

PCA EMPLOYEE MANUAL



CARE**4**EVERY♥NE

HOME CARE

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EFFECTIVE DATE

This manual was developed to define the overall PCA Program and employment policies of Care4Everyone. It shall be reviewed and revised as necessary, at least once a year.

This manual shall be available at all times for review by staff, clients and their designated representatives, and potential applicants for home care services.

The effective date of this manual shall be 08/01/2017.

All policies and procedures in this manual were reviewed and approved by:

Administrator: Dia Yang

Administrator Signature: _____

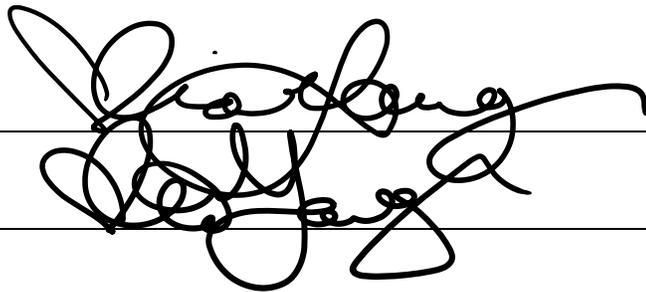


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INTRODUCTION

This policy manual ("Manual") has been prepared as a guide book for the personal care assistant ("PCA") employees of Care4Everyone. It also contains general guidance serving as the basis for policies and procedures that Care4Everyone may develop.

The policies and procedures described in this Manual are implemented at the discretion of Care4Everyone and may be modified, changed, deleted and/or added to at any time and from time to time. Any and/or all decisions by Care4Everyone's directors, officers and/or supervisors concerning the interpretation or application of these policies and procedures are at Care4Everyone's sole and absolute discretion and shall be absolute, final and binding upon all employees. The policies and procedures set forth in this Manual (and any subsequent amendments and/or revisions thereto) revoke any and all previous inconsistent policies and procedures (whether oral or written) of Care4Everyone, effective immediately upon communication by Care4Everyone to its employees.

Please note, however, that the policies and procedures contained within this Manual do not represent and are not to be construed as an exhaustive list of all Care4Everyone policies and procedures and this Manual does not cover every situation that may arise from day to day. The President of Care4Everyone may adopt policies and/or procedures in addition to those set forth within this Manual from time to time, at their sole and absolute discretion; however, in the event of any conflict between such policies or procedures and this Manual, the provisions contained within this Manual shall govern unless otherwise specifically set forth in writing.

THIS MANUAL IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY, AND NO PROVISION OF THIS MANUAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT OR OTHER CONTRACTUAL RELATIONSHIP BETWEEN CARE4EVERYONE AND ANY PERSON. EXCEPT AS OTHERWISE PROVIDED IN THIS MANUAL AND/OR IN A WRITTEN EMPLOYMENT CONTRACT OR OTHER WRITTEN AGREEMENT, CARE4EVERYONE AND ALL OF ITS EMPLOYEES HAVE AN EMPLOYMENT RELATIONSHIP THAT IS KNOWN AS "EMPLOYMENT AT WILL", MEANING THAT CARE4EVERYONE OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE. IN THE EVENT OF ANY CONFLICT BETWEEN THE PROVISIONS OF A WRITTEN EMPLOYMENT AGREEMENT AND THIS MANUAL, THE WRITTEN EMPLOYMENT AGREEMENT SHALL GOVERN.

THIS MANUAL AND ALL CONTENT HEREIN CONSTITUTES THE SOLE AND EXCLUSIVE INTELLECTUAL PROPERTY OF CARE4EVERYONE. ANY UNAUTHORIZED USE OR REPRODUCTION OF ALL OR ANY PORTION OF THIS MANUAL WITHOUT THE PRIOR EXPRESS WRITTEN CONSENT OF CARE4EVERYONE IS STRICTLY PROHIBITED.

Care4Everyone is a provider for the Minnesota Health Care Programs providing Personal Care, Homemaking, Companion and Chore Services. All employees should recognize the State of Minnesota frequently changes and updates policies and procedures. For the latest policies and procedures, all employees should consult the latest changes on-line at <http://www.dhs.state.mn.us>.

Throughout the rest of this policy manual, Care4Everyone will be referred to as "C4E", "agency", "we", "our" or "us", as applicable. Qualified Professionals/Registered Nurses may be referred to as "QP". Employees will be referred to as "employees", "personnel", "staff", or "you", as applicable.

THE PROVISIONS OF THIS MANUAL ARE EFFECTIVE AS OF JANUARY 1, 2017 UNLESS OTHERWISE SPECIFIED HEREIN.



Hiring Policy

PURPOSE

1. To define the method and criteria for the recruiting, selecting, and hiring/rostering of employees;
2. To ensure that only qualified and trained staff deliver services to clients.
2. To promote the safety, welfare and protection of clients/families; and,
3. To address the Agency's current and anticipated future staffing needs.

POLICY

Care4Everyone strives to employ qualified, compassionate individuals who will contribute to C4E's mission. Therefore, C4E applies a meticulous and consistent process for the recruitment, selection and hiring staff, in accordance state and federal regulations, equal opportunity requirements and non-discriminatory regulations. Employment at C4E is contingent on employment eligibility verification, satisfactory references, federal, state and central registry background checks, and successful completion of pre-service training. All recruiting, hiring, and employment decisions shall be made on the basis of individual merit and objective job qualifications. Any job training determined by C4E to be necessary shall be provided on a non-discriminatory basis. If PCA Choice is chosen by the consumer, the consumer is responsible for recruiting their own PCA applicants and deciding who they want to hire through C4E as their PCA employee. Both the consumer and applicant must adhere to the agency's hiring policies.

Equal Employment Opportunity

C4E is committed to providing equal employment opportunities to all individuals without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, or any other characteristic protected by law. C4E does not exclude, deny benefits to, or otherwise discriminate against any person in admission to, participation in, or receipt of the services and benefits under any of its programs, activities or in employment. Employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of C4E. Employees can raise legitimate concerns and make food faith reports without fear of reprisal. Anyone found to be engaged in any type of unlawful discriminations will be subject to disciplinary action, up to and including employment termination.

Anti-Discrimination

C4E complies with U.S. anti-discrimination laws, which include, but are not limited to, the following:

- ◆ *Civil Rights Act of 1964* prohibits discrimination in employment on the basis of race, color, sex, or ethnic origin.
- ◆ *Age Discrimination in Employment Act (ADEA)* prohibits discrimination against employees 40 years and older
- ◆ *Non-discrimination Act (GINA)*, prohibits the use of using genetic information for hiring, firing, or promotion decisions and for any decisions regarding terms of employment, health coverage and employment on the basis of genetic information.

Harassment

C4E is committed to protecting your welfare and the welfare of its employees from all forms of sexual and job-site harassment including bullying, joking and/or commenting about sexual orientation, race, color, ethnicity, religion, gender, marital status, age, National Origin, status, physical/mental disability, pregnancy, military/veteran status, or any other basis, which is prohibited by state or federal law.

Cultural Diversity

C4E recognizes and values the traditions and customs of others and, in so doing, practices an open and tolerant attitude towards different religions, cultures, ethnic groups, races and personal views. Special racial, religious, ethnic, cultural and linguistic needs of clients will be determined and documented during their initial assessment. Wherever possible, C4E at its best do assign employees who have similar backgrounds. The Agency also recognizes the cultural and religious obligations of its employees. You are expected to become more knowledgeable of, and sensitive to, other cultures and to recognize and support diversity.

Disabilities

The *Americans with Disabilities Act (ADA)* prohibits discrimination in employment on the basis of disabilities and requires that employers reasonably accommodate individuals with disabilities who can otherwise perform a job. In



accordance with this Act, C4E will reasonably accommodate qualified individuals, with known disabilities, unless doing so will cause the Agency undue hardship. This applies to employee selection, training, job assignment, compensation, benefits, discipline and termination. It is your responsibility to notify your Supervisor of your special need(s). He/she may require input from you on the types of accommodation you feel is required or the functional limitations caused by your disability. When appropriate, we may need your permission to obtain additional information from your physician or other rehabilitation specialist(s).

Open Door Policy

Care4Everyone values all of its employees and is committed to providing a positive work environment where employees take responsibility and ownership for problem solving at all levels of the business. We desire and expect all employees to be fully informed of C4E policies and procedures affecting their jobs, work environments and client relationships. We encourage at every opportunity that employees express their concerns and opinions and discuss their complaints and concerns with C4E management.

Employees are invited to seek information on matters affecting their positions and their employment. If a problem or issue affecting work should arise, management is available to listen, counsel, or discuss concerns. Your immediate supervisor or QP should be your first point of contact when trying to resolve problems or concerns. If you feel your issues or concerns have still not been resolved at this level, we would welcome you to bring your concerns to the Administrator.

Employment Application

All candidates for employment with C4E must be fully completed, dated, and sign the company's standard employment application form. A resume will not be accepted in lieu of a completed employment application. The application form should be completed in detail and signed by the applicant to verify the accuracy and completeness of previous employment and personal information. The company may investigate any portion of the requested information and may deny or later terminate the employment of anyone giving false, misleading, or incomplete information. The completed employment application form will be made part of the personnel file of those applicants accepted for employment.

Background Check

Minnesota state law requires criminal background checks for all individuals who have direct contact with clients in their homes or in the community, including managerial officials, supervisors, direct caregivers and volunteers. (Refer to [Pre-Employment Background Check Policy](#).)

Required DHS Individualized Personal Care Assistant Training (for PCAs)

All PCA applicants will need to be trained and pass the [Individualized Personal Care Assistant Training](#) offered through the MN Department of Human Services. All applicants must submit their certification to C4E. PCAs cannot work without passing this training.

MHCP Individual PCA Provider Enrollment Policy

After passing the background study, to be a PCA in the state of Minnesota, you must enroll with Minnesota Health Care Programs (DHS) as an Individual PCA Provider. C4E will process your Individual PCA Provider Enrollment paperwork that will assign you a PCA ID number (also known as UMPI # or MHCP ID#). PCAs are allowed to work while their PCA ID # is processing (after being notified by the consumer their background study has passed).

- a. If you have enrolled as a PCA in the past, your ID # will remain the same and will be activate as currently working with C4E. C4E does not guarantee when the PCA ID # will be received as there may be delays from DHS. Typically, the time frame can take 3-4 weeks.
- b. If a PCA does not know their PCA ID #, they can retrieve it by call or emailing C4E.
- c. PCAs must notify C4E when their personal information has changed and complete the required Individual PCA Information Change Form. Failure to keep your personal information updated may result in suspension or termination.

Legal Requirements

In accordance with the Immigration and Nationality Act (INA), C4E only hires those individuals who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S., in accordance with the U.S. Department of Labor (DOL) regulations. The Agency will verify your identity and employment eligibility, which includes completing the DOL's "Employment Eligibility Verification Form (I-9)". The completed I-9 will be kept in your Personnel File for at least three years, or one year after employment ends, whichever is longer.



Employment of Minors

C4E may hire you if you are a “Minor”, in the eyes of the Department of Labor (DOL) or the State. All states have Child Labor Laws. When federal and state standards are different, the rules that provide the most protection to young workers are followed. The decision on whether or not to hire a “Minor” will be made on a case-by-case basis. If you are a “Minor” and have some experience and/or training; can competently perform the duties required by the position; and, meet all other requirements, you might be considered for employment.

Standards of Conduct & Ethics Policy

PURPOSE

To provide guidelines on standards of conduct and work ethics for employees to follow in the performance of their job duties.

POLICY

C4E is committed to the highest standards of ethical and professional conduct. All employees shall adhere to the Agency’s policies and procedures relative to their job functions and shall comply with legal and regulatory requirements. Any breaches of this policy may be subject to disciplinary action and/or termination, depending on the severity of the incident.

Definitions

Standards of Conduct

Standards of conduct are an organization's formal guidelines for ethical behavior.

Work Ethics

Work ethics are a moral code, which guides the members of a profession in the proper conduct of their duties and obligations. It deals with behavior that is right or wrong and involves applying judgment and making choices about what to do and what not to do. It reflects how employees conduct themselves on the job site and includes:

- Their appearance;
- What they say;
- How they behave;
- How they treat others; and,
- How they work with others.

Standards of Conduct & Ethics outlines the primary expectations for staff behavior, based on the values of tolerance, respectfulness, honesty, integrity, dependability, quality and effectiveness of service provided, teamwork, acceptance of individual differences and consumer empowerment & choice. Employees are expected to conduct themselves in a manner that demonstrates the following standards:

- I will maintain a professional relationship and be respectful of all people that we serve providing the best service that is responsive to the consumer’s needs.
- I will respect and promote the consumers right of choice and self-determination.
- I will assist consumers in identifying, clarifying and reaching their goals.
- I will not put my personal needs ahead of the needs of consumers.
- I will model appropriate behavior for consumers.
- I will report any mistreatment, neglect, abuse, or financial exploitation of consumers.
- I will respect consumers past and present rights to privacy and will avoid illegal and unwarranted disclosures of confidential information.
- I will strive to eliminate attitudinal barriers, including stereotyping and discrimination toward consumers.
- I will strive to collaborate with other staff and outside agencies about consumers when given written permission by the consumer.
- I will respect the rights, views and confidences of my co-workers and treat them with fairness and courtesy.
- I will not exploit the trust of my co-workers or the public.
- I will make every effort to avoid relationships that could impair my professional judgment.
- I will not make false statements about consumers, co-workers or C4E.
- I will maintain accurate records necessary for rendering services to consumers as required by law, regulations and agency procedures.
- I will not falsify any documents related to C4E operations.



- I will provide service and represent myself within the boundaries of my education, training, professional credentials and professional experience.
- I will represent C4E in a professional and competent manner.
- I will work to advance C4E in its goals, community standing and success.
- I will promote a positive and supportive attitude toward C4E consumers, co-workers, supervisors, and management.
- I will use proper channels for expressing concerns about consumers, co-workers and C4E.
- I will extend respect and cooperation to colleagues of all professions.
- I will be honest and trustworthy in all my professional relationships.
- I will not take advantage of any professional relationship to exploit or further my personal, professional or business interests.
- I will not participate, condone, or be associated with any form of dishonesty, fraud or deception.
- I will seek assistance for any problem that impairs my judgment or performance.
- I will not lend money, vehicles, equipment, or any other items to consumers or families.
- I will not borrow money, vehicles, equipment, or any other items from consumers or families.
- I will not accept personal favors, such as tips or gifts, from consumers or families.
- I will not sell merchandise of any kind to consumers.
- I will not co-sign loans for consumers by staff; co-signing loans for staff by consumers or family members.
- I will not become involved of a romantic and/or sexual nature between program staff and consumers or their families.
- I will not allow blurred boundaries regarding friendship versus professional relationship.
- I will prevent any personal relationship with the consumers while services are being provided and a minimum of two years following termination of services.
- I will not promise or keep “secrets” with the consumers that should be disclosed to professional staff and/or supervisors within the agency.
- I will not share information with a consumer regarding another consumer.
- I will not share information regarding staff members or any other privileged information.
- I will not conduct myself in a manner that is detrimental to the professionalism of the program or has the appearance of a conflict of interest.

Orderly and efficient operation of C4E requires that employees maintain proper standards of conduct and observe certain procedures. These guidelines are provided for informational purposes only and are not intended to be all-inclusive. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between the C4E and you. C4E views the following as inappropriate behavior:

- Failure to fulfill and/or carry out one or more of the duties or responsibilities listed in the job description for that position.
- Failure to honor recipient rights afforded under either the “Home Care Bill of Rights” or “Service Recipient Rights.”
- Failure to work scheduled hours.
- Falsification of timesheets.
- Tardiness.
- Failure to meet all conditions of employment.
- Drug and/or alcohol use or being under the influence of drugs or alcohol when working with recipients.
- Abuse of prescription medication or being in any manner under the influence of a chemical that impairs the employee’s ability to provide services or care.
- Consumer abuse (physical, verbal, sexual or emotional, financial/property).
- Gross negligence, including but not limited to any situations which did or may have resulted in endangering the health or safety of the consumers or staff.
- Deliberate noncompliance with policies, procedures and directions from their supervisor demonstrated by not following policies or direction.
- Any actions contraindicated by common sense or professional standards (i.e.: any actions that would violate certification, licensing, or what the average person would consider just common sense).

Non-Compliance Consequences

All Agency staff shall:

1. Perform their duties in a manner consistent with the Agency’s policies; and,



2. Report violations of local, state or federal laws, rules or regulations to the Compliance Officer or Supervisor, as required by law.

If an employee fails to report violations, and is aware that not reporting violates a legal obligation, then that person could be subject to disciplinary action, in accordance with the Agency's Disciplinary Action Policy and/or could be terminated from employment. The Agency may also take disciplinary action if its investigation determines that a misconduct or wrongdoing has taken place, depending on the severity of the misdemeanor.

Disciplinary actions shall consist of 4 stages:

1. Verbal warning
2. Written warning
3. Work suspension (without pay)
4. Termination of employment

All violations of the Standards of Conduct and Work Ethics, compliance policies and federal, state and applicable local laws and regulations may be disciplined in a manner deemed appropriate by Manager and/or Supervisor in an attempt to prevent similar misdemeanors from taking place in the future. Disciplinary actions shall be applied consistently and fairly and shall not be influenced by the individual's position in the Agency.

C4E shall constantly take measures to ensure that all its activities and actions, and those of its employees, comply with applicable laws and ethical standards. The purpose of these Standards of Conduct and Work Ethics is to provide direction to employees to enable them to meet their responsibilities. Employees are expected to comply with all applicable laws, even if they are not dealt with in these Standards of Conduct and Work Ethics.

Employees are encouraged to contact the QP or Superior if they have any questions or concerns about their obligations. Please refer to the [Open Door Policy](#).

Failure to follow C4E's Employee Code of Conduct & Ethics will result in disciplinary action and possible termination of employment.

Job Description

Personal Care Assistant (PCA)

Policy

C4E is committed to providing quality service to its clients by ensuring that all Personal Care Staff are trained and qualified, in accordance with MN state regulations.

- A. A personal care assistant must meet the following requirements:
 - a. be at least 18 years of age; or if
 - b. 16 or 17 years of age with these additional requirements:
 - i. supervision by a qualified professional every 60 day; and
 - ii. employment by only one personal care assistance provider agency responsible for compliance with current labor laws;
 - c. be employed by a personal care assistance provider agency;
 - d. enroll with the department as a personal care assistant after clearing a background study.
 - e. be able to effectively communicate with the recipient and personal care assistance provider agency;
 - f. be able to provide covered personal care assistance services according to the recipient's personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient's condition to the supervising qualified professional or physician;
 - g. not be a consumer of personal care assistance services;
 - h. maintain daily written records including timesheets
 - i. complete standardized training required by the Commissioner of the Minnesota Department of Human Services ("Commissioner")
 - j. complete training and orientation on the needs of the recipient; and
 - k. Work up to 275 hours per month of personal care assistance services regardless of the number of recipients being served or the number of personal care assistance provider agencies enrolled with. The number of hours worked per day shall not be disallowed by the department unless in violation of the law.



