

DIRECT SUPPORT
PROFESSIONAL EMPLOYEE
HANDBOOK



CFSS
PROGRAM

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

www.accessnorth.net

1309 East 40th Street, Hibbing, MN 55746 • 218.262.6675

An Equal Opportunity Employer

POLICY CONCERNING CONDITIONS OF EMPLOYMENT

Prior to the commencement of work by a PCA/CFSS Direct Support Professional (DSP), Access North CILNM mandates that the following items be completed and documented within the employee's personnel file:

1. Application
2. MN DHS Background Final Registry
3. MN DHS Background Clearance Letter
4. MN DHS Privacy Notice
5. Acknowledgement and Authorization for DMV Background Check (if applicable)
6. DMV Background Check Clearance verification (if applicable)
7. No Drive Statement (if DMV Background check is not applicable)
8. Copy of Photo ID (VALID: Driver's License, State ID card, Passport or Tribal Identification card)
9. Copy of Social Security Card
10. Copy of CURRENT Car Insurance with DSP's name listed on the policy (if applicable)
11. DHS PCA/CFSS Certificate of Training
12. Minnesota W4 form
13. Federal W4 form
14. Form I-9 (Employment Eligibility Form)
15. Direct Deposit or Focus Card Information
16. Job Description
17. Employee Emergency Contact Information
18. Individual PCA Enrollment Application
19. Individual Direct Support Worker (CDS, CSG, PCA, CFSS) Provider Agreement
20. DSP Responsibility and Expectations and Acknowledgment
21. Employee Notice
22. Fraud Be Aware Form
23. Corporate Culture
24. Social Media Policy
25. Annual Right to Participate Notice
26. Nursing/Pregnancy Law Notice
27. Earned Sick and Safe Time (ESST) Fact Sheet
28. HIPAA Policy
29. Agreement between Consumer/PR and PCA/CFSS DSP
30. Documentation of Training for Consumer
31. Electronic Visit Verification (EVV) Pavillio Policy and Procedure
32. The PCA/CFSS Handbook and Orientation Training Checklist, covering policies and in-person Orientation Training by the Supervising Professional (Case Manager)/Consumer:
 - a. Vulnerable Adult/Minor Training
 - b. HIPAA Training
 - c. Homecare/Consumer Bill of Rights
 - d. Handling emergencies and the use of emergency services (general and consumer specific)
 - e. Consumer specific training (care plan., etc....)
 - f. Electronic Visit Verification (EVV) submission training and fraud
 - g. Basic First Aid
 - h. OSHA Universal Precautions
 - i. Where to Report Potential Maltreatment
 - j. Basic Roles and Responsibilities with Assisting and Transfers
 - k. Orientation to Positive Behavioral Practice

POLICY CONCERNING CONDITIONS OF MAINTAINING EMPLOYMENT

- All newly hired and rehired PCA/CFSS DSPs are subject to a 90-day probationary period. Failure to meet job performance standards within this period may result in termination of employment with Access North CILNM.
- Employment with Access North CILNM is 'at will.' This means that both you and Access North CILNM have the right to terminate the employment relationship at any time, with or without cause, and with or without notice, subject to applicable laws.
- Direct Support Services provided by a PCA/CFSS DSP are prohibited until all mandatory documents, as detailed above, have been completed and recorded in the employee's personnel file. Non-compliance will result in the employee being deemed ineligible.
- Drive-eligible DSPs must maintain their driving eligibility by:
 - Providing updated driver's licenses and car insurance on or before their expiration dates.
 - Successfully completing an annual DMV background check. **Note:** If driving eligibility is lost during employment, a "No Drive Statement" must be signed, submitted and added to the employee's personnel file on or before the credential's expiration date. Failure to comply may result in disciplinary action, up to and including termination.
- PCA/CFSS DSPs are required to ensure their personal information (name, address, phone number, email address) remains up-to-date throughout their employment. The inability of Access North to contact a DSP due to outdated information may result in disciplinary action, up to and including termination.
- Access North is obligated to maintain compliant and complete employee files. Employees will be notified of any updated documents requiring review, signature, and verification, and will be provided with a completion deadline. Failure to comply by the stated deadline may result in disciplinary action, up to and including termination.
- Employees of Access North are expected to adhere to scheduled shift times. In the event an employee is unable to report for a scheduled shift, they are required to notify the consumer within two hours of the scheduled start time and to promptly inform their supervisor in cases of illness, accident, or another emergency. Notification must be provided by the employee directly to the consumer via text message or phone call, and to their Case Manager (Supervisory Professional) via text message, phone call, or email. **Note:** Notifications made by a third party or the failure to provide notification (no-call/no-show) are unacceptable.

REASONS FOR INVOLUNTARY EMPLOYMENT TERMINATION

- Continued employment is contingent upon maintaining a valid Minnesota Department of Human Services (DHS) background check clearance. Disqualification by DHS will result in immediate termination.
- Failure to work scheduled hours.
- Tardiness.
- Failure to comply with the EVV Policy and Procedure.
- Falsifying time worked or failure to comply with the EVV policy and procedure.
- Drug and/or alcohol use.
- Consumer abuse (physical, verbal, sexual or emotional, financial/property).
- Gross negligence, including but not limited to any situations which did or may have resulted in endangering the health or safety of the consumers or staff.
- Non-Compliance of policies and procedures and/or not following direction from their Case Manager (SP).
- Failure to meet all conditions of employment.

POLICY CONCERNING ELECTRONIC VISIT VERIFICATION (EVV)

To ensure compliance with the 21st Century Cures Act and mitigate fraud through the state-mandated Electronic Visit Verification (EVV) system, Direct Support Professionals (DSPs) are required to utilize the Access North Pavillio EVV app to enter all hours and activities performed.

