This manual contains some important information and materials about our company that you need to review, and information we need in order for you to begin working for our agency. Carefully review the contents of this manual, then sign and return the materials to our office. If you have any questions, please contact us.

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1. ORIENTATION TO HOME CARE REQUIREMENTS

A GUIDE TO HOME CARE SERVICES PURPOSE:

"Every individual applicant for a license, and every person who provides direct care, supervision of direct care, or management of services for a licensee, shall complete orientation to home care requirements before providing home care services to clients."

Licensees may use this guide to satisfy Minnesota Rule 4668.0075, subpart 1 and Minnesota Rule 4668.0805 subpart 1.

This guide was prepared by the Minnesota Department of Health, Division of Compliance Monitoring, as a means to satisfy Minnesota Rule 4668.0075, and Minnesota Rule 4668.0805, "Orientation to Home Care Requirements" and is intended as an overview and not a replacement of the licensure rules or statutes. Not every rule and statute is restated or explained in this guide. Individuals should refer to Minnesota Home Care Licensure Statutes 144A.43-144A.47 and Minnesota Home Care Rules 4668 and 4669, the Vulnerable Adults Act Minnesota Statute 626.557 and 626.5572 and the Maltreatment of Minors Act, Minnesota Statute 626.556 for specific requirements.

The rules and statutes may be accessed through the web: http://www.leg.state.mn.us/leg/statutes.asp

REGULATION OF HOME CARE PROVIDERS: STATE LICENSURE

Under Minnesota Statutes 144A.43-144A.47, the Minnesota Legislature authorized the Minnesota Department of Health (herein after referred to as "Department") to license most providers of home care, including private businesses, nonprofit organizations, and governmental agencies. The license is for the business, not for the employees who work for the home care provider.

The purpose of the license is to ensure that those who provide services are qualified to do so in a manner that affords some protection of the health, safety, and well being of the consumers of those services. A license is permission from the state to carry on the business of home care services. It does not provide payment for services and does not guarantee success in business.

Licensure also provides a quality mechanism for monitoring and remedying problems that occur, in this rapidly expanding business, by routine inspections as well as complaint investigations by the Department.

If a survey or complaint investigation reveals a violation of a rule or law, the Department will issue a correction order, which is a notice of the violation and an order to correct the problem in a certain time. If not corrected, the Department will issue a fine according to a schedule of fines in the rules. In very serious situations, the Department may suspend, revoke, or refuse to renew the license.

State licensing rules have some similar requirements as Medicare Home Health Agency regulations, and additional requirements, such as criminal background studies for licensees, managers, and employees, screening for tuberculosis, and handling medication and treatment orders. Only those home care providers that receive Medicare or Medicaid reimbursement must comply with Medicare regulations. All providers, including many individuals, except for those individuals who are exempted by law or rule, will be required to meet state licensing rules and be licensed by the State.

CLASSES OF LICENSES

Class A, or professional home care agency license. Provider may provide all home care services, at least one of which is nursing, physical therapy, speech therapy, occupational therapy, nutritional services, medical social services, home health aide tasks, or the provision of medical supplies and equipment when accompanied by the provision of a home care service. These may be provided in a place of residence, including a residential center, and a housing with services establishment.

Class B. or paraprofessional agency license. Under this license, a provider may perform home care aide tasks and home management tasks in a place of residence.

Class C. or individual paraprofessional license. Under this license, a provider may perform home health aide, home care aide, and home management tasks in a place of residence.

Class F Home Care Provider. Under this license, a provider may provide home care services solely for residents of one or more registered housing with services establishments, as provided by Minnesota Statutes 144A.4605. For purposes of this section, the term Class F home care provider means a home care provider who provides nursing services, delegated nursing services, other services performed by unlicensed personnel, or central storage of medications solely for residents of one or more housing with services establishments.
Some Class F Home Care Providers and/or the Housing with Services establishments they serve may choose to call themselves or their services "assisted living" and must then meet the requirements for the use of the term assisted living as defined in Minnesota Statute 144G.

SERVICES AVAILABLE THROUGH STATE REGULATED HOME CARE PROVIDERS

State regulations cover a large variety of home care and home management services provided to clients whose illness, disability or physical condition creates a need for the services at their residences. The licensee may not accept a client unless the licensee has sufficient staff, in numbers and qualifications, to adequately provide the services agreed to in the service agreement/service plan. If the licensee discontinues a home care service, for any reason other than the client's failure to pay for the service, and the client continues to need the home care service, the licensee shall provide to the client a list of home care providers that provide similar services in the client's geographic area.

Services that may be provided in a client's residence include: professional nursing, physical therapy, occupational therapy, speech therapy, medical social services, respiratory therapy, nutritional services, home health aide tasks, services performed by unlicensed personnel, the provision of medical supplies and equipment if accompanied by the provision of a home care service, and home management services. (Services under the definition of home health aide tasks include home care aide tasks and home management tasks. Home care aide tasks may be performed for clients who are not receiving delegated medical or nursing procedures or assigned therapy services.) Home management tasks include at least two of the following: housekeeping, meal preparation, and shopping.

Personnel employed by a licensee or providing services under a contract, must be licensed, registered, or certified as required by the state and/or must meet the training and evaluation requirements of these rules. Each applicant for a license, persons who provide direct care, supervise direct care, or manage services for a licensee must be oriented to home care requirements prior to providing home care services to clients. Home health aide tasks and services provided by unlicensed personnel must be supervised by a registered nurse or therapist according to a schedule that is determined by the provider and client, and minimally established in the rule.

SERVICE AGREEMENT/PLAN

A licensee shall enter into a service agreement/plan with the client or the client's responsible person. Any modifications to the service agreement/plan must be communicated to the client or the client's responsible person.

The service agreement/plan must include the following items: A. a description of the services to be provided, and their frequency; B. identification of the persons or categories of persons who are to provide services; C. the schedule or frequency of sessions of supervision or monitoring required, if any; D. fees for services; E. a plan for contingency action that includes the following subitems:

- the action to be taken by the licensee, client, or responsible persons, if scheduled services cannot be provided;
- the method for a client or responsible person to contact a representative of the licensee whenever staff are providing services;
- who to contact in case of an emergency or significant adverse change in the client's condition;
- the method for the licensee to contact a responsible person of the client, if any; and
- circumstances in which emergency medical services are not to be summoned,
- consistent with MN Statutes 145B and 145C, and declarations made by the client under that act.

Class C licensees need not comply with items B and C and item E, subitems (2) and (5). Subitems (3) and (5) are not required for clients receiving only home management services.

The licensee must provide all services required by the client's service agreement/ plan. If unable, for any reason, to keep a scheduled appointment for a service that is not essential for medical or safety reasons, the licensee shall:
Follow the procedure established in the service agreement/ plan;
Provide a replacement person; or
Notify the client that the appointment will not be kept, and schedule a new appointment or arrange for a reasonable alternative.

If the service to be provided is essential for medical or safety reasons, it must be completed at the scheduled time. The licensee shall make arrangements to complete the service through a contract with another provider or through other reasonable means.

Every class A, B, or Class F Home Care Provider licensee that provides home health aide, home care aide tasks, or services by unlicensed personnel, must have a contact person available by telephone or other means whenever paraprofessionals are providing services.

HOME CARE BILL OF RIGHTS

All home care providers, including those exempt from licensure, must comply with all parts of Minnesota Statutes, section 144A.44, the home care bill of rights. A written copy of the bill of rights shall be given to the client or the client's responsible person at the time a service agreement is agreed upon or at the initiation of services, whichever is earlier. Written documentation of receipt of the bill of rights must be maintained by the licensee.

The licensee may not request nor obtain from clients any waiver of any of the rights enumerated in the home care bill of rights.

