotherapist.

Person Responsible for the Child's Care: Person responsible for the child's care means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employee or agent, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

Physical Abuse:

1. Any physical injury, mental injury (under subdivision 13), or threatened injury (under subdivision 23), inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under Minnesota Statutes section 125A.0942 or 245.825.
2. Actions which are not reasonable and moderate include, but are not limited to, any of the following:
    a. Throwing, kicking, burning, biting, or cutting a child;
    b. Striking a child with a closed fist;
    c. Shaking a child under age three;
    d. Striking or other actions which result in any non-accidental injury to a child under 18 months of age;
    e. Unreasonable interference with a child's breathing;
    f. Threatening a child with a weapon, as defined in Minnesota Statutes section 609.02, subdivision 6;
    g. Striking a child under age one on the face or head;
    h. Striking a child who is at least age one but under age four on the face or head, which results in an injury;
    i. Purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury or subjects the child to medical procedures that would be unnecessary if the child were not exposed to substances;
    j. Unreasonable physical confinement or restraint not permitted under Minnesota Statute section 609.379, including but not limited to tying, caging, or chaining; or
    k. In a school facility or school zone, an act by a person responsible for the child's care that is a violation under section Minnesota Statute section 121A.58.

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

Report: Report means any communication received by the local welfare agency, police department, county sheriff, or agency responsible for the child protection pursuant to this section that describes maltreatment of a child and contains sufficient content to identify the child and any person believed to be responsible for the maltreatment, if known.

Sexual Abuse:

1. The subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a position of current or recent authority, to any act which constitutes a violation of Minnesota Statute section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree).
2. Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under Minnesota Statute sections 609.321 to 609.324 or 617.246. Sexual abuse also includes all reports of known or suspected sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration as an offender under Minnesota Statute section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under Minnesota Statute section 243.166, subdivision 1b, paragraph (a) or (b).

Significant Relationship: Significant relationship means a situation in which the alleged offender is:

1. The child's parent, stepparent, or guardian;
2. Any of the following persons related to the child by blood, marriage, or adoption: brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great aunt; or
3. An adult who jointly resides intermittently or regularly in the same dwelling as the child and who is not the child's spouse.

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

1. Egregious harm under subdivision 5;
2. Abandonment under section 260C.301, subdivision 2;
3. Neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. Murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

5. Manslaughter in the first or second degree under section 609.20 or 609.205;
6. Assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
7. Solicitation, inducement, and promotion of prostitution under 609.322;
8. Criminal sexual conduct under sections 609.342 to 609.3451;
9. Solicitation of children to engage in sexual conduct under 609.352;
10. Malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
11. Use of a minor in sexual performance under section 617.246; or
12. Parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Threatened Injury: Means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:

1. Subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
2. Been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
3. Committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
4. Committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 206C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.

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

Appendix D
Definitions of Maltreatment of Vulnerable Adults, Minnesota Statutes 626.557

Vulnerable Adults Act: A Minnesota law that provides protection for vulnerable adults.

Vulnerable Adult: 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 Minnesota Statutes section 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 paragraph (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 assistant services under the medical assistance program as authorized under Minnesota Statute sections 256B.04, subdivision 16, 256B. 0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 2565B.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: 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 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.
5. Care of services means care or services for the health, safety, welfare, or maintenance of an individual.

Minnesota Adult Abuse Reporting Center (MAARC): The single entity responsible for accepting initial phone reports of suspected maltreatment of vulnerable adults. The MAARC is run by Minnesota's Department of Human Resources.

Mandated Reporter: A professional or professional's delegate while engaged in (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in Minnesota Statutes section 214.01, subdivision 2; (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner. **Fraser employees, consultants and/or volunteers are mandated to report suspected maltreatment of vulnerable adults and therapeutic errors resulting in injury.**

Maltreatment of a Vulnerable Adult: The abuse, neglect, or financial exploitation of a vulnerable adult.

Abuse:

1. An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:
    a. Assault in the first through fifth degrees as defined in Minnesota Statutes sections 609.221 to 609.224;
    b. The use of drugs to injure or facilitate crime as defined in Minnesota Statute section 609.235;
    c. The solicitation, inducement, and promotion of prostitution as defined in Minnesota Statutes section 609.322; and
    d. 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.
2. Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
    a. Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
    b. Use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
    c. Use of an aversive or deprivation procedure for persons with developmental disabilities or related conditions not authorized under Minnesota Statutes section 245.825.
3. Any sexual contact or penetration as defined in Minnesota Statutes section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.
4. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.
5. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under Minnesota Statue sections 144.651. 144A.44, chapter 145B, 145C, or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with the authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:
    a. A vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
    b. A caregiver to offer or provide or refuse to offer or provide therapeutic conduct.
6. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for

treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

7. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
    a. A person, including a facility staff person, when consensual sexual personal relationship existed prior to the caregiving relationship; or
    b. A personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.
8. For the purpose of this section, a vulnerable adult is not abused if the vulnerable adult engages in self injurious behavior that does not cause serious harm or the vulnerable adult engages in physical or verbal aggression with another vulnerable adult and neither person is seriously harmed. Serious harm is often indicated by the need for treatment by a medical professional.