The Pavillio EVV application is a real-time timekeeping system. Case Managers (Supporting Professionals) are responsible for the regular review of their DSPs' reported time to ensure the prompt and consistent resolution of any timekeeping discrepancies. The observation of a recurring pattern of manual visit entries will necessitate a discussion between the Case Manager and the DSP to address potential issues. If manual time entries persist, the DSP will receive a formal notification. Subsequently, the Case Manager (Supporting Professional), in collaboration with the Consumer/PR, will provide targeted coaching on compliant EVV reporting procedures.

Note: Manual time entries are permitted in rare cases to correct shift times. However, frequent manual entries will lead to disciplinary action. All manual entries require a detailed explanation for approval. Accumulating 16 or more manual entries per year will trigger disciplinary measures, up to and including termination. Non-compliance with EVV reporting procedures will also result in disciplinary action.

POLICY CONCERNING PAYROLL REPORTING

Accurate entering all hours and activities, along with Consumer/PR approval and signatures, is required by 11:59 p.m. on the last day of the pay period. Failure to comply will result in disciplinary action and payment delays. **This policy is strictly enforced without exception.**

Paydays Are On Alternate Fridays.

Maximum Monthly Hours: PCA/CFSS DSP's are limited to providing and being paid for a maximum of 310 hours of CFSS services per month, regardless of the number of participants served or agencies they work for.

Overtime: It is the policy of Access North CILNM to keep employees to a maximum of 40-hour work week. DSPs must receive prior approval from their Access North Supervising Professional (Case Manager) before working any overtime. Overtime worked without prior authorization will not be paid. DSPs are limited to a maximum of 310 total work hours per month, regardless of employment with other agencies.

DSPs are prohibited from providing services to a consumer while the consumer is receiving care at another facility, such as a hospital, nursing home, or treatment center.

POLICY CONCERNING EMPLOYEE RESPONSIBILITIES **WITHIN UKG READY HR PORTAL**

To maintain the security and accuracy of employee personnel information, this policy outlines employee responsibilities for keeping their data current within the UKG Ready HR Portal. All updates are tracked in the system, and data retention follows company policy and legal requirements.

Employees use their unique login credentials to access UKG Ready. Please be aware that personnel file access is limited to the employee and authorized HR personnel only.

Employee Responsibilities:

- **Checking Email:** Employees are required to monitor their email on a regular basis to ensure they are promptly aware of any notifications and/or requests to complete new or updated forms within the HR portal to ensure timely compliance.
- **Accuracy and Completeness:** Employees are responsible for ensuring the accuracy and completeness of their personal information in UKG Ready, including but not limited to their address, phone number, and email address.
- **Updating Information:** Employees must update their personal information directly through the UKG Ready portal by following the system's provided instructions.
- **Confidentiality:** All information contained within employee personnel files is considered confidential and must be treated with the utmost care and discretion.
- **No Sharing:** Employees are strictly prohibited from sharing their UKG Ready login credentials with others or accessing the personnel files of other employees.

Violations: Any violation of this policy, including unauthorized access to or disclosure of personnel file information, may result in disciplinary action, up to and including termination of employment.

Contact Information:

For any questions or concerns regarding this policy, please contact the HR department.

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

Purpose:

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

Policy:

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

Procedure:

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

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

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

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

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

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

Harassment-Free Workplace

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

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

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

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

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

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

If, for any reason, you would prefer not to speak to your supervisor (for example, if you believe your supervisor to be the source of, or a party to, the harassment), you may talk to any other member of management or the EEO Coordinator. Access North will investigate and attempt to

resolve your complaint promptly. If, for any reason, you believe this has not occurred within a reasonable period of time, refer the problem to any other manager in the company, up to and including the Executive Director of Access North.

A/6 - Reporting & Investigating Consumer Abuse & Neglect

I. Policy

It is the policy of this DHS licensed provider (program) to respond to, report, and review all incidents that occur while providing services in a timely and effective manner to protect the health and safety of and minimize the risk of harm to persons receiving services.

"Incident" means an occurrence that 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 or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
 - 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;
 - 13. Attempted suicide; and
 - 14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.
- B. A person's death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- E. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- F. A person's unauthorized or unexplained absence from a program.
- G. Conduct by a person receiving services against another person receiving services that:

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).
- H. Any emergency use of manual restraint.
- I. A report of alleged or suspected child or vulnerable adult maltreatment.

II. 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 or the mental health crisis intervention team at Minnesota Mobile Mental Health Services
- E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, staff will call 911.

2. For non-emergency incidents requiring law enforcement, staff will call 218-263-3601
3. For non-emergency incidents requiring the fire department, staff will call 218-262-6161
4. Staff will explain the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instructions 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 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. An immediate and thorough search of the immediate area where the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the program manager who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

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 approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the 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 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.

III. Reporting Procedures

A. Completing a report

1. Incident reports will be completed as soon as 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:
 - a. The name of the person or persons involved in the incident;
 - b. The date, time, and location of the incident;
 - c. A description of the incident;
 - d. A description of the response to the incident and whether a person's support plan addendum or program policies and procedures were implemented as applicable;
 - e. The name of the staff person or persons who responded to the incident; and
 - f. 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 support plan or support plan addendum.
2. This program will not report an incident when it has a reason to know that the incident has already been reported.
4. 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. This program 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 Leadership Team.
2. The review will be completed within 5 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 30 days.

B. Conducting an internal review of deaths and serious injuries

This program 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 Leadership Team.
2. The review will be completed within 30 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.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints

Follow the EUMR Policy.