- B. A legal guardian may be a personal care assistant if the guardian is not being paid for the guardian services and meets the criteria for personal care assistants in paragraph (a).
- C. Persons who do not qualify as a personal care assistant include parents, stepparents, and legal guardians of minors; spouses; paid legal guardians of adults; family foster care providers and staff of a residential setting.
- D. Employment prohibition – A personal care provider shall not employ or subcontract with a person to provide personal care service for a qualified recipient if the person:
 - a. refuses to provide full disclosure of criminal history records as part of the pre-employment process
 - b. has been convicted of a crime that directly relates to the occupation of providing personal care services to a qualified recipient;
 - c. has jeopardized the health or welfare of a vulnerable adult through physical abuse, sexual abuse, or neglect as defined in Minnesota Statutes, section [626.557](#); or
 - d. is misusing or is dependent on mood altering chemicals including alcohol to the extent that the personal care provider knows or has reason to believe that the use of chemicals has a negative effect on the person's ability to provide personal care services or the use of chemicals is apparent during the hours the person is providing personal care services.

E. Roles and Duties

Activities of Daily Living (ADLs) – A PCA worker may assist the person with the following:

- Dressing – Including application of clothing and special appliances or wraps
- Grooming – Including basic hair care, oral care, shaving, basic nail care, applying cosmetics and deodorant, care of eyeglasses and hearing aids
- Bathing – Including basic personal hygiene and skin care
- Eating – Including completing the process of eating, including hand washing and application of orthotics required for eating, transfers and feeding
- Transfers – Including assistance to transfer the person from one seating or reclining area to another
- Mobility – Including assistance with ambulation, including use of a wheel chair; not including providing transportation
- Positioning – Including assistance with positioning or turning a person for necessary care and comfort
- Toileting – Including helping person with bowel or bladder elimination and care. This includes transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin and adjusting clothing.

Instrumental Activities of Daily Living (IADLs)

- a. A PCA worker may assist an **adult** with the following:
 - Accompany to medical appointments
 - Accompany to participate in the community
 - Assist with paying bills
 - Communicate by telephone and other media
 - Complete household tasks integral to the PCA services, such as:
 - Plan and prepare meals
 - Shop for food, clothing and other essential items
- b. A PCA worker may assist a **child** with IADLs when:
 - Immediate attention is needed for health and hygiene reasons integral to the personal care services, and
 - Assessor has indicated this need on the service plan.

Observation and Redirection of Behaviors

- a. A PCA worker may observe and provide redirection to the recipient for episodes of behavior needing redirection as identified in the care plan.
- b. Training of the personal care assistant must occur based on the needs of the recipient, the personal care assistance care plan, and any other support services provided.

Health-related Procedures

- a. Health-related procedures and tasks include the following covered services:
 - Range of motion and passive exercise to maintain a recipient's strength and muscle functioning;



- Assistance with self-administered medication including reminders to take medication, bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party;
 - Interventions for seizure disorders, including monitoring and observation; and
 - Other activities considered within the scope of the personal care service and meeting the definition of health-related procedures and tasks.
- b. Under state law, a licensed health care professional may delegate health-related procedures and tasks to a PCA when the following conditions are met:
- If the procedures and tasks meet the definition of health-related procedures listed above (2Da)
 - The PCA has been trained by a qualified professional and PCA has demonstrated competency to safely complete the procedures and tasks
 - The qualified professional has documented the delegation of health-related procedures and tasks in the recipient's personal care assistance care plan, and the recipient's and PCA worker's files.
- c. For an employee to provide the health-related procedures and tasks of tracheotomy suctioning and services to recipients on ventilator support, there must be:
- Delegation and training by a registered nurse, certified or licensed respiratory therapist, or a physician;
 - Utilization of clean rather than sterile procedure
 - Specialized training about the health-related procedures and tasks and equipment, including ventilator operation and maintenance;
 - Individualized training regarding the needs of the recipient; and
 - Supervision by a qualified professional who is a registered nurse

Homemaker

Description:

- ◆ Homemakers provide service to individuals in their own homes and communities, who need assistance caring for themselves as a result of old age, sickness, disability and/or other afflictions. Home care may include housecleaning, laundry, meal preparation, transportation, companionship and respite,
- ◆ Homemakers are responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.

Reporting Relationship

- ◆ Reports to Supervisor.

Responsibilities/Activities:

- ◆ Teach/perform meal planning and preparation, routine housekeeping activities such as making/changing beds, dusting, vacuuming, washing floors, cleaning kitchen and bathroom, and laundry.
- ◆ Perform/assist with essential shopping/errands, which may include handling the client's money, in accordance with the care plan and under the observation of the Supervisor.
- ◆ Assist with following a written, special diet plan and reinforcement of diet maintenance, which is provided under the direction of a Physician and as identified in the care plan.
- ◆ Escort to medical facilities, errands, shopping and outings as specified in the care plan.
- ◆ Provide companionship, friendship and emotional support.
- ◆ Assist clients with communication by writing or typing correspondence for them or researching information for them.
- ◆ Participate on the Care Team by providing input and making suggestions.
- ◆ Ensure service is delivered in accordance with all relevant policies, procedures and practices.
- ◆ Monitor supplies and resources.
- ◆ Evaluate the program and make recommendations to it, as indicated.
- ◆ Follow the written care plan.
- ◆ Carry out duties as assigned by the Supervisor.
- ◆ Observe the client's functioning and report to Supervisor.
- ◆ Complete and maintain records of daily activities, observations, and direct hours of service.
- ◆ Attend orientation, in-service training sessions and staff meetings.
- ◆ Develop and maintain constructive and cooperative working relationships with others.
- ◆ Make decisions and solve problems.
- ◆ Communicate with Supervisor and co-workers.
- ◆ Observe, receive and obtain information from relevant sources.



Required Knowledge

- ◆ Knowledge of home management skills.
- ◆ Knowledge of principles and processes for providing client and personal services, including needs determinants, meeting quality standards and evaluation of client satisfaction.
- ◆ Knowledge of the English language.
- ◆ Knowledge of information and techniques needed to diagnose and treat injuries including emergency first aid and CPR.
- ◆ Knowledge of clerical procedures such as maintaining records and completing forms.

Required Skills/Abilities

- ◆ The ability to be aware of other people's reactions and understand why they react as they do.
- ◆ The ability to establishing and maintain relationships.
- ◆ The ability to teach others.
- ◆ The ability to apply reason and logic to identify strengths and weaknesses of possible solutions.
- ◆ The ability to identify problems and determine effective solutions.
- ◆ The ability to understand written and oral instructions.
- ◆ The ability to communicate information orally so others understand.
- ◆ The ability to communicate in writing so others understand.
- ◆ The ability to listen and understand the spoken word.
- ◆ The ability to work independently and in cooperation with others.
- ◆ The ability to determine or recognize when something is likely to go wrong.
- ◆ The ability to suggest a number of ideas on a subject.
- ◆ The ability to perform activities that use the whole body.
- ◆ The ability to handle and move objects and people.
- ◆ The ability to provide advice and consultation to others.
- ◆ The ability to observe and recognize changes in clients.
- ◆ The ability to establish and maintain harmonious relations with clients/families/co-workers.

Physical and Mental Demands:

- ◆ Good physical and mental health.
- ◆ Physical ability to stand, walk, use hands and fingers, reach, stoop, kneel, crouch, talk, hear and see.
- ◆ Mental fortitude and stability to handle stress.
- ◆ Physical and mental ability to drive a vehicle.

Qualifications/Education

- ◆ Current driver's license.
- ◆ Proper Vehicle Insurance Coverage.

Training/Experience:

- ◆ May require related experience.

Qualified Professional

- A. The qualified professional must work for a personal care assistance provider agency and meet the definition under section 256B.0625, subdivision 19c. Before a qualified professional provides services, the personal care assistance provider agency must initiate a background study on the qualified professional under chapter 245C, and the personal care assistance provider agency must have received a notice from the commissioner that the qualified professional:
 - a. is not disqualified under section 245C.14; or
 - b. is disqualified, but the qualified professional has received a set aside of the disqualification under section 245C.22.
- B. The qualified professional shall perform the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care assistance services. The qualified professional shall:
 - a. develop and monitor with the recipient a personal care assistance care plan based on the service plan and individualized needs of the recipient;
 - b. develop and monitor with the recipient a monthly plan for the use of personal care assistance services;



- c. review documentation of personal care assistance services provided;
 - d. provide training and ensure competency for the personal care assistant in the individual needs of the recipient; and
 - e. document all training, communication, evaluations, and needed actions to improve performance of the personal care assistants.
- C. Effective July 1, 2011, the qualified professional shall complete the provider training with basic information about the personal care assistance program approved by the commissioner. Newly hired qualified professionals must complete the training within six months of the date hired by a personal care assistance provider agency. Qualified professionals who have completed the required training as a worker from a personal care assistance provider agency do not need to repeat the required training if they are hired by another agency, if they have completed the training within the last three years. The required training must be available with meaningful access according to title VI of the Civil Rights Act and federal regulations adopted under that law or any guidance from the United States Health and Human Services Department. The required training must be available online or by electronic remote connection. The required training must provide for competency testing to demonstrate an understanding of the content without attending in-person training. A qualified professional is allowed to be employed and is not subject to the training requirement until the training is offered online or through remote electronic connection. A qualified professional employed by a personal care assistance provider agency certified for participation in Medicare as a home health agency is exempt from the training required in this subdivision. When available, the qualified professional working for a Medicare-certified home health agency must successfully complete the competency test. The commissioner shall ensure there is a mechanism in place to verify the identity of persons completing the competency testing electronically.

Role and Duties

- A. Effective January 1, 2010, all personal care assistants must be supervised by a qualified professional.
- B. Through direct training, observation, return demonstrations, and consultation with the staff and the recipient, the qualified professional must ensure and document that the personal care assistant is:
 - a. capable of providing the required personal care assistance services;
 - b. knowledgeable about the plan of personal care assistance services before services are performed; and
 - c. able to identify conditions that should be immediately brought to the attention of the qualified professional.
- C. The qualified professional shall evaluate the personal care assistant **within the first 14 days** of starting to provide regularly scheduled services for a recipient, or sooner as determined by the qualified professional, except for the PCA Choice Option. For the initial evaluation, the qualified professional shall evaluate the personal care assistance services for a recipient through direct observation of a personal care assistant's work. The qualified professional may conduct additional training and evaluation visits, based upon the needs of the recipient and the personal care assistant's ability to meet those needs. Subsequent visits to evaluate the personal care assistance services provided to a recipient do not require direct observation of each personal care assistant's work and shall occur:
 - a. at least every 90 days thereafter for the first year of a recipient's services;
 - b. every 120 days after the first year of a recipient's service or whenever needed for response to a recipient's request for increased supervision of the personal care assistance staff; and
 - c. after the first 180 days of a recipient's service, supervisory visits may alternate between unscheduled phone or Internet technology and in-person visits, unless the in-person visits are needed according to the care plan.
 - d. For PCA Choice, every 180 days
- D. Communication with the recipient is a part of the evaluation process of the personal care assistance staff.
- E. At each supervisory visit, the qualified professional shall evaluate personal care assistance services including the following information:
 - a. satisfaction level of the recipient with personal care assistance services;
 - b. review of the month-to-month plan for use of personal care assistance services;
 - c. review of documentation of personal care assistance services provided;
 - d. whether the personal care assistance services are meeting the goals of the service as stated in the personal care assistance care plan and service plan;
 - e. a written record of the results of the evaluation and actions taken to correct any deficiencies in the work of a personal care assistant; and
 - f. revision of the personal care assistance care plan as necessary in consultation with the recipient or responsible party, to meet the needs of the recipient.
- F. The qualified professional shall complete the required documentation in the agency recipient and employee files and the recipient's home, including the following documentation:



- a. the personal care assistance care plan based on the service plan and individualized needs of the recipient;
 - b. a month-to-month plan for use of personal care assistance services;
 - c. changes in need of the recipient requiring a change to the level of service and the personal care assistance care plan;
 - d. evaluation results of supervision visits and identified issues with personal care assistance staff with actions taken;
 - e. all communication with the recipient and personal care assistance staff; and
 - f. hands-on training or individualized training for the care of the recipient.
- G. The documentation in paragraph (f) must be done on agency templates.
- H. The services that are not eligible for payment as qualified professional services include:
- a. direct professional nursing tasks that could be assessed and authorized as skilled nursing tasks;
 - b. agency administrative activities;
 - c. training other than the individualized training required to provide care for a recipient; and
 - d. any other activity that is not described in this section.

Pre-Employment Background Check Policy

PURPOSE

To describe the terms and conditions under which background checks are conducted in order to protect the funds, assets, property and personal safety of clients/families/co-workers and other individuals.

POLICY

C4E requires that all new employees undergo certain criminal and other background checks applicable to their job applying for as a condition of employment.

DEFINITIONS

Conditional Offer of Employment - Conditional offer of employment means a bona fide offer of employment from C4E contingent upon the successful completion of background checks, drug and alcohol testing and medical suitability, in accordance with their related policies.

NETStudy 2.0 Background Study - NETStudy is a Web-based application that allows certain agencies to submit employee background studies to the Minnesota Department of Human Services, and to track the studies via the Internet.

Education Confirmation - Educational confirmation means ensuring that the selected candidate has all educational credentials listed on the application, resume or cover letter, etc. that qualifies him/her for the position wanted.

Employment Confirmation - Employment confirmation means ensuring that the selected candidate actually worked in the positions listed on the application, resume, cover letter, etc. that qualifies him/her for the position wanted.

License Confirmation - License confirmation means:

- a. ensuring that the licenses listed on the selected candidate's application, resume or cover letter, which qualify him/her for the position being sought, are valid and current; and,
- b. confirming that the selected candidate has a valid motor vehicle license, and has the appropriate class of driver's license for transporting clients, if required for the position being sought.

Personal and Professional References Check - Personal and professional references check means verifying that the written references the selected candidate has submitted are valid and accurately represent the reference provider's assessment of the selected candidate.

Drugs/Alcohol - Drugs/Alcohol means verifying that the selected candidate does not test positive for drugs and alcohol.

[MN DHS NETStudy 2.0 Background Study Information](#)

In accordance with Minnesota Law, Care4Everyone requires criminal background checks for all individuals who have direct contact with clients in their homes or in the community, including managerial officials, supervisors, direct caregivers and volunteers. NO EXEPTIONS. Having and maintaining a clear background is an essential



requirement for employment by C4E and if you fail now or later to meet that requirement your employment with C4E shall terminate immediately. (Refer to the [Background Study Privacy Notice](#)). If the you previously had a background study done with another agency, you are still required to process a NETStudy 2.0 background study before working for C4E.

Requirements:

- Criminal background checks are required before any individual may begin work;
- No employee or volunteer may work prior to receiving a completed background study notice stating the individual is not disqualified or has had a disqualification set aside;
- No employee or volunteer may work if their name appears on the OIG exclusion list regardless of their background study disqualification status;
- Your criminal background check results will be kept on file during the period you work with the Agency, and may updated; and
- If you are later terminated from DHS, are later disqualified, or appear on the OIG exclusion list your employment with the Agency shall terminate the date the disqualification is effective or the date of your appearance on the OIG list.
- If you do not work for 120 days or more, a new background study will be required.

Fingerprint and Photo Taken

- Care4Everyone will initiate a background study through NETStudy 2.0. NETStudy 2.0 generates a Fingerprint and Photo Authorization form that is provided to you bring with you to the center.
- You must ensure to verify that your full name and date of birth on the Fingerprint and Photo Authorization form matches your driver's license, government-issued ID, or other acceptable identification. If the full name and date of birth on the Fingerprint and Photo Authorization form does not match your driver's license, government-issued ID or other acceptable identification, you cannot be fingerprinted and must contact C4E have the information corrected before going to the Fingerprint and Photo location.
- You have up to 14 days to be fingerprinted and photographed. You must inform C4E if there is a reason that you cannot go to be fingerprinted and photographed in the 14-day period.
- Candidates shall give consent to undergo Pre-employment Background Checks by completing and signing a "[Background Study Privacy Notice](#)", in accordance with State regulations.

GUIDELINES

1. C4E shall include the following statement in all oral and written conditional offers of employment: "*This offer is contingent on the Agency's verification of credentials and other information required by State/other law and Agency policies, including the completion of a criminal history check.*"
2. Manager/Administrator shall arrange for background checks.
3. All results of background checks shall be treated as confidential and shall be kept in a locked cabinet within the Agency office.
4. The Agency shall maintain records for all employment, education, and license verifications, which specify:
 - a. the item /verified;
 - b. the name of the individual who completed the verification;
 - c. the date of the verification; and,
 - d. the status of the verification.These records shall be kept in the individual's personnel file.
5. The Agency shall keep all requests for background checks for employees on file for the period specified by the authority responsible for licensing, inspecting or certifying the Agency.
6. The Agency shall make any files available for inspection upon request by the authority responsible for licensing, inspecting or certifying the Agency.

Timesheets and Fraud Policy

The timesheets is a legal document for recording the hours you work. Your timesheets has the number of hours the agency will bill to Medicaid. The hours you record you work on a legal document. The timesheets is your official statement that you have actually worked these hours. Correctly recording your time and activities is vital. You must work hours before billing for those hours.

Care4Everyone will review the timesheets with you, explain how to complete it, and answer your questions. *Some of these elements are specific to PCA services but can be applied in many instances to all timesheets*



Timesheet Guidelines

All timesheets are very important documents that **MUST**:

- Be clearly legible (written in blue or black ink).
- **Be completed DAILY with shift dates and each TIME IN / TIME OUT** that was actually worked.
- **Be initialed daily (no checkmarks) for the cares provided (as reflected in the Care Plan).**
- Be 100% completed, without errors and not have overlaps with other PCAs (or consumers).
 - **If in the case where error has been made, cross out, initial and date.**
- Indicate any PCA Relation to the Consumer.
- Have a line drawn through any dates not worked.
- Indicate any dates the consumer was hospitalized or admitted to an in-patient care facility.
- **NOT have more than 48 total hours for each week (without written approval from C4E Administration).**
- **Include the PCA's ID # (UMPI) on the timesheet** (it will be rejected for payroll without this).
- **Include the consumer's full legal name and MHCP ID # or Birth date** (it will be rejected for payroll without this).
- **Be signed and dated by the consumer/RP and PCA with their full legal name. *DO NOT SIGN IN ADVANCE.***

Refer to [PCA Time and Activity Documentation \(DHS-4691\) \(PDF\)](#)

Timesheet Instructions

This form documents time and activity between one PCA and one recipient. Document up to two visits per day on this form. Employers may have additional instructions or documentation requirements. For shared care, you must use a separate form for each person for whom you are providing care.