CLIENT PROTECTION

The home care rules have been developed with the goal that home care services are provided in a manner that protects the health, safety, and well-being of home care clients. Providers must comply with the requirements of these rules.

CRIMINAL DISQUALIFICATION*

Before the commissioner issues an initial or renewal license, an owner or managerial official shall be required to complete a background study under Minnesota Statute section
No person may be involved in the management, operation, or control of a provider, if the person has been disqualified under the provisions of Minnesota Statutes chapter 245A. Individuals disqualified under these provisions can request a reconsideration, and if the disqualification is set aside are then eligible to be involved in the management, operation or control of the provider. Owners of a home care provider subject to the background check requirement are those individuals whose ownership interest provides sufficient authority or control to affect or change decisions related to the operation of the home care provider. For the purposes of this section, managerial officials subject to the background check requirement are those individuals who provide direct "contact" as defined in section 245A.04 or those individuals who have the responsibility for the ongoing management or direction of the policies, services, or employees of the home care provider. All employees, contractors, and volunteers of a home care provider are subject to the background study required by section 144.057. If appropriate, these individuals shall be disqualified under the provisions of chapter 245A and Minnesota Rules, parts 9543.3000 to 9543.3090. Individuals disqualified under these provisions can request a reconsideration.

*Some language in this section was paraphrased from Minnesota law. Licensees should refer to the Statutes for the complete language.

REQUEST BY CLIENT FOR DISCONTINUATION OF LIFE SUSTAINING TREATMENT

Minnesota Rule 4668.0170 defines the action that must be taken by a licensee if a client, family member, or other caregiver requests that life sustaining treatment be discontinued. The licensee shall act promptly upon the client's request within the requirements of this rule.

CONFIDENTIALITY OF CLIENT INFORMATION

The licensee shall not disclose any personal, financial, medical, or other information about a client except:
as may be required by law;
to staff or contractors only that information necessary to provide services to the client;
to persons authorized by the client to receive the information; and

representatives of the commissioner authorized to survey or investigate home care providers.

HANDLING OF CLIENTS' FINANCES AND PROPERTY

A licensee may not act as power-of-attorney nor accept appointment as guardian or conservator of clients unless there is a clear organizational separation between the home care service and the program that accepts guardianship or conservatorship appointments or unless the licensee is a Minnesota county or other unit of government.

A licensee may assist clients with household budgeting, including paying bills and purchasing household goods but may not otherwise manage a client's property. Receipts or documentation of all transactions and purchases paid with the clients' funds must be recorded and maintained.

A licensee may not borrow or in any way convert a client's property to the licensee's possession except by payment at the fair market value of the property.

Gifts of a minimal value may be accepted by a licensee or its staff as well as donations and bequests that are exempt from income tax.

COMPLAINT PROCEDURE

Every licensee with more than one direct care staff person must have a system for receiving, investigating, and resolving complaints from its clients. The system is required to provide written notice to each client that includes:
the client's right to complain to the licensee about services;
the name or title of the person or persons to contact with complaints;
the method of submitting a complaint to the licensee;
the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
a statement that the provider will in no way retaliate because of a complaint.

The licensee is prohibited from taking any action in retaliation for a complaint made by the client.

REPORTING OF MALTREATMENT OF VULNERABLE ADULTS AND MINORS

Minnesota law requires certain professionals and staff of licensed organizations to report maltreatment, (abuse, neglect, exploitation, unexplained injuries) of vulnerable adults and children to governmental authorities. Reporting is mandatory, and a person who fails to report is subject to criminal prosecution and civil liability.

WHO MUST REPORT

All home care licensees and their employees must report suspected maltreatment. A report is required if there is reason to believe that abuse or neglect to a client has occurred. Staff of providers need not report directly to the authorities, but should follow their employers' procedures for reporting to a supervisor. If staff are unable or uncomfortable reporting to the licensee, they may report directly to the authorities. All home care providers are required by law to have a procedure for reporting.

WHAT TO REPORT*

Information as defined in Minnesota Statute 626.556 defines abuse of children, Minnesota Statute 626.5572 defines abuse of vulnerable adults.

WHEN REPORTING IS NECESSARY

A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately (immediately is defined "as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.") orally report the information to the common entry point. Staff should report any abuse or neglect to the person identified by the employer's procedures. The common entry point may not require written reports. After a report is made, the agency may investigate. The law prohibits retaliation against anyone who makes a report in good faith.

The provider, upon learning of abuse or neglect, must investigate and report to the Common entry point. The Office of Health Facility Complaints is considered to be a Lead agency.

"Common entry point" means the entity designated by each county responsible for receiving reports under section 626.557.

"Lead Agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

Serious criminal activity should be reported to law enforcement immediately, and then to the common entry point.

The address and telephone number of OHFC is: Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970
(651) 201-4201 (Metro area)
(800) 369-7994 (Toll-free statewide)

Inquiries or complaints about the Home Care Bill of Rights or home care services may also be directed to:
Office of Ombudsman for Long Term Care (651) 431-2555
1-800-657-3591 (Toll-free statewide)
Fax: (651) 431-7452
Mailing Address
Home Care Ombudsman
Office of Ombudsman for Long Term Care PO Box 64971
St. Paul, MN 55164-0971

Home care consumers or members of the public should also report any violations of a client's rights or maltreatment to the Office of Health Facility Complaints (OHFC), Office of Ombudsman for Long Term Care, (at the address or phone number listed above) and/or the common entry point.

Pursuant to Minnesota Rule 4668.0140 and Minnesota Rule 4668.0815 a home care client's service agreement or a Class F Home Care Provider's service plan includes: "circumstances in which emergency medical services are not to be summoned, consistent with the Adult Health Care Decisions Act, Minnesota Statutes, chapter 145B, and declarations made by the client under that act."

Home health care personnel and clients should thoroughly know the provider's policy on emergencies. Many agencies require that the home health staff has been trained in first aid, adult CPR (cardiopulmonary resuscitation) and infant and child CPR; and clearing the airway of an infant, child and an adult.

EMERGENCY PROCEDURES/HOW TO USE 911

Examples of significant adverse changes in the client's condition which may necessitate emergency contact and notifying 911 include:

has trouble breathing or has stopped breathing
has no pulse
is bleeding severely

is having: chest-neck-jaw-arm pain
is in a state of deteriorating unconsciousness or is unconscious
if a fracture is suspected
if the person has been badly burned
if unable to move one or more limbs
is having a seizure 10.is suffering from
hypothermia-below normal body temperature
hyperthermia-well above normal body temperature
has been poisoned

is having a diabetic emergency
has suffered a stroke
if there is any doubt as to seriousness of the situation

HOW TO USE 911

dial or punch 911
then state:
this is an emergency
give the phone number you are calling from
give the address
describe the problem and how it happened, if known, otherwise just tell the facts and what has been observed
give your name
stay calm
reassure the client and family
follow direction of 911 dispatcher
hang up last!
IF YOU DO NOT KNOW HOW TO GIVE CPR-TELL THE DISPATCHER AT ONCE.

2. HOME CARE BILL OF RIGHTS

- A person who receives home care services has these rights:
- The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
- The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted medical or nursing standards, to take an active part in creating and changing the plan and evaluating care and services.
- The right to be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequences of these choices, including the consequences of refusing these services.
- The right to be told in advance, of any changes in the plan of care and to take an active part in any changes.
- The right to refuse services or treatment.
- The right to know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services.
- The right to know, in advance of receiving care whether the services are covered by health insurance, medical assistance, or other health programs, the charges for services that will not be covered by Medicare, and the charges that the individual may have to pay.
- The right to know what the charges are for services, no matter who will be paying the bill.
- The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
- The right to choose freely among available providers and to change providers after services have begun, within limits of health insurance, medical assistance, or other health programs
- The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.