V. 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.

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

A/7 – Accident & Incident Reporting

Purpose:

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

Policy:

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

Incidents:

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

- All employee injuries.
 1. Fractures;
 2. Dislocations;
 3. Evidence of internal injuries;
 4. Head injuries with loss of consciousness;
 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
 6. Extensive second degree or third degree burns and other burns for which complications are present;
 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 8. Irreversible mobility or avulsion of teeth;
 9. Injuries to the eyeball;
 10. Ingestion of foreign substances and objects that are harmful;
 11. Near drowning;
 12. Heat exhaustion or sunstroke; and
 13. All other injuries considered serious by a physician.
- A person’s death.
- 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.
- Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- Vulnerable adult reports.
- A person’s unauthorized or unexplained absence from a program.
- 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.
- Any sexual activity between persons receiving services involving force or coercion.
 1. “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.
 2. “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.
 - Report if any use of manual restraint, see manual restraint policy.
 - A report of alleged or suspected child or vulnerable adult maltreatment.

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

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

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

Procedure:

- Notification of Supervisor - All incidents will be verbally reported to a supervisor by the involved responsible employee before the end of the shift in which the situation occurred.
- Documentation - All incidents will require an incident report form to be completed by the involved responsible employee before the end of the shift in which the situation occurred. The employee will assure information is written in ink, complete, legible and signed with employee's name and position.
- Supervisory follow-up – supervisors must document their follow up.

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

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

First Report of Injury

See Instructions on Reverse Side



FRO 1

Print in ink or type
 Enter dates in MM/DD/YYYY format

DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA case #		3. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm	
4. DATE OF CLAIMED INJURY		5. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm		6. Date of death # of dependents (if death is related to injury)	
7. EMPLOYEE Name (last, suffix, first, middle)				8. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
				9. Marital status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
10. Home address			11. Home phone #		12. Date of birth
City		State	Zip Code		13. Date hired
			14. Occupation		15. Regular department
					16. Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Average weekly wage	18. Rate per hour	19. Hours per day	20. Days per week		21. Employment status (check all that apply)
			Normal work schedule Sun - Sat <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer
22. Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was. Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."					
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.			24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.		
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI	
Name and address of the place of the occurrence		28. Date employer notified of injury		29. Date employer notified of lost time	
		30. Return to work date		31. RTW same employer <input type="checkbox"/> Yes <input type="checkbox"/> No	32. RTW with restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Treating physician (name)		34. Extent of medical treatment (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Minor on-site by employer's medical staff <input type="checkbox"/> Minor clinic/hospital			
35. Certified Managed Care Organization (if any)		<input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalization more than 24 hours <input type="checkbox"/> Future major medical anticipated			
36. EMPLOYER Legal name			37. EMPLOYER DBA name (if different)		
38. Mailing address			39. Employer FEIN		40. Unemployment ID #
City		State	Zip Code		41. Employer's contact name and phone #
42. Physical address (if different)			43. Witness (name and phone) - if more than 1 attach a separate sheet		
City		State	Zip Code		44. NAICS code
					45. Date form completed
46. INSURER name			51. CLAIMS ADMIN COMPANY (CA) name (check one) <input type="checkbox"/> Insurer <input type="checkbox"/> TPA		
47. Insured legal name and FEIN			52. CA address		
48. Policy # (including effective dates) or self-insured certificate #			City		State Zip Code
49. Insurer FEIN		50. Date insurer received notice		53. CA FEIN	54. CA claim #
55. To be completed by the CA:	Claim type code:	Type of loss code:	Late reason code:	Salary paid in lieu of comp?	Death result of injury?

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

Purpose:

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

Policy:

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

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

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

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

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

Program:

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

Objectives:

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

- To monitor long-term improvement in the workplace by recording and documenting actions taken to achieve the goals of the program.

General Safety Rules

- Report all risks and potential risks to your supervisor immediately, and report in writing as mandated by policy and procedure.
- Know, understand and carry out all responsibilities and duties of your job description, including and especially those that encompass preventative practices to ensure the safety and health of employees and consumers in the facility.

Risk Identification and Assessment

For Site: _____

State Specific Risks Encountered Or Identify Potential Risks:

Identified Risk:

Risk Assessment:

PLAN FOR REDUCING THE RISK:

A/10 – Grievance Policy

Purpose:

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

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

Policy:

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

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

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

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

Procedure for Employee:

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

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

The Human Resource Manager, direct supervisor of employee or employees, and the employee or employees meet within five (5) work days of receipt of the written complaint to discuss the

problem. Every effort will be made to resolve the issue at this step. If resolved, the Human Resource Manager, direct supervisor, and employees sign a written description of the resolution.

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

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

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

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

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

Procedure for Consumer:

A. Service Initiation

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

B. How to File a Grievance

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

C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - the name, address, and telephone number of outside agencies to assist the person; and

- responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
 3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
 4. All complaints will be resolved within 30 calendar days of the receipt.
 5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
 6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - related policy and procedures were followed;
 - related policy and procedures were adequate;
 - there is a need for additional staff training;
 - the complaint is similar to past complaints with the persons, staff, or services involved; and
 - there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
 7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
 8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
 - identifies the nature of the complaint and the date it was received;
 - includes the results of the complaint review; and
 - identifies the complaint resolution, including any corrective action.

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

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

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

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

<p>Office of Health Facility Complaints (651) 201-4201 1-800- 369-7994 Fax: (651) 281-9796</p>	<p>Mailing Address: Minnesota Department of Health Office of Health Facility Complaints 85 East Seventh Place, Suite 300 P.O. Box 64970 St. Paul, Minnesota 55164-0970</p>
----------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Ombudsman for Long-Term Care (651) 431-2555 1-800-657-3591 Fax: (651) 431-7452</p>	<p>Mailing Address: Home Care Ombudsman Ombudsman for Long-Term Care PO Box 64971 St. Paul, MN 55164-0971</p>
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

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

Policy:

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

Procedures:

Providing Notice

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

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:
 - why the data is being collected;
 - how the agency intends to use the information;
 - whether the individual may refuse or is legally required to furnish the information;
 - 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;
 - 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):
 - be written in plain language;
 - be dated;
 - designate the particular agencies or person(s) who will get the information;
 - specify the information which will be released;
 - indicate the specific agencies or person who will release the information;
 - specify the purposes for which the information will be used immediately and in the future;
 - contain a reasonable expiration date of no more than one year; and
 - specify the consequences for the person by signing the consent form, including:
Consequences: I know that state and federal privacy laws protect my records. I know:
 - Why I am being asked to release this information.