Name of PCA Provider Agency

Enter name of the PCA provider agency and its phone number.

Recipient Stays

Enter dates and location of recipient stays in a hospital, care facility or incarceration.

Dates of Service

Dates of service must be in consecutive order. Enter the date in mm/dd/yy format for each date you provide service. The recipient must draw a line through any dates and times PCA services were not provided.

Activities

For each date you provided care, write your initials next to all the activities you provided. Your initials indicate you provided the service as described in the PCA Care Plan. If you provide a service more than once in a day, initial only once. The following are general descriptions of activities of daily living and instrumental activities of daily living.

Dressing

Choosing appropriate clothing for the day, includes laying-out of clothing, actual applying and changing clothing, special appliances or wraps, transfers, mobility and positioning to complete this task.

Grooming

Personal hygiene, includes basic hair care, oral care, nail care (except recipients who are diabetic or have poor circulation), shaving hair, applying cosmetics

and deodorant, care of eyeglasses, contact lenses, hearing aids.

Bathing

Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.

Eating

Getting food into the body, transfers, mobility, positioning, hand washing, applying of orthotics needed for eating, feeding, preparing meals and grocery shopping.

Transfers

Moving from one seating/reclining area or position to another.

Mobility

Moving including assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a recipient.

Positioning

Including assistance with positioning or turning a recipient for necessary care and comfort.

Toileting

Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area and inspecting skin and adjusting clothing.



Health-related Procedures and Tasks

Health related procedures and tasks according to PCA policy. Examples include: range of motion and passive exercise, assistance with self-administered medication including bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party, interventions, monitoring and observations for seizure disorders, and other activities listed on the care plan and considered within the scope of the PCA service meeting the definition of health-related procedures and tasks.

Behavior

Redirecting, intervening, observing, monitoring and documenting behavior.

IADLs (Instrumental Activities of Daily Living)

Covered service for recipients over age 18 years only, such as: meal planning and preparation, basic assistance with paying the bills, shopping for food, clothing, and other essential items, performing household tasks integral to the personal care assistance services; assisting with recipient's communication by telephone, and other media, and accompanying the recipient with traveling to medical appointments and participation in the community.

Visit One

Documentation of the first visit of the day.

Ratio of PCA to Recipient

- 1:1 = One PCA to one recipient
- 1:2 = One PCA to two recipients (shared services)
- 1:3 = One PCA to three recipients (shared services)

Circle the appropriate ratio of PCA to recipients for this visit.

Visit Two

Documentation of the second visit of the day.

Payroll and Submitting Timesheets

C4E payroll and time sheet completion and submission policies will be determined by C4E from time to time and communicated to C4E employees in writing. Below is the current policy as of August 1, 2017.

Time sheets must be submitted without error by 12 PM TUESDAY via EMAIL, FAX, TEXT, MAIL OR IN PERSON for payment. C4E requires a 7 day hold of time sheets for review and verification and 2 days for processing all electronic deposits and paper checks.

- It is the responsibility of the PCA to verify that their time has been received and approved for payment.
- C4E pays bi-weekly and makes every effort to have electronic payments and paper checks available on every other Fridays. However, we cannot guarantee payment due to holidays, mail interruptions and electronic transfer delays.
- Consult C4E for holiday schedule changes.
- PCAs have the option to pick up checks at C4E Office with 48 hours of notification so that C4E does not mail out the checks or deposit electronically.

Ratio of PCA to Recipient

- 1:1 = One PCA to one recipient
- 1:2 = One PCA to two recipients (shared services)
- 1:3 = One PCA to three recipients (shared services)

Circle the appropriate ratio of PCA to recipients for this visit.

Shared Services Location

(Required for shared services only) Write a brief description of the location where you provided the shared services, examples include school, work, store and home.

Time in

Enter time in hours and minutes that you started providing care and circle AM or PM.

Time out

Enter time in the hours and minutes that you stopped providing care and circle AM or PM.

Daily Total

Add the total time in minutes that you spent with this recipient for the care documented in one column.

Total Minutes This Time Sheet

Add the time in minutes for all visits on this entire time sheet and enter the total in the appropriate ratio box.

Acknowledgement and Required Signatures

Recipient/responsible party prints the recipient's first name, middle initial, last name, and MA Member (MHCPID) Number or birth date (for identifying purposes). Recipient/responsible party signs and dates form. PCA prints his/her first name, middle initial, last name, individual PCA Unique Minnesota Provider Identifier (UMPI) (for identifying purposes). PCA signs and dates form.



Submit Time Sheets by 12 PM MONDAY
Email / Text to C4E-HR@mail.com
Or Fax to (612) 278-2297
Or turn in IN-PERSON

Time sheets must be submitted by email, fax, text, mail or in person within thirty (30) days after the first original date of service to which the time sheet relates. Time Sheets received after thirty (30) days will be held for confirmation of payment to C4E Care before paycheck is issued to PCA.

All Employees

Notice the warning on the bottom of the timesheets just above the signature boxes: You must be careful only to bill for hours you actually worked and complete the timesheets and signatures after the hours have been worked.

You are breaking federal law if you:

- Provide false information by claiming hours that you did not actually work
- Sign the name of someone else such as the person receiving services
- Complete and sign a timesheets for another staff person

Fraud

Under Minnesota law, "theft of public funds" is a felony regardless of the amount. In plain speech, you are breaking the law if you claim even one hour of services on your timesheets that you did not provide.

1. When the staff did not provide services.
2. An agency claimed hours for services to people on dates when people were in the hospital. People receiving services are not eligible for services during a hospital stay. Under Minnesota law, theft of any amount of public funds is a felony. Our service is paid with public funds through the state's Medical Assistance program. You are breaking the law if you claim even one hour of services on your timesheets that you did not provide. This means you must be accurate in the hours of service you report on your timesheets.

Under Minnesota law, theft of any amount of public funds is a felony. Our service is paid with public funds through the state's Medical Assistance program.

You are breaking the law if you claim even one hour of services on your timesheets that you did not provide. This means you must be accurate in the hours of service you report on your timesheets.

To avoid fraudulent behavior, only document hours of work:

- When you are present in your role
- When you engage in work activity based on the care plan

Do not:

- Accept money when you have not done the work
- Add hours of service after the person has signed the form
- Ask the person to sign a partially completed timesheets so the person is unable to verify the hours worked before the timesheets is submitted
- Claim more hours of work with the understanding that the hours will be made up at a later date
- Fill out a timesheet for days you do not provide any services (for example, the person receiving services is in the hospital or nursing home)

You cannot claim PCA hours for work if the person receiving services is at PCA's home. If the person chooses to visit the PCA in the PCA's home, the visit must occur outside of the PCA's hours of work with that person. The PCA cannot claim hours worked if the PCA is in the person's home but taking care of the PCA's children.

There are severe penalties for falsely claiming hours worked. You may be:

- Disqualified from working at a job that receives Medicare and Medicaid funding which includes Minnesota
- Medical Assistance for five years
- Fired by your employer
- Prosecuted and convicted of fraud which may affect other jobs in the future



- Required to repay the money
- Sent to jail
- Unable to apply for and receive low-income housing assistance

Wage and Benefits

All PCA agencies enrolled with Minnesota Health Care Programs must pay personal care assistants wages and benefits equal to 72.5 percent of the revenue from the Medical Assistance rate for:

- Personal care assistance (non-PCA Choice)
- PCA Choice services

The employer portion of PCA wages and benefits that can be included in the 72.5 percent may include but are not limited to the following.

- Insurance (health, dental, vision, life, health care savings account, long term care, short and long-term disability)
- PCA benefits of vacation, sick and overtime
- PCA wages for their time providing PCA services, attending training and transportation between PCA recipients
- Retirement benefits
- Taxes (FICA, FUTA, SUTA, Medicare and worker's compensation)
- Tuition reimbursement/continuing education benefits
- Wellness program benefits

PCA wages and benefits that are program related costs and cannot be included in the 72.5% may include but are not limited to the following:

- Administrative staff wages and benefits
- Consultation services (information technology, human resources, legal accounting)
- Cost of providing training (materials and paying/hiring trainer) and recruitment
- Fees (licenses, background checks, trade association fees, organization memberships, city charges fees, rental property inspection costs)
- Non-direct care staff training
- Non-MA state plan supplies and equipment
- Provider agency insurance and bonding (liability, property, vehicle, fidelity and surety)

C4E Starting wage for PCA is \$12

Overtime

- PCA may not work overtime over 48 hours per week (Monday-Sunday) without the authorized written permission of the Agency.
- Overtime Rate is \$11.

Monthly PCA Hour Limits

- PCAs must not work (for Care4Everyone or any other agency/provider) more than 275 hours in any month, 62 hours in any calendar week, or 14 hours in any calendar day.

Earned Sick and Safe Time (ESST) – For all staff

Sick Time: An employee or family member's mental or physical illness, including preventative medical care.

Safe Time: Reasons related to domestic violence, sexual assault, stalking, school closures due to inclement weather or other public safety issues, for an employee or an employee's family member.

You can use ESST for an employee's own care or care of a family member.

- Employee accrue 1 hour of ESST per 30 hours worked in Saint Paul
- Employee can accrue up to 48 hours per year and can save unused time
- Employee can carry over up to 80 hours of unused ESST hours per year
- Employee begin accruing sick leave on the 1st day of employment
- Employee can start using ESST after 90 days of employment
- Employee must work 80 hours in Saint Paul to be eligible
- ESST shall **NOT** be cashed out if employee's employment were to be terminated

ESST Request(s) must be requested and approved no later than the ending pay period.



Paid Time Off (PTO) – For PCA Choice ONLY

- PCA will earn 1 hour of Paid Time Off for every 43 hours worked
- PCA must accrue 600 hours of PTO in order to redeem PTO
- PCA may carry up to 80 hours of PTO over to the next fiscal year
- Up to 80 hours of accrued PTO shall be cashed out upon termination of all employment

PCA cannot take PTO WITHOUT approval from the recipient. PTO Request Forms must be signed and approved by the recipient and a copy submitted to C4E at least 2 weeks in advance

Health Benefits

C4E does not offer or pay for health/dental/vision insurance at the moment. C4E will notify you of benefit availability. All benefit rates will be deducted from or reimbursed to employee paychecks if benefits were to become available.

Holiday Pay – PCA Choice ONLY

PCAs shall be paid 1.5 times if worked during the holidays indicated below:

- Labor Day
- Thanksgiving
- New Year's Day
- Martin Luther King Day
- Memorial Day

Employees may only work time equal to a recipient's assessed hours on a holiday. You must obtain pre-approval from your Supervisor before you provide service to any client on a Statutory Holiday.

SEIU – For PCA Choice ONLY

[2017-2019 SEIU Contract](#)

To become a member: <https://www.seiumb.com>

For more information on SEIU, visit <http://www.seiu.org>

Wage Changes & Raises - C4E determines the rate of pay for all PCAs, in accordance with DHS policy regarding reimbursement rates. Any wage reductions or raises will be based on the result of reimbursement rate changes issued by the Minnesota State legislature.

PCA Orientation and Training

PURPOSE

To require all new employees to complete a general orientation to familiarize themselves with:

1. the agency's missions, values and expectations;
2. the agency's policies and procedures;
3. the job principles; and,
4. the health and safety of staff and clients.

DEFINITIONS

Orientation

Orientation is the introduction step in the process of assimilating new employees into an Agency. The main objectives of orientation are to:

1. familiarize them with the Agency
2. make them familiarize them with the Agency's expectations,
3. convey what they can expect from the job position and the Agency;
4. gain the employees' commitment;
5. reduce anxieties;
6. provide training on the positions they were hired to take; and,
7. provide opportunities for social interactions with other Agency employees, managers, agents and contractors.

POLICY

Care4Everyone is committed to ensuring that all new employees receive orientation in order to:



1. give them knowledge about the agency and their jobs;
2. make them aware of the agency's standards, policies and procedures for consistency purposes; and,
3. promote health, safety and welfare of staff and clients.

PROCEDURE

1. The Supervisor shall ensure that all new employees receive Orientation prior to providing service to clients.
2. Orientation must be done within 60 calendar days of hire, completion of 10 hours of orientation for Personal Care Assistance services that combines supervised on-the-job training.
3. The agency shall ensure that each new mandated reporter receives an **orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter**. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.
4. The agency shall document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.
5. **Orientation** shall include, but not be limited to, the following:
 - Overview of Agency
 - Scope of Services
 - Job Descriptions
 - Employee Handbook
 - Personal Care Assistant Training
 - ◆ Personal Care Assistant (PCA) Test
 - ◆ Keep copy of PCA Certification
 - Employee Handbook
 - Agency Expectations
 - Wages & Benefits
 - ◆ Timesheets Training
 - ◆ PTO
 - ◆ Payroll Schedule
 - Background Check
 - Forms
 - Standards of Conduct & Ethics
 - Vulnerable Minor and Adult Maltreatment
 - ◆ Maltreatment of Adults Mandated Reporter Training
 - ◆ Maltreatment of Minor Mandated Reporter Training
 - ◆ Maltreatment of Minor Mandated Reporter Training
 - ◆ Staff responsibilities related to protecting persons from maltreatment and reporting maltreatment.
 - Fraud, Waste, and Abuse Policy
 - Review Policies
 - ◆ Home Care Bill of Rights
 - ◆ Consumer grievance and complaint procedures;
 - ◆ Consumer temporary service suspension or service termination;
 - ◆ Prohibition on drug and alcohol use policy
 - ◆ Emergency use of manual restraint; and
 - ◆ Reporting alleged or suspected maltreatment to minors and vulnerable adults.
 - ◆ Use of universal precautions and sanitary practices;
 - ◆ Safe transportation;
 - ◆ Psychotropic medication monitoring;
 - ◆ Service admission;
 - ◆ Consumer data privacy;
 - ◆ Emergency response, reporting, and reviewing
 - ◆ Incident response, reporting, and reviewing;
 - ◆ Data privacy;
 - ◆ Admission criteria; and
 - ◆ Any other license holder policies and procedures;
 - Sign Policies & Procedures Compliancy Agreement
 - Data privacy requirements
 - Service Recipient rights
 - Person-Centered Service Planning and Delivery
 - Emergency Use of Manual Restraints
 - Universal Precautions
 - Basic First Aid
 - Care Plan/CSSP
 - Handling Medical Equipment
 - Behavioral Interventions

In the event of an emergency service initiation, C4E ensured the training occurred within 72 hours of the direct support staff person first having unsupervised contact with the person receiving services.

C4E documented the reason for the unplanned or emergency service initiation and maintained the documentation in the person's service recipient record.

6. **For PCA Choice** – C4E does not provide training directly to PCAs. The consumer (or RP) will provide in-person training specific to their care needs listed in the consumer PCA Care Plan within the first **7 days** of



employment. Upon request, the Qualified Professional may come out to the consumer's home to assist with individualized training for specific items in the Care Plan.

7. Standardized Training for ALL PCAs

- DHS developed an online PCA worker training that meets this mandate.
 - All individual personal care assistance (PCAs) must register for and pass a one-time [Individual Personal Care Assistant \(PCA\) Training – online test](#). Individual PCAs may now take the training and test as often as needed. This online training is free.
 - Training components covered:
 - Basic first aid
 - Basic roles and responsibilities of an individual PCA, including:
 - information about assistance with lifting and transfers for recipients;
 - emergency preparedness;
 - orientation to positive behavioral practices;
 - fraud issues, and
 - completion of time sheets
 - OSHA universal precautions
 - Vulnerable adult and child maltreatment
 - PCAs must complete the competency test with a score of 80 percent or higher.
 - Successful Completion of PCA Online Training
 - After the individual PCA passes the one-time test, the PCA will be able to print a certificate.
 - DHS will also send a copy to the e-mail address used to register for the test.
 - PCA is responsible to give a copy of the completion certificate to the C4E.
 - PCA may use the certificate as many times as needed for employment with one or more PCA agencies.
8. Each segment of the Orientation and training shall be delivered by a qualified person(s).
9. Employees are responsible for ensuring they understand all the information provided in Orientation; and, if clarification is needed, they seek out.
10. Upon completion of Orientation, employees shall demonstrate knowledge and competency in the topics presented.
11. Supervisor/QP shall track the individual participant's completion of topics on the *PCA Orientation Checklist*. Each participant shall tick off topics, as covered Both the Supervisor and the participant shall sign and date the orientation checklist.
12. Employees shall be proactive by monitoring the *PCA Orientation Checklist* to ensure they are able to complete the curriculum within the **60 days of employment**.
13. A copy of the completed and signed *PCA Orientation Checklist* shall be kept by the employee and the original shall be placed in the individual employee's Personnel File. The Orientation Checklist shall be maintained for 3 years after employee termination.

Annual Training

POLICY

To provide annual training and development for all employees, to establish guidelines and minimum requirements through continuing education for purposes of attaining/maintaining the best practices of service delivery, and to comply with established state of Minnesota standards. Care4Everyone has annual training by end of the calendar year.

All staff who provide direct care services must complete the following at the minimum:

- **Staff with fewer than 5 years of documented experience = 12 hours of annual training required**
- **Staff with more than 5 years of documented experience = 6 hours of annual training required**

The training must be obtained from Care4Everyone or another source, and must include topics relevant to the provision of home care services.

Contracted organizations/personnel are expected to adhere to these requirements as part of the contractual agreement and to submit completed documentation of competency and performance evaluations to C4E.

PURPOSE



- To establish a consistent process by which competence of each C4E employee is assessed, demonstrated, and maintained.
- To review job performance, based upon the job description, and to clarify job duties, goals, objectives, and performance standards expected for each staff member.
- To recognize good performance and accomplishment of goals.
- To document performance, career development progress and job-related activities.
- To encourage personal development of job skills and knowledge through consistent, thorough coaching and counseling.
- To determine need for further training.
- To facilitate open, developmental communications between the employee and the supervisor.

SPECIAL INSTRUCTIONS

1. Annual training shall cover the following:
 - Job description and how to complete specific job functions, including:
 - Responding to and reporting incidents
 - Following safety practices
 - Review policies and procedures including their location and access, and staff responsibilities related to implementation of those policies and procedures:
 - Consumer grievance and complaint procedures
 - Consumer temporary service suspension or service termination
 - Prohibition on drug and alcohol use policy
 - Emergency use of manual restraint and
 - Reporting alleged or suspected maltreatment to minors and
 - Vulnerable adults
 - Use of universal precautions and sanitary practices
 - Safe medication assistance and administration
 - Safe transportation
 - Psychotropic medication monitoring
 - Consumer data privacy
 - Emergency response, reporting, and reviewing
 - Incident response, reporting, and reviewing
 - Data privacy
 - Admission criteria
 - Data privacy requirements, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and staff responsibilities related to complying with data privacy practices.
 - The service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights.
 - Maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment.
 - The principles of person-centered service planning and delivery and how they applied to direct support service provided by the staff person.
 - The safe and correct use of manual restraint on an emergency basis and what constitutes the use of restraints, time out, and seclusion, including chemical restraint.
 - Staff responsibilities related to prohibited procedures, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why such procedures are not safe.
 - Basic first aid
 - ✚ If the direct support staff has a first aid certification, annual training is not required as long as the certification remains current.
 - Other topics determined necessary in the person's Care Plan/CSSP by the case manager or other areas identified by C4E.
2. Employee and Supervisor must sign and date the [Annual Training Checklist](#).
3. The original completed performance evaluation and annual training records will be retained in the employee's personnel record, and a photocopy will be provided to the employee.