- The right to be allowed access to records and written information from records in accordance with section 144.335.
- The right to be served by people who are properly trained and competent to perform their duties.
- The right to be treated with courtesy and respect, and to have the patient's property treated with respect.
- The right to be free from physical and verbal abuse.
- The right to reasonable, advance notice of changes in services or charges, including at least 10 day's advance notice of the termination of a service by a provider, except in cases where:
    - The recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services; or
    - An emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider.
- The right to a coordinated transfer when there will be a change in the provider of services.
- The right to voice grievances regarding treatment or care that is, or fails to be, furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
- The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
- The right to know the name and address of the state or county agency to contact for additional information or assistance.
- The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.

Office of Health Facility Complaints
(651) 201-4201
1-800- 369-7994
Fax: (651) 281-9796
Mailing Address:
Minnesota Department of Health Office of Health Facility Complaints 85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, Minnesota 55164-0970

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

Licensee Name: Telephone Number: Address:
Name/Title of Person to Whom Problems or Complaints May be directed:

3. SERVICE DELIVERY POLICY

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

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

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

4. SERVICE RECIPIENT RIGHTS (For Homemaking Recipients)

A person who received homemaking services has the right to:

1. Participate in the development and evaluation of the services provided to the person;
2. Have services identified in the service plan provided in a manner that respects and takes into consideration the person's preferences;
3. Refuse or terminate services and be informed of the consequences of refusing or terminating services;
4. Know, in advance, limits to the services available from the agency;
5. Know conditions and terms governing the provision of services, including the agencies policies and procedures related to temporary service suspension and service termination;
6. Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges;
7. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay; and
8. Receive services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the person's service plan.
9. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the agency;
10. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule;
11. Be free from maltreatment;
12. Be free from restraint or seclusion used for a purpose other than to protect the person from imminent danger to self or others;
13. Receive services in a clean and safe environment when the agency is the owner, lessor, or tenant of the service site;
14. Be treated with courtesy and respect and receive respectful treatment of the person's property;
15. Reasonable observance of cultural and ethnic practice and religion;
16. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;
17. Be informed of and use the agencies grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045;
18. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices;
19. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation;
20. Give or withhold written informed consent to participate in any research or experimental treatment;
21. Associate with other persons of the person's choice;
22. Personal privacy; and

23. Engage in chosen activities.
24. For a person residing in a residential site licensed according to chapter 245A, or where the agency is the owner, lessor, or tenant of the residential service site, protection-related rights also include the right to:
    a. Have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
    b. Receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and
    c. Privacy for visits with the person's spouse, next of kin, legal counsel, religious advisor, or others, in accordance with section 363A.09 of the Human Rights Act, including privacy in the person's bedroom.
25. Restriction of a person's rights under paragraph (a), clauses (13) to (15), or paragraph (b) is allowed only if determined necessary to ensure the health, safety, and well-being of the person. Any restriction of those rights must be documented in the service plan for the person and must include the following information:
    a. The justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction;
    b. The objective measures set as conditions for ending the restriction;
    c. A schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur, at a minimum, every three months for persons who do not have a legal representative and annually for persons who do have a legal representative from the date of initial approval; and
    d. Signed and dated approval for the restriction from the person, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.

1. PERSON-CENTERED PLANNING AND SERVICE DELIVERY REQUIREMENTS

Policy

BHC is required to provide services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of the 245D Home and Community-Based Services (HCBS) Standards.

BHC is required to provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

Person-centered service planning and delivery that:

- Identifies and supports what is **important to** the person as well as what is **important for** the person, including preferences for when, how, and by whom direct support service is provided;
- Uses that information to identify outcomes the person desires; and
- Respects each person's history, dignity, and cultural background;

Self-determination that supports and provides:

- Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- The affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- Inclusion and participation in the person's community as desired by the person in a manner that allows the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and

A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights

Persons receiving services can use the following questions to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

Sample of Person-Centered Planning and Service Delivery Questions for Initial Planning:

- What are your goals?
- What are your preferences related to:
    a. Time you wake up in the morning?
    b. Time you go to bed?
    c. What your favorite foods are?
    d. What are foods you don't like?
    e. Whom you prefer to have direct support services provided by?
    f. Are there traditions that are important to you?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- What places in the community do you like to spend time at?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Who are the people you want to spend time with?
- Do you work in the community? Where?
- Do you volunteer in the community? Where?

Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:

- Do you feel staff supports your relationships?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?

- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you want to volunteer in the community?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with the BHC service coordinator.

5. HIRING AND TERMINATION

All applicants must complete an employment application and pass a background investigation prior to becoming eligible for employment. The Company may also require a resume' and letters of reference depending on the position being applied for. Following the Company's review of all completed applications, the employer will begin interviewing the most qualified candidates.

Best Home Care may make conditional offers of employment to those candidates selected during the interview process. The conditional aspect of the job offer depends on the employee's agreeing to acknowledge company policies in writing, and consenting to and passing all necessary background and reference checks (if not already completed).

Following an acceptance of an offer of employment and completion of the background clearance, all new employees will be given a start date and location to report for work. Employees may only begin providing services after receiving the express permission of Best Home Care in writing. Recipients may not alter the decision of Best Home Care regarding any employee's start date. Authorization and acknowledgment forms and policies must be signed BEFORE actual work is performed.

All employees are classified as "at-will" employees. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between Best Home Care and you. You or Best Home Care may terminate the employment relationship at any time for any reason or no reason.

6. TRAINING

Best Home Care requires all employees to complete the mandated DHS training prior to your providing services to our clients. The DHS training covers but is not limited to the following topics:

1. Basic first aid;
2. Vulnerable adult/child maltreatment;
3. OSHA universal precautions;
4. Basic roles and responsibilities;
    a. Lifting and transfers
    b. Emergency preparedness
    c. Positive behavioral practices
    d. Fraud issues
    e. Time sheets

We require you review the enclosed materials, which address but which are not limited to the following topics:

5. An orientation to home care requirements.
6. Employee misconduct;
7. Basic infection control;
8. Reporting maltreatment;

9. Maintenance of a clean, safe, and healthy environment;
10. Handling request to discontinue life sustaining treatments;
11. Fair and accurate billing;
12. Advanced directive notices; and
13. Workplace safety;
14. Maintenance of a clean, safe, and healthy environment; and
15. Appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums, and oral prosthetic devices, and assisting with toileting; and
16. Other materials as indicated in the Acknowledgement of Receipt of Materials.

Finally, additional training shall be provided:

1. By a qualified professional on the unique needs of the recipient you are working with as identified in their 'care plan'; and
2. If you are working with a recipient who is ventilator dependant you will be required to complete ventilator training administered by respiratory therapist, nurse, or physician.

7. SUPERVISION

In accordance with Minnesota Law, Best Home Care provides PCA supervision that includes but is not limited to:

• Development of the care plan;
• Orientation of the PCA to the cares and needs of the person;
• Training of the PCA to provide hands on assistance with special health-related functions;
• Day-to-day supervision and monitoring of the work and ability of the PCA to provide care; and
• Communication when the needs of the person change.
*Health related functions performed by the PCA are required to be under the supervision of a qualified professional or the direction of a physician.