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

As part of employment with Access North, employees agree to respect all confidential information, and not to, directly or indirectly, during employment or at any time thereafter, disclose or divulge any confidential information obtained in the course of employment with Access North to any third persons, or to use any confidential information for their own benefit or for the benefit of any third party. Employees are ethically bound to keep consumer information private and confidential, even after you are no longer employed by Access North.

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

Data Privacy, Security and Protection

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

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

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

Scope

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

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

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

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

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

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

Definitions

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

HIPAA regulations protect health information that:

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

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

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

Security

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

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

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

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

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

Equipment/Property Disposal

A large volume of electronic data is stored on computer systems and electronic media throughout Access North. Much of this data consists of confidential information, including consumer PHI, financial data, and personnel records. All personal, confidential information and licensed software must be properly removed when disposing of computer systems with hard

drives, PDAs, and removable media, such as CDs, DVDs, USB drives, zip disks, diskettes, tapes and smart cards.

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

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

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

The administration of equipment/property recycling shall be under the direction of the Executive Director. A signature and date will be obtained on the inventory spreadsheet indicating inventory disposal or update.

Procedure for Lost, Stolen or Missing Equipment/Property

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

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

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

Procedure Regarding a Breach of PHI

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

Breach does not include:

- Any unintentional breach by an employee or individual acting under the authority of a covered entity or business associate if (1) the acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship of such employee or individual, and (2) the PHI is not further acquired, accessed, used, or disclosed by any person, or
- Any inadvertent disclosure from an individual who is otherwise authorized to access PHI at a facility operated by a covered entity or business associate to another similarly situated individual at the same facility and the PHI received as a result of such disclosure is not further acquired, accessed, used, or disclosed by any person without authorization.

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

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

This notice will include:

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

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

Access North will disclose all breaches to Department of Health and Human Services (DHHS). Breaches affecting 500 or more consumers must be made to DHHS immediately. If the breach affects fewer than 500 individuals, Access North may notify the Secretary of such breaches on

an annual basis, which are due to the Secretary no later than sixty (60) days following the end of the calendar year in which the breaches occurred.

Unsecured PHI

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

Release of Information (ROI) for Agency Services

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

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

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

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

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

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

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

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

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

Reporting and Enforcement

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

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

A/14 – Code of Conduct, Ethics & Integrity

Purpose:

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

Policy:

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

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

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

Corporate Culture: Employees will embrace Access North's corporate culture

- **Respect:** Reverence/Regard for others, high esteem
- **Integrity:** Strong moral principles, honesty
- **Professionalism:** Avoids gossip, good follow through, ethical, accountable
- **Compassion:** Empathy, caring, sensitivity, tolerance

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

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

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

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

Procedure:

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

- I will maintain a professional relationship and be respectful of all people.
- I will respect and promote the consumers right of choice and self-determination.
- I will assist consumers in identifying, clarifying and reaching their goals.
- I will not put my personal opinions ahead of the goals of consumers.
- I will model appropriate behavior for consumers.
- I will report any mistreatment, neglect, abuse, or financial exploitation of consumers.
- I will respect consumer's rights to privacy and not share confidential information.
- I will not lend money, vehicles, equipment, or any other items to consumers or families.
- I will not borrow money, vehicles, equipment, or any other items from consumers or families.
- I will not accept personal favors, such as tips or gifts, from consumers or families.
- I will not sell merchandise of any kind to consumers.
- I will not co-sign loans for consumers, staff or family members.

- I will not become involved in romantic and/or sexual relationships with consumers or their families.
- I will strive to collaborate with other staff and outside agencies about consumers when given written permission by the consumer.
- I will strive to eliminate attitudinal barriers, including stereotyping and discrimination toward consumers and will promote a positive and supportive attitude toward Access North consumers, co-workers, supervisors, management and Board of Directors.
- I will respect the rights, views and confidences of my co-workers and treat them with fairness and courtesy, will not exploit the trust of my co-workers or the public or make false statements about consumers, co-workers or Access North.
- I will use proper channels for expressing concerns about consumers, co-workers and Access North.
- I will maintain accurate records necessary for rendering services to consumers as required by law, regulations, agency procedures, and will not falsify any documents related to Access North operations.
- I will work to advance Access North in its goals, community standing and success.
- I will be honest and trustworthy in all my professional relationships, will not take advantage of these relationships to exploit or further my personal or professional interests and will not participate with any form of dishonesty, fraud or deception.
- I will not conduct myself in a manner that is detrimental to the professionalism of the program or has the appearance of a conflict of interest.

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

A/15 – Drug and Alcohol Policy

It is the policy of Access North to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees). The purpose of this policy is to establish guidelines regarding the use of alcohol, prescription legal drugs, chemicals, or illegal drugs while employees are on duty, whether they are in the office, on a job site, in the persons home, transporting persons, or with persons in the community.

