

Career Planning & Employment Services
Updated Policies Adopted December 2019

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INDIVIDUAL RIGHTS AND RESPONSIBILITIES

Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D. Fraser will ensure that the person's rights in the services provided by Fraser and as authorized in the *Coordinated Service and Support Plan* are exercised and protected by all staff of Fraser including subcontractors, temporary staff, and volunteers. This document will be provided to each person served and/or their legal representative as a written notice at service initiation and annually thereafter. Upon request, Fraser will make reasonable accommodations to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative.

Only to protect the person's health, safety, and well-being can these rights be restricted. If they are or will be restricted, the person will receive an explanation of what the right restriction means and Fraser must document and implement the restriction according to MN Statutes, chapter 245D. If they are or will be restricted, Fraser will support me in getting my rights returned to me as soon as possible.

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

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

We encourage you to let Fraser know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

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

Fraser encourages you to notify us of your needs, interests, preferences, and desired outcomes so we may be able improve the services to you and to the best of our ability.

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

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

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

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

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

Fraser's *Policy and Procedure on Admission* contains information on our admission criteria. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the *Policy and Procedure on Temporary Service Suspension* and the *Policy and Procedure on Service Termination*. You will always receive an explanation, in a way that you can understand, of what is occurring and why.

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

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

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

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

8. **Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.**
Services provided to you by Fraser will be charged to the correct payment source. If you are responsible to pay for some of your services, we will work with you and your team on how that process will occur.
9. **Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.**
The services you receive from Fraser will be provided by staff that have received training and are competent to provide you with services as directed by the *Coordinated Service and Support Plan* and *Coordinated Service and Support Plan Addendum*.

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

1. **Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.**
Your information will be private at all times except for case consultation, treatment, and discussion. Fraser will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery.
2. **Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.**
You may access your records or have copies. Fraser will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.
3. **Be free from maltreatment.**
You have the right to live without the fear of abuse, neglect, or financial exploitation. If any of these were to occur, Fraser has policies and procedures in place to help protect your ongoing safety and the safety of others.
4. **Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedure identified in section 245D.06, subd. 5 or successor provisions, except for: (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in 245D.061 or successor provisions or (ii) the use of safety interventions as part of a positive support transition plan under section 245D.06, subd. 8 or successor provisions.**
Staff are trained on positive support strategies, not using prohibited procedures according to state law, and that you have the right to be free from coercion.
5. **Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.**
We value maintaining the service or program site in a clean and safe environment. If you have concerns regarding the service site, please notify your staff who will take your concern seriously and will notify appropriate personnel.
6. **Be treated with courtesy and respect and receive respectful treatment of the person's property.**
Staff will do all that they can to respect you as an individual and other aspects of your life including your property. If you feel that you or your property are not being treated with courtesy and respect by Fraser, staff, or other individuals; please notify the staff.
7. **Reasonable observance of cultural and ethnic practice and religion.**
You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice.

- 8. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.**
You are a unique person and have the right to live, work, and engage in environments free of bias and harassment.
 - 9. Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.**
At any time, you may contact your legal representative, case manager, an advocate, or someone within Fraser if you are not satisfied with services being provided in order to make a formal complaint.
 - 10. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.**
Should you choose to voice a grievance, you will not be retaliated against. Please see the list of contact information for protection and advocacy agencies at the end of the *Policy and Procedure on Grievances*.
 - 11. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.**
We will support you in actively asserting your rights. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.
 - 12. Give or withhold written informed consent to participate in any research or experimental treatment.**
You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. You may consult with your legal representative or other support team members before making a final informed consent or refusal.
 - 13. Associate with other persons of the person's choice.**
You may choose to spend time with others of your choice and to have private visits with them. If someone wants to visit with you, you have the right to meet or refuse to meet with them.
 - 14. Personal privacy including the right to use the lock on the person's bedroom or unit door.**
You have the right to privacy to the level you choose including the use of a lock on your bedroom door or unit.
 - 15. Engage in chosen activities.**
You have the right to choose, refuse, or engage in the activities planned by you, your family, your support team, staff and other persons. You also can choose your services, schedule, and people with whom you spend time and if you want to work. Your provider may support you to work as agreed upon within your support plan.
 - 16. Access to the person's personal possessions at any time, including financial resources.**
You have the right to access your possessions and you may access your financial resources when you choose. You can control your own personal funds and authorize your provider to assist with management of those funds, as you desire.
- For persons residing in a residential site licensed according to MN Statutes, chapter 245A, or where the license holder is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:**
- 1. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person.**
You may use the house phone on a daily basis and have private conversations. If you make long distance or collect calls, you will be expected to pay for those charges yourself. Because Fraser phone is used by others, please be considerate of the needs of others.