By following these policies, we can be sure that our services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

8. PERSONAL CARE ASSISTANT JOB DESCRIPTION

Summary of Qualifications:

An individual who is employed as a personal care assistant must:

- Be dependable, drug free, and able to follow directions.
- Be able to legally work in this country.
- Pass a background study.
- Complete standardized PCA training;
- Complete training in company policies and procedures;
- Complete training and orientation on the needs of the recipient they are working with.
- Be able to effectively communicate with the person and the PCA provider agency.
- Be able to provide covered PCA services according to the person's PCA care plan.
- Be able to respond appropriately to the person's needs.
- Be able to report changes in the person's condition to the qualified professional.
- Be able to maintain daily written records including, but not limited to, time sheets.
- Not be related to the recipient as (Parent or Stepparent of a Minor; Responsible Party; or Spouse)

Daily Duties:

The duties of this job include, but are not limited to:

- Assist with personal care including bathing, skin care, shampoo, grooming, caring for teeth, and assistance with medications;
- Assist with housekeeping, including vacuuming, cleaning bathroom, making bed, etc.
- Help with shopping for groceries and personal items;
- Provide redirection for behaviors;
- Assist with paying bills; and
- Assist with making appointments and arranging transportation;

9. HOMEMAKER JOB DESCRIPTION

Summary of Qualifications:

An individual who is employed as a personal care assistant must:

- Be dependable, drug free, and able to follow directions.
- Be able to legally work in this country.
- Pass a background study.
- Complete standardized training;
- Complete training in company policies and procedures;
- Complete training and orientation on the needs of the recipient they are working with.
- Be able to effectively communicate with the person and the provider agency.
- Be able to provide covered homemaking services.
- Be able to respond appropriately to the person's needs or behavior.
- Be able to maintain daily written records including, but not limited to, time sheets.

Daily Duties:

Homemakers may monitor the person's well-being while in the home, including home safety.

Homemaker services are listed in the community support plan and include:

- Cleaning
- Companionship
- Laundry
- Meal preparation
- Routine household care
- Shopping for food, clothing and supplies
- Simple household repairs
- Social stimulation
- Transportation arrangement

10. EMPLOYEE MISCONDUCT

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

- Failure to fulfill and/or carry out one or more of the duties or responsibilities listed in the job description for that position.
- Failure to honor recipient rights afforded under either the "Home Care Bill of Rights" or "Service Recipient Rights".
- Failure to work scheduled hours.
- Falsification of timesheets.
- Tardiness.

- Failure to meet all conditions of employment.
- Drug and/or alcohol use or being under the influence of drugs or alcohol when working with recipients.
- Abuse of prescription medication or being in any manner under the influence of a chemical that impairs the employee's ability to provide services or care.
- Consumer abuse (physical, verbal, sexual or emotional, financial/property).
- Gross negligence, including but not limited to any situations which did or may have resulted in endangering the health or safety of the consumers or staff.
- Deliberate noncompliance with policies, procedures and directions from their supervisor demonstrated by not following policies or direction.
- Any actions contraindicated by common sense or professional standards (i.e.: any actions that would violate certification, licensing, or what the average person would consider just common sense).

It is the policy of the Best Home Care to regard discipline as an instrument for developing total job performance rather than as punishment. Corrective action is one tool the Company may select to enhance job performance. The Company is not required to take any disciplinary action before making an adverse employment decision, including discharge. Corrective action may be in the form of a written or oral reprimand, notice(s) of inadequate job performance, suspension, discharge or in any combination of the above, if the Company so elects. The Company reserves its prerogative to discipline, and the manner and form of discipline, at its sole discretion.

11. DRUGS AND ALCOHOL

I. Policy

It is the policy of this Best Home Care (The Agency) 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).

II. Procedures

A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.

B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.

C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.

D. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.

E. Any employee convicted of criminal drug use or activity must notify Management no later than five (5) days after the conviction.

F. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.

G. The company 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. Where appropriate, we will also notify licensing boards.

H. The company 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. Where appropriate, we will also notify licensing boards.

12. INFECTIONS AND COMMUNICABLE DISEASES

Infection Control Precautions

Infection control precautions are a set of standard recommendations designed to reduce the risk of transmission of infectious agents from body fluids or environmental surfaces that contain infectious agents. These precautions include the use of personal protective equipment that serve as barriers to protect against contact with infectious materials.

Standard Precautions

Standard Precautions. Standard precautions are the basic level of infection control that should be used in the care of all patients in all settings to reduce the risk of transmission of organisms that are both recognized and unrecognized. Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time.

- Use standard precautions in the care of all patients to reduce the risk of transmission of microorganisms from both recognized and non-recognized sources of infection.
- Applies to blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.
- Personal protective equipment (PPE) to carry out standard precautions includes gowns, masks, or eye protection.

Standard precautions include:

- **Hand hygiene** - always - following any patient contact
    - Wash hands for 20 seconds with soap and warm water – especially if visibly soiled. Clean hands with alcohol-based hand rub if not visibly soiled.
- **Gloves**
    - Clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions or excretions.
    - Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions.
    - Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient.
    - Wash hands immediately after removing gloves.
- **Gowns**
    - Fluid resistant, non-sterile.
    - Protect soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions and excretions.
    - Apply gown prior to performing such activities.
- **Mask, face shield, eye protection**
    - Protect eyes, nose, mouth and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions and excretions.
    - Apply appropriate protection prior to performing such activities.
- **Patient Care Equipment**
        - Avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments.
        - Clean, disinfect or reprocess non-disposable equipment before reuse with another patient.
        - Discard single-use items properly.

Suspected Transmission

Personnel who are exposed to a communicable disease to which they are susceptible (during work or away from work) must contact Best Home Care office immediately. Personnel who suspect a consumer has been exposed to a communicable disease (at home or away from home) must contact Best Home Care immediately.

13. REQUEST TO DISCONTINUE LIFE SUSTAINING TREATMENT

In accordance with Minnesota Law, Best Home Care requires the following procedures regarding requests to discontinue life-sustaining treatment.

If a client, family member, or other caregiver of the client request that an employee or other agent of the Best Home Care discontinue a life sustaining treatment, the employee or other agent who receives the request:

- ✓ Shall take no action to discontinue the treatment; and
- ✓ Shall promptly inform the person's supervisor.

By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

If you receive a request to discontinue the life sustaining treatment of a client, promptly notify management at the phone number, email or address above.

14. ADVANCED DIRECTIVE NOTICE

Minnesota Law

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

What is a Health Care Directive?

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

Why Have a Health Care Directive?

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

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

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed.

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

How Do I Make a Health Care Directive?

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

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

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

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

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

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

What Can I Put in a Health Care Directive?

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

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or Toll-free at 1-800-657-3793.

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

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

15. FAIR AND ACCURATE BILLING

To ensure that billing by employees is fair and accurate, Best Home Care requires the following:

1. Employees may only submit time cards that reflect hours actually worked;
2. All employees must use the time card provided by the Agency;
3. Employees will only be paid for time cards that are signed by the recipient;
4. No employee shall be paid for PCA services provided in the employee's home; unless the employee resides in recipients household.
5. Employees will only be paid for services that are provided as specified in the PCA care plan.
6. No employee shall be paid for time where the recipient is in a hospital, nursing home, or other out of home placement; and
7. Any payments made to an employee for time submitted while a recipient is in a hospital, nursing home, or other out of home placement facility shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
8. Employees may not work more than 275 hours per month for all employers.
9. Employees shall not be paid for more than 275 hour per month for all employers.
10. The Agency shall coordinate with other agencies to ensure employees are not paid more than 275 hours per month.
11. Any payments made to an employee where it is later determined that the employee submitted time in excess of 275 hours per month shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
12. The Agency shall notify employees when there is a gap in a recipient's health insurance.
13. No employee shall be paid for time where there is a gap in a recipient's health insurance coverage without the written permission of the Agency.
14. Any payments made to an employee for time submitted while there is a gap in a recipient's health insurance coverage shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
15. Employees may only begin providing services after receiving the express permission of the Agency in writing. Recipients may not alter the decision of the Agency regarding any employee's start date. No employee shall be paid for services provided without the express written permission of the Agency.

