



245D Basic Support Services Policies and Procedures

Review Procedures/Check Updates February 1st& August 1st

<https://mn.gov/dhs/partners-and-providers/licensing/hcbs-245d/>

E-Mail copy of Policies & Procedures and review of PSR to CM and MP

Client Admission Criteria Policy

I. Policy

It is the policy of this DHS licensed provider A New Direction to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section [245D.04](#) and this licensed program's knowledge, skill, and ability to meet the service and support needs of person's served by this program.

II. Procedures

A. Pre-admission

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

1. Information on the limits to services available from the program, including the knowledge and skill of the program staff and the program's ability to meet the person's service and support needs.

B. Service initiation

1. Service recipient rights

Upon service initiation the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. The program will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.

2. Availability of program policies and procedures

The program must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:

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

3. Handling property and funds

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

C. Refusal to admit a person

1. Refusal to admit a person to the program must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.
2. This licensed program must not refuse to admit a person based solely on:
 - a. the type of residential services the person is receiving
 - b. person's severity of disability;
 - c. orthopedic or neurological handicaps;
 - d. sight or hearing impairments;
 - e. lack of communication skills;
 - f. physical disabilities;
 - g. toilet habits;

- h. behavioral disorders; or
 - i. past failure to make progress.
3. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
4/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 07/01/2017

Data Privacy Policy and Staff Responsibilities

I. Policy

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

II. Procedures

A. Private Data

1. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
 - a. The individual who is the subject of the data or a legal representative.
 - b. Anyone to whom the individual gives signed consent to view the data.
 - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
 - d. Anyone the law says can view the data.
 - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.
 - f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

B. Providing Notice

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

C. Obtaining Informed Consent or Authorization for Release of Information

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

- a. be written in plain language;
- b. be dated;
- c. designate the particular agencies or person(s) who will get the information;
- d. specify the information which will be released;
- e. indicate the specific agencies or person who will release the information;
- f. specify the purposes for which the information will be used immediately and in the future;
- g. contain a reasonable expiration date of no more than one year; and
- h. specify the consequences for the person by signing the consent form, including:
 - "Consequences: I know that state and federal privacy laws protect my records. I know:
 - Why I am being asked to release this information.
 - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
 - If I do not consent, the information will not be released unless the law otherwise allows it.
 - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
 - The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - If my information is passed on to others by this program, it may no longer be protected by this authorization.
 - This consent will end one year from the date I sign it, unless the law allows for a longer period."
- i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data

- 1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
- 2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
- 3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
- 4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data.

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

- 1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
- 2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
- 3. Individuals may request copies of pages in their record.
- 4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

F. Case manager access to private data.

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

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

- 1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.

2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
4. Keep the document in the person's record.

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3/23/2021		NA	Sara Theisen	DM

DHS Date: 10/31/2013

Drug and Alcohol Prohibition Policy

I. Policy

It is the policy of this DHS Licensed Provider, A New Direction, 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.

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 the Lisa Kampfer, CEO 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 program's designated staff person Lisa Kampfer, CEO 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 program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession. Where appropriate, we will also notify licensing boards.

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04/15/2018			Shantel Jaszczak	President
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DHS Date: 07/01/2017

Emergency Use of Manual Restraints (Not Allowed) Policy

I. Policy

It is the policy of this DHS licensed provider, A New Direction, to promote the rights of persons served by this program 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:

Positive Supports Strategies:

First rule out any **medical** issue that could be causing the behavior, this is especially important when the behavior has a sudden onset.

Behavior is often a means of **communication**. Figure out what they are trying to tell you. For example, they do not want to do an activity being presented or are not ready to make the transition. Is there another way for them to communicate this need? Can they use an I Pad or a picture symbol to make a request? It can be helpful to develop a communication dictionary that includes what the person may be saying by their behavior, what you think it means, and how to respond. For example, the individual stands near the patio window and taps on the window. We think it means she wants to go out and swing. Let her know when she can go out and swing, "you can go out and swing as soon as we finish wiping off the table."

Is there something in the **environment** that is causing the behavior, e.g., too cold, too hot, is their clothing too tight, a noise that bothers the individual. If you know specific environmental things that bother the person how can they be avoided or how the individual can build up a tolerance to it.

Present the **positive outcome** versus what they might lose if they continue a behavior or don't do what is asked. For example; You can still go to Target with me if you take a shower instead of if you don't take a shower you can't go to Target.