Service Verification



Definition

Service Verification - means a random, unscheduled telephone call made for the purpose of verifying that the individual personal care assistant is present at the location where personal care assistance services are being provided and is providing services as scheduled.

Schedule and Procedures

- In accordance with Minnesota, C4E shall conduct at least one service verification phone call every 90 days.
- If more than one PCA provides services to a single recipient, a service verification call shall be made to each PCA.
- Service verification must occur on an ongoing basis while the agency provides PCA services to the recipient.
- During service verification, the agency must speak with both the PCA and the service recipient or recipient's authorized representative.
- If PCA and Client cannot be reached by phone, an unannounced site visit must be conducted.
- If a call is made and only one (1) person is there, either PCA or Client, a repeat unannounced call must be made.
 - Time Sheets will be reviewed to ensure no time was submitted when PCA was confirmed not to be with the Client, Client was not with the PCA, or cares were not being performed.
 - Time Sheets submitted with time recorded that occurs during a time period when services were not being performed will receive disciplinary action up to and including possible termination.
 - Time Sheets submitted with time recorded that occurs during a time period that was recorded when services were not being performed will not be paid or billed, and a new and accurate time sheet must be resubmitted correctly to be paid.
- Only QP service verifications are eligible for reimbursement. An agency may substitute a visit by a QP that is eligible for reimbursement under section [256B.0659](#), subdivision 14 or 19.

Documentation

The service verification call shall be documented on C4E forms and shall be maintained for a period of no less than 5 years.

For each service verification, documentation must include:

1. The names and signatures of the service recipient or recipient's authorized representative, the PCA and any other agency staff present with the PCA during the service verification, and the staff person conducting the service verification; and
2. The start and end time, day, month, and year of the service verification, and the corresponding PCA time sheet.

Marketing Practices

C4E does not engage in any agency-initiated direct contact or marketing in-person, by phone, mail, or electronic messaging to potential consumers (and their guardians or family members). C4E will not initiate recruitment of specific individuals from referral sources (such as MDs, medical facility staff, social workers, etc.) As required by DHS, C4E will maintain records on file of any advertising materials, activities and costs.

Marketing Activities - C4E will market services only through: printed information (brochures/flyers), advertisements in news media or on web sites; company web site; and mass marketing or educational efforts aimed at the public where people contact C4E to learn about PCA services. Examples of Mass Marketing include: ads on tables/booths, ads in magazines/newspapers/bulletins, banners, billboards, brochures, postcards, stickers, buttons, TV, radio, mass mailings to non-specified individuals, and mailings to individuals who specifically have expressed interest in services.

Prohibition of Incentives - C4E will not provide financial incentives to staff, physicians and governing body members for any consumer care related activities. C4E will not offer an incentive or bonus to potential or current consumers to choose or remain with the agency for PCA services.

Social Media

PURPOSE



To provide guidance for employees on the use of Social Media when representing the C4E and when using it for personal reasons, if the C4E is being referenced.

DEFINITION

Social Media

For purposes of the policy, Social Media includes the various online technology tools that enable people to communicate easily via the internet to share information and resources. Social Media can include, but not be limited to blogs, wikis, micro-blogs, message boards, electronic newsletters, online forums, social networking sites and other sites and services that permit users to share information simultaneously with others via text, audio, video, images, podcasts, and other multimedia communications.

POLICY

Care4Everyone generally requires that Social Media be used only for authorized C4E business only, unless permission to use it for personal reasons is given by the Supervisor, C4E Manager or another authorized individual. The following principles apply to the professional use of Social Media on behalf of the C4E, as well as for personal use of Social Media when referencing the C4E.

When using Social Media:

1. Employees shall not post material which could be harmful to the C4E, its employees and/or its clients.
2. Confidential C4E information shall not be disclosed. This includes, but is not limited to, information about trademarks, upcoming projects, finances, number of clients, number of employees, strategies, and any other information that has not been publicly released by the C4E.
3. Employees must know and apply the C4E's Standards of Conduct and other policies when using Social Media.
4. Prior to using a Third Party's copyrights, copyrighted material, trademarks, service marks or other intellectual property, authorization from that Third Party must be obtained.
5. Any press inquiries, media attention or legal questions that are generated from Social Media must be referred to the C4E Manager or the individual designated to speak on his/her behalf.
6. Employees must avoid discussing or engaging in behavior that is prohibited by C4E policies.
7. Images of any individuals shall not be posted without first obtaining permission from the individual(s) portrayed in the images.
8. All C4E accounts shall be kept separate from all authorized Personal Accounts.
9. C4E logo and trademarks may not be used without the written permission of the C4E.
10. Any references to the C4E, its employees, its clients and/or its competitors must be conducted with respect.
11. Name calling or behavior, which will negatively reflect on the C4E's reputation, is prohibited.
12. Use of, unfounded or derogatory statements, and/or misrepresentation is prohibited.
13. Permission must be sought from co-workers and/or other affected individuals before writing about or displaying internal C4E happenings that could be a breach of privacy and/or confidentiality.
14. Services that could compete with any of the C4E's services must not be sold privately without first obtaining written permission from the C4E Manager or his/her Representative.
15. The C4E has the right to observe any and all content and information made available by its employees through Social Media.
16. Employees may be subject to disciplinary action, up to and including termination of employment; and/or, be sued by other C4E employees, competitors, individuals or companies, if they publish material that:
 - a. harms the goodwill and reputation of the C4E among its clients or in the community-at-large;
 - b. is defamatory, pornographic, proprietary, harassing, libelous, or capable of creating a hostile work environment;
 - c. interferes with or damages work relationships;
 - d. has the potential of involving themselves, coworkers, or the C4E in any kind of dispute or conflict with other employees or Third Parties;
 - e. interferes with the work of any employee;
 - f. disrupts the smooth and orderly flow of work within the office or the delivery of services to C4E clients;
 - g. tends to place in doubt the reliability, trustworthiness, or sound judgment of the person being referenced.
17. Use of Social Media that involves any kind of criminal activity or harms the rights of others may result in criminal prosecution or civil liability to those harmed, or both.
18. Social Media access and use involving C4E equipment and resources are subject to the C4E's Automation Systems policy, at all times.

GUIDELINES



1. Appropriate professionalism and knowledgeable text should be applied when posting comments.
2. Employees should be aware of the effect their actions may have on own images and those of the C4E.
3. Employees should request guidance from the Supervisor if their actions towards or relationships with each other result in any of the above-mentioned points; furthermore, failure to seek such guidance may be viewed as an intent to conceal policy violation and/or to hinder an investigation into the matter.
4. Employees and all individuals can be held legally liable for anything they put online.
5. Be aware that your input and image may have a negative effect on the C4E.

Termination of Employment

PURPOSE

1. To provide information to staff about how, when and why terminations may occur.
2. To identify employer and employee rights and responsibilities.
3. In cases of voluntary and involuntary terminations, to ensure that legislated requirements are met and that grievance and litigation actions are kept to a minimum.

POLICY

Care4Everyone utilizes a formal and just process for terminations, both voluntary and involuntary, which is comprehended by all personnel and is adhered to by supervisors/management.

DEFINITIONS

Involuntary Termination (Dismissal) - Involuntary termination means that an employee has been fired (dismissed) for any number of reasons.

Voluntary Termination (Resignation) - An employee quits his/her job for a variety of reasons.

Dismissal Process - The dismissal process consists of steps to take when an employee is not following standard/policies/procedures and/or is exhibiting behavior, which is inappropriate. The purpose of the dismissal process is to provide an opportunity and timetable to correct misunderstood directions, eliminate incorrect assumptions and resolve conflicts.

Gross Negligence - Gross Negligence is the failure to use even the slightest amount of care in a way that shows recklessness or willfully disregards the safety of others. It is a way of violating other rights.

“At Will Employment” - All employment at C4E is at-will. At-will means that both employees and C4E have the right to terminate employment at any time, with or without advance notice, and with or without cause. No one other than the owner of C4E has the authority to alter this agreement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this policy, and any such agreement must be in writing and must be signed by the Owner of C4E.

Nothing set forth in this manual is intended to create, and does not create, either an express or an implied contract of employment for a definite or indefinite term. At all times during employment, employees retain the right to leave at will, and C4E retains at all times the right to terminate the employment of any person without any prior notice, with or without cause and with or without any reason.

PROCEDURES

C4E shall utilize four categories for termination:

1. Voluntary Termination (Resignation)
 - A. A minimum of two weeks written notice is required for resignations.
 - B. Should an employee be absent from the jobsite for a period of 3 days, without having notified supervisors/management, that employee shall be considered as having resigned.
 - C. Employees may quit their jobs for many reasons including:
 - a. moving;
 - b. finding a higher-paying or more fulfilling job;
 - c. having family issues;
 - d. having health problems;
 - e. having difficulty performing duties (for whatever reason); and/or,
 - f. attempting to avoid being fired.



2. Retirement

- A. All federal and state requirements regarding retirement shall be adhered to.
- B. When an employee elects to retire or when the Manager/Administrator and/or Supervisor suggests an employee might want to consider retirement, Manager/ Administrator and/or Supervisor and the employee shall work together to:
 - a. determine the date of retirement;
 - b. work out the appropriate termination notice; and,
 - c. arrange for the timely completion of any required documentation.

3. Layoff

- A. Employees will be subject to layoff provisions when there is a reduction in the demand for services.
- B. Employees, who will be subject to layoff, whenever possible, shall be given at least one week's notice.
- C. Employees, who are laid off, shall be given a current performance appraisal and be offered references, where applicable.
- D. Employees, who are laid off, shall be given severance pay, in accordance with federal and state legislation.

4. Involuntary Termination (Dismissal)

The Agency shall have unilateral authority to terminate employees for reasons other than their explicit request, even if they are willing and able to continue performing their duties.

- A. Reasons that an employee could be dismissed include, but are not limited to the following:
 - a. are determined to be unable to fulfill one or more of the job duties/ responsibilities during the probationary period of three months;
 - b. after two successive, probationary periods are completed and both are unsatisfactory;
 - c. fail to attain the given standards during probation or ceases to maintain these given standard(s) after the probationary period;
 - d. are consistently absent;
 - e. are habitually late;
 - f. do not remain on the job site for the entire hours scheduled;
 - g. do not have a valid driver's license, good driving record, appropriate vehicle insurance, and/or safe vehicle when job duties require them to either use a vehicle or use their own vehicles;
 - h. do not get along with, and/or are disruptive towards co/workers/clients/ families;
 - i. are determined to have verbally, emotionally, physically and/or sexually abused co-workers, clients/families;
 - j. have been grossly negligent and did, or could have, endangered the health and/or safety of co-workers/clients/families;
 - k. are guilty of misconduct including:
 - not applying common sense;
 - not conforming to professional standards;
 - not complying with policies and procedures; and/or,
 - insubordination, such as not following directions from supervisors/ management.
 - l. engage in illegal activities on the job (such as embezzlement or harassment);
 - m. provide/arrange to provide service privately to Agency clients; and,
 - n. are considered to have other shortcomings (s), as determined by the Manager/ Administrator and/or the Supervisor.
- B. Employees shall be dismissed under the following categories:
 - a. during probation, when it is evident that the employee will not be able to perform the job duties or meet its responsibilities; and,
 - b. at the end of the disciplinary process, after one verbal and one written warning have been issued and discussed with an employee who:
 - has violated policies/procedures standards;
 - fits any of the criteria, or a combination thereof, the reasons for dismissal; and/or,
 - has behaved in an inappropriate way.
- C. Employees, who are dismissed, shall be notified in writing of their status and severance will be paid in accordance with federal/state legislation.
- D. Termination decisions shall be made in response to an employee'(s) performance and not because of issues, which conflict with human rights.
- E. Either the Agency or the employee may terminate their relationship with no liability if there is no express contract for a definite term, as specified in the United States "at-will employment" law.

GUIDELINES



1. Information shall be given to each employee about the termination of employment policy and what is required should he/she wish to resign.
2. Information on disciplinary procedures shall be given to each employee.
3. Any employee, who is disciplined by the Manager/Administrator and/or the Supervisor, shall be advised that termination shall result if additional violations occur after one verbal and one written reprimand have been issued.
4. Disciplined employees shall be given a copy of the employment termination policy.
5. Employees, who are terminated by the Supervisor may appeal to the Manager/ Administrator and, if unsuccessful, have the right to pursue external grievances and/or appeals. Employees, who are terminated by the Manager/Administrator, have the right to pursue external grievances.
6. All terminations shall be handled confidentially.
7. All terminations must return any possession belonging to the Agency.
8. Terminated employees shall be advised that anyone requesting a reference in the future will be advised about their termination.



QUALITY ASSURANCE

Quality Management Evaluation and Program Improvement Plan

Designated Manager: Dia Yang

C4E is committed to ongoing program evaluation and improvement. C4E's designated manager is responsible for the evaluation of the following information in order to develop, document, and implement the program's ongoing program improvement activities.

1. Maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout this program.
2. Ensuring the delivery and evaluation of services are coordinated by a designated staff person. The designated coordinator must provide supervision, support, and evaluation of activities that include:
 - Oversight of the programs responsibilities assigned in the person's coordinated service and support plan and the coordinated service and support plan addendum.
 - Take action necessary to facilitate the accomplishments of the outcomes related to person-centered planning and service delivery.
 - Instruction and assistance to direct support staff implementing the coordinated service and support plan and the services outcomes, including direct observation of services delivery sufficient to assess staff competency.
 - Evaluation of the effectiveness in service delivery, methodologies, and progress on the person's outcomes based on the measurable and observable criteria for identifying when the desired outcome has been achieved.
3. Ensuring implementation of any corrective action identified during the review of incident and emergency reports.
4. Ensuring that an internal review of incident reports of alleged or suspected maltreatment has been conducted.
5. Assessing the results of the Satisfaction Evaluations that are completed by the person, the person's legal representative, if any, and case manager. **This program's schedule for conducting satisfaction evaluations is done annually.**
6. Ensuring staff competency requirements are met, including requirements for staff orientation and training.
7. Ensuring that corrective action was taken when ordered by the Department of Human Services and that the terms and condition of the program licenses and any variances were met.

Fraud, Waste and Abuse Policy

Evidence of fraud will be submitted to the Surveillance and Integrity Review Section of DHS.

The Federal Civil False Claims Act

The Federal False Claims Act (FCA) is intended to prevent and detect fraud, waste and abuse of government funds. It is a violation of the federal FCA for anyone to knowingly submit, or cause another person to submit, a false health care claim and receive government funds. Examples of actions that could violate the federal FCA include overcharging the government for services rendered; filing a claim with the government for services that were not rendered; or filing a claim with the government with information known to be false. Anyone who knowingly or intentionally submits a false claim to the federal government is liable for civil penalties of \$5,500 to \$11,000 per claim, plus three times the amount of damage caused by the false claim.

Federal Deficit Reduction Act of 2005 – Section 6032

Section 6032 requires that any entity, which receives Medicaid payments of at least \$5,000,000 annually, establish certain written policies for all of their employees, managers, contractors, and agents as a prerequisite to receiving Medicaid/Medicaid reimbursement. These policies shall provide written information on the Federal False Claims Act; remedies for false claims and statements; state laws pertaining to civil or criminal penalties for false claims and statements; Whistleblower protections; and the role such laws play in preventing and detecting fraud, waste, and abuse in federal health care programs.



“QuiTam” (Whistleblower) Protection.

“Qui tam” (Whistleblower) is a mechanism of the False Claims Act (FCA) that allows citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover the stolen funds. In compensation for the risk and effort of filing a “qui tam” case, the whistleblower may be awarded a portion of the funds recovered

Fraud, Waste and Abuse Defined:

Fraud: an intentional act of deception, misrepresentation or concealment in order to gain something of value.

Examples include:

- Billing for services that were never rendered
- Billing for services at a higher rate than is actually justified
- Deliberately misrepresenting services, resulting in unnecessary cost to the Medicaid program, improper payments to providers or overpayments

Waste: over-utilization of services (not caused by criminally negligent actions) and the misuse of resource.

Abuse: excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. “Abuse” refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss.

Examples includes:

- Charging in excess for service of supplies
- Providing medically unnecessary services
- Billing for items or services that should not be paid for by Medicaid

Fraud, Waste and Abuse Compliance Training

Care4Everyone requires

- Read and understanding the Fraud, Waste and Abuse policy,
- Read and understanding the Timesheets and Fraud Policy,
- Training at Orientation, and
- Requires annually review of every new staff

Fraud, Waste and Abuse Compliance Plan

The following applies to detect, prevent and correct fraud, waste, and abuse as required by state laws and regulations.

Standards of Conduct

- Fraud will not be tolerated
- Lying on a timesheet is fraud
- Prohibited from giving or receiving any type of kick back
- Failure to refund or return overpayments is fraud

Compliance Plan (measures to detect, prevent and correct fraud, waste and abuse)

- Random audits of timesheet for overuse and fraud
- Background checks to determine whether providers or staff have been convicted of health care fraud
- Home visits to monitor use of services
- Open-door policy to report possible misuse of plan funds or Medicaid
- Random audits of billing claims (billing code must reflect the services provided)

Training (addresses detection, preventing and correcting fraud, waste and abuse)

- Policy and Procedures address fraud and reporting of fraud, waste and abuse
- Employee contract addresses fraud and abuse
- Responsible Party contact addresses detection, prevention and correcting fraud, waste and abuse
- Timesheets address issues pf fraud and abuse

Disciplinary Mechanisms

- No services will be provided to any client that is excluded from participating in Medicaid programs
- There are severe penalties for falsely claiming hours worked. You may be:
 - Disqualified from working at a job that receives Medicare and Medicaid funding which includes Minnesota Medical Assistance for five years
 - Fired by your employer
 - Prosecuted and convicted of fraud which may affect other jobs in the future



- Required to repay the money
- Sent to jail
- Unable to apply for and receive low-income housing assistance

Communications of When Reporting Fraud, Waste and Abuse

- Any client, employee and/or management under any suspicion of fraud, waste and abuse can file a claim to the Compliance Officer at Care4Everyone
- Claim(s) must be in writing
- Has the choice to remain anonymous
- Claim(s) will be address by the Compliance Officer within five (5) business days from receiving the claim(s); and

Responding to Detected Offenses and Corrective Action

- Offenses will be reported to SIRS
- Overpayments will be returned to the plan
- Retraining to prevent similar offenses

Avoid fraudulent behavior, only document hours of work

- When you are present in your role
- When you engage in work activity based on the care plan

Do not:

- Accept money when you have not done the work
- Add hours of services after the person has signed the form
- Ask the person to sign a partially completed timesheets so the person is unable to verify the hours worked before the timesheets is submitted
- Claim more hours of work with the understanding that the hours will be made up at a later date
- Fill out a timesheets for days you do not provide any services (for example, the person receiving services is in the hospital or nursing home)
- You cannot claim PCA hours for work if the person receiving services is at PCA's home. If the person chooses to visit the PCA in the PCA's home, the visit must occur outside of the PCA's hours of work with that person. The PCA cannot claim hours worked if the PCA is in the person's home but taking care of the PCA's children.