16. Employees may not work more hours per day than a recipient is authorized to receive without the express written permission of the recipient and the Agency.
17. Employees may not work overtime (over 40 hour per week) without the express written permission of the Agency. If overtime is allowed the Agency may limit the number of hours and the pay rate in the Agencies sole discretion. Overtime privileges may be revoked at any time in the Agencies sole discretion.
18. The Agency shall notify employees when a recipient has exhausted their PCA approved units.
19. No employee shall be paid for time where the recipient has exhausted his or her PCA approved units.
20. Any payments made to an employee for time submitted after a recipient has exhausted his or her PCA approved units shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.

NOTE: IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON PCA BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA BILLINGS MAY ALSO RESULT IN YOUR TERMINATION.

16. CRIMINAL BACKGROUND CHECKS

In accordance with Minnesota Law, the Agency requires criminal background checks for all individuals who have direct contact with clients in their homes or in the community, including managerial officials, supervisors, direct caregivers and volunteers. Having and maintaining a clear background is an essential requirement for employment by the Agency and if you fail now or later to meet that requirement your employment with the Agency shall terminate immediately.

Additionally:

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

By applying for employment with the Agency, you agree to be subject to these policies. By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

17. WORKPLACE SAFETY

The safety of our employees and customers is a core value of Best Home Care. No other business objective has higher priority.

This Safety Policy is to guide all employees in pursuing their responsibility, shared with the Company, to safeguard the health and well-being of everyone involved with Best Home Care.

Best Home Care recognizes that safety is beneficial to the employee, the family, the community, the customer and the Company. On-the-job accidents and injuries can cause pain and suffering; they affect our ability to provide the continued quality of care and services that our consumers need and deserve. We are therefore committed to providing a safe and healthy work environment for all employees and require that safety should not be compromised for any other business priority.

It is the responsibility of each employee to work safely for the benefit of the individual as well as co-workers, and clients. This responsibility includes following appropriate safety measures and planning each work activity using good judgment, along with a sincere dedication to work safely.

Employees should not start work until they understand what work is to be done and how to do it safely as outlined in the recipient's care plan. Employees should bring any issues involving safety concerns to management's attention promptly. All employees in leadership positions are responsible for advocating safe work habits and for reporting any unsafe working conditions.

All of us, through our leadership, commitment and engagement must accept the challenge to work safely. Our employees, community and customers will all benefit. Best Home Care encourages all employees to carry these health and safety values beyond the workplace to all of their activities.

18. HEALTH AND SAFETY IN HOME ENVIRONMENTS

This section outlines procedures and provides practical advice about how to manage workplace health and safety in people's homes. The guide outlines many common hazards found in home environments and provides solutions based on the principles of risk management. It is important for everyone, including clients and caregivers to work together to identify workplace health and safety risks and the best ways to manage them.

MANUAL TASKS

Community service work frequently includes manual tasks which also involves handing people in their homes. Examples of common manual tasks include:

- Assisting with transferring, bathing and dressing clients;
- Pushing wheelchairs; and
- Cleaning and other domestic tasks.

The risk of injury related to manual tasks is increased when the work requires:

- Overreaching
- Significant bending and twisting
- Handling of awkward, large heavy loads
- Prolonged holding of the worker's body part in one position or doing similar actions for long periods.

Commonly it is a combination of these factors that increases the risks. If you find yourself engaging in the type of high risk activities above notify management immediately so that and assessment can be made to determine if the risk can be minimized by job redesign or through assistive adaptive technology.

AGRESSIVE BEHAVIOR

Aggressive client behavior is an important health and safety issue for many caregivers providing services to people in their homes. If aggressive behavior is not managed properly, workers are at high risk of physical injury or psychological illness. However steps can be taken to minimize these risks.

Some situations may expose workers to the risk of aggressive behavior when working:

- With clients who have challenging behaviors that may be related to a medical condition or intellectual impairment;
- Alone and/or in isolated environments;
- In an environment where people may pose a risk to workers' personal security (e.g. client's family and friends).

The following risk factors should be considered when determining workers' exposure to aggressive behavior:

- Type of aggressive behavior workers may be exposed to (e.g. verbal abuse vs physical abuse):
- Frequency and severity of exposure to aggressive behavior; look at incident or hazard accident reports;
- Layout of the workplace and ability of the worker to remove themselves from the area if required;
- Being aware of client's behavioral triggers.

If you experience aggressive behavior notify management immediately so the risk may be minimized thought additional training or so we can determine if the environment is safe.

BIOLGICAL HAZARDS

Biological hazards expose workers and clients to infectious disease risks,. Good infection control practices will protect workers and clients from acquiring healthcare associated infections. Some infectious diseases such as rubella (i.e. German measles), cytomegalovirus and chickenpox may pose additional risks to pregnant workers with the potential for adverse pregnancy outcomes. Emerging infectious diseases such as pandemic influenza should also be considered and appropriate planning and preparedness should be implemented.

Workers may be exposed to infectious diseases through activities such as:

- Health and personal care of clients;
- Contact with a client's blood and body substances;
- Household cleaning, including the cleaning of blood and body substance spills;
- Handling soiled laundry;
- Handling and disposing of clinical waste including sharps;
- Unsafe food handling and storage practices;
- Contact with a client's animals and animal waste.

Use care when dealing with biological hazards and always follow company infection control procedures.

HAZARDOUS SUBSTANCES/CHEMICALS

There a number of chemicals used in home care work, particularly for cleaning, laundry and gardening tasks. Some of these chemicals may be hazardous with the risk increased in areas with poor ventilation (e.g. showers, ovens or small gardening sheds). The effects from exposure to hazardous substances can range from minor skin irritation to chronic diseases as occupational asthma and various forms of cancer.

Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home. Substances, like sodium hypochlorite (bleach) are an irritant and, in high concentrations, may cause burns to the skin, mucus membranes and eyes. Always use care when handling chemical substances and always read the instructions for use and warnings.

SLIPS, TRIPS AND FALLS

Slips, trips and falls account for a significant number of injuries in the home care sector. Workers, clients and their families may be exposed to slip and trip hazards inside and outside the house. Slips usually occur when there is a loss of grip between the shoe and floor (i.e. when there is a contaminant between the hoe and the floor). Trips occur when a person's foot hits a low obstacle in the person's path, causing a loss of balance. It is often due to an obstacle that is not easily seen or noticed.

Some of the various risk factors that contribute to slips and trips are:

- **Contaminants** – can be anything that ends up on a floor. It could be wet (e.g. water or oil), or dry (e.g. powder or plastic bags). Preventing floor contaminants and attending to spills immediately is one of the best ways to prevent slips.
- **Slippery floor surfaces**, especially in areas which may become wet or contaminated (e.g. bathrooms and toilets). Additional anti-skid tape may be put on external steps to improve surfaces.
- **Spills and cleaning** – spills should be cleaned up promptly to prevent slipping. Minimizing walking on recently cleaned floors will also prevent the risk of slips or trips. Cleaning affects both indoor and outdoor areas:
    - Indoor – floors should be cleaned properly with the right amount and type of cleaning product used so that the floor does not become too slippery.
    - Outdoor –growth (e.g. moss and slime) and leaf litter should be cleared from pathways.