Policy

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

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

The company will train employees, subcontractors, and volunteers on the company's alcohol and drug policy

Procedures

- Any employee, subcontractor, or volunteer, while directly responsible for persons served, are prohibited from abusing any prescription legal drugs, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care including alcohol, prescription legal drugs, or illegal drugs.
- Any employee, subcontractor, or volunteer reporting or returning to work, whose behavior reflects the consumption of alcoholic beverages or the use of drugs, may be referred for an immediate medical evaluation to determine fitness for work and may be suspended without pay until deemed able to return to work.
- When prescription or over-the-counter drugs may affect behavior and performance, the employee, subcontractor, and volunteer must inform the Supervisor and/or Manager. Reassignment, light duty assignment, or temporary relief from duties may be required
- At any time, the sale, purchase, transfer, use, or possession of illegal drugs or alcohol, and/or the involvement in these activities of any individual under the legal age of consumption during work hours or at a program site will result in disciplinary action up to and including termination. Law enforcement will be notified as determined by the Manager in consultation with the Executive Director.
- Employees will immediately take necessary action up to and including contact of medical professionals, "911 and/or contact of law enforcement at any time a person served is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption, or is believed to be a victim of potential alcohol poisoning.

- Prescription drugs that belong to an employee, subcontractor, or volunteer are to be stored in a location that is not accessible to any person served.
- 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.
- The consumption of alcohol is prohibited while directly responsible for persons receiving services, or any property owned or leased by Access North, or in any vehicles, machinery, or equipment, and will result in corrective action up to and including termination.
- 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.
- Any employee convicted of criminal drug use or activity must notify the Human Resource office no later than five (5) days after the conviction.
- Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- The Manager/program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.
- In the event Access North has reasonable suspicion of an employee being under the influence of drugs, alcohol, chemicals, or abuse of prescription medications, they may be subject to an immediate drug or alcohol screen done by an outside agency.

Reasonable Suspicion Testing

Employees are subject to reasonable suspicion testing (MS Statute 181.951, subdivision 5) based on (but not limited to) observations by at least two members of management and/or designated staff member of apparent workplace use, possession or impairment. HR, the Program Manager and/or the Executive Director should be consulted before sending an employee for testing. Management and/or designated staff member must use the Reasonable Suspicion Observation Checklist to document specific observations and behaviors that create a reasonable suspicion that an employee is under the influence of illegal drugs or alcohol.

Examples include:

- Odors (smell of alcohol, body odor or urine).
- Movements (unsteady, fidgety, dizzy).
- Eyes (dilated, constricted or watery eyes, or involuntary eye movements).
- Face (flushed, sweating, confused or blank look).
- Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts).
- Emotions (argumentative, agitated, irritable, drowsy).

- Actions (yawning, twitching).
- Inactions (sleeping, unconscious, no reaction to questions).

When reasonable suspicion testing is warranted, both program manager and/or designated staff member, along with, HR will meet with the employee to explain the observations and the requirement to undergo a drug and/or alcohol test within two hours. Refusal by an employee will be treated as a positive drug test result and will result in immediate termination of employment.

Under no circumstances will the employee be allowed to drive himself/herself to the testing facility. A member of management and/or designated staff member must transport the employee or arrange for a cab and arrange for the employee to be transported home.

Legal authority: MS 342.01 subdivisions 11 and 15

A/16 - Smoking & the Use of Tobacco Products

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

Policy:

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

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

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

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

Compliance:

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

A/22 - Boundary Guidelines

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

You may not:

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

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

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

A/24 – Safe Transportation

Policy:

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

Direct Support Professionals within the CFSS and 245D programs are authorized to transport for Access North when proper credentials and paperwork are listed in the employees personnel file. **Staff may not transport program participants unless transportation is authorized.**

The personnel file **MUST** contain the following items:

- Signed DMV Disclosure and Authorization
- Valid Driver's License (must remain valid throughout employment)
- Current Car Insurance with name listed on the policy (must be maintained throughout employment)
- Annual verification of a passed DMV Background Check

Should updated credentials not be provided or an annual DMV background check result in failure during employment, the Direct Support Professional (DSP) will be required to complete and sign a 'No Drive Statement' for inclusion in their personnel file as a condition of ongoing employment. Failure to comply with this policy may lead to termination of employment without prior notice due to non-compliance.

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

Procedure:

1. Consumer transportation may be required if identified in the service delivery.
2. Staff will report all vehicular accidents occurring on company time immediately, whether consumer transportation is involved or not.
3. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
4. A Direct Support Professional may only assist a **person younger than age 18** with IADLs and be clocked in while driving, when all of the following are true:
 - The child needs immediate attention for health and hygiene reasons
 - The IADL is necessary to support the child with an assessed need
 - The assessor indicates requirements for driving
5. 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

program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:

- Staff will provide assistance with seat belts, as needed, to ensure they are correctly fastened.
 - Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 - 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.
 - 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.
6. Staff will be responsible for the supervision and safety of persons while being transported.
 - When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 - 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.
 7. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
 - Name and phone number of person(s) to call in case of emergency. (Access North office and specific consumer emergency information)
 - Proof of insurance card and vehicle registration.
 8. 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 directions for the need to change plans and activities, or seek emergency shelter.
 - Inform passengers why plans and activities have changed. Assist passengers remain calm.
 9. All staff are required to follow all traffic safety laws while operating the vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating vehicle.
 10. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the vehicle.
 11. Documentation in EVV (Electronic Visit Verification): Direct Support Professionals are required to document the start and stop times, as well as the origination and destination locations, for all consumer transportation within the notes section upon clocking out.
Note: In the case of clients under the age of 10, it is imperative to verify that this transportation need is explicitly stated within their assessment (delivery plan) results.

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

A/25 - Emergency use of Manual Restraints Policy

Policy

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

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

Procedures

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

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

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

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

Permitted actions and procedures

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

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

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

Restraint may be used as an intervention procedure to:

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

Prohibited Procedures

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

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

Manual Restraints Not Allowed in Emergencies

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

1. Continue to utilize the positive support strategies.
2. Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum.
3. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer.
4. Remove objects from the person's immediate environment that they may use to harm self or others.

5. Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person/ and or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

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

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

Staff Training

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

1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - Staff responsibilities related to ensuring prohibited procedures are not used
 - Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior.
 - Why prohibited procedures are not safe.
2. Within 60 days of hire the program must provide instruction on the following topics:
 - 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.
 - De-escalation methods, positive support strategies, and how to avoid power struggles.

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

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

A/26 Universal Precautions and Sanitary Practices Policy

Policy:

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

Procedures:

1. 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:

- It is well-documented that the most important measure for preventing the spread of pathogens is effective hand washing. **Hand Washing is mandatory.** Employees wash hands and any other skin with soap and water or flush mucous membranes with water as soon as feasible after contact with blood or other potentially infectious materials. Additional precautions must be used for patients who are known or suspected to have an infectious condition, and vary depending on the infection control needs of that patient. Proper hand washing is the most effective way to prevent the spread of infections. Don't be afraid to remind friends, family and health care providers to wash their hands. Also remember to cover coughs and sneezes, stay up to date with your immunizations and follow guidelines when dealing with blood or contaminated items.
- Use of gloves in contact with infectious materials.
- Use of a gown or apron when clothing may become soiled with infectious materials
- Use of a mask and eye protection, if splashing is possible
- Use of gloves and disinfecting solution when cleaning a contaminated surface
- Proper disposal of sharps
- Use of gloves and proper bagging procedures when handling and washing contaminated laundry

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

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

- Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the Human Resources manager.
- When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.

- Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

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

A/27 - Medication Assistance Policy

Purpose:

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

Definitions:

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

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

Procedure:

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

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

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

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

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

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

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

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

The DSP is responsible to document:

- The completion of the tasks as listed on the Care Plan at the end of the telephony call and/or while using the EVV compliant digital application.

Covered services:

Assistance with medication includes the following:

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

Non-covered services: A DSP CANNOT:

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

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

A/29 - Temporary Service Suspension & Termination Policy

Policy:

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

Procedures: Temporary Service Suspension

- A. Access North 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:
 - positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
 - less restrictive measures would not resolve the issues leading to the suspension; OR
 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
 3. The program has not been paid for services.

- B. Prior to giving notice of temporary service suspension, Access North will document actions taken to minimize or eliminate the need for service suspension.
 1. Action taken by the program must include, at a minimum:
 - Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
 - 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 program.
 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

- C. The notice of temporary service suspension must meet the following requirements:
 1. Access North will notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
 2. Notice of temporary service suspension must be given on the first day of the service suspension.
 3. The written notice service suspension must include the following elements:
 - The reason for the action;

- A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - Why these measures failed to prevent the suspension.
4. During the temporary suspension period the program must:
- Provide information requested by the person or case manager;
 - 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
 - Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.
- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
1. 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.
 2. 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.
 3. 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.

Procedures: Termination

- A. This program must permit each person to remain in the program and must not terminate services unless:
1. The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
 2. The health of the person or others in the program would otherwise be endangered;
 3. The program has not been paid for services;
 4. The program ceases to operate; or
 5. The person has been terminated by the lead agency from waiver eligibility.
- B. Prior to giving notice of service termination this program must document the actions taken to minimize or eliminate the need for termination.

1. Action taken by the license holder must include, at a minimum:
 - Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
 - 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 program.
 - The request for intervention services will not be made for service termination notices issued because the program 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 program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of service termination must meet the following requirements:
1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
 2. The written notice of a proposed service termination must include all of the following elements:
 - The reason for the action;
 - 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 program ceasing operation;
 - The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
 - 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).
 3. 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.
 - 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.
 - For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
 4. This notice may be given in conjunction with a notice of temporary service suspension.

- D. During the service termination notice period, the program must:
1. 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;
 2. Provide information requested by the person or case manager; and
Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

A/31 - Emergency Response, Reporting & Review Policy

Policy:

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

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

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

Response Procedures:

Safety procedures

1. Fires. Additional information on safety in fires is available online at: <http://www.ready.gov/fires>. In the event of a fire emergency, staff will follow the Emergency Response Floor Plan posted at each Access North building.
 - Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.
 - When evacuating outside, the designated meeting place is posted on each emergency floor plan for each Access North building
 - Call 911 for the fire department and provide them with relevant information.
 - Provide emergency first aid as required until emergency personnel arrive.
2. Severe weather and natural disasters. Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. In the event of a severe weather emergency, staff will follow the Emergency Response Floor Plan posted at each Access North building.
 - Monitor weather conditions: Listen to local television or radio or a weather-radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.
 - WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.
 - WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

- ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.
 - Account for the well-being of all people receiving services.
 - Inform people why plans and activities are changing and what they are doing to keep them safe.
3. Power failures. Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. In the event of a power failure emergency, staff will follow the Emergency Response Floor Plan posted at each Access North building.
- Report power failures to, local utility company, emergency response team, and/or 911.
 - Use emergency supplies (flashlights, battery-operated radio) which are located at each Access North building according to the Emergency Response Floor Plan.
 - Account for the well-being of all people receiving services.
 - Inform people why plans and activities are changing and what they are doing to keep them safe.
4. Emergency shelter. Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter> . Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.
- Follow directions of local emergency personnel to locate the closest emergency shelter.
 - At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.
 - Remain calm and keep everyone informed of why events are occurring.

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

5. Emergency evacuation. Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.
- Account for the well-being of all people receiving services.
 - Inform people why they are leaving the program and what is being done to keep them safe.
 - Follow directions received from administrative staff, police, fire, and other emergency personnel.

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

6. Temporary closure or relocation. Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff.
 - Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
 - Follow directions received from administrative staff, police, fire, and other emergency personnel.

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

Emergency Response Floor Plan

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

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

Reporting Procedures:

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

- It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
- The date, time, and location of the emergency;
- A description of the emergency;

- A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
- The name of the staff person or persons who responded to the emergency; and
- The results of the review of the emergency (see section IV).

