

RIVER PLACE

STAFF MEETING SUMMARY

Subject: River Place Staff Meeting

Date: Sep 12, 2024

Time: 1:00p-3:40

❖ **Safety/Health Review** –

- North Valley Public Health will be administering COVID and Flu Vaccines on CN/CS, October 4th at 10:00a; Sabrina, RPS will have forms filled out and signed by guardians
- Please all staff work together to clear the acorns from the sidewalks during the fall time. They can be swept off or use the leaf blower.

❖ **Nursing Inservice (Henrietta)** –

- Safe Lifting/Body Mechanics/Mechanical lifts/Transfer board/any medical equipment used in home. Henrietta provided in-services at the meeting for all medical equipment used in the home (electric beds, CPAP, shower chair, cough assist machine).

❖ **Program policies (STAR)** –

- Service Suspension and Service Termination Policy, Funds and Property Authorization Policy, Admission Policy (STAR)

❖ **Emergency Procedures** – Sep: Fire Drill – SW bedroom- (*Jenna responsible*)

Meeting Review:

- Sept Calendar reviewed** – Let Sabrina know if you have days you cannot work by the 15th of the month prior. PTO can be submitted in paychex. Time off that does not need PTO can be sent to Sabrina via Scomm.
- Welcome new staff** – Throughout August, Billie's training was finalized and Hannah and Roxanne have been trained in. Welcome to the team. Everyone please continue to work together and let Kelly and Carolyn know if there are any questions.
- Confidentiality** – It is extremely important to follow the Data Privacy and HIPPA regulations. Be aware of conversations between staff and the potential for individuals to overhear what is being said. Recently, staff were discussing an individual's BM (amount of BM, size, mess to clean) in front of that individual's housemates and the individual.
- Annual MCGH Picnic** – Thank you to the Planning Committee for organizing the picnic. It went well and several individuals and family members were grateful the picnic was held.
- Bible Study** – Bible Study will be resuming on Friday, September 13th at 2p on either CS or CN.
- House concerns** –
 - *Thank you for doing a great job keeping the door locked. Kelly is working on ordering a doorbell*
 - *Cough assist- reminder to use both hands to create a good seal when administering the cough assist machine.*
 - *Reminder for each staff working the day shift are to take two clients and do tlogs, casenotes, and med administration for each of them.*

G. Consumer reports:

Wayne – Weight: 163 (+5)

DIET: Low carb diet-Wayne is to have 4 carb choices per meal and 1-2 per snack. One carb choice equals 10-15 grams of carbs.

Appointments: *No appts this month*

Behaviors/concerns: *Wayne had a day where he was slightly irritable. Staff gave him Ibuprofen. He still is very demanding and chatty. Wayne was given his prn 0.5 mg. That didn't seem to help. Staff contacted the RN about Wayne's behavior and bathroom routine; he had been going to the bathroom but would not go. He also seemed very irritated. Staff asked the nurse if it could be a UTI. Staff got a sample and took it to NVHC, and the results came back negative.*

Outings: *No outings in July*

Ambulates with 1 assist and with gait belt and walker during the day. PROM to all extremities BID. Exercise program BID (Upper Extremity bike BID and over the door pulley for upper extremities BID). Wear compression socks during the day.

Outcome (ISP): Three times weekly, Wayne will participate in a sensory leisure activity.

Cheryl – Weight: 106 (-1)

DIET: Mechanical soft – small bite sized pieces and drink offered between bites.

Appointments: *Cheryl went to her annual urology appointment today. She also had an x-ray before the appointment. There were no definite stones seen on x-ray although images are limited due to bowel stool and gas. The plan is to repeat x-ray in 18 months.*

Behaviors/concerns: *Cheryl had her 45-day meeting with DAC. It sounds like everything is going well. Cheryl's sore area on her coccyx has healed we can discontinue the arginaid.*

Outings: *Cheryl went uptown to listen to the Downtown horns. She seemed to have a great time. Cheryl went to the MCGH picnic. She seemed to enjoy going. Cheryl went to church, out to eat and watched a movie for her birthday. Her brother and sister-in-law came for a visit and brought Ice Cream for her, her housemates and staff.*

PROM to all extremities BID. Wears wrist brace on right hand during the day. Tilt W/C for a few minutes every hour. Reposition twice during the night

Outcome (ISP): On average, once every 3 months, Cheryl will participate in an individualized outing.

Jeremy – Weight: 102 (-5)

DIET: Minced and moist. Reminder that what he is served needs to be chopped finely enough to fit through the tines of a fork.