- **Obstacles and other trip hazards** – trips most often occur because of uneven flooring or cluttered walkways with low obstacles which are not easily seen or noticed. Common examples of low obstacles include:
    - Electrical leads
    - Uneven edges to flooring
    - Loose mats or carpet tiles
    - Changes of floor surfaces

Some simple and cost effective measures that can reduce or prevent the number and severity of slip, trip and fall injuries for workers, clients and their families are:

- Good housekeeping practices
- Ensuring the floor surface is in good order such as being free from :
    - Holes
    - Uneven surfaces
    - Curled up linoleum
    - Carpet edges
- Avoiding changes in floor surface level, or if this is not possible, highlighting these changes (e.g. on the edge of the step in a split level home).
- Ensuring lighting is adequate to see the area clearly without glare or shadowing to highlight potential slip or trip hazards.
- Ensuring footwear is:
    - Suitable for the type of work and work environment
    - Comfortable with adequate non-slip sole and appropriate tread pattern
    - Designed to provide support and stability when worn

19. TRANSPORTATION OF RECIPIENTS

Best Home Care's (BHCs) company policy regarding transportation is that PCAs should not transport clients in personal vehicles for insurance liability reasons. BHC is not liable for any loss, damage, costs or expenses incurred by clients or PCAs due to BHC PCAs transporting clients or by PCAs traveling in client vehicles.

Alternative transportation should be taken.

Some options are as follows:

- **Metro Mobility**
- **Public Transportation**
- **MNET (Metro Minnesota Non-Emergency Transportation Program)**
- **Private Taxi Service**

20. MALTREATMENT OF VULNERABLE ADULTS

I. Policy

It is the policy of the agency to protect the adults served by this agency who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

II. Procedures

A. Who Should Report Suspected Maltreatment of a Vulnerable Adult

1. As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

B. Where to Report - You can make an external or an internal report.

1. You may make an external report to a Common Entry Point at:

a. Ramsey County 651-266-4012
b. Hennepin County 612-348-8526
c. Anoka County: 763-422-7168
d. Carver County: 952-361-1600
e. Dakota County: 651-554-6000
f. Scott County: 952-445-7751
g. Washington County: 651-430-6484

2. You may make an internal report to the agency.

C. Internal Report

1. When an internal report is received, the person receiving the report is responsible for deciding if a report to the Common Entry Point is required based on this policy. If that person is involved in the suspected maltreatment, the Administrator will assume responsibility for deciding if the report must be forwarded to the Common Entry Point.
2. The report to the Common Entry Point must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
3. If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the Common Entry Point. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the common entry point, you may still make an external report to the Common Entry Point. It must also inform you that you are protected against retaliation by the agency if you make a good faith report to the Common Entry Point.

D. What to Report

1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572.
2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

E. Failure to Report

1. A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

F. Internal Review

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the agency must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults.
2. 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 a need for additional staff training;
    d. The reported event is similar to past events with the vulnerable adults or the services involved; and
    e. There is a need for corrective action by the agency to protect the health and safety of vulnerable adults.

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

1. The internal review will be completed by the Administrator.

2. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Office Manager.

H. Documentation of the Internal Review

1. The agency must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

I. Corrective Action Plan

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

J. Staff Training

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

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

21. MALTREATMENT OF MINORS

I. Policy

It is the policy of Best Home Care to protect the children served by the agency whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse. As an employee of the agency you are a mandated reporter. As a mandated reporter, if you know or suspect that a child has been maltreated, you must report it. If you fail to make a report you may be subject to criminal prosecution and civil liability.

II. Procedures

A. Who Should Report Child Abuse and Neglect

1. If you provide care to children served by the agency, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at the agency.
2. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately make a report to an outside agency. Immediately means as soon as possible but in no event longer than 24 hours.

B. Where to Report

1. If you know or suspect that a child is in immediate danger, you must call 911.
2. All reports concerning suspected abuse or neglect of children occurring must be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
3. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement.
4. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the agency, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

C. What to Report

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

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

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

F. Internal Review

1. When the agency has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the program shall complete an internal review and take corrective action, if necessary, to protect the health and safety of children in care.
2. The internal review shall include an evaluation of whether:
    a. Related policies and procedures were followed;
    b. The policies and procedures were adequate;
    c. There is a need for additional staff training;
    d. The reported event is similar to past events with the children or the services involved; and
    e. There is a need for corrective action by the agency to protect the health and safety of children in care.

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

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

H. Documentation of the Internal Review

The agency shall document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner's request.

I. Corrective Action Plan

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

J. Staff Training

The agency shall provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556).

22. INCIDENT RESPONSE AND REPORTING

The agency shall respond to all incidents under section that occur while providing services to protect the health and safety of and minimize risk of harm to recipients. All employees and clients should thoroughly know the agencies police on reporting incidents. All incidents should be reported to the agency immediately. Immediately means as soon as possible but in no event longer than 24 hours.

You should report any of the following immediately upon discovery:

(1) Serious injury including:

a. Fractures;
b. Dislocations;
c. Evidence of internal injuries;
d. Head injuries with loss of consciousness;
e. Lacerations;
f. Serious burns;
g. Injuries to teeth;
h. Injuries to the eyeball;
i. Ingestion of foreign substances;
j. Near drowning;
k. Heat exhaustion; or
l. Other injuries considered serious by a physician.

(2) A person's death;
(3) Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition, or the mental health status of a person that requires calling 911 or a mental health crisis intervention team, physician treatment, or hospitalization;
(4) A person's unauthorized or unexplained absence from a program;
(5) Physical aggression by a person receiving services against another person receiving services that causes physical pain, injury, or persistent emotional distress, including, but not limited to, hitting, slapping, kicking, scratching, pinching, biting, pushing, and spitting;
(6) Any sexual activity between persons receiving services involving force or coercion; or
(7) A report of alleged or suspected child or vulnerable adult maltreatment.

23. EMERGENCY USE OF MANUAL RESTRAINTS

(For Homemaking Recipients)

I. Policy

It is the policy of the agency to promote the rights of persons served by the agency and to protect their health and safety during the 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, do not constitute an emergency.

II. Positive support strategies and techniques required

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

1. Shift the focus by verbally redirecting the person to an alternative activity;
2. Reinforce appropriate behavior;
3. Model desired behavior;
4. Reinforce appropriate behavior;
5. Offer choices, including activities that are relaxing and enjoyable to the person,

6. Use positive verbal guidance and feedback;
7. Actively listen to a person and validate their feelings;
8. Create a calm environment by reducing sound, lights, and other factors that may agitate the person;
9. Speak in a low, calm voice and show no emotion.
10. Do not argue. Do not command. Do not demand. Do not disagree. Be respectful.
11. Listen carefully to what the person is saying – respond to the problem not the words. "I know you have a problem, "or "I hear and see that you are angry" are good responses.
12. Continue to talk and listen and wait. Stay in there with the individual. Stay calm and you will Succeed;
13. Stand slightly to the side in a face-to-face position;
14. Be careful not to corner the person;
15. Respect the person's need for physical space and/or privacy;
16. Leave the area as soon as it is safe to do so.

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

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

III. Permitted actions and procedures

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

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

1. Calm or comfort a person by holding that persons with no resistance from that person;
2. Protect a person known to be at risk or 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; or
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.

B. 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; or
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.

IV. Prohibited Procedures

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

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint;
4. Time out;
5. Seclusion; or

6. Any aversive or deprivation procedure.

V. Manual Restraints Not Allowed in Emergencies

A. This agency does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

1. Speak in a low, calm voice and show no emotion.
2. Do not argue. Do not command. Do not demand. Do not disagree. Be respectful.
3. Listen carefully to what the person is saying – respond to the problem not the words. "I know you have a problem, "or "I hear and see that you are angry" are good responses.
4. Continue to talk and listen and wait. Stay in there with the individual. Stay calm and you will succeed.
5. Stand slightly to the side in a face-to-face position.
6. Be careful not to corner the person.
7. Ask the person and/or others if they would like to move to another area where they may feel safer or calmer; Remove objects from the person's immediate environment that they may use to harm self or others;
8. Leave the area as soon as it is safe to do so.
9. Call 911 if appropriate.