Provide **choice** -- Choice is important, make sure you are providing the individual with choices that are important to them, what they get to do, who they get to do it with etc.

Determine the **motivation** of the behavior, does the person display the behavior for the sensory input, to escape a task or demand, to obtain something that they cannot get on their own or are unable to ask for, or for attention. If you can figure out the motivation you can then give them an appropriate way to get that need met.

If after trying several positive strategies and if the behaviors are not reducing you may need to bring in a specialist. Examples of resources are a behavior support specialist, music therapist, or occupational therapist. Your social worker, teacher, or physician may be able to help you with resources.

- B. The program 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 restrictive interventions 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 program. 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 of 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. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
 5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- 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; or
 3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
- Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

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 program:

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 program 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:

De-escalation techniques:

Don't get in a power struggle with the person.

Try to de-escalate the person by using a calm voice, model the behavior you want. This is especially important if they use the behavior to get a reaction.

Be aware of your own safety, e.g., always allow escape route make sure you are closest to door.

Remove objects that could be used as weapons.

Redirect the person, try catching them off guard use humor, do something they do not expect to get their attention off the behavior or what is making them upset.

Block and move, use an object to block the person such as a pillow and move out of the way.

If they bite you, push toward them then roll body part out. If they pull hair, push down on the knuckles and peel the fingers away, then get out of the way. If they grab you lean in and then quickly pull out between the openings of where their fingers come together.

As a last resort call 911.

1. **Don't panic.** Obviously, when you are making a call to emergency services, you are in an emergency, and have a lot of adrenaline flowing through your veins. However, this will **impede your speech** and may cause you to start talking too fast, too slow, begin stuttering, etc.
2. **Find a phone.** Preferably a land line. This will help determine your location.
3. **Call 911.** Pick up the receiver. Press 9. Press 1. Press 1 again. Hit the "Call" button (if there is one). Be aware that, sometimes, it takes time for the phone to route to the correct answering point; *you must be patient!* **Do NOT hang up if you do not connect immediately!!**
4. **Do not panic.** This is easier said than done. Panic does not help. Instead, begin to plan what you will say to the dispatcher (see below). Remember: **Panic is the enemy, in this race against time.**

Know what you will be asked. Make sure that you are aware of each of the following: Where is the emergency? Always be aware of your surroundings and where you are.

Nature of the emergency: Do you require assistance from law enforcement, medical professionals? In certain areas, the dispatcher or a computer will tell you to dial certain numbers to help them know which department to connect you with and whom you should talk to.

A detailed, yet concise, description: What happened? How many details do you know? What should have the most importance? In general, the most important thing is why you need assistance.

The phone number of your phone. The dispatcher will need instructions on how to get to where you are, and may need to call back for more information. Know the phone number of your phone.

Location. Give the dispatcher your name and address

5. **Listen to the dispatcher.** Follow orders. The better and faster you follow orders, the higher everyone's rate of survival will be. Even in a non-lethal situation (broken bones, etc.) this is of vital importance. Have strict, unwavering faith in the dispatcher. And remember that even if the dispatcher is still asking questions or giving instructions, help is on the way.
6. **Do not hang up.** until instructed to, anything can happen, and the emergency services need to know your situation at all times.
7. **Keep the client within audio and visual range at all times.** until help arrives, once help arrives assist them in any way that they ask you to.
8. **Always stay with the person**
9. **At your first opportunity.** you will need to call the program manager, parent and/or managing party.
10. **Within 24 hours.** you will need to complete an incident report with the program manager.
11. **After the situation has been resolved.** and the client is turned over to your care, you will need to heighten your awareness to reduce the chance of another occurrence. If you are fearful you need to communicate that with the managing party and/or the program manager so that they can work side by side with you for the remainder of your shift or finish your shift for you.
12. **The program manager.** will use this example to do further review and training with the staff that work that client and make any changes that might need to be done.

- B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 245D.071, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for recipients of intensive support services.

VI. Reporting Emergency Use of Manual Restraint

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis they must immediately report the incident to the person listed below.

The program has identified the following person or position responsible for reporting the emergency use of manual restraint according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Sara Theisen, Designated Manager
320-257-6058

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08/07/2020	08/07/2020- Email/mail to Service Recipient and Staff	Changed wording in section III	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM

DHS Date: 08/01/2020

Grievance and Complaint Policy

I. Policy

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

II. Procedures

A. Service Initiation

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

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. should talk to a staff person that they feel comfortable with about their complaint or problem;
 - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program. That person is Lisa Kampfer CEO. They may be reached at 320-420-1017
1140 Elm Street E St. Joseph, MN 56374

C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. the name, address, and telephone number of outside agencies to assist the person;and
 - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - a. related policy and procedures were followed;
 - b. related policy and procedures were adequate;
 - c. there is a need for additional staff training;
 - d. the complaint is similar to past complaints with the persons, staff, or services involved;
 - e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.