Review Procedures:

This program will complete a review of all emergencies.

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

Record Keeping Procedures:

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

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

A/32 – Social Media Policy

Access North strives for a balanced online dialogue. When we moderate postings to the company website, or run across any postings put on public access social media, we expect our employees to act in a professional manner.

If you participate in social media, such as MySpace, Face Book, LinkedIn, Twitter, YouTube, a blog, etc. on business or personal time we expect you to follow the following guidelines. If you have any questions about this policy, please contact the Human Resource Department or the Executive Director, for further information or clarification.

1. **Prohibited Conduct** - Access North absolutely prohibits revealing its name on social media or other websites, which include sexual, violent, or illegal content. It also prohibits postings on any social media discussing competitors or their products or services, without express permission to do so. The same goes for consumers, and potential consumers. Access North also prohibits language that is defamatory, harassing, disparaging, or violates obscenity laws.
2. **Transparency** – Always identify yourself; especially if you’re saying anything related to our business, including our company, the competition, or any products on the marketplace. Indicate you are an Access North employee where appropriate.
3. **Have Integrity and Be Honest** – Stick to your area of expertise. Don’t pretend to be a know-it-all. Half-truths and outright lies will be quickly ferreted out by today’s social media watchdogs, competitors, regulators and others. Whether it’s a comment you make on a MySpace page or in an update to a Wiki page, chances are, somebody may be monitoring your activities: if not the company, the government, the corporate media, or some other watchdog is likely to be paying close attention.
4. **Your Opinion vs. Company Opinion** – Unless you have *specific permission* to speak on behalf of Access North, clearly indicate that all postings represent *your opinion*. When posting to any site outside of the company, please use the following disclaimer: “The postings on this site are my own and don’t necessarily represent Access North’s positions, strategies, or opinions.”
5. **Protect the Brand** – Be careful when using Access North brand, logos, copyrights, trademarks, etc. If you intend to use them on social media at all, you must obtain permission prior to doing so. This applies to the property of any consumer or competitor.
6. **Company Policies and Procedures Apply** – Your social media activities are subject to the same policies and procedures as your other workplace activities. So, for example, if it is inappropriate to engage in sexual harassment while at work, then it is equally inappropriate to do so through the context of social media. This policy is also meant to support and integrate with our internet and emailing policies.
7. **Confidentiality** – Maintain the confidentiality of Access North, and consumer information. Just as you can destroy the value of a company trade secret by sharing too much information at a trade show, you can do likewise while posting it online. If you’re not sure what is/isn’t appropriate to share in these areas, please to not hesitate to seek

out advice first. If you do not feel comfortable speaking about this with your manager, please contact Human Resources or the Executive Director.

8. **Take Advantage of Social Media Privacy Settings** – Protect your personal information. It will help avoid identity theft, scams, and other risks.
9. **Be Professional** – Watch for typos and misspellings. All the protocols surrounding proper e-mailing also apply to the use of social media (i.e., no “shouting,” defamatory language, or incendiary words).
10. **Watch Any Advice You Give** – Whatever you do, don’t offer legal, medical, or psychological analysis, unless you are in fact a lawyer, doctor, or psychologist.
11. **Don’t Waste Company Time** – Personal social media use is restricted to personal time *only*. This is no different than it is for phone calls or e-mails. Make sure that you have written permission to access Social Media sites on Access North equipment. Otherwise, you should not use the company’s time and equipment to participate in personal use of social media.
12. **Be a Watchdog** – If you find a negative, disparaging, or otherwise concerning post about Access North, its products, services, or consumers, let us know! Please contact your manager, Human Resources or the Executive Director ASAP. Please do not respond to it without first receiving instruction unless you have specific permission to do so.
13. **Violation of policy** – any violation of the Social Media policy may lead to disciplinary action and/or termination.

A/36 Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Employee/Student/Volunteer Confidentiality Agreement

It is the intention of Access North to ensure the confidentiality and integrity of protected health information of both consumers and employees, as required by HIPAA, professional ethics, accreditation standards, licensure requirements, and any other legal requirements. Employees/students/volunteers are expected to follow Access North’s policies, guidelines and standards for workforce performance expectations which are mandated by HIPAA. Violation of these rules and standards will constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

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

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

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

Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers

Statement of 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 client's or resident's space in compliance with state requirements.

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: _____

Phone: _____

Email: _____

Address: _____

Name and title of person to whom problems or complaints may be directed: _____

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:

[Vulnerable adult protection and elder abuse \(https://mn.gov/dhs/adult-protection/\)](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>

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:

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

[Ombudsman for Long-Term Care \(http://www.mnaging.org/Advocate/OLTC.aspx\)](http://www.mnaging.org/Advocate/OLTC.aspx)

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

[Office of Ombudsman for Mental Health and Developmental Disabilities](https://mn.gov/omhdd/)

[\(https://mn.gov/omhdd/\)](https://mn.gov/omhdd/)

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 \(http://mylegalaid.org/\)](http://mylegalaid.org/)

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

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

[Senior LinkAge Line \(www.SeniorLinkageLine.com\)](http://www.SeniorLinkageLine.com)

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

[Minnesota Department of Health \(www.health.state.mn.us\)](http://www.health.state.mn.us)

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

Revised November 2019

To obtain this information in a different format, call: 651-201-4101

Earned sick and safe time as of Jan. 1, 2024

WHAT IS SICK AND SAFE TIME?

Sick and safe time is paid leave employers must provide to employees in Minnesota that can be used for certain reasons, including when an employee is sick, to care for a sick family member or to seek assistance if an employee or their family member has experienced domestic abuse.



WHO IS ELIGIBLE?

An employee is eligible for sick and safe time if they:

- work at least 80 hours in a year for an employer in Minnesota; and
- are not an independent contractor.