Illegal Payments Schemes

- Both the employee and the Client/Responsible Party shall be held accountable for signing a fraudulent time sheet
- The following conduct is not acceptable and is fraudulent:
 - The RP signs a timesheet for a certain payroll period when the employee did not actually work those hours shown on the timesheet at the time and dates indicated.
 - The timesheet is signed before hours are actually worked.

Identity Theft: Using an identification that does not belong to that person to obtain payment and/or services.

False Claims Act: Prohibits any person from knowingly presenting or causing a fraudulent claim for payment.

Reporting Fraud, Waste and Abuse

Everyone has the right and responsibility to report actual and possible fraud, waste or abuse. You may report anonymously and retaliation is prohibited when you are reporting a concern in good faith.

Report issues or concerns to:

- Compliance Officer at Care4Everyone 612-735-2298
- Case Manager
- Minnesota Fraud Hotline via online: <https://fraudhotline.dhs.mn.gov/>
- Department of Health and Human Services Office of Inspector General
 - Twin Cities metro: 651-431-3968
 - Toll-free: 800-627-9977

Data Privacy Policy

Policy

Care4Everyone recognizes the right of each person receiving services in this agency to confidentiality and data



privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy and access to their records. C4E maintains the confidentiality and security of records in compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Gramm-Leach-Bliley Act (GLBA) and other federal and state laws. These laws pertain to the security and privacy of personal, medical and financial information and require that data such as birthdates and social security numbers is used only for their intended purpose(s).

HIPAA protects all medical records and other individually identifiable health information used or disclosed in any form, whether electronically, on paper or orally.

GLBA protects private, non-public, information of individuals. Private, non-public information consists of information such as name, Social Security Number, date and location of birth, gender, credit card numbers and driver's license numbers.

Procedures

A. Private Data

1. Private data includes all information on persons that has been gathered by this agency or from other sources for agency purposes as contained in an individual data file, including their presence and status in this agency.
2. 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:
 - a. The individual who is the subject of the data or a legal representative.
 - b. Anyone to whom the individual gives signed consent to view the data.
 - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this agency.
 - d. Anyone the law says can view the data.
 - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare 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 agency and other licensed caregivers jointly providing services to the same person.
 - f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
3. 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.

B. Providing Notice

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

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
 - a. why the data is being collected;
 - b. how the agency intends to use the information;
 - c. whether the individual may refuse or is legally required to furnish the information;
 - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
 - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information [45 C.F.R. section 164](#)):
 - a. be written in plain language;
 - b. be dated;
 - c. designate the particular agencies or person(s) who will get the information;



- d. specify the information which will be released;
- e. indicate the specific agencies or person who will release the information;
- f. specify the purposes for which the information will be used immediately and in the future;
- g. contain a reasonable expiration date of no more than one year; and
- h. specify the consequences for the person by signing the consent form, including:

"Consequences: I know that state and federal privacy laws protect my records. I know:

 - Why I am being asked to release this information.
 - I do not have to consent to the release of this information. But not doing so may affect this agency's ability to provide needed services to me.
 - If I do not consent, the information will not be released unless the law otherwise allows it.
 - I may stop this consent with a written notice at any time, but this written notice will not affect information this agency has already released.
 - The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - If my information is passed on to others by this agency, it may no longer be protected by this authorization.
 - This consent will end one year from the date I sign it, unless the law allows for a longer period."
- i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data

1. This policy applies to all agency staff, volunteers, and persons or agencies under contract with this agency (paid or unpaid).
2. Staff persons do not automatically have access to private data about the persons served by this agency 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 agency employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
3. 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.
4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data.

Individuals or their legal representatives have a right to access and review the individual record.

1. 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.
2. 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.
3. Individuals may request copies of pages in their record.
4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

F. Case manager access to private data.

A person's case manager and the foster care licensor have access to the records of person's served by the agency under section 245D.095, subd. 4.

G. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.

1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
2. Clearly identify the recipient of information. If information is to be sent to the agency's health care consultant or other staff at the agency, include Attention: (name of person to receive the information), and the name and address of the agency.
3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
4. Keep the document in the person's record.



Provider Required Documentation

Required documentation must be completed and kept in the agency file or the recipient's home residence. The required documentation consists of:

1. Employee files, including:

- Applications for employment;
- Background study requests and results;
- Orientation records about the agency policies;
- Trainings completed with demonstration of competence;
- Supervisory visits;
- Evaluations of employment; and
- Signature on fraud statement;

2. Recipient files, including:

- Demographics;
- Emergency contact information and emergency backup plan;
- Personal care assistance service plan;
- Personal care assistance care plan;
- Month-to-month service use plan;
- All communication records;
- Start of service information, including the written agreement with recipient; and
- Date the home care bill of rights was given to the recipient;

3. Agency policy manual, including:

- Policies for employment and termination;
- Grievance policies with resolution of consumer grievances;
- Staff and consumer safety;
- Staff misconduct; and
- Staff hiring, service delivery, staff and consumer safety, staff misconduct, and resolution of consumer grievances;

4. Time sheets for each personal care assistant along with completed activity sheets for each recipient served; and

5. Agency marketing and advertising materials and documentation of marketing activities and costs.



PERSONAL CARE ASSISTANCE SERVICES

Personal Care Services

PURPOSE

All employees must familiarize themselves and comply with all applicable requirements of Minnesota Rules [9505.0335](#) and [256B.0659](#) relative to Personal Care Services which are excerpted for informational purposes and convenience of reference in pertinent parts in this manual.

Changes in these Rules since adoption may not be reflected within this Manual; therefore, if you have any questions regarding these Rules, please consult with your immediate supervisor. Employees are expected to familiarize themselves with all changes to the following Rules, which may be accessed through the Minnesota Department of Human Services Disability Services Division website, www.dhs.state.mn.us.

DEFINITIONS

For purposes of this part, the following terms have the meanings given them.

“Capable of directing his or her own care”: refers to a recipient's functional impairment status as determined by the recipient's ability to communicate:

- (1) orientation to person, place, and time;
- (2) an understanding of the recipient's plan of care, including medications and medication schedule;
- (3) needs; and
- (4) an understanding of safety issues, including how to access emergency assistance.

“Independent living” or **“live independently”**: refers to the situation of a recipient living in his or her own residence and having the opportunity to control basic decisions about the person's own life to the fullest extent possible. For purposes of this definition and this part, "residence" does not include a long-term care facility or an inpatient hospital.

Personal Care Provider Organization (PCPO): An agency enrolled with DHS that meets DHS standards and signs a provider agreement with DHS to provide PCA services, also known as a Personal Care Provider or PCA Agency.

Personal Care Assistant (PCA): A person who meets, through training or experience, is an employee of or is under contract to a personal care provider, and provides a personal care service.

Personal Care Services: Services that provides assistance and support for persons with disabilities, living independently in the community. This includes the elderly and others with special health care needs. PCA services are provided in the recipient's home or in the community when normal life activities take him/her outside the home. Needs must be ordered by a physician and provided by a personal care assistant to a recipient to maintain the recipient in his or her residence. The two types of personal care service are private personal care service and shared personal care service.

Recipient: An individual who needs personal care services to live independently in the community, is in a stable medical condition, and does not have acute care needs that require inpatient hospitalization or cannot be met in the recipient's residence by a nursing service as defined by Minnesota Statutes, section 148.171, subdivision 15.

Responsible Party (RP) means an individual residing with a qualified recipient who is capable of providing the support care necessary to assist a qualified recipient to live independently, is at least 18 years old, and is not a personal care assistant.

Shared Personal Care Service means personal care services provided by a personal care assistant to more than one qualified recipient residing in the same residential complex. The services of the assistant are shared by the qualified recipients and are provided on a 24-hour basis.

Flexible Use Option: Planned and approved use of authorized PCA service hours/units in a 6-month flexible schedule to more effectively meet the needs of the person. MHCP established two 6-month periods for the PCA



Flexible Use Option. The Flexible Use Option allows authorized PCA units to vary from day-to-day to meet the needs and schedules as specified in the PCA assessment. Flexible Use does not increase the total amount of authorized PCA units.

PCA Choice: Option where the consumer is responsible for hiring, training, scheduling and terminating their personal care assistants.

Activities of Daily Living (ADL) is a routine self-care functions that include: eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning.

Instrumental Activities of Daily Living (IADL) is an individual's activities relating the ADLs that include: meal planning and preparation, managing finances, shopping for food, clothing and other essential items, completing necessary homemaking tasks, communication by telephone and other media, getting around and participating in the community

Observation and Redirection of Behaviors is where PCA worker may observe and provide redirection to the recipient for episodes of behavior needing redirection as identified in the care plan.

Health-Related Procedures and Tasks are procedures and tasks that can be delegated or assigned by a licensed health care professional under state law to be performed by a personal care assistant.

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

Physician Statement of Need: All MHCP personal care assistant (PCA) services require a signed [Communication to Physician of Personal Care Assistance Services form](#). The form includes the recipient's diagnosis, condition and a statement from the physician explaining the need for PCA services.

Care Plan is a written description of how the qualified recipient's needs (identified during the assessment process and addressed in the service plan) will be met. This is developed by the qualified professional or the recipient/responsible party with the assistance of the recipient's physician. This is a requirement of the PCA program. The Care Plan may include, but is not limited to, information contained within the Service Agreement (as defined below), Service Plan (as defined below), Funds and Property Authorization form and Individual Abuse Prevention Plan, as applicable, with respect to each client.

Service Agreement (SA): The document used to identify services, providers and payment information for a person receiving home care or Waiver services. The service agreement allows providers to bill for approved services and allows the Department of Human Services (DHS) to audit usage and payment data.

Service Plan: A written description of the services needed by the recipient based on the assessment.

Qualified Professional (QP): A registered nurse, mental health professional or licensed social worker who is responsible for supervision of PCA services.

Supervision for PCA Services: All recipients receiving PCA services are required to have qualified professional (QP) supervision services. The QP works for the PCA agency to provide oversight and evaluation of the individual personal care assistance service delivery, to ensure the recipient's PCA service needs are met following the [QP Services](#) policy.

PCA Assessment: A Public Health Nurse (PHN) assesses the recipient to determine the needs for his/her care, the needs of the RP, and the needs for PCA services.

POLICY

1. Care4Everyone provides Personal Care services to individuals in their own homes and communities, who need assistance with their activities of daily living as a result of old age, sickness, disability and/or other inflections.
2. Covered Services; Personal Care services include:
 - A. [Activities of Daily Living \(ADLs\)](#)
 - B. [Instrumental Activities of Daily Living \(IADLs\)](#)



- C. [Observation and Redirection of Behaviors](#)
 - D. [Health-related Procedures](#)
3. The following are non-covered PCA services:
- A. Application of restraints or implementation of procedures under [Minn. Stat. §245.825](#)
 - B. Home maintenance or chore services
 - C. Homemaker services not an integral part of assessed need for PCA services
 - D. Instrumental activities of daily living for children under the age of 18, except those noted under covered services
 - E. Injections of fluid and medications into veins, muscles or skin
 - F. Services that are the responsibility of a residential or program license-holder under the terms of a service agreement and administrative rules
 - G. Services solely as a child-care or babysitting service
 - H. Services to meet staffing or licensing requirements for a residential or child-care setting
 - I. PCA services provided by a non-relative who owns or otherwise controls the living arrangement
 - J. PCA services provided without authorization
 - K. Services provided by a recipient's spouse, parent of a recipient under the age of 18, paid legal guardian, licensed foster provider, except as allowed under [Minn. Stat. §256B.0652, subd. 10](#), or responsible party
 - L. Any administration of sterile procedures.
4. Personal Care services shall be delivered in accordance with State regulations.

PCA Care Plan

Policy

A written description of how the recipient's needs identified during the assessment process and addressed in the service plan will be met. This documentation outlines the types of cares needed, emergency staffing plan, monthly hours plan, information contained within the Service Agreement, Service Plan, Funds and Property Authorization. The Care Plan is to be developed/maintained by the QP and the consumer at each required in-person visit and must reflect the cares determined in the PHN's care assessment. This is a requirement of the PCA program.

Procedure

The PCA care plan must be completed or updated:

- Within the **first seven (7) days** of starting services with a PCA provider agency
- When there is a change in condition, tasks, procedure, living arrangements, responsible party or month to month plan
- Annually at the time of the reassessment
- The PCA care plan can only include services that are allowable as [covered services](#) and cannot include services identified as [non-covered services](#).

A copy of the most current PCA care plan must be:

- In the recipient's home
- In the recipient's file at the PCA provider agency
- For shared services, at the location where the shared services are being delivered
- Individual PCAs must know the location of the care plan.

PCA Supervision

Policy

Care4Everyone shall provide PCA services under the direction and supervision of a Registered Nurse, Licensed Social Worker, or Mental Health Professional, who shall have the duties described in items A to I.

- A. Ensure that the personal care assistant is capable of providing the required personal care services through direct observation of the assistant's work or through consultation with the qualified recipient.
- B. Ensure that the personal care assistant is knowledgeable about the plan of personal care services before the personal care assistant performs personal care services.



- C. Ensure that the personal care assistant is knowledgeable about essential observations of the recipient's health, and about any conditions that should be immediately brought to the attention of either the nurse or the attending physician.
- D. Evaluate the personal care services of a recipient through direct observation of the personal care assistant's work or through consultation with the qualified recipient.
- E. Review, together with the recipient, and revise, as necessary, the plan of personal care services at least once every 120 days after a plan of personal care services is developed.
- F. Ensure that the personal care assistant and recipient are knowledgeable about a change in the plan of personal care services.
- G. Ensure that records are kept, showing the services provided to the recipient by the personal care assistant and the time spent providing the services.
- H. Determine that a qualified recipient is capable of directing his or her own care or resides with a responsible party.
- I. Determine with a physician that a recipient is a qualified recipient.

Procedures

Traditional PCA Visits

The QP must develop the initial care plan with the recipient and responsible party, at the location where PCA services are being delivered. The QP must use professional judgment to determine the number of visits needed to ensure quality care. The QP may conduct additional training and evaluation visits if needed. Visits/Evaluations shall be made at the recipient's service location:

- within 14 days of providing services to the recipient
- every 90 days for the first year of a recipient's services;
- every 120 days after the first year of a recipient's service or whenever needed for response to a recipient's request for increased supervision of the personal care assistance staff; and
- after the first 180 days of a recipient's service, supervisory visits may alternate between unscheduled phone or Internet technology and in-person visits, unless the in-person visits are needed according to the care plan.

PCA Choice Visits

The QP may orient, train and evaluate individual PCAs at the request of the recipient/responsible party.

The QP must visit the location of service delivery and meet with the recipient and responsible party to oversee the delivery of PCA services at least every 180 days.

16 and 17 Year Old PCA Visits

For both traditional and PCA Choice, the QP must evaluate the performance of 16 and 17 year old PCAs every 60 days, at the location where PCA services are being delivered.

Shared Service Visits

For both traditional and PCA Choice, in addition to the other visit requirements, the QP must visit the location of shared service delivery every 180 days.

Flexible Use of PCA Services

The recipient can use PCA units in a flexible manner over two six-month periods. Many recipients divide their time 50/50 between the two six-month periods, however they can divide their time flexibly as long as they do not use more than 75% of their time during one six-month period.

Policy

Consumers may use their PCA hours/units in a flexible manner to meet their needs within the following limits:

1. Total authorized hours/units must be divided between two six-month date spans.
2. No more than 75% of total authorized hours/units may be used in a six-month date span; health and safety must be assured.
3. Units cannot be transferred from one six-month date span to another.
4. Additional PCA hours/units cannot be added unless there is a change in condition.

The consumer/responsible party and PCA provider agency are responsible to monitor the use of PCA hours/units. Persons are not eligible for flexible use of PCA hours/units when any of the following occur:

- County denies flexible use
- DHS revokes or denies flexible use



- Person is assigned to the [Minnesota restricted recipient program \(MRRP\)](#)

Agency Responsibilities

C4E is responsible for:

- Assure the consumer has completed a month-to-month plan for the use of PCA hours/units and is added to the PCA care plan
- Monitor use of PCA hours/units
- Notify consumer/responsible party if they will likely use or has used more PCA service hours/units than authorized in a six-month date span or is over the month-to-month plan for the use of PCA hours/units

Recipient Responsibilities

The consumer is responsible to:

- Communicate to provider if there is a change in condition requiring additional service
- Communicate to the assessor the number of hours/units per six-month date span
- Determine how to use the total authorized amount of PCA services to meet their needs and assure health and safety
- Develop a month-to-month plan on use of PCA hours/units as part of the care plan
- Monitor use of PCA services to assure authorized amount meets needs throughout the six-month date span

Misuse, Denial and Revocation

DHS can deny or revoke flexible use of PCA services based on information gathered and can take action including, but not limited to:

- Require recipient to have a responsible party
- Require the qualified professional to monitor and report services on a monthly basis
- Restrict recipient to monthly service authorizations

DHS will provide written notice to C4E and the recipient/responsible party when a recipient is at risk of exceeding the PCA services prior to the end of the six-month period.

MCO / Health Plan

Contact the recipient's health plan for information on the health plan's flexible use policy as they may each be different.

Personal Care Assistance Choice Option

Policy

Personal care assistance choice is an option of the personal care assistance program that allows the recipient who receives personal care assistance services to be responsible for the hiring, training, scheduling, and firing of personal care assistants according to the terms of the written agreement with the personal care assistance choice agency. This program offers greater control and choice for the recipient in who provides the personal care assistance service and when the service is scheduled. The recipient or the recipient's responsible party must choose a personal care assistance choice provider agency as a fiscal intermediary. This personal care assistance choice provider agency manages payroll, invoices the state, is responsible for all payroll-related taxes and insurance, and is responsible for providing the consumer training and support in managing the recipient's personal care assistance services.