Appointments: *Jeremy had a neurology appointment for his Botox in his legs. All went well and is to return in 12 weeks. Jeremy saw his PCP about his tummy and bm issues. She prescribed him Citrucel 500 mg daily. She made no other changes, and Jeremy will go back to see her in 2 months after he sees the gastrologist. Jeremy*

has been hospitalized Sep 4-11. He is home today with new bowel protocol to include metamucil daily and daily suppository to avoid constipation.

Behaviors/concerns: *Jeremy has a sore on his big toe, staff put triple antibiotic ointment and a band aid on it. Unsure how it happened. Jeremy toe looks like it is healing. Jeremy had what seemed to be stomach pains. The RN said to give suppository. Staff gave it and he had an xlg result, but he was still having pain. Staff took him to the ER and then transported him to Altru. He had a slight case of a UTI. He came home from Altru with antibiotics. He finished the medication. Jeremy did have a suppository with medium results. Jeremy had some stomach pains, staff gave him anti-gas medicine, after 45 minutes, the RN instructed staff to give a suppository. He continued to cry for another 2 hours after suppository. RN called for an ambulance, and he was transferred to Altru. Altru is doing tests and possibly a GI consult.*

Outings: *Jeremy attended the MCGH picnic. He seemed to have a lot of fun. Jeremy celebrated his birthday with a visit from his parents.*

PROM to all extremities BID. Wrist braces worn bilaterally 1.5-2 hours daily. 20 min in standing frame BID for at 60°.

Outcome #1 (ISP): Weekly on his assigned laundry day, Jeremy will participate, with staff assistance in folding and putting away his laundry

Outcome #2 (ISP): On average, once every 3 months, Jeremy will participate in an individualized outing.

Jeff - Weight: 162 (+1)

DIET: Promote finely chopped and smooth consistency foods for Jeff. Prepare it in a way he can eat it

Appointments: *Jeff was visited by a physical therapist today from Altru. She gave us a sheet of PT exercises to do with Jeffrey 2 times a day. They will be coming 1 time a week for 3 weeks. OT will be here in a couple of weeks. Jeff was ok with the exercises that the PT recommended. This will be posted in his room above his bed. Jeff labs from his appointment with Jill at the end of July look good, better then when he left the hospital.*

Behaviors/concerns: *Jeff had a rash area around the groin. LPN called the pharmacist who recommended Clotrimazole. Staff are to apply it two times a day for 7 days in that area and use blue liners and let it breathe when he is laying down. After 7 days it has healed. The LPN was called that Jeff had a temp. The LPN came and checked on him. She decided to put the scopolamine patch on hold due to the side effects which were making jeff sleepy and very dry in his mouth, which also may be why he was lethargic. Staff noticed a difference the next couple of days. Jeff has a sore on his finger, staff put triple antibiotic ointment and a band aid on it. Unsure how it happened. The sore has healed. Jeff scopolamine patch has been discontinued by his PCP. The PCP also decreased Jeff's water to 300 cc. PCP also agreed to using Mucinex liquid for Jeff on a PRN basis. Jeff is to have arginaid with his 10 am water. He as a red area on his coccyx and a small patch was put on it. Jeff's mepilex on his back was discontinued. Staff are to use a mouth swab to his mouth every two hours to keep his mouth moist. Jeff saw Jill for his 3-month recheck. He also had his catheter and g tube changed. Staff asked Jeff PCP about his loose stools, and she said to cut back on his MiraLAX. The nurse contacted Jeff PCP and She did say we could try decrease the Poly-Glycol from 1 and 1/2 cap to 1 cap but only if he is having loose stools regularly (daily). Jeff has had protocol for day 2, 3, 4 this past week with only a medium.*

Outings: *No outings this month*

PROM to all extremities BID, hand braces worn bilaterally at night, tilt w/c 30 secs every 30 minutes when in chair, Reposition every two hours when in bed and 2x during the night

Outcome (ISP): On average, once every 3 months, Jeff will participate in an individualized outing.

Courtney –

Behaviors/concerns: *Courtney has been very good. She has played multiple games of uno and seems to enjoy the competition. Please remember to assist Courtney with application of menstrual pad when she is on her period. She is able to take off and dispose of used one but she needs help getting the new one on straight.*

Outings:

The next monthly staff meeting will be held Thursday Oct 3rd, 2024 at 1:00pm.