Temporary and part-time employees are eligible for sick and safe time. Sick and safe time requirements will not apply to building and construction industry employees who are represented by a building and construction trades labor organization if a valid waiver of these requirements is provided in a collective bargaining agreement.

HOW MUCH LEAVE CAN EMPLOYEES EARN?

An employee earns one hour of sick and safe time for every 30 hours worked and can earn a maximum of 48 hours each year unless the employer agrees to a higher amount.

AT WHAT RATE MUST THE LEAVE BE PAID?

Sick and safe time must be paid at the same hourly rate an employee earns when they are working.

WHAT CAN THE LEAVE BE USED FOR?

Employees can use their earned sick and safe time for reasons such as:

- the employee's mental or physical illness, treatment or preventive care;
- a family member's mental or physical illness, treatment or preventive care;
- absence due to domestic abuse, sexual assault or stalking of the employee or a family member;
- closure of the employee's workplace due to weather or public emergency or closure of a family member's school or care facility due to weather or public emergency; and
- when determined by a health authority or health care professional that the employee or family member is at risk of infecting others with a communicable disease.

WHICH FAMILY MEMBERS ARE INCLUDED?

Employees may use earned sick and safe time for their following family members:

1. their child, including foster child, adult child, legal ward, child for whom the employee is legal guardian or child to whom the employee stands or stood in loco parentis (in place of a parent);
2. their spouse or registered domestic partner;
3. their sibling, stepsibling or foster sibling;
4. their biological, adoptive or foster parent, stepparent or a person who stood in loco parentis (in place of a parent) when the employee was a minor child;
5. their grandchild, foster grandchild or step-grandchild;
6. their grandparent or step-grandparent;
7. a child of a sibling of the employee;
8. a sibling of the parents of the employee;
9. a child-in-law or sibling-in-law;
10. any of the family members listed in 1 through 9 above of an employee's spouse or registered domestic partner;
11. any other individual related by blood or whose close association with the employee is the equivalent of a family relationship; and
12. up to one individual annually designated by the employee.

Earned sick and safe time as of Jan. 1, 2024

WHAT ADDITIONAL SICK AND SAFE TIME RESPONSIBILITIES DO EMPLOYERS HAVE?

In addition to providing their employees with one hour of paid leave for every 30 hours worked, up to at least 48 hours each year, employers are required to:

- include the total number of earned sick and safe time hours accrued and available for use, as well as the total number of earned sick and safe time hours used, on earnings statements provided to employees at the end of each pay period;
- provide employees with a notice by Jan. 1, 2024 — or at the start of employment, whichever is later — in English and in an employee’s primary language if that is not English, informing them about earned sick and safe time; and
- include a sick and safe time notice in the employee handbook, if the employer has an employee handbook.

The Minnesota Department of Labor and Industry will prepare a uniform employee notice that employers can use and will make it available in the five most common languages spoken in Minnesota.

CURRENT SICK AND SAFE TIME LOCAL ORDINANCES

Earned sick and safe time local ordinances already exist in the cities of Bloomington, Duluth, Minneapolis and St. Paul, Minnesota. When Minnesota’s statewide earned sick and safe time law goes into effect Jan. 1, 2024, employers must follow the most protective law that applies to their employees.



Sick time
For physical or
mental health
conditions, illness
or injury



Safe time
To address domestic
abuse, sexual assault
or stalking



Labor Standards • 443 Lafayette Road N. • St. Paul, MN 55155
651-284-5075 • 800-342-5354 • dli.mn.gov • dli.laborstandards@state.mn.us

Notice: This is a brief summary of Minnesota law. It is intended as a guide and is not to be considered a substitute for Minnesota Statutes regarding earned sick and safe leave.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must:**

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must:**

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing:**

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



Pregnancy and parental leave

PREGNANCY AND PARENTAL LEAVE

Employees may take up to 12 weeks of unpaid leave during pregnancy or upon the birth or adoption of their child. Employees are eligible for this leave regardless of the size of their employer and the amount of time for which they have worked for the employer.

When does the pregnancy and parental leave start?

- The leave must be taken within 12 months of the birth or adoption.
- Employees must request the leave from their employer.
- Employees can choose when the leave will begin.
- Employers can adopt reasonable policies about when requests for leave must be made.



FREQUENTLY ASKED QUESTIONS

What can count against my pregnancy and parental leave?

If you have paid leave, including sick leave or paid vacation, pregnancy and parental leave can be reduced so the total leave (pregnancy and parental plus paid leave) is not more than 12 weeks. Leave taken for prenatal care may **not** count against pregnancy and parental leave. If you qualify for both federal Family and Medical Leave Act (FMLA) and pregnancy or parental leave, you only have a right to 12 weeks of leave in total for childbirth or adoption of a child and any other pregnancy-related leave. You may be entitled to additional leave under FMLA for a non-pregnancy related serious health condition. If you have questions about FMLA, contact the U.S. Department of Labor at 612-370-3341 or dol.gov/whd/fmla.

Does Minnesota offer paid family and medical leave?

Minnesota's paid family and medical leave law, which provides paid time off during or following a pregnancy, goes into effect Jan. 1, 2026. Find more information at mn.gov/deed/paidleave.

Does my employer have to continue my benefits during the leave?

Yes. Employees on pregnancy and parental leave are entitled to the same coverage and employer contribution as if they were not on leave.

Do I get my job back when I return from leave?

Yes. You are entitled to employment in your former position or one with comparable duties, hours and pay. You are also entitled to the same benefits and seniority you had before the leave. You may return to part-time work during the leave without forfeiting the right to return to full-time work at the end of the leave. It is against the law for your employer to retaliate, or take negative action, against you for requesting or taking a leave.



Labor Standards • 443 Lafayette Road N. • St. Paul, MN 55155
651-284-5075 • dli.laborstandards@state.mn.us • dli.mn.gov