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

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

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

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

4. Choose the person's visitors and times of visits and have privacy for visits with the person's spouse, next of kin, legal counsel, religious adviser, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom

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

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

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

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

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

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

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

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

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

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

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

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

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



Career Planning & Employment Services Manual

POLICY #1: **Admission**

DATE ADOPTED: December 2019

DATE REVISED/REVIEWED: October 2019

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 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:
 - i. *Grievances*
 - ii. *Temporary Service Suspension*
 - iii. *Service Termination*
 - iv. *Data Privacy*
 - v. *Emergency Use of Manual Restraint*
 - vi. *Reporting and Reviewing of Maltreatment of Minors and Vulnerable Adults*
 - d. Written authorization is obtained at admission and annually thereafter 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.
 - e. 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 or case manager.
5. During the admission meeting, the support team or expanded support team 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. Within 45 calendar days of service initiation, the support team or expanded support team 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. 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. 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 2019

DATE REVISED/REVIEWED: October 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 2019

DATE REVISED/REVIEWED: October 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 1 st Ave North, Minneapolis, MN 55401 www.mndlc.org website@mylegalaid.org
MN DHS-Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/dhs.info@state.mn.us
MN Office of the Ombudsman for Families (and Children)	(651) 603-0058 (651) 643-2539 Fax 1-888-234-4939	1450 Energy Drive, Suite 106 St. Paul, Minnesota 55108 http://mn.gov/ombudfam/
MN Office of the Ombudsman for MH/DD	(651) 757-1800 (800) 657-3506	121 7 th Place East, Suite 420, Metro Square Building, St. Paul, MN 55101 www.ombudmhdd.state.mn.us ombudsman.mhdd@state.mn.us
MN Office of the Ombudsman for Long-Term Care	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.dhs.state.mn.us/main dhs.info@state.mn.us
Local County Social Service Agency: ask for either child protection or adult protection dependent upon the age of the person	Individual telephone number per county: See *	Individual addresses per county: See * Telephone book www.yellowpages.com https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG

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



FRASER OPERATIONS MANUAL

POLICY #3: **Participant and Stakeholder Grievance, Appeals and Notice**

DATE ADOPTED: January, 1990

DATE REVISED/REVIEWED: September, 2005; April, 2009; June, 2012; April 2016; October 2018

APPROVED BY: _____
President/Chief Executive Officer Date

_____ Date
Executive Vice President/Chief Operating Officer

Policy

In the event that a participant, his/her parent/guardian, or local social service agency has a grievance, has been denied admission, is suspended, or has been discharged from Fraser services, hereinafter designated as “Fraser” the individual has the right to appeal. At any time the participant, parent/guardian or local social service agency may make the grievance known to Fraser through the participant’s primary care provider or program director or to the Minnesota Department of Human Services.

Fraser does not retaliate against anyone who makes a grievance known to Fraser or an external review agency. This includes, but is not limited to stakeholders, employees, clients, parents/guardians, or local social service agencies

Purpose

To provide a clear grievance policy for staff, clients, and families to follow.

Procedure

The Client Bill of Rights will be distributed to each participant during the registration process. Where applicable, the Client Bill of Rights will also be posted in central admitting areas. The Client Bill of Rights includes notification of the grievance mechanism.

Participant Grievance and Appeals Notice

1. If a participant, his/her parent/guardian, or local social service agency is dissatisfied with any aspect of the services delivered, they are encouraged to make their dissatisfaction known to the participant's primary care provider at Fraser. Primary care providers will be encouraged and empowered to solve problems that are appropriate to their level of responsibility.
2. Fraser is committed to providing steps to help clients report violations to internal or external parties without fear of retaliation. Anyone who, in good faith, reports a potential violation or cooperates with an investigation is protected against intimidation or retaliation. Anyone who retaliates against a person who has filed a report is subject to corrective action, up to, and including termination of employment.
3. If a primary care provider is not able to solve the problem or if it is not appropriate for them to do so, then the primary care provider should refer the matter to his/her immediate supervisor or to the Director or Executive Vice President/Chief Operating Officer for follow-up and resolution. In all cases, the complainant shall be told how the issue will be handled and when they can expect to receive a substantial reply, within one to two weeks. In some instances, the complainant may submit a written complaint. In this case it will be the responsibility of the Director to follow-up with the complainant as soon as possible, but no later than two weeks.
4. If the complaint cannot be handled either through the primary care provider, the supervisor or the Director, or Executive Vice President/Chief Operating Officer and the complainant is still dissatisfied, then they shall have the opportunity to submit a written request for an appeal to the President/Chief Executive Officer. Within two weeks of Fraser's response to a formal grievance, the complainant may file a written request to the President/CEO of Fraser at 2400 West 64th Street, Minneapolis, MN 55423, to schedule an appeal hearing. An appeal hearing shall be scheduled within two weeks of the receipt of the written request.
5. The participant, his/her parent/guardian, and/or local service agency will be notified in writing by the President/Chief Executive Officer, or designee, of the place, date and time for the appeal hearing within two weeks. It is the participant's or his/her guardian's and/or local service agencies' responsibility to notify any other interested parties as to the place, date and time for the appeal hearing.
6. Fraser's President/Chief Executive Officer and Executive Vice President/Chief Human Resources Officer will meet with the participant, his/her parent/guardian or local social service agency to review the situation and to hear any additional related information presented at that time, within two weeks of the received notice.
7. After hearing the participant's, his/her parent/guardian's, or local social service agency's appeal, the information will be reviewed with the interested parties and a decision will be reached. The President/Chief Executive Officer, or designee, will send written notice of

his/her decision to all interested parties. Written notice of the decision will be sent to all parties within one week of the appeal hearing.