STAFF MEMBERS PRESENT:

Name:		Position:	Name:		Position:
Kristal Walen	EXC	ADM	Cindy Blacklance	present	DCS
Sabrina Deschene	present	RPS	Ashley Nygaard	present	DCS
Henrietta Linder	present	RN	Jeanne Johnson	EXC	DCS
JoAnn Saunders	present	LPN	Pam Abrahamson	present	DCS
Kelly Nordine	Teams	DCC	Jenna Enloe	EXC	DCS
Carolyn Jorgenson	present	DCA	Shari Huddleston	abs	DCS
Holly Confer	present	DCS	Billie Volker	present	DCS
Hannah Johnson	Teams	DCS	Roxanne Roth	present	ONP

Authorized By: Sabrina Deschene, RPS

Acknowledgement completed in STAR Services

POLICY AND PROCEDURE ON TEMPORARY SERVICE SUSPENSION

I. PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for service suspension.

II. POLICY

It is the intent of the company to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, and other licensed caregivers during situations that may require or result in temporary service suspension. The company restricts temporary service suspension to specific situations according to MN Statutes, section 245D.10, subdivision 3.

III. PROCEDURE

The company recognizes that *temporary service suspension* and *service termination* are two separate procedures. The company must limit temporary service suspension to specific situations that are listed below. A temporary service suspension may lead to or include service termination or the company may do a temporary service suspension by itself. The company must limit service termination to specific situations that are listed in *Policy and Procedure on Service Termination*. A service termination may include a temporary service suspension or the company can do a service termination by itself.

A. The company must limit temporary service suspension to situations in which:

1. The person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension, but have not been effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension;
2. The person has emergent medical issues that exceed the company'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 services suspension, the company must document actions taken to minimize or eliminate the need for service suspension. Action taken by the company must include, at a minimum:

1. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the suspension notice; and
2. A request to the person's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions issued due to non-payment of services.
3. If, based on the best interests of the person, the circumstances at the time of the notice were such that the company was unable to take the actions listed above, the company 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 company must notify the person or the person's legal representative and case manager in writing of the intended temporary services suspension. If the temporary services suspension is from residential supports and services, as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the company must also notify MN Department of Human Service's Commissioner in writing;
2. The notice of temporary services suspension must be given on the first day of the services suspension;

3. The notice must include the reason for the action; a summary of actions taken to minimize or eliminate the need for temporary services suspension as required under MN Statutes, section 245D.10, subdivision 3, paragraph (d); and why these measures failed to prevent the suspension.
- D. During the temporary suspension period, the company must:
1. Provide information requested by the person or case manager;
 2. Work with the expanded/support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 3. Maintain information about the temporary service suspension, including the written notice of temporary services suspension, in the service recipient record.
- E. If, based on a review by the person's expanded/support team, the team determines the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services. If at the time of the temporary service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the expanded/support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program. If the expanded/support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the company must document the specific reasons why a contrary decision was made.

POLICY AND PROCEDURE ON ADMISSION

I. PURPOSE

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including the company's admission criteria and processes.

II. POLICY

Services may be provided by the company as registered and licensed according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the person's service-related and protection-related rights identified in MN Statutes, section 245D.04. The company may provide services to persons with disabilities, including, but not limited to, developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when the company is able to meet the person's needs.

Documentation from the admission/service initiation, assessments, and service planning processes related to the company's service provision for each person served and as stated within this policy will be maintained in the person's service recipient record.

III. PROCEDURE

Admission criteria

- A. Certain criteria will be used by this company to determine whether the company is able to develop services to meet the needs of the person as specified in their *Support Plan*. In addition to registration and licensed ability, the criteria includes:
 1. For homes that are licensed as Community Residential Settings (CRS), people need to be 18 years of age or older. If it is needed to provide services to a person that is under the age of 18 years old, a licensing variance must be obtained prior to admission.
 2. Must be on a waiver
- B. The company, when defined as a health care facility according to MN Statutes, chapter 245A, will notify all residents when a registered predatory offender is admitted into the program or to a potential admission when the facility is already serving a registered predatory offender. This notification will be done according to the requirements in MN Statutes, section 243.166.
- C. When a person and/or legal representative requests services from the company, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and the company's lack of capacity to meet the needs of the person.
- D. The company must not refuse to admit a person based solely on the type of residential services the person is receiving or solely on the person's:
 1. Severity of disability.
 2. Orthopedic or neurological handicaps.
 3. Sight or hearing impairments.
 4. Lack of communication skills.
 5. Physical disabilities.
 6. Toilet habits.
 7. Behavioral disorders.
 8. Past failures to make progress.
- E. Documentation regarding the basis for the refusal will be completed using the *Admission Refusal Notice* and must be provided to the person and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Designated Coordinator and/or Designated Manager or designee.