B. The agency 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 agency will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D 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).

VI. Conditions for Emergency Use of Manual Restraint

A. Emergency use of manual restraint must meet the following conditions:

1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
2. The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
3. The manual restraint must end when the threat of harm ends.

B. The following conditions, on their own, are not conditions for emergency use of manual restraint:

1. The person is engaging in property destruction that does not cause imminent risk of physical harm;
2. The person is engaging in verbal aggression with staff or others; or
3. A person's refusal to receive or participate in treatment or programming.

VII. Restrictions When Implementing Emergency Use of Manual Restraint

A. Emergency use of manual restraint must not:

1. Be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. Be implemented with an adult in a manner that constitutes abuse or neglect;
3. Be implemented in a manner that violates a person's rights and protection;
4. Be implemented in a manner that is medically or psychologically contraindicated for a person;
5. Restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
6. Restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this agency;
7. Deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;

8. Be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this agency;
9. Use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. Apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position.

VIII. Monitoring Emergency Use of Manual Restraint

A. The agency must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:

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

B. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

IX. Reporting Emergency Use of Manual Restraint

A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section 245D.06, subdivision 1. When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the agency has the consent of the person.

B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the agencies's designated coordinator the following information about the emergency use:

1. Who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implement. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
4. A description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
5. A description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
6. Whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
7. Whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and

8. Whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:

1. After implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
2. Upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
3 Staff must immediately re-implement the manual restraint in order to maintain safety.

X. Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, the agency must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.

B. The internal review must include an evaluation of whether:

1. The person's service and support strategies need to be revised;
2. Related policies and procedures were followed;
3. The policies and procedures were adequate;
4. There is need for additional staff training;
5. The reported event is similar to past events with the persons, staff, or the services involved;
6. There is a need for corrective action by the agency to protect the health and safety of persons.

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

D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

E. The agency has identified the agency Administrator as the person responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.

XI. Expanded Support Team Review of Emergency Use of Manual Restraint

A. Within 5 working days after the completion of the internal review, the agency must consult with the expanded support team to:

1. Discuss the incident to:
   a. Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
   b. Identify the perceived function the behavior served.
2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
   a. Positively and effectively help the person maintain stability; and
   b. Reduce or eliminate future occurrences of manual restraint.

B. The agency must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.

C. The agency has identified the agency Administrator as the person responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.

XII. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the agency must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:

1. Report of the emergency use of a manual restraint;
2. The internal review and corrective action plan; and
3. The expanded support team review written summary.

XIII. Staff Training

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

A. The agency 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 agency, the agency must provide instruction on prohibited procedures that address the following:

   a. What constitutes the use of restraint, time out, seclusion, and chemical restraint;
   b. Staff responsibilities related to ensuring prohibited procedures are not used;
   c. Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
   d. Why prohibited procedures are not safe; and
   e. The safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.

2. Within 60 days of hire the agency must provide instruction on the following topics:

   a. Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
   b. De-escalation methods, positive support strategies, and how to avoid power struggles;
   c. Simulated experiences of administering and receiving manual restraint procedures allowed by the agency on an emergency basis;
   d. How to properly identify thresholds for implementing and ceasing restrictive procedures;
   e. How to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
   f. The physiological and psychological impact on the person and the staff when restrictive procedures are used;
   g. The communicative intent of behaviors; and
   h. Relationship building.

B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before this program's 245D-HCBS license became effective on Jan. 1, 2014.

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

24. HEALTH INFORMATION SECURITY

Best Home Care will use reasonable administrative, physical, and technical safeguards to protect the privacy of protected health information and limit incidental uses or disclosures of protected health information. An

incidental *use* or *disclosure* is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. For example: a conversation that is overheard despite attempts by the speakers to avoid being heard.

All members of the Best Home Care workforce will follow these guidelines in handling protected health information (PHI) in order to protect the privacy of protected health information and limit incidental uses and disclosures.

GUIDELINES TO SAFEGUARD PROTECTED HEALTH INFORMATION

1. Bulletin boards:
    a. Bulletin boards may not contain any documents with PHI of recipients.
2. Cleaning personnel:

    a. Cleaning personnel do not need PHI to accomplish their work. Whenever reasonably possible, PHI will be placed in locked containers, cabinets, or rooms before cleaning personnel enter an area.
3. Computer Screens:
    a. Computer screens at each workstation must be positioned so that only authorized users at that workstation can read the display. When screens cannot be relocated, filters, hoods, or other devices may be employed.
    b. Computer displays will be configured to go blank, or to display a screen saver when left unattended for more than a brief period of time. The Privacy and Security Officials will determine the period of time. Wherever practicable, reverting from the screen saver to the display of data will require a password.
    c. Computer screens left unattended for longer periods of time will log off the user. The Security and Privacy Officials will determine the period of time.
4. Conversations:
    a. Conversations concerning members' claims or other PHI must be conducted in a way that reduces the likelihood of being overheard by others.
    b. Wherever reasonably possible, noise inhibitors may be used to reduce the opportunity for conversations to be overheard.
5. Copying claims and other PHI
    a. When PHI is copied, only the information that is necessary to accomplish the purpose for which the copy is being made, may be copied. This may require that part of a page be masked.
6. Desks and countertops
    a. Claims and other medical record documents that contain PHI must be placed face down on counters, desks, and other public places where third parties can see them.
    b. Wherever it is reasonably possible to do so, claims and other documents containing

        PHI will not be left on desks and countertops after business hours or for extended periods of time unsupervised. Supervisors will take reasonable steps to provide all work areas where PHI is used in paper form with lockable storage bins, lockable desk drawers, or other means to secure PHI during periods when the area is left unattended.

    c. In areas where locked storage after hours cannot reasonably be accomplished, PHI must be kept out of sight. A supervisor must be present whenever someone who is not authorized to have access to that data is in the area.
7. Disposal of paper with PHI:
    a. Paper documents containing PHI must be shredded when no longer needed.
8. Home office

a. Any member of the workforce who is authorized to work from a home office must assure that the home office complies with all applicable policies and procedures regarding the security and privacy of PHI, including these guidelines.

9. Information carried from one building to another:

    a. When a member of the workforce is transporting PHI from one building to another via vehicle, it may not be left unattended unless it is in a locked vehicle, in an opaque, locked container. Locking the vehicle alone is not sufficient.

10. Key policy

    a. The Security and Privacy Officials will determine who may have access to which keys. This includes electronic key cards and metal keys, and applies to keys to storage cabinets, storage rooms, secure areas, and buildings.
    b. Keys must be surrendered upon termination of employment.
    c. The security official will change locks whenever there is evidence that a key is no longer under the control of an authorized member of the workforce, and its loss presents a security threat that justifies the expense.

11. Personal digital assistants (PDAs)

    a. Best Home Care privacy and security policies apply to any PHI that is stored on a PDA.
    b. At termination of employment, users of PDAs will surrender the PDA or remove the employer's PHI from the users PDA under direction of the Security Official.

12. Email

    a. To protect PHI when using email, whenever possible, Best Home Care employees will submit only non protected information in the body of emails.

13. Printers and Fax Machines:

    a. Printers and fax machines must be located in secure areas or under constant supervision while in use. In cases were faxes to be sent contain PHI a cover page shall be used.

14. Record Storage:

    a. Areas where claim and medical records and other documents that contain PHI are stored must be secure.

        i. Wherever reasonably possible, the PHI will be stored in locking cabinets or a records room.
        ii. Where locking cabinets are not available, the storage area must be locked when no member of the workforce is present to observe who enters and leaves and no unauthorized personnel may be left alone in such areas without supervision.