8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
- a. identifies the nature of the complaint and the date it was received;
 - b. includes the results of the complaint review; and
 - c. identifies the complaint resolution, including any corrective action.
 - d. The complaint summary and resolution notice must be maintained in the person's record.

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03/23/2022		NA	Sara Theisen	DM

DHS Date: 10/31/2013

Incident Response, Reporting and Review Policy

I. Policy

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

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

- A. Serious injury of a person;
 - 1. Fractures;
 - 2. Dislocations;
 - 3. Evidence of internal injuries;
 - 4. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
 - 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
 - 6. Extensive second degree or third degree burns and other burns for which complications are present;
 - 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 - 8. Irreversible mobility or avulsion of teeth;
 - 9. Injuries to the eyeball;
 - 10. Ingestion of foreign substances and objects that are harmful;
 - 11. Near drowning;
 - 12. Heat exhaustion or sunstroke;
 - 13. Attempted suicide; and
 - 14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.
- B. A person's death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician or advanced practice registered nurse treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- E. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.

- F. A person's unauthorized or unexplained absence from a program.
- G. Conduct by a person receiving services against another person receiving services that:
 1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 2. Places the person in actual and reasonable fear of harm;
 3. Places the person in actual and reasonable fear of damage to property of the person; or
 4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
 - "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- H. Any emergency use of manual restraint.
- I. A report of alleged or suspected child or vulnerable adult maltreatment.

II. Response Procedures

- A. Serious injury
 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
 1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
 2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
 1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
 2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
 3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

D. Mental health crisis

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

E. Requiring 911, law enforcement, or fire department

1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call local law enforcement.
3. For non-emergency incidents requiring the fire department, staff will call local law enforcement.
4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

F. Unauthorized or unexplained absence

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

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify Sara Theisen at 320-257-6058, DM, who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

G. Conduct of the person

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

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

H. Sexual activity involving force or coercion

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

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. Reporting Procedures

A. Completing a report

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

B. Reporting incidents to team members

1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:

- a. within 24 hours of the incident occurring while services were provided;
 - b. within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
2. This program will not report an incident when it has a reason to know that the incident has already been reported.
 4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.
- C. Additional reporting requirements for deaths and serious injuries
1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
 2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- D. Additional reporting requirements for maltreatment
1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
 2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- E. Additional reporting requirements for emergency use of manual restraint (EUMR)
Follow the EUMR Policy.

IV. Reviewing Procedures

- A. Conducting a review of incidents and emergencies
This program will complete a review of all incidents.
1. The review will be completed by Sara Theisen, 320-257-6058, DM.
 2. The review will be completed within 3 days of the incident.
 3. The review will ensure that the written report provides a written summary of the incident.
 4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
 5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.
- B. Conducting an internal review of deaths and serious injuries
This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by Sara Theisen, 320-257-6058, DM
2. The review will be completed within 3 days of the death or serious injury.
3. The internal review must include an evaluation of whether:
 - a. related policies and procedures were followed;
 - b. the policies and procedures were adequate;
 - c. there is need for additional staff training;
 - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints

Follow the EUMR Policy.

Record Keeping Procedures

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

B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
08/01/2020		New Policy	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 08/01/2020

Maltreatment of Minors Mandated Reporting and Internal Review Policy

I. Policy

It is the policy of this licensed provider, A New Direction, to protect the children served by this program whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

II. Procedures

A. Who Should Report Child Abuse and Neglect

1. If you provide care to children served by this program, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
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 in this program 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:

COUNTY	DAY PHONE	EVENING/ WEEKEND	TTY
Benton	(320) 968-5087	(320) 968-7201 Sheriff's Dept	(320) 968-8842
Crow Wing	(218) 824-1140	(218) 829-4749 Law Enforcement	
Hennepin	(612) 348-8526	(612) 348-8526	
Morrison	(320) 632-2951	(320) 632-9233 Sheriff's Dept.	1-800-627-3529
Sherburne	(763) 765-4000	(763) 765-3595 Sheriff's Dept	
Stearns	(320) 656-6000	(320) 656-6000	(320) 656-6204
Todd	(320) 732-4500	(320) 732-2157 Law Enforcement	(320) 732-4500
Wright	(763) 682-7400	(763) 682-7400	

4. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

C. What to Report

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and are attached to this policy.
2. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within this program, the report should include any actions taken by this program 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

This program, 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 this program has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the program must complete an internal review within days 30 and take corrective action, if necessary, to protect the health and safety of children in care.
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 children or the services involved; and
 - e. there is a need for corrective action by the license holder 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 Sara Theisen, Designate Manager. If this individual is involved in the alleged or suspected maltreatment, Shantel Jaszczak, COO will be responsible for completing the internal review.