Procedures

1. Under PCA choice, the recipient or responsible party shall:
 - A. Recruit, hire, schedule, and terminate personal care assistants according to the terms of the written agreement;
 - B. Develop a personal care assistance care plan based on the assessed needs and addressing the health and safety of the recipient with the assistance of a qualified professional as needed;
 - C. Orient and train the personal care assistant with assistance as needed from the qualified professional;
 - D. Supervise and evaluate the PCA with the qualified professional, who is required to visit the recipient at least every 180 days;
 - E. Monitor and verify in writing and report to the personal care assistance choice agency the number of hours worked by the personal care assistant and the qualified professional;
 - F. Engage in an annual face-to-face reassessment to determine continuing eligibility and service authorization; and



- G. Use the same personal care assistance choice provider agency if shared personal assistance care is being used.
2. C4E requirements:
 - A. Meet all personal care assistance provider agency standards;
 - B. Enter into a written agreement with the recipient, responsible party, and personal care assistants;
 - C. Not be related as a parent, child, sibling, or spouse to the recipient or the personal care assistant; and
 - D. Ensure arm's-length transactions without undue influence or coercion with the recipient and personal care assistant.
3. C4E's duties are:
 - A. Be the employer of the PCA and the QP for employment law and related regulations including, but not limited to, purchasing and maintaining workers' compensation, unemployment insurance, surety and fidelity bonds, and liability insurance, and submit any or all necessary documentation including, but not limited to, workers' compensation and unemployment insurance;
 - B. Bill the medical assistance program for personal care assistance services and qualified professional services;
 - C. Request and complete background studies that comply with the requirements for personal care assistants and qualified professionals;
 - D. Pay the PCA and QP based on actual hours of services provided;
 - E. Withhold and pay all applicable federal and state taxes;
 - F. Verify and keep records of hours worked by the PCA and QP;
 - G. Make the arrangements and pay taxes and other benefits, if any, and comply with any legal requirements for a Minnesota employer;
 - H. Enroll in the medical assistance program as a PCA choice agency; and
4. Before services commence under the PCA Choice option, and annually thereafter, the PCA Choice provider agency and the recipient or responsible party shall enter into a written agreement. The annual agreement must be provided to the recipient or responsible party, each personal care assistant, and the qualified professional when completed, and include at a minimum:
 - A. Duties of the recipient, qualified professional, personal care assistant, and personal care assistance choice provider agency;
 - B. Salary and benefits for the personal care assistant and the qualified professional;
 - C. Administrative fee of the personal care assistance choice provider agency and services paid for with that fee, including background study fees;
 - D. Grievance procedures to respond to complaints;
 - E. Procedures for hiring and terminating the personal care assistant; and
 - F. Documentation requirements including, but not limited to, time sheets, activity records, and the personal care assistance care plan.
5. The rates paid to the personal care assistance choice provider agency must be used to pay for the salary and benefits for the personal care assistant or the qualified professional. The provider agency must use a minimum of 72.5 percent of the revenue generated by the medical assistance rate for personal care assistance services for employee personal care assistant wages and benefits. The revenue generated by the qualified professional and the reasonable costs associated with the qualified professional shall not be used in making this calculation.
6. The commissioner shall deny, revoke, or suspend the authorization to use the personal care assistance choice option if:
 - A. It has been determined by the qualified professional or public health nurse that the use of this option jeopardizes the recipient's health and safety;
 - B. The parties have failed to comply with the written agreement specified in this subdivision;
 - C. The use of the option has led to abusive or fraudulent billing for personal care assistance services; or
 - D. The department terminates the personal care assistance choice option.

G. The recipient or responsible party may appeal the commissioner's decision in paragraph (6) according to section [256.045](#). The denial, revocation, or suspension to use the personal care assistance choice option must not affect the recipient's authorized level of personal care assistance services.

Shared Service

Shared service is the provision of personal care assistance services by a personal care assistant to two or three recipients, eligible for medical assistance, who voluntarily enter into an agreement to receive services at the same time and in the same setting.

- Covered Shared Services may be delivered:



- In a child care program licensed under Minnesota statutes or operated by a local school district or private school
 - In the home residence or family foster home of one or more of the individuals
 - Outside the home or shared care site when normal life activities take a person away from the home
- **Non-Covered Shared Services:**
 - services for more than three recipients by one personal care assistant at one time;
 - staff requirements for child care programs under chapter 245C;
 - caring for multiple recipients in more than one setting;
 - additional units of personal care assistance based on the selection of the option; and
 - use of more than one personal care assistance provider agency for the shared care services.
 - The option of shared personal care assistance is elected by the recipient or the responsible party with the assistance of the assessor. The option must be determined appropriate based on the ages of the recipients, compatibility, and coordination of their assessed care needs. The recipient or the responsible party, and the QP, shall arrange the setting and grouping of shared services based on the individual needs and preferences of the recipients. The personal care assistance provider agency shall offer the recipient or the responsible party the option of shared or one-on-one personal care assistance services or a combination of both. The recipient or the responsible party may withdraw from participating in a shared services arrangement at any time.
 - Authorization for the shared service option must be determined by the commissioner based on the criteria that the shared service is appropriate to meet all of the recipients' needs and their health and safety is maintained. The authorization of shared services is part of the overall authorization of personal care assistance services. Nothing in this subdivision must be construed to reduce the total number of hours authorized for an individual recipient.
 - The commissioner shall provide a rate system for shared personal care assistance services. For two persons sharing services, the rate paid to a provider must not exceed one and one-half times the rate paid for serving a single individual, and for three persons sharing services, the rate paid to a provider must not exceed twice the rate paid for serving a single individual. These rates apply only when all of the criteria for the shared care personal care assistance service have been met.

Recipient/Responsible Party's Responsibilities

- Tell the assessor they wish to use the shared care option.
- Sign the [Home Care Shared Services Agreement \(HCN or PCA\) \(DHS-5899 \(PDF\)\)](#)
- Participate in the development of the care plan and contingency plans and PCA training.
- Notify the PCA provider agency if they want to end shared services.

PCA Responsibilities

- Receive training specific for each recipient served; and
- Follow all required documentation requirements for time and services provided.

Agency's Responsibilities

- The provider agency, along with the consumer, must assure that shared service is appropriate based on the ages of the consumers, compatibility and coordination of their assessed care needs.
- The provider must offer the consumer the option of shared care or one-to-one service or a combination of both.
- The provider must have the consumers who are sharing care sign the [Home Care Shared Services Agreement \(HCN or PCA\) \(DHS-5899 \(PDF\)\)](#) and file in the agency file. This form lists the expected outcomes for shared service and is a permission form to share services.

QP Responsibilities

- Evaluate the ability of the personal care assistant to provide services for all of the recipients in a shared setting;
- Visit the shared setting as services are being provided at least once every six months or whenever needed for response to a recipient's request for increased supervision of the personal care assistance staff;
- Provide ongoing monitoring and evaluation of the effectiveness and appropriateness of the shared services;



- Develop a contingency plan with each of the recipients which accounts for absence of the recipient in a shared service setting due to illness or other circumstances;
- Obtain permission from each of the recipients who are sharing a personal care assistant for number of shared hours for services provided inside and outside the home residence; and
- Document the training completed by the personal care assistant specific to the shared setting and recipients sharing services.



Service Delivery

The objective of our agency is to provide quality services that meet the needs of the public and are consistent with PCA rules and regulations. The purpose of our Service Delivery Policy is to ensure we accomplish our objectives by:

- Establishing, and implementing policies that define performance standards for quality PCA services; and
- Establishing and implementing procedures that are designed to ensure our services are delivered in a consistent manner.

The following policies and procedures are hereby incorporated into and made part of the Service Delivery Policy. The following materials define how our services are to be delivered and are designed to ensure our services are effective and consistent.

Admission Criteria Policy

Policy

It is the policy of Care4Everyone to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights and this licensed program's knowledge, skill, and ability to meet the service and support needs of persons served.

Procedures

A. Pre-admission

Before admitting a person to C4E, the agency must provide the following information to the person or the person's legal representative:

1. Identifies the criteria to be applied in determining whether C4E can develop services to meet the needs specified in the person's coordinated service and support plan.

B. Service initiation

1. Service recipient rights

Upon service initiation C4E will provide each person or each person's legal representative with a written notice that identifies the service recipient rights, and an explanation of those rights within **five working days** of service initiation and annually thereafter. Reasonable accommodations will be made 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, if any. C4E will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation on the *Rights Packet* form.

2. Availability of C4E's policies and procedures

C4E must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights, and provide copies of the following policies and procedures, within five working days of service initiation:

- Grievance policy and procedure.
- Service suspension and termination policy and procedure.
- Emergency use of manual restraints policy and procedure.
- Data privacy.

3. Handling property and funds

C4E will obtain written authorization from the person or the person's legal representative and the case manager whenever C4E will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, C4E will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. C4E will document the preference. C4E will document changes to these preferences when they are requested.

C. Refusal to admit a person

1. Refusal to admit a person to C4E must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.
2. C4E will not refuse to admit a person based solely on:

- a. the type of residential services the person is receiving
 - b. person's severity of disability;
 - c. orthopedic or neurological handicaps;
 - d. sight or hearing impairments;
 - e. lack of communication skills;
 - f. physical disabilities;
 - g. toilet habits;
 - h. behavioral disorders; or
 - i. past failure to make progress.
3. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Person-Centered Planning and Service Delivery

Provision of Services

C4E must provide services as assigned in the coordinated service and support plan. The provision of services must comply with the requirements of chapter 245D and the state waiver plans.

Person-Centered Planning and Service Delivery.

- A. C4E must provide services in response to the person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of section [245D.07](#).
- B. Services must be provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:
 1. Person-centered service planning and delivery that:
 - I. identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
 - II. uses that information to identify outcomes the person desires; and
 - III. respects each person's history, dignity, and cultural background;
 2. Self-determination that supports and provides:
 - I. opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
 - II. the affirmation and protection of each person's civil and legal rights; and
 3. Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:
 - i. inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
 - ii. opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
 - iii. 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.

Service Planning Requirements

- A. **Within 15 calendar days** of service initiation C4E must complete a preliminary coordinated service and support plan addendum based on the coordinated service and support plan.
- B. **Within 60 calendar days** of service initiation C4E must review and revise as needed the preliminary coordinated service and support plan addendum to document the services that will be provided including how, when, and by whom services will be provided, and the person responsible for overseeing the delivery and coordination of services.
- C. C4E must participate in service planning and support team meetings for the person following stated timelines established in the person's coordinated service and support plan or as requested by the person or the person's legal representative, the support team or the expanded support team.

Reports

C4E must provide written reports regarding the person's progress or status as requested by the person, the person's legal representative, the case manager, or the team.



Minnesota Home Care Bill of Rights*

STATEMENT OF RIGHTS

A person who receives home care services has these rights:

A client who receives home care services in the community has these rights:

1. Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated.
2. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.
3. Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. Refuse services or treatment.
6. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. Be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources if known; and what charges the client may be responsible for paying.
8. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs or public programs.
10. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. Access the client's own records and written information from those records in accordance with Minnesota Health Records Act, Minnesota Statute, Sections 144.291 to 144.298.
12. Be served by people who are properly trained and competent to perform their duties.
13. Be treated with courtesy and respect, and to have the client's property treated with respect.
14. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. Reasonable, advance notice of changes in services or charges.
16. Know the provider's reason for termination of services.
17. At least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
 - The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
 - The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
 - An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. A coordinated transfer when there will be a change in the provider of services.
19. Complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.
20. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint.
21. Know the name and address of the state or county agency to contact for additional information or assistance.
22. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.



23. Place an electronic monitoring device in the _____ state requirements.
client's or resident's space in compliance with

You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to assure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to the fines and license actions.

Providers must do all of the following:

Encourage and assist in the fullest possible exercise of these rights.

Provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights.

Make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services.

Make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English.

Provide all information and notices in plain language and in terms the client or resident can understand.

No provider may require or request a client or resident to waive any of the rights listed in this section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

Interpretation and Enforcement of Rights

These rights are established for the benefit of clients who receive home care services. All home care providers must comply with these rights. The commissioner shall enforce this. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or licensed home care providers.



Resources

You may contact your licensed provider as indicated below:

Licensee Name: Care4Everyone	Address: 2799 Rustic Pl., Ste 213, Little Canada, MN 55117
Telephone Number: (651) 300-2073	E-mail: Care4everyone@mail.com
Name and/or Title of person to whom problems or complaints may be directed: Dia Yang, Director of Client Services	
Report suspected abuse, neglect or financial exploitation of a vulnerable adult: MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC) Phone: 1-844-880-1574 For more information: https://mn.gov/dhs/adult-protection/ For all other complaints that are not suspected abuse, neglect or financial exploitation of a vulnerable adult, please contact the Office of Health Facility Complaints at the Minnesota Department of Health: MINNESOTA DEPARTMENT OF HEALTH OFFICE OF HEALTH FACILITY COMPLAINTS PO Box 64970 St. Paul, Minnesota 55164-0970 Phone: 651-201-4201 or 1-800-369-7994 Fax: 651-281-9796 health.ohfc-complaints@state.mn.us Office of Health Facility Complaints https://www.health.state.mn.us/facilities/regulation/ohfc/index.html	
<p>To request advocacy services, please contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities:</p> <p>OFFICE OF OMBUDSMAN FOR LONG-TERM CARE PO Box 64971 St. Paul, MN 55164-0971 1-800-657-3591 or 651-431-2555 MBA.OOLTC@state.mn.us http://www.mnaging.org/Advocate/OLTC.aspx</p> <p>OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES 121 7th Place East Metro Square Building St. Paul, MN 55101-2117 1-800-657-3506 or 651-757-1800 Ombudsman.mhdd@state.mn.us https://mn.gov/omhdd/</p> <p>MID-MINNESOTA LEGAL AID/MINNESOTA DISABILITY LAW CENTER (Protection and Advocacy Systems) 430 First Avenue North, Suite 300 Minneapolis, MN 55401-1780 1-800-292-4150 mndlc@mylegalaid.org Legal Aid http://mylegalaid.org/</p>	<p>MINNESOTA DEPARTMENT OF HUMAN SERVICES (Medicaid Fraud and Abuse-payment issues) Surveillance and Integrity Review Services PO Box 64982 St Paul, MN 55164-0982 1-800-657-3750 or 651-431-2650 DHS.SIRS@state.mn.us</p> <p>SENIOR LINKAGE LINE (Aging and Disability Resource Center/Agency on Aging) Minnesota Board on Aging PO Box 64976 St. Paul, MN 55155 1-800-333-2433 senior.linkage@state.mn.us www.SeniorLinkageLine.com</p> <p>For general inquiries, please contact: Minnesota Department of Health Health Regulation Division 85 E. 7th Place PO Box 64970 St. Paul, MN 55164-0970 651-201-4101 health.fpc-web@health.state.mn.us www.health.state.mn.us</p>

To be used by licensed only home care providers per Minnesota Statute, Section 144Aa.44 Subdivision 1. These rights pertain to clients receiving home care services from licensed only home care providers.

The home care provider shall provide the client or the client's representative a written notice of the rights before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900 St.
Paul, Minnesota 55164-0900
651-201-4101
health.fpc-licensing@state.mn.us

Service Recipient Rights

This program is licensed under Minnesota Statutes, Chapter 245D. It will help you exercise and protect your rights identified in Minnesota Statutes, section [245D.04](#).

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

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences, (including personal items in my bedroom).
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if C4E has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including C4E's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have C4E help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that C4E has about me as allowed by state and federal law, regulation, or rule
12. Be free from abuse, neglect or financial exploitation by C4E or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location.
15. Be treated with courtesy and respect, have access to and respectful treatment of my personal possessions at any time.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use C4E's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with C4E fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from C4E.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them.

23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.

Rights Restrictions

CAN MY RIGHTS BE RESTRICTED?

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

WHAT IS C4E REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?

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

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning C4E must clearly identify when everyone will know the restriction is no longer needed and it has to end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, C4E must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

CAN C4E RESTRICT ALL OF MY RIGHTS?

C4E cannot restrict any right they chose. The only rights C4E may restrict, after documenting the need, include:

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

WHAT IF I DON'T GIVE MY APPROVAL?

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

WHAT IF I WANT TO END MY APPROVAL?

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

Health Service Coordination and Care Policy

Policy

It is the policy of Care4Everyone to meet the health service needs of each person being served as defined and assigned in each person's coordinated service and support plan (CSSP) or CSSP addendum.

Procedures

1. When discovered, Care4Everyone will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to Care4Everyone in the person's CSSP or CSSP addendum.
2. If Care4Everyone has reason to know that the change has already been reported, it is not necessary to report.
3. Care4Everyone must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, on the Health Need Change Notice.
4. When assigned the responsibility for meeting the person's health service needs in the person's CSSP or the CSSP addendum, Care4Everyone will maintain documentation on how the person's health needs will be met, including a description of the procedures to follow in order to:
 8. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;

9. Monitor health conditions according to written instructions from a licensed health professional;
10. Assist with or coordinate medical, dental and other health service appointments; or
11. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Health Care Directives

Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

What is a Health Care Directive?

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

Why Have a Health Care Directive?

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

Must I Have a Health Care Directive? What Happens if I Don't Have One?

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

How Do I Make a Health Care Directive?

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following **requirements** to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

I Prepared My Directive in Another State. Is It Still Good?

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

What Can I Put in a Health Care Directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).

- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

Are There Any Limits to What I Can Put in My Health Care Directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

How Long Does a Health Care Directive Last? Can I Change It?

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- a. A written statement saying you want to cancel it.
- b. Destroying it.
- c. Telling at least two other people you want to cancel it.
- d. Writing a new health care directive.

What If My Health Care Provider Refuses to Follow My Health Care Directive?

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

What If I've Already Prepared a Health Care Document? Is It Still Good?

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

What Should I Do with My Health Care Directive After I Have Signed It?

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

How to Obtain Additional Information

If you want more information about health care directives, please contact your health care provider, your attorney, or:

Minnesota Board on Aging's Senior LinkAge Line®
1-800-333-2433.

A suggested health care directive form is available on the internet at:

<http://www.mnaging.org/>.

For questions about this page, please contact our Facility & Provider Compliance Division:

Discontinuation of Life Sustaining Treatment

POLICY

All employees shall be instructed to notify the Administrator/designee of any request received to discontinue life-sustaining treatment.

PURPOSE

To be aware of a recipient's or caregiver's request to discontinue life-sustaining treatment.
To respect the recipient's wishes and respond in a timely manner.

SPECIAL INSTRUCTIONS:

1. If a recipient, family member, or other caregiver of the recipient requests that an employee or other agent of the home care provider discontinue a life sustaining treatment, the employee receiving the request shall:
 - a. Take no action to discontinue the treatment
 - b. Promptly inform the Administrator/designee of the recipient's request.
2. Upon being informed of a request for termination of treatment, the Agency shall promptly:
 - A. Inform the recipient that the request will be made known to the physician who ordered the recipient's treatment
 - B. Inform the physician of the recipient's request
 - C. Work with the recipient and recipient's physician to comply with the provisions of the health Care Directive Act in Chapter 145C
3. This Agency shall not be required to discontinue treatment, except as may be required by law or court order.
4. The recipient shall maintain control of their treatment and the right to terminate their relationship with the Agency.
5. A request by a recipient to discontinue life-sustaining treatment shall be construed in a manner consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B and declarations made by recipients under that act.