15. Workforce Vigilance:

    a. All members of the workforce have a responsibility to watch for unauthorized use or disclosure of PHI, to act to prevent the action, and to report suspected breaches of privacy and security policies to their supervisor, or to the Privacy or Security Official.

16. Visitors:

    a. Best Home Care staff must accompany all unauthorized staff in all unsecured areas and anywhere PHI is stored or in use.

SANCTIONS FOR VIOLATING PRIVACY AND SECURITY POLICIES AND PROCEDURES

POLICY:

1. Members of the Best Home Care *workforce* are subject to disciplinary action for violation of these policies and procedures. Disciplinary action is utilized in order to hold workforce members accountable for their behavior as it relates to the use and disclosure of protected health information, including the application of the minimum necessary concept. Violations that jeopardize the privacy or security of PHI are particularly serious. This seriousness is reflected in the nature of the disciplinary action, up to and including termination of employment.

Contact Information Best Home Care

ATTN: Andre Best - Privacy Officer

2562 7th Avenue Suite 201

North Saint Paul, MN 55109

Phone: (612) 868-4512 E-Mail: andre.best@besthomecaremn.com

25. HIGH RISK/COMPLEX CASES

MEDICAL AND BEHAVIORAL HEALTH SERVICES

1. Health-related procedures and tasks include the following covered services:
    a. Range of motion and passive exercise to maintain a recipient's strength and muscle functioning;
    b. Assistance with self-administered medication including reminders to take medication, bringing medication to the recipient, and assistance with opening medication under the direction of the recipient or responsible party;
    c. Interventions for seizure disorders, including monitoring and observation; and
    d. Other activities considered within the scope of the personal care service and meeting the definition of health-related procedures and tasks.
2. Employees may provide health-related procedures and tasks associated with the complex health-related needs of a recipient:
    a. If the procedures and tasks meet the definition of health-related procedures above; and
    b. The employee has been trained by a qualified professional and has demonstrated competency to safely complete the procedures and tasks.

MEDICAL HEALTH SERVICES

c. For an employee to provide the health-related procedures and tasks of tracheotomy suctioning and services to recipients on ventilator support there must be:
    i. Delegation and training by a registered nurse, certified or licensed respiratory therapist, or a physician;
    ii. Utilization of clean rather than sterile procedure;
    iii. Specialized training about the health-related procedures and tasks and equipment, including ventilator operation and maintenance;
    iv. Individualized training regarding the needs of the recipient; and
    v. Supervision by a qualified professional who is a registered nurse.

BEHAVIORAL HEALTH SERVICES

d. Employees may observe and redirect the recipient for episodes where there is a need for redirection due to behaviors. Training of the personal care assistant must occur based on the needs of the recipient, the personal care assistance care plan, and any other support services provided.

26. MEDICAL LEAVES OF ABSENCE

An employee may take an unpaid medical leave for a period no longer than 12 weeks in a 12 month period as the result of the employee's serious health condition or that of the employee's immediate family member. The employee must request the leave in writing, giving the reasons for the request and providing a statement from the employee's doctor supporting the request.

An employee on a leave of absence for their personal medical condition must obtain medical clearance from his/her health care provider prior to returning to work. The medical clearance must address when the staff member can return to work and perform his/her regular duties as set forth their job description without restrictions. If the employee member is released to return to work with restrictions, management will consider whether an accommodation is appropriate.

27. CONFIDENTIALITY AND NON-SOLICITATION

A. All recipient and company information is confidential and should be handled as such. Information about a recipient may be discussed with the Agency and PCAs working with the recipient for purposes of assuring the recipient's welfare and best interest. Information should not be discussed openly outside of the company regarding a specific recipient for any reason. Company information including trade practices, trade secrets, customer lists, policies and procedures, or processes should not be discussed with any person outside of the company.

B. For a period of one year following the termination of Employee's employment, Employee will not solicit business from Employer's existing customers or existing sources of business or in any other way induce Employer's existing customers and existing sources of business to cease doing business with Employer.

C. During the term of his/her employment and for one year following the termination of Employee's employment, Employee will not solicit any of Employer's employees to leave the employ of the Employer and/or to be employed by any other person or entity.

D. Employee acknowledges that the provisions of this agreement are particular importance for the protection and promotion of Employer's existing and future interests and that in the event of any breach of this agreement, a claim for monetary damages may not constitute an adequate remedy. Employee therefore agrees that, in the event of a breach or a threatened breach by Employee of this agreement, the Employer may apply to any court of competent jurisdiction for injunctive or other relief, and Employee will not object to the form of the action to the form of relief sought in any such action. Should Employer be required to enforce the provision of this agreement in any judicial proceeding, the Employee will be responsible for the payment of all of Employer's costs, including attorney's fees, should the employer prevail.

E. If any portion of this agreement is found by a court of competent jurisdiction to be unenforceable, the parties consent to the enforcement of the provisions of this Article to the maximum extent permitted by law.

F. The provisions of this Article will survive the termination of Employee's employment by Employer.

28. CONSENT TO ELECTRONIC DELIVERY

This policy describes how Best Home Care (BHC) delivers communications to you electronically. We may amend this policy at any time by posting a revised version on our website. The revised version will be effective at the time we post it. In addition, if the revised version includes a substantial change, we will provide you with notice by mailing you notice of the change at your address on file.

Electronic delivery of communications

You agree and consent to receive electronically all communications, agreements, documents, notices and disclosures (collectively, "Communications") that we provide in connection with your services from Best Home Care. Communications include:

- agreements and policies you agree to (e.g., Best Home Care company policies and procedures), including updates to these policies;
- annual notices,
- care plans or pca timesheets;

We will provide these communications to you by posting them on the BHC website and/or by emailing them to you at the primary email address on file.

Hardware and software requirements

In order to access and retain electronic Communications, you will need the following computer hardware and software:

- a computer with an Internet connection;
- Adobe Acrobat Reader;
- a valid email address (your primary email address on file with BHC); and
- sufficient storage space to save past Communications or an installed printer to print them.

Requesting paper copies of electronic Communications

If, after you consent to receive Communications electronically, you would like a paper copy of a Communication we previously sent you, you may request a copy by contacting us. We will send your paper copy to you by U.S. mail to your address on file.

29. BENEFITS

The company maintains a list of available benefits on the company website. Benefits available through our company include but are not limited to:

- $12 Starting wage for all employees (No Overtime)
- $11 Overtime rate
- PTO (All employees earn 1 hour of PTO for every 43 hours worked)
- Holiday Pay (Labor Day, Thanksgiving, New Years Day, Dr. Martin Luther King, and Memorial Day.
- 401k (Need to meet eligibility requirements)
- Aflac Supplemental Insurance
- MEC Preventative Healthcare Plan (Full-time employees eligible)

In order to qualify for the above mentioned benefits there may be time in service requirements. If you are interested in any of the above mentioned benefits contact our office to enquire about the details and requirements.

30. HOLIDAY PAY

All employees shall receive time and a half for the following holidays (Labor Day, Thanksgiving, New Year's Day, Dr. Martin Luther King, and Memorial Day). Employees may only work time equal to a recipients assessed hours on a Holiday.

31. OVERTIME PAY

Employees may not work overtime (over 40 hour per week) without the express written permission of the Agency. Only employees who work for PCA Traditional recipients may work overtime if approved. Exception: PCA Choice Recipients who are receive 24 hours of service per day may work limited overtime if approved. Employees who are approved to work overtime must sign an authorization and overtime agreement. If there is no overtime authorization and agreement on file the agency will not process overtime submitted. If overtime is allowed the Agency may limit the number of hours and the pay rate in the Agencies sole discretion. Overtime privileges may be revoked at any time in the Agencies sole discretion.