H. Documentation of the Internal Review

The license holder must 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 program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

J. Staff Training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, Chapter 260E). The program must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
08/24/2018	Email to service recipient/representative and employees of a minor.	Added an internal review will be within 30 days.	Sara Theisen	Designated Manager
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020	08/07/2020- Email to service recipient/representative and employees of a minor.	Changed MN Statute from 626.556 to Chapter 260E	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 01/01/2018

Vulnerable Adults Maltreatment Reporting and Internal Review Policy

I. Policy

It is the policy of this licensed provider, A New Direction, to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

II. Procedures

A. Who Should Suspected Maltreatment of a Vulnerable Adult

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

B. Where to Report

1. If you know or suspect immediate danger, you must call 911.
2. You can report to the state-wide common entry point, the Minnesota Adult Abuse Reporting Center, at 844-880-1574.
3. Or, you can report internally to Sara Theisen, Designated Manager. If the individual listed above is involved in the alleged or suspected maltreatment, you must report to Kim Christen Mattson, Fraud Waste & Abuse Administrator.

C. Internal Report

- When an internal report is received, Sara Theisen, Designated Manager, is responsible for deciding if the report must be forwarded to the state-wide common entry point. If that person is involved in the suspected maltreatment, Shantel Jaszczak, COO, will assume responsibility for deciding if the report must be forwarded to the state-wide common entry point. The report must be forwarded within 24 hours.
- If you have reported internally, you will receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the state-wide common entry point. The notice will be given to you in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still make the external report to the state-wide common entry point yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to the state-wide common entry point.

D. Internal Review

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

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;

- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

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

The internal review will be completed by Kim Christen-Mattson/Fraud, Waste & Abuse Administrator. If this individual is involved in the alleged or suspected maltreatment, Shantel Jaszczak, Chief Operating Officer, will be responsible for completing the internal review.

Documentation of the Internal Review

Consumer Direction will document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective Action Plan

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

E. Staff Training

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

The license holder must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
4/15/2018			Shantel Jaszczak	President
05/21/2018	NA	Per Licensing/Enrollment	Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 01/01/2018

Person-Centered Planning and Service Delivery Requirements

Every home and community-based services program licensed under chapter 245D 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.

As required in section [245D.07](#), subdivision 1a of the 245D HCBS Standards, 245D licensed programs must 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 enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- 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.

The following questions can be used by persons receiving services licensed under chapter 245D 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 for service outcomes?
- 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 service provided from?
- 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?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Do you work in the community?

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

- Do you feel your relationships are supported by staff?
- 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 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 your service provider.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 10/31/2013

Safe Transportation Policy

I. Policy

It is the policy of this DHS licensed provider, A New Direction, to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

II. Procedures

- A. No one under the age of 18 is permitted to transport clients.
- B. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
 - 1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 - 2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 - 3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
 - 4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections [169.685](#) and [169.686](#) when transporting a child.
 - 5. Staff will report all accidents immediately to A New Direction Inc.
- C. Staff will be responsible for the supervision and safety of persons while being transported.
 - 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 - 2. Staff must be prepared to intervene in order to maintain safety if a person is transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
- D. In the event of a severe weather emergency, staff will take the following actions:
 - 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 - 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
 - 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
- E. All staff is required to follow all traffic safety laws while operating the vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating the vehicle.
- F. All staff is prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the vehicle. **DHS Date: 10/31/2013**

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM

02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

Home and Community-Based Services - Service Recipient Rights

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

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

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences (including personal items in my bedroom).
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health & medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule
12. Be free from abuse, neglect or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out or seclusion; except if and when manual restraint is needed in an emergency to protect me or others from harm.
14. Receive services in a clean and safe location.
15. Be treated with courtesy and respect, have access to and respectful treatment of my personal possessions at any time, including financial resources.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice & harassment regarding my race, gender, age, disability, spirituality, & sexual orientation.
18. Be told about how to use the program's grievance procedure, including knowing how to contact persons responsible for helping me get my problems with the program fixed & how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.