Handling of Funds and Property

POLICY

Care4Everyone shall establish guidelines to follow in handling recipients' finances and property. Recipients and families will be informed about the scope of services and limitations of staff involvement.

PURPOSE:

To provide protection for the recipient in handling their finances and property.

SPECIAL INSTRUCTIONS:

2. Powers of Attorney

C4E may not accept powers-of-attorney from recipients for any purpose, and may not accept appointments of guardians or conservators of recipients, unless the C4E maintains a clear organizational separation between the home care service and the program that accepts guardianship or conservatorship appointments.

3. Handling Recipient's Finances

- C4E may assist the recipient with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a recipient's property.
- C4E must provide a recipient with receipts for all transactions and purchases paid with the recipient's funds unless restrictions are justified and documented.
- Separate recipient's funds from funds of other persons served by the program and from funds of the license holder, the program, or program staff.
- Staff immediately documents the receipt and disbursement of recipient funds or other property at the time of receipt or disbursement, including recipient's signature or the signature of recipient legal representative or payee.

- Staff must return upon recipient request, recipient funds and property in the program's possession and according to any justified and documented restrictions, as soon as possible, but no later than **three (3) working days after the date of recipient's request**.
- When receipts are not available, the transaction or purchase must be documented.
- C4E shall maintain records of all such transactions.
- The Administrator/designee will investigate any reports of misappropriation of recipient's money or property, and will report to the Common Entry Point within 24 hours if the complaint is determined to be valid.

4. Agency and staff restrictions:

- Borrow money from recipient;
- Purchase personal items from recipient;
- Sell merchandise or personal services to recipient;
- Require recipient to purchase items for which the program is eligible for reimbursement; or
- Use my funds to purchase items for which the program is already receiving public or private payments.

6. Itemized financial statements

The program must complete itemized financial statements when it is responsible for safekeeping of recipient's funds and property. The financial statements will itemize receipt (money or property received) and disbursement (money spent or property disposed). These itemized financial statements will be provided to the recipient, legal representative, and case manager according to the recipient's preference.

7. Review, complete and obtain signature on the [Funds and Property Authorization Form](#) within five (5) working days.

Service Termination Policy

Policy

It is the policy of this DHS licensed provider Care4Everyone to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

Procedures

1. Care4Everyone must permit each person to remain in the agency 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;
 - B. The safety of the person or others in the agency 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 agency would otherwise be endangered;
 - D. The agency has not been paid for services;
 - E. The agency ceases to operate; or
 - F. The person has been terminated by the lead agency from waiver eligibility.

to giving notice of service termination, this agency must document the actions taken to minimize or eliminate the need for nation.

1. Action taken by the agency must include, at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
 - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the agency.
The request for intervention services will not be made for service termination notices issued because the agency has not been paid for services.
2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the agency unable to consult with the person's team or request interventions services, the agency must document the specific circumstances and the reason for being unable to do so.

5. The notice of service termination must meet the following requirements:
 - a. This agency must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
 - b. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the agency must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
 - c. The written notice of a proposed service termination must include all of the following elements:
 1. The reason for the action;
 2. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when the agency ceasing operation;
 3. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
 4. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
 - d. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
 - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
 - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
 1. This notice may be given in conjunction with a notice of temporary service suspension.
- During the service termination notice period, the agency must:
 - B. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
 - C. Provide information requested by the person or case manager; and
 - D. Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

Temporary Service Suspension Policy

Policy

It is the policy of Care4Everyone to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

Procedures

1. C4E will limit temporary service suspension to the following situations:
 1. The person's conduct poses an imminent risk of physical harm to self or others and either:
 - a. 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
 - b. less restrictive measures would not resolve the issues leading to the suspension; OR
 2. The person has emergent medical issues that exceed the C4E's ability to meet the person's needs; OR
 3. C4E has not been paid for services.
- C. Prior to giving notice of temporary service suspension, C4E must document actions taken to minimize or eliminate the need for service suspension.
 - A. Action taken by C4E must include, at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
 - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the agency.

- B. If, based on the best interests of the person, the circumstances at the time of the notice were such that the agency was unable to consult with the person's team or request interventions services, the agency must document the specific circumstances and the reason for being unable to do so.
- a. The notice of temporary service suspension must meet the following requirements:
 - 1. This agency must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
 - 2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the agency must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
 - 3. Notice of temporary service suspension must be given on the first day of the service suspension.
 - 4. The written notice service suspension must include the following elements:
 - D. The reason for the action;
 - E. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - F. Why these measures failed to prevent the suspension.
 - 5. During the temporary suspension period the program must:
 - a. Provide information requested by the person or case manager;
 - b. Work with the support team or 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 service suspension, including the written notice of temporary service suspension in the person's record.
- b. A person has the right to return to receiving services during or following a service suspension with the following conditions.
 - B. Based on a review by the person's support team or expanded support team, 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.
 - C. If, at the time of the 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 support team or 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.
 - D. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

Individual Abuse Prevention Plan (IAPP)

Care4Everyone is required to establish and enforce ongoing written individual abuse prevention plans as required under Minnesota Statutes, section [626.557](#), subdivision 14 (b) and section [245A.65](#), subdivision 2 (b).

Development and review of the plan: An individual abuse prevention plan shall be developed for each new person as part of the initial individual agency plan or service plan required under the applicable licensing rule. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the agency plan or service plan. The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities. If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan. The interdisciplinary team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

Plan contents: The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult when the individual assessment required in section 626.557, subdivision 14, paragraph (b), indicates the need for measures in addition to the specific measures identified in the agency abuse prevention plan. The measures shall include the specific actions the agency will take to minimize the risk of abuse within the scope of the licensed services, and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the agency abuse prevention plan, the individual abuse prevention plan shall document this determination.

Requirements of [626.557](#), subd. 14(b): Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.

Persons with history of violent crime an act of physical aggression toward others: If the agency knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Emergency Use of Manual Restraints Policy

Purpose

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

- **Policy**

It is the policy of C4E to ensure the correct use of emergency use of manual restraint, to provide intense training and monitoring of direct support staff, and to ensure regulations regarding the emergency use of manual restraint are followed.

Definition

Emergency Use of Manual Restraint is defined as "using a manual restraint when a person poses an imminent risk of physical harm to self or others and is the least restrictive intervention that would achieve safety. Property

damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own do not constitute an emergency."

- **Positive support strategies and techniques required**

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

- A. Follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
- B. Shift the focus by verbally redirect the person to a desired alternative activity;
- C. Model desired behavior;
- D. Reinforce appropriate behavior
- E. Offer choices, including activities that are relaxing and enjoyable to the person;
- F. Use positive verbal guidance and feedback;
- G. Actively listen to a person and validate their feelings;
- H. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- I. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- J. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- K. Respect the person's need for physical space and/or privacy.

B. C4E will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:

- ◆ Eliminate the use of prohibited procedures as identified in section III of this policy;
- ◆ Avoid the emergency use of manual restraint as identified in section I of this policy;
- ◆ Prevent the person from physically harming self or others; or
- ◆ Phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

- **Permitted actions and procedures**

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by Care4Everyone. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

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

- ◆ Calm or comfort a person by holding that persons with no resistance from that person;
- ◆ Protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
- ◆ Facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
- ◆ 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; or
- ◆ To 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:

- ◆ Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
- ◆ 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; or
- ◆ Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

Any use of manual restraint as allowed in this paragraph [section 3b.] must comply with the restrictions identified in [section 3a.].

3. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

- **Prohibited Procedures**

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

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

- **Manual Restraints Not Allowed in Emergencies**

- C4E does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:
 - L. Continue to utilize the positive support strategies;
 - M. Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
 - N. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
 - O. Remove objects from the person's immediate environment that they may use to harm self or others
 - P. Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.
- C4E will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning standards.

- **Conditions for Emergency Use of Manual Restraint**

1. Emergency use of manual restraint must meet the following conditions:
 - A. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm; and
 - B. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety. The manual restraint must end when the threat of harm ends.
2. The following conditions, on their own, are not conditions for emergency use of manual restraint:
 1. The client is engaging in property destruction that does not cause imminent risk of physical harm;
 2. The client is engaging in verbal aggression with staff or others; or
 3. A client's refusal to receive or participate in treatment or programming.

- **Restrictions When Implementing Emergency Use of Manual Restraint**

Emergency use of manual restraint must not:

- A. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
- B. Be implemented with an adult in a manner that constitutes abuse or neglect;
- C. Be implemented in a manner that violates a client's rights and protection;
- D. Be implemented in a manner that is medically or psychologically contraindicated for a person;
- E. Restrict a client's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
- F. Restrict a client's normal access to any protection required by state licensing standards and federal regulations governing this program;
- G. Deny a client visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
- H. 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 or services provided by this program;
- I. Use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual

restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or

- J. Apply back or chest pressure while a person is in a prone position, supine (meaning a face-up) position, or side-lying position,
- K. Be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

- **Monitoring Emergency Use of Manual Restraint**

- 1. The agency must monitor a client's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
 - 1. Only manual restraints allowed in this policy are implemented
 - 2. Manual restraints that have been determined to be contraindicated for a client are not implemented with that client
 - 3. Allowed manual restraints are implemented only by staff trained in their use
 - 4. The restraint is being implemented properly as required; and
 - 5. The mental, physical, and emotional condition of the client who is being manually restrained is being assessed and intervention is provided when necessary to maintain the client's health and safety and prevent injury to the client, staff involved, or others involved.
- 2. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
- 3. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

- **Reporting Emergency Use of Manual Restraint**

- A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements.

When the emergency use of manual restraint involves more than one client receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other client unless the program has the consent of the client.

- B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
 - a. Who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and clients receiving services who were involved;
 - b. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
 - c. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
 - d. A description of the mental, physical, and emotional condition of the who was manually restrained, leading up to, during, and following the manual restraint;
 - e. A description of the mental, physical, and emotional condition of the other clients involved leading up to, during, and following the manual restraint;
 - f. Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 - g. Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 - h. Whether there was a debriefing with the staff and, if not contraindicated, with the client who was restrained and other clients who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

- C. A copy of this report must be maintained in the client's service recipient record. The record must be uniform and legible.
- D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met
 - a. 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;
 - b. Upon the attempt to release the restraint, the client's behavior immediately re-escalates; and
 - c. Staff must immediately re-implement the manual restraint in order to maintain safety.

- **Internal Review of Emergency Use of Manual Restraint**

- A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
- B. The internal review must include an evaluation of whether:
 - I. The person's service and support strategies need to be revised;
 - II. Related policies and procedures were followed;
 - III. The policies and procedures were adequate;
 - IV. There is need for additional staff training;
 - V. The reported event is similar to past events with the persons, staff, or the services involved; and
 - VI. There is a need for corrective action by the program to protect the health and safety of clients.
- C. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.
- D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
- E. The program has identified the Administrator as the person responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.

Administrator – Phone: 651-300-2073

- **Expanded Support Team Review**

- 1. Within five working days after the completion of the internal review, the agency must consult with the expanded support team following the emergency use of manual restraint to:
 - 1. Discuss the incident reported to:
 - Define the antecedent or event that gave rise to the behavior resulting in the manual restraint and
 - Identify the perceived function the behavior served
 - 2. Determine whether the person's coordinated service and support plan addendum needs to be revised
 - To positively and effectively help the person maintain stability and
 - Reduce or eliminate future occurrences requiring emergency use of manual restraint.
- 2. C4E must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.

- **External Review and Reporting**

Within five working days of the expanded support team review, C4E must submit the following to the Department of Human Services, and the Office of the Ombudsman for Mental Health and Developmental Disabilities.

- A. The report of the emergency use of manual restraint
- B. The internal review and the corrective action plan
- C. The summary of the expanded support team review written summary

- **Staff Training**

Before staff may implement manual restraints on an emergency basis the agency must provide the training required in this section.

1. Care4Everyone will provide staff with orientation and annual training as required in Minnesota.
1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - i. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
 - ii. staff responsibilities related to ensuring prohibited procedures are not used;
 - iii. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - iv. why prohibited procedures are not safe; and
 - v. the safe and correct use of manual restraint on an emergency basis according to the requirements in this policy.
2. Within 60 days of hire the program must provide instruction on the following topics:
 - i. 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;
 - ii. de-escalation methods, positive support strategies, and how to avoid power struggles;
 - iii. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
 - iv. how to properly identify thresholds for implementing and ceasing restrictive procedures;
 - v. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - vi. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - vii. the communicative intent of behaviors; and
 - viii. relationship building.
2. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.
3. The agency must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Maltreatment of Vulnerable Adults Reporting Policy

Who Should Report Suspected Maltreatment of a Vulnerable Adult

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately (within 24 hours).

Where to Report

- You can report to the state-wide common entry point, the Minnesota Adult Abuse Reporting Center, at 844-880-1574.
- Or, you can report internally to the Administrator at Care4Everyone by calling (651) 300-2073. If this individual listed is involved in the alleged or suspected maltreatment, you must report to the Office Manager at Care4Everyone.

Internal Report

- When an internal report is received, the Administrator at Care4Everyone is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
- If that person is involved in the suspected maltreatment, the Office Manager will assume responsibility for deciding if the report must be forwarded to the state-wide common entry point. The report must be forwarded within 24 hours.
- If you have reported internally, you should receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

Internal Review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days.
- The internal review must include an evaluation of whether:
- related policies and procedures were followed;
- the policies and procedures were adequate;
- there is a need for additional staff training;
- the reported event is similar to past events with the vulnerable adults or the services involved; and
- there is a need for corrective action by the agency to protect the health and safety of vulnerable adults.

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

- The internal review will be completed by the Administrator.
- If this individual is involved in the alleged or suspected maltreatment, the Office Manager will be responsible for completing the internal review.

Documentation of the Internal Review

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

Corrective Action Plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff Training

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

For further information, visit www.mn.gov/adult-protection.

THIS REPORTING POLICY MUST BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.

Maltreatment of Minors Mandated Reporting Policy

Who Should Report

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

Where to Report

1. If you know or suspect that a child is in immediate danger, call 911.
2. Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family childcare facility should be made to county child protection services.
3. Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at 651-431-6600.

4. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at or local law enforcement at 651-300-2073.
5. If your report does not involve possible abuse or neglect but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500.

What to Report

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

Failure to Report

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

Retaliation Prohibited

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

Internal Review

- When C4E has reason to know that an internal or external report of alleged or suspected maltreatment has been made, C4E must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
 1. related policies and procedures were followed;
 2. the policies and procedures were adequate;
 3. there is a need for additional staff training;
 4. the reported event is similar to past events with the children or the services involved; and
 5. there is a need for corrective action by the license holder to protect the health and safety of children in care.

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

- The internal review will be completed by the agency Administrator.
- If this individual is involved in the alleged or suspected maltreatment, the Office Manager will be responsible for completing the internal review.

Documentation of the Internal Review

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

Corrective Action Plan

Based on the results of the internal review, C4E must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff Training

C4E must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The agency must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

THE MANDATED REPORTING POLICY MUST BE PROVIDED TO PARENTS OF ALL CHILDREN AT THE TIME OF ENROLLMENT IN THE CHILD CARE PROGRAM AND MUST BE MADE AVAILABLE UPON REQUEST.

Grievance Policy

Policy

It is the policy of Care4Everyone 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 served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

Procedures

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

- B. How to File a Grievance
 1. The person receiving services or person's authorized or legal representative:
 1. should talk to a staff person that they feel comfortable with about their complaint or problem;
 2. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 3. may request staff assistance in filing a grievance.
 2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
 - A. That person is the Administrator.
 - B. They may be reached at 651-300-2073 located on 749 N Milton St., Saint Paul, MN 55104.

- C. Response by C4E
 - IV.** Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - A. the name, address, and telephone number of outside agencies to assist the person; and
 - B. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
 - V.** C4E will respond promptly to grievances that affect the health and safety of service recipients.
 - VI.** All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
 - VII.** All complaints will be resolved within 30 calendar days of the receipt.
 - VIII.** If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
 - IX.** Once a complaint is received, C4E is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - A. related policy and procedures were followed;
 - B. related policy and procedures were adequate;
 - C. there is a need for additional staff training;
 - D. the complaint is similar to past complaints with the persons, staff, or services involved; and
 - E. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.

- X. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
- XI. C4E will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - A. identifies the nature of the complaint and the date it was received;
 - B. includes the results of the complaint review; and
 - C. identifies the complaint resolution, including any corrective action.

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

Emergency Response, Reporting & Review Policy

1. Policy

It is the policy of this DHS licensed provider Care4Everyone to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

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

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

2. Response Procedures

A. Safety procedures

- 1. **Fires.** Additional information on safety in fires is available online at: <http://www.ready.gov/fires>. In the event of a fire emergency, staff will take the following actions:

Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.

Remain calm and keep everyone together. Do not reenter until the fire department determines it is safe to do so.

Call 911 for the fire department and provide them with relevant information.

Provide emergency first aid as required until emergency personnel arrive.

- II. **Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. In the event of a severe weather emergency, staff will take the following actions:

Monitor weather conditions: Listen to local television or radio or a weather-radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.

WARNING: Severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.

WATCH: Severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: Weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

3. **Power failures.** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. In the event of a power failure emergency, staff will take the following actions:

Report power failures to consumer's power company.

Use emergency supplies (flashlights, battery-operated radio).

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

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

Follow directions of local emergency personnel to locate the closest emergency shelter.

If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.

At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.

Remain calm and keep everyone informed of why events are occurring.

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

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

Account for the well-being of all people receiving services.

Inform people why they are leaving the program and what is being done to keep them safe.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

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

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

Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, remove from the program medication and medical supplies, medical and programs books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.

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

3. Reporting Procedures

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

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

4. Review Procedures

Care4Everyone will complete a review of all emergencies.

- A. The review will be completed using the Care4Everyone's emergency report and review form by Administrator.
- B. The review will be completed within 14 days of the emergency.
- C. The review will ensure that the written report provides a written summary of the emergency.
- D. The review will identify trends or patterns, if any, and determine if corrective action is needed.
- E. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

5. Record Keeping Procedures

- I. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.

C. Emergency reports will be maintained at Care4Everyone Office 749 N Milton St., Saint Paul, MN 55104.

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>).

Incident Response, Reporting and Review Policy

I. Policy

It is the policy of Care4Everyone to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

"Incident" means an occurrence which involves a person and requires the program to make a response that is not part of the program's ordinary provision of services to that person, and includes:

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

- F. A person's death.