8. If the participant, his/her parent/guardian, or local social service agency wishes to appeal the decision of the President/Chief Executive Officer of Fraser, they must notify the President of the Fraser Board of Directors, in writing, of their request for an additional appeal within one week of the decision. The written request should be addressed to Fraser c/o President, Board of Directors, 2400 West 64th Street, Minneapolis, MN 55423.
9. Upon written receipt of a request for an additional appeal, the Fraser Board of Directors will appoint a committee of the Board of Directors within two weeks to review the information regarding the participant and the decision of the President/Chief Executive Officer. The appointed committee shall have the option of reviewing the information and the decision in committee or to take the information and the decision to the full Fraser Board of Directors, no later than two weeks.
10. The Board of Directors will notify the participant, his/her parent/guardian, or local social service agency of the date, place, and time of review within one week.
11. After hearing the participant's his/her parent/guardian's, or local service agency's additional appeal, the information will be reviewed with the interested parties and a decision will be reached. The Board of Directors will send written notice of their decision to all interested parties within one week. This decision will be final.
12. If the participant, his/her parent/guardian, or local social service agency wishes to further appeal the decision of the Fraser Board of Directors, then an appeal for a Fair Hearing may be requested from the participant's county, or the Social Service Appeals Department of the Department of Public Welfare, State of Minnesota. Appeals may also be directed to licensing Division, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155, if applicable (i.e. check with program requirements).



Career Planning & Employment Services Manual

POLICY #4: **Data Privacy**

DATE ADOPTED: December 2019

DATE REVISED/REVIEWED: October 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 licenser 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

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.

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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.

Emergency Use of Manual Restraint

- A. If the positive support strategies were not effective in de-escalating or eliminating the person's behavior, emergency use of manual restraint may be necessary. To use emergency use of manual restraint, the following conditions must be met:
 - 1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm.
 - 2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety.
 - 3. The manual restraint must end when the threat of harm ends.
- B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
 - 1. The person is engaging in property destruction that does not cause imminent risk of physical harm.
 - 2. The person is engaging in verbal aggression with staff or others.
 - 3. A person's refusal to receive or participate in treatment 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.

Monitoring of Emergency Use of Manual Restraint

- A. Each single incident of emergency use of manual restraint must be monitored and reported separately. For this understanding, an incident of emergency use of manual restraint is a single incident when the following conditions have been met:
 - 1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety.
 - 2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates and staff must immediately re-implement the restraint in order to maintain safety.
- B. During an emergency use of manual restraint, 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 gripping 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.

DETAILED INSTRUCTIONS ON ALLOWED MANUAL RESTRAINT PROCEDURES— SUPPORTIVE LIVING AND HOME BASED

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, section 626.556, subdivision 2.
- 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



Career Planning & Employment Services Manual

POLICY #9: **Maltreatment of Minors and Vulnerable Adults Supplement**

DATE ADOPTED: December 2019

DATE REVISED/REVIEWED: October 2019

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.



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

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, and Minnesota Statutes 626.557. Fraser requires staff, volunteers and others representing the organization to report suspected maltreatment of minors and vulnerable adults.

Purpose

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

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 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 neglected, physically abused, or sexually abused; or, has been neglected, physically abused, or sexually abused 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.
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 abuse or neglect 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 abuse or neglect 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

<i>COUNTY</i>	<i>DAY</i>	<i>EVENING/WEEKEND</i>
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 626.556

Maltreatment of Minors Act: A Minnesota law that protects children under 18 years of age from maltreatment.

Mandated Reporter: A person or people required by the Maltreatment of Minors Act to report maltreatment. *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

Physical Abuse:

1. Any physical injury, mental injury, or threatened injury, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under Minnesota Statutes section 121A.67 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.

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. Nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. The section does not impose upon persons, not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care, a duty to provide that care;
6. Prenatal exposure to a controlled substance, as defined in 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;
7. 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;

8. Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or
9. Emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

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, as defined in Minnesota Statute section 609.341, or by a person in a position of authority, as defined in Minnesota Statute section 609.341, subdivision 10, 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 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).

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 256B.0659; or
4. Regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: 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 Statute 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.



Career Planning & Employment Services Manual

POLICY #17: **Service Termination**

DATE ADOPTED: December 2019

DATE REVISED/REVIEWED: October 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 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 person's needs cannot be met in the facility / program;
 - 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



Career Planning & Employment Services Manual

POLICY #18: **Person-Centered Planning**

DATE ADOPTED: December 2019

DATE REVISED/REVIEWED: October 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.