20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them at home or in the community.
23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.
25. Have access to my personal possessions at any time, including financial resources.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
08/29/2018	8/30/18- Email/ Mail to Service Recipient and Staff	Updated #15,23	Sara Theisen	Designated Manager
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020	08/07/2020- Email/mail to Service Recipient and Staff	Updated #22,25	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 08/01/2020

Rights Restrictions

CAN MY RIGHTS BE RESTRICTED?

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

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

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

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

CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS?

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

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

WHAT IF I DON'T GIVE MY APPROVAL?

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

WHAT IF I WANT TO END MY APPROVAL?

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

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM

DHS DATE: 7/1/17

Service Termination Policy

I. Policy

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

II. Procedures

- A. This program must permit each person to remain in the program and must not terminate services unless:
 - 1. The termination is necessary for the person's welfare and the facility cannot meet the person's needs;
 - 2. The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
 - 3. The health of the person or others in the program would otherwise be endangered;
 - 4. The program has not been paid for services;
 - 5. The program ceases to operate; or
 - 6. The person has been terminated by the lead agency from waiver eligibility.

- B. Prior to giving notice of service termination this program must document the actions taken to minimize or eliminate the need for termination.
 - 1. Action taken by the license holder must include, at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
 - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.
 - 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

- C. The notice of service termination must meet the following requirements:
 - 1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
 - 2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
 - 3. The written notice of a proposed service termination must include all of the following elements:
 - a. The reason for the action;
 - b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or

suspension. A summary of actions is not required when service termination is a result of the when the program ceasing operation;

- c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
 - d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
 - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
 - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
 5. This notice may be given in conjunction with a notice of temporary service suspension.
- D. During the service termination notice period, the program must:
1. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
 2. Provide information requested by the person or case manager; and
 3. Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020	08/07/2020- Email/mail to Service Recipient and Staff	Wording in II-A-1	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 08/01/2020

Temporary Service Suspension Policy

I. Policy

It is the policy of this DHS licensed provider, A New Direction to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

II. Procedures

- A. This program will limit temporary service suspension to the following situations:
 - 1. The person's conduct poses an imminent risk of physical harm to self or others and either:
 - a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
 - b. less restrictive measures would not resolve the issues leading to the suspension; OR
 - 2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
 - 3. The program has not been paid for services.
- B. Prior to giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.
 - 1. Action taken by the program must include , at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
 - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
 - 2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of temporary service suspension must meet the following requirements:
 - 1. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
 - 2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
 - 3. Notice of temporary service suspension must be given on the first day of the service suspension.
 - 4. The written notice service suspension must include the following elements:
 - a. The reason for the action;
 - b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - c. Why these measures failed to prevent the suspension.
 - 5. During the temporary suspension period the program must:
 - a. Provide information requested by the person or case manager;
 - b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 - c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.

- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
1. Based on a review by the person’s support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
 2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
 3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

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04/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

DHS Date: 08/01/2015

Universal Precautions and Sanitary Practices Policy

I. Policy

It is the policy of this DHS licensed provider, A New Direction, to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. Procedures

- A. Universal precautions, sanitary practices, and prevention. Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions.
- B. All staff are required to follow universal precautions and sanitary practices, including:
 - 1. Use of proper hand washing procedure
 - 2. Use of gloves in contact with infectious materials.
 - 3. Use of a gown or apron when clothing may become soiled with infectious materials
 - 4. Use of a mask and eye protection, if splashing is possible
 - 5. Use of gloves and disinfecting solution when cleaning a contaminated surface
 - 6. Proper disposal of sharps
 - 7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry
- C. Control of communicable diseases ([Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health](http://www.health.state.mn.us))(<http://www.health.state.mn.us>)
 - 1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the Program Manager.
 - 2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
 - 3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Date of Review/Revision	Date of Notification/ Method	Changes	Reviewed & Authorized By:	Title
04/15/2018			Shantel Jaszczak	President
02/01/2019		NA	Sara Theisen	DM
08/06/2019		NA	Sara Theisen	DM
08/07/2020		NA	Sara Theisen	DM
02/01/2021		NA	Katie Linn	DM
08/03/2021		NA	Sara Theisen	DM
03/23/2022		NA	Sara Theisen	DM

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