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

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

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

- J. A person's unauthorized or unexplained absence from a program.

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

- H. Any sexual activity between persons receiving services involving force or coercion.
 - "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

- L. Any emergency use of manual restraint.

- M. A report of alleged or suspected child or vulnerable adult maltreatment.

III. Response Procedures

- A. Serious injury
 - 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 - 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 - 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Death

1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.

C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition

1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

D. Mental health crisis

When staff believes that a person is experiencing a mental health crisis they must call 911.

E. Requiring 911, law enforcement, or fire department

6. For incidents requiring law enforcement or the fire department, staff will call 911.
7. For non-emergency incidents requiring law enforcement, staff will call 911.
8. For non-emergency incidents requiring the fire department, staff will call 911.
9. Staff will explain to the need for assistance to the emergency personnel.
10. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

F. Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. Staff will notify Care4Everyone who will determine the next steps.

G. Conduct of the person

When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:

1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement the policy on emergency use of manual restraints (see [EUMR Policy](#)).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

H. Sexual activity involving force or coercion

If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the [EUMR Policy](#) as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.

6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it is necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint (EUMR)

Follow the [EUMR Policy](#).

J. Maltreatment

Follow the [Maltreatment of Minors](#) or [Vulnerable Adult Reporting Policy](#).

IV. Reporting Procedures

A. Completing a report

1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
 - The name of the person or persons involved in the incident;
 - The date, time, and location of the incident;
 - A description of the incident;
 - A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
 - The name of the staff person or persons who responded to the incident; and
 - The results of the review of the incident (see section IV).
2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

B. Reporting incidents to team members

1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
 - a. within 24 hours of the incident occurring while services were provided;
 - b. within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
2. Care4Everyone will not report an incident when it has a reason to know that the incident has already been reported.
3. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
3. Care4Everyone will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

D. Additional reporting requirements for maltreatment

1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

E. Additional reporting requirements for emergency use of manual restraint (EUMR)

Follow the [EUMR Policy](#).

IV. Reviewing Procedures

- A. Conducting a review of incidents and emergencies
This program will complete a review of all incidents.
1. The review will be completed by the Administrator.
 2. The review will be completed within 14 days of the incident.
 3. The review will ensure that the written report provides a written summary of the incident.
 4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
 5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.
- B. Conducting an internal review of deaths and serious injuries
C4E will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
1. The review will be completed by the Administrator.
 2. The review will be completed within 14 days of the death or serious injury.
 3. The internal review must include an evaluation of whether:
 - a. related policies and procedures were followed;
 - b. the policies and procedures were adequate;
 - c. there is need for additional staff training;
 - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
- F. Based on the results of the internal review, Care4Everyone must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or Care4Everyone, if any.
- G. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the agency's emergency use of manual restraints policy.
- H. Conducting an internal review of maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy
- I. Conducting a review if emergency use if manual restraints
Follow the [EUMR Policy](#).

Record Keeping Procedures

- A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

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

Incident Type	Legal Rep/ Emerg. Contact	Case Mgr	Ombuds MH/DD	DHS Licensing
Serious injury as determined by section 245.91, subdivision 6	X	X	X	X
A person's death	X	X	X	X
Any medical emergencies, unexpected serious illnesses, or significant unexpected change in illness or medical condition that requires the program to call 911, physician treatment, or hospitalization	X	X		
Any mental health crisis that requires the program to call 911 or mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.	X	X		
Act or situation involving a person that requires the program to call 911, law enforcement, or fire department	X	X		
Person's unauthorized or unexplained absence from program	X	X		
Conduct by a service recipient against another service recipient that: <ul style="list-style-type: none"> • is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; • places the person in actual and reasonable fear of harm; • places the person in actual and reasonable fear of damage to property of the person; or • substantially disrupts the orderly operation of the program. 	X	X		
Sexual activity between service recipients involving force or coercion: <ul style="list-style-type: none"> • "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit. • "Coercion" means the use by the actor of words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon the complainant or another, or the use by the actor of confinement, or superior size or strength, against the complainant that causes the complainant to submit to sexual penetration or contact against the complainant's will. Proof of coercion does not require proof of a specific act or threat. 	X	X		
Any emergency use of manual restraint (Must submit external report required under section 245D.061, or successor provisions)	X	X		
A report of child or vulnerable adult maltreatment (Case managers and legal representatives must be notified of the nature of the activity or occurrence and the agency that received the report)	X	X		

Personal Hygiene and Grooming

The personal appearance of employees of Care4Everyone is important in our interactions with program participants and others. Employees will dress in a way that establishes confidence and respect for the institution, while maintaining the health and safety.

The following factors were taken into consideration in defining this policy:

- Participant safety
- Employee safety
- Public safety
- Infection control
- Job responsibilities
- Fragrance Controlled
- Professional image
- Personal Hygiene

PROCEDURES

- A. All Employees must adhere to general standards of cleanliness, grooming and dress. An employee's attire shall be clean, neat, moderate in style, appropriate for the type of work being performed and take into account the expectations of program participants and others. Examples of unacceptable attire in the workplace are:
- Short shorts
 - Camisole tops, halter-tops or tube tops (backs covered at all times)
 - Exposed midriff and back
 - Revealing attire
 - Hats or caps (unless part of uniform)
 - Support Staff may not wear flip-flop sandals, high heels or other shoes that may pose a tripping hazard
 - Shoes must provide safe, secure footing, offer protection against hazards and have noiseless soles and heels for the comfort of program participants and should be appropriate for employee's work environment.
 - Distracting or derogatory clothing (offensive language or political statement)
 - Prominent uncovered tattoos
 - Non-traditional, visible body piercings
- B. Uniforms may be standard attire if designated by the supervisor or program participant.
- C. Employee shall avoid wearing accessories on their clothing or person that could present a safety and/or infection hazard, or are embarrassing or offensive to program participants, others, or other employees.
- D. Personal Hygiene
- Employees are responsible for maintaining appropriate levels of personal hygiene.
 - Employees hair and skin must be clean and odor free.
 - Clothes must be neat and clean.
- E. Fragrance Control
- It is the intent of Care4Everyone to control all fragrances use in consideration of our program participants, employees and others.
 - Employees should avoid wearing any product that produces a scent that is strong enough to be perceived by others including, but not limited to:
 - Colognes/perfumes
 - After-shave products
 - Lotions
 - Powders
 - Deodorants
 - Hair sprays/other hair products
 - Other personal products
- F. Keep fingernails neatly manicured and of a length that does not compromise program participant care.

- G. Religious, Racial, Gender-Specific or Ethnic Attire: Nothing in this policy is intended to hinder the advancement of diversity at the institution. Reasonable accommodations may be provided when related to guarantees under Title VII and in accordance with the Equal Employment and Affirmative Action Policy.
- H. Any employee whose appearance or hygiene is inconsistent with these policies will be counseled and sent home to change clothes. Continued disregard of the policy may be cause for further disciplinary action, up to and including employment termination.
- I. This policy is intended as a guideline to assist in the consistent application of Care4Everyone policies. The policy does not create a contract implied or expressed. Care4Everyone reserves the right to modify this policy in whole or in part, at any time, at its sole discretion.

THIS LIST IS NOT INTENDED TO BE EXHAUSTIVE OF ALL CLOTHING, FOOTWEAR AND JEWELRY THAT ARE INAPPROPRIATE, OFFENSIVE, OR UNSAFE.

Universal Precautions and Sanitary Practices Policy

I. Policy

It is the policy of Care4Everyone to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. Universal precautions, sanitary practices, and prevention

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

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

III. Procedures

1. Assume that blood and all body fluids, with or without visible blood, from all clients are potentially infectious.
2. WASH HANDS – Hands must be washed before and after contact with the consumer. Wash hands under a steady stream of warm water with soap for at least 1 minute. Appropriate antibacterial solutions may be used except when hands are visibly soiled, after restroom use, or prior to eating.
3. GLOVES, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment; when having direct contact with blood, body fluids, mucous membranes or non-intact skin; when handling items soiled with blood; or when handling equipment contaminated with blood or body fluids. This includes, but is not limited to the following:
 - a. Suctioning procedures.
 - b. Catheter care and removal of catheters.
 - c. Dressing changes.
 - d. Handling of grossly contaminated linens.
 - e. Collection and emptying of all suction and drainage devices; e.g., Foley catheter bags, suction machines, and hemovacs.
 - f. Starting and discontinuing intravenous infusions.
 - g. Providing oral hygiene.
 - h. Enema administration.
 - i. Cleaning client rooms, bathrooms, emptying trash, or changing linens on client's bed.
 - j. Venipuncture or other vascular access procedures.

Gloves should be changed after each client contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing. If glove is torn or needle stick or other injury occurs, the gloves should be removed, hands washed well, and a new glove used as promptly as client safety permits.

4. GOGGLES or protective glasses should be worn when there is a potential for a splash with blood or body fluids, and when exposure of the mucous membranes of the mouth, nose, or eyes is anticipated. Examples include dental cleaning, venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations. Protective eyewear is to have solid side shields.
5. GOWNS OR APRONS should be worn when there is a potential for blood or body fluid splatters or sprays. Examples include venipunctures, arterial punctures, catheter or nasogastric tube insertions, and intubations.
6. MASKS are usually not necessary if contact is only casual. A mask should be worn if there is a chance of a splash or splatters or if the client is on respiratory precautions.
7. AIRWAYS - Although saliva has not been implicated in HIV transmission, a one-way airway, mouthpiece, resuscitation bag, or other ventilation device should be in the home when resuscitation is predictable for use during actual resuscitation.
8. To prevent needle stick injuries, needles should never be recapped, bent, broken, or manipulated by hand. These items and other sharp items, such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care.
9. C4E will provide "needleless systems" or "sharps with engineered sharps injury protections whenever possible. Used needles should be placed intact into puncture-resistant containers that are provided by C4E.
10. The containers, when full, are to be returned to C4E for proper disposal or disposed of in accordance with state or local regulations.
11. In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.
12. C4E will maintain a log of injuries from contaminated sharps. The injury log must contain: type/brand of device involved, department or work area, and explanation of the event. Maintain a separate list for tracking actual employees.
13. All needle stick injuries will be recorded on an OSHA log.
14. Identify "privacy concern case."
15. C4E will document their consideration and implementation of safer, effective medical devices.
16. All laboratory specimens should be treated as if they were contaminated with either HIV or HBV or Hepatitis C. All specimens should be labeled with client information, placed in sealable, leak proof plastic bags, and transported in an appropriate, secured container that is labeled with a color-coded, biohazard sticker. Specimens should be transported without needles attached to syringes. Requisition forms are placed outside the plastic bag to prevent contamination in the event of a leak or spill.
17. For disposal of contaminated supplies other than needles, double bagging technique should be used, as described in the infection control policy. Areas and equipment contaminated with blood should be cleaned immediately with 1:10 bleach solution (1-part bleach to 10 parts water. Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten (10) minutes to inactivate HIV. A fresh solution must be used daily. A 1:5 bleach solution (1-part bleach and 4 parts water) can be stored for thirty (30) days in an opaque container at room temperature and out of sunlight. Bleach should never be mixed with anything but fresh tap water. Contaminated reusable sharps should be placed in a leak-proof, puncture-resistant, and appropriately labeled container.
18. Soiled linens should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linens soiled with blood or body fluids should be placed in bags that prevent leakage and transported to C4E or disposal container. If the fabric can tolerate contact with chlorine bleach, it should be washed with one (1) cup of bleach per full load with regular detergent. If a washing machine is not available, contaminated linens should be soaked in a receptacle or sink in cold soapy water in a 1:10 bleach solution for fifteen (15) minutes.
19. Personnel cleaning biological spills or contaminated equipment should wear gloves and take care not to contaminate clothing. Disinfectant-detergent formulations registered by the EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used.
20. Health care workers with exudative lesions or weeping dermatitis should refrain from all direct client care and from handling client care equipment until the condition resolves.
21. As indicated, C4E shall maintain a log describing the collection, transportation, and disposal of hazardous waste.

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

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

Drug and Alcohol Policy

Policy

It is the policy of Care4Everyone to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

Procedures

- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.
- D. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify the Care4Everyone no later than five (5) days after the conviction.
- F. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- G. C4E's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

Medication Assistance

Policy

It is the policy of this C4E to provide safe medication assistance:

- when assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum, or PCA Assessment Summary;
- by staff who have successfully completed medication assistance training before actually providing medication assistance.

Definitions. For the purposes of this policy the following terms have the meaning given in section [245D.02](#) of the 245D Home and Community-based Services Standards:

- ✚ “Medication” means a prescription drug or over-the-counter drug and includes dietary supplements.
- ✚ “Medication administration” means following the procedures in section III. of this policy to ensure that a person takes his or her medications and treatments as prescribed.
- ✚ “Medication assistance” means medication assistance is provided in a manner that enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
- ✚ “Medication setup” means arranging medications according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.
- ✚ "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- ✚ "Prescriber" means a person who is authorized under section 148.235; 151.01, subdivision 23; or 151.37 to prescribe drugs.
- ✚ “Prescriber’s order and written instructions” means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- ✚ "Prescription drug" has the meaning given in section [151.01](#), subdivision 16.
- ✚ "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, anti-anxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

Procedures

B. ALLOWED – Medication assistance

2. When C4E is responsible for medication assistance staff may:
 3. Bring to the person and open a container of previously set up medications;
 4. Empty the container into the person’s hand;
 5. Open and give the medications in the original container to the person;
 6. Bring to the person liquids or food to accompany the medication; and
 7. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
8. Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person’s own care, or when the person’s legal representative is present and able to direct the care for the person.

C. NOT ALLOWED

1. Staff is **NOT** allowed to set up any medications.
2. Staff is **NOT** allowed to administer any medications.
3. Staff is **NOT** allowed to inject any medications.

D. Written authorization

Written authorization is required for medication assistance.

6. C4E must obtain written authorization from the person or the person’s legal representative before providing assistance with medications.
7. If the person or the person’s legal representation refuses to authorize C4E to assist with medication, the staff must NOT assist.

E. Reviewing and reporting medication and treatment issues

6. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP/CSSP addendum, PCA Assessment Summary, or as requested by the person or the person's legal representative.
7. Based on the review, C4E must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP/CSSP addendum, PCA Assessment Summary if the concern(s) is about the person's self-administration of medication or treatment.

F. Staff Training

Staff will be oriented and annually review medication assistance procedures before actually providing medications assistance.

Safe Transportation Policy

Policy

It is the policy of Care4Everyone to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

Staff may not transport program participants unless transportation is authorized. If you transport a program participant, you **MUST** have a written authorization from Care4Everyone, and provide annually a copy of your driver's license and proof of insurance.

At times, staff of Care4Everyone may have a personal relationship with program participant and consider transportation of a program participant a personal choice. Should Care4Everyone staff choose not to adhere to Care4Everyone's transportation policy, it is at their own personal risk, and in such a situation Care4Everyone's staff or participant will not hold Care4Everyone or affiliates of Care4Everyone liable. In such situations, the arrangement is solely between the participant and staff, mileage will not be paid by Care4Everyone, and the arrangement is between the participant and the driver.

Procedures

- A. Care4Everyone will ensure the following regarding safe transportation:
 1. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by Care4Everyone, will be maintained in good condition by following the standard practices for maintenance and repair.
 2. Vehicles are to be kept clean (interior and exterior).
 3. Staff will report all potential mechanical problems immediately.
 4. Staff will report all potential equipment, supply and material problems immediately.
 5. Staff will report all accidents immediately.
 6. Staff will report all vehicle maintenance and concerns to Care4Everyone.
- B. Care4Everyone will ensure the vehicle and drivers are properly insured when transporting persons served by Care4Everyone.
- C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When Care4Everyone is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections [169.685](#) and [169.686](#) when transporting a child.
- D. Agency's vehicles are to be utilized exclusively for the purpose of transporting persons served by this program, and equipment and supplies related to Care4Everyone.

- E. Staff will be responsible for the supervision and safety of persons while being transported.
 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
 3. Staff will know who to contact on behalf of the program participant in case of an emergency.
 4. Staff will know and understand all Care4Everyone policy and procedure regarding emergencies, incidents, first aid, universal precautions, and all other applicable policy and procedure.
- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
 1. Name and phone number of person(s) to call in case of emergency.
 2. First aid kit.
 3. Proof of insurance card and vehicle registration.
- G. In the event of a severe weather emergency, staff will take the following actions:
 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
- H. All staff are required to follow all traffic safety laws while operating Care4Everyone vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
- I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating Care4Everyone vehicle.

Staff Eligibility to Drive

- A. Any staff person who transports a program participant for Care4Everyone must have authorization to do so in written form. If a staff person drives a program participant, they must have:
 1. A valid driver's license. A valid driver's license means that is legal for you to drive;
 2. They must be at least 18 years of age and have a minimum of two years driving experience;
 3. Are required to carry minimum liability coverage.
- B. Staff Training Staff may be required to attend a defensive driving or other vehicle operation and/or safety training.
- C. If staff feel their car is unsafe to transport the program participant, notify Care4Everyone so other arrangements can be made. An unsafe vehicle should not be operated until repairs are made.
- D. Staff must have their vehicle well maintained and follow all preventive maintenance at the frequency indicated by owner's manual.

Employee Safeguards

You should know that employers also have obligations to protect their employees. Care4Everyone will not tolerate physical, sexual, verbal or financial abuses committed against their staff by anyone while they are working. It is in your best interest and in C4E's best interest too, if we only provide services where our employees feel safe and welcome.

Unfortunately, below are some of the abuses Minnesota Health Care Providers have experienced in the past and the actions that will be taken by C4E:

- **Violence and Verbal Threats** directed at employees will be investigated by C4E and reported to appropriate authorities. Any physical violence directed at a PCA or indirectly affecting a PCA will result in immediate termination of C4E services as stated in the Service Termination policy (included in this guide).

- **Sexual Abuse** can occur if a client or someone else in the clients' home or workplace touches a PCA in a sexual way asks them to show private body parts, speaks to them in a sexual manner, or shows sexual material that makes the PCA feel uncomfortable. Sexual abuse will be investigated and reported to the appropriate authorities. C4E will terminate services for any client when the work environment becomes unsafe for a C4E employee as stated in the Service Termination policy (included in this guide).
- **Financial Abuse** - PCAs are Minnesota Health Care Providers and are prohibited under state law from giving financial kickbacks to their recipients of care. Employees cannot divide paychecks with their recipients or recipient's family members. This also means that they should not be asked to do errands for other family members that would result in a financial cost to the employee. It is also illegal for a client to ask that the PCA pay for any client's expense that was not incurred by the PCA. PCAs who witness financial abuse are required by MN state law to report what they have witnessed. PCAs who do not report the abuse may be subject to disciplinary action. Abuse of this nature will be investigated, documented and reported to appropriate authorities. Abuse of this nature can also adversely affect a client's access to Minnesota Home Care Services both now and in the future.