Accident:

A sudden, unforeseen, and unexpected occurrence or event which:

1. Is not likely to occur and which could not have been prevented by exercise of due care; and
2. If occurring while a vulnerable adult is receiving services from a facility, happens when a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

Financial Exploitation:

1. A person, 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 Minnesota Statutes section 144.6501, who:
    a. 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
    b. Fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.
2. In the absence of legal authority a person:
    a. Willfully uses, withholds, disposes of funds or property of a vulnerable adult;
    b. Obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
    c. Acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or

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

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

Neglect:

1. The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
    a. Reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
    b. Which is not the result of an accident or therapeutic conduct.
2. The absence or likelihood of absence of care or services, including but not limited to: food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.
3. For purposes of this definition, a vulnerable adult is not neglected for the sole reason that:
    a. The vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under Minnesota Statutes sections 144.651. 144A.44, Chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:
        i. A vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
        ii. A caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
    b. The vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
    c. The vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
        i. A person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or
        ii. A personal care attendant, regardless of whether the consensual sexual relationship existed prior to the caregiving relationship; or

d. An individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or
e. An individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:
    i. The necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult,
    ii. If after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition,
    iii. The error is not part of a pattern of errors by the individual,
    iv. If in a facility, the error is immediately reported as required under Minnesota Statutes section 626.557 and recorded internally in the facility,
    v. If in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and
    vi. If in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and
    vii. If in a facility, the actions required under terms (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.
g. If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken , then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under Minnesota Statutes section 626.557, subdivision 9c, paragraph (c).

Therapeutic Conduct:
The provision of program services, health care, other personal care or services done in good faith in the interests of the vulnerable adult by:

1. An individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by the state license, certification, or registration; or
2. A caregiver.

Therapeutic Error Resulting in Injury:
An error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician and:

1. The necessary care is provided in a timely fashion as dictated by the condition of the person.
2. After receiving care, the health status of the person can be reasonably expected, as determined by the attending physician, to be restored to the person's preexisting condition.
3. The error is not part of a pattern of errors by the individual.
4. The error is immediately reported internally and documented by the caregiver.
5. Corrective action is identified and implemented to reduce the risk of further occurrence of the error and similar errors.
6. Corrective actions taken are documented sufficiently for review and evaluation.

Therapeutic Error without Injury:
An error in the provision of therapeutic conduct to a vulnerable adult, which does not result in injury or harm reasonably requiring medical or mental health care.

Unexplained Injuries:
A physical injury that cannot be reasonably explained.

Appendix E
When a Report Is Not Required For Vulnerable Adults

The Maltreatment of Vulnerable Adults Act, Minnesota Statute Section 626.557 subdivision 3a, does not require reports in the following circumstances:

1. When federal law specifically prohibits a person from disclosing patient identifying information in connection with a report of suspected maltreatment, unless the vulnerable adult, or the vulnerable adult's guardian, conservator, or legal representative, has consented to disclosure in a manner which conforms to federal requirements.
2. When verbal or physical aggression occurs between patients, residents, or clients of a facility, or self-abusive behavior by these persons does not constitute abuse unless the behavior causes serious harm. The operator of the facility or a designee shall record incidents of aggression and self-abusive behavior to facilitate review by licensing agencies and county and local welfare agencies.
3. Accidents as defined in Appendix D to the Fraser Maltreatment of Minors and Vulnerable Adults Policy and at Minnesota Statutes Section 626.5572, subdivision 3.
4. Events occurring in a facility that result from an individual's error in the provision of therapeutic conduct to a vulnerable adult, as provided in Appendix D and at Minnesota Statutes Section 626.5572, subdivision 17.
5. When there is a transfer of money or property by gift or as compensation for services rendered.

Appendix F
Fraser School - Maltreatment of Minors Mandated Reporting DHS Form

MALTREATMENT OF MINORS MANDATED REPORTING
POLICY FOR DHS LICENSED PROGRAMS

Who Should Report Child Abuse and Neglect

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

Where to Report

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at (612) 348-3552 or local law enforcement at (612) 861-9800.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at (651) 431-6500.

What to Report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to Report

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Retaliation Prohibited

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

Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

(i) related policies and procedures were followed;

(ii) the policies and procedures were adequate;

(iii) there is a need for additional staff training;

(iv) the reported event is similar to past events with the children or the services involved; and

(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

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

The internal review will be completed by the Division Director. If this individual is involved in the alleged or suspected maltreatment, Executive Vice President/Chief Operating Officer will be responsible for completing the internal review.

Documentation of the Internal Review

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

Corrective Action Plan

Based on the results of the internal 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 individuals or the license holder, if any.

Staff Training

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

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

This information can be found in the Fraser School Staff & Client Handbooks. The policy is accompanied by Appendix D of this policy to provide definitions.