Admission process and requirements

- A. In the event of an emergency service initiation, the company must ensure that staff training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the person served. The company must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.
- B. Prior to or upon the initiation of services, the Designated Coordinator and/or Designated Manager will develop, document, and implement the *Individual Abuse Prevention Plan* according to MN Statutes, section 245A.65, subdivision 2.
- C. When the person to be served is to receive foster care or supported living services in a residential site controlled by the license holder, the person and/or legal representative and the license holder must sign and date the residency agreement. The residency agreement must include service termination requirements. It must be reviewed annually, dated, and signed by the person and/or legal representative and license holder.
- D. The Designated Coordinator and/or Designated Manager will ensure that during the admission process the following will occur:
 1. Each person to be served and/or legal representative is provided with the written list of the *Rights of Persons Served* that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
 - a. An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
 - b. Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the person and/or legal representative.
 2. Orientation to the company's *Program Abuse Prevention Plan* will occur within 24 hours of service admission, or for those persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 3. An explanation of and provision of a copy of the *Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults* will be provided to the person served and/or legal representative and case manager within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.
 4. An explanation of and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures to the person and/or legal representative and case manager:
 1. *Policy and Procedure on Grievances*
 2. *Policy and Procedure on Temporary Service Suspension*
 3. *Policy and Procedure on Service Termination*
 4. *Policy and Procedure on Data Privacy*
 5. *Policy and Procedure on Emergency Use of Manual Restraint*
 6. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors*
 5. Written authorization is obtained by the person and/or legal representative for the following:
 - a. *Authorization for Medication and Treatment Administration*
 - b. *Agreement and Authorization for Injectable Medications*
 - c. *Authorization to Act in an Emergency*
 - d. *Standard Release of Information*
 - e. *Specific Release of Information*
 - f. *Funds and Property Authorization*
 - i. This authorization may be obtained within five (5) working days of the service initiation meeting and annually thereafter. The case manager also provides written authorization for the *Funds and Property Authorization*.
 - g. The *Admission Form and Data Sheet* is signed by the person and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the person and/or legal representative.

- E. Also during the admission meeting, the support team or expanded support team, and other people as identified by the person and/or legal representative will discuss:
 - 1. The company's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *Support Plan* and/or *Support Plan Addendum*.
 - 2. The desired frequency of progress reports and progress review meetings, at a minimum of annually.
 - 3. The initial *Funds and Property Authorization* and the Designated Coordinator and/or Designated Manager will survey, document, and implement the preferences of the person served and/or legal representative and case manager for the frequency of receiving statements that itemizes receipt and disbursements of funds or other property. Changes will be documented and implemented when requested.
- F. If a person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, the company will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Admission process follow up and timelines

- A. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's other providers, medical and mental health care professionals, and vendors are notified of the change in address and phone number.
- B. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's service recipient record is assembled according to company standards.
- C. Within 15 calendar days of service initiation, the Designated Coordinator and/or Designated Manager will complete a preliminary *Support Plan Addendum* that is based upon *Support Plan*. At this time, the person's name and date of admission will be added to the *Admission and Discharge Register* maintained by the Designated Coordinator and/or Designated Manager.
- D. When a person served requires a *Positive Support Transition Plan* for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D, and is admitted after January 1, 2014:
 - 1. The *Positive Support Transition Plan* must be developed and implemented within 30 calendar days of service initiation.
 - 2. No later than 11 months after the implementation date, the plan must be phased out.
- E. Before the initial planning meeting, the Designated Coordinator and/or Designated Manager will complete the *Self-Management Assessment* regarding the person's ability to self-manage in health and medical needs, personal safety, and symptoms or behaviors. This assessment will be based on the person's status within the last 12 months at the time of service initiation.
- F. Before providing 45 calendar days of service or within 60 calendar days of service initiation, whichever is shorter, the support team or expanded support team and other people as identified by the person and/or legal representative must meet to assess and determine the following based on information obtained from the assessment, *Support Plan*, and person centered planning:
 - 1. The scope of services to be provided to support the person's daily needs and activities.
 - 2. Outcomes and necessary supports to accomplish the outcomes.
 - 3. The person's preferences for how services and supports are provided including how the provider will support the person to have control of the person's schedule.
 - 4. Whether the current service setting is the most integrated setting available and appropriate for the person.
 - 5. Opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences.
 - 6. Opportunities for community access, participation, and inclusion in preferred community activities.
 - 7. Opportunities to develop and strengthen personal relationships with other persons of the person's choice in the community.

8. Opportunities to seek competitive employment and work at competitively paying jobs in the community.
 9. How services for this person will be coordinated across 245D licensed providers and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person.
- G. Also, at the initial planning meeting (and annually thereafter), the person and/or legal representative, case manager, and other people as identified by the person and/or legal representative will discuss how technology might be used to meet the person's desired outcomes. The *Support Plan* and/or *Support Plan Addendum* will include a summary of this discussion. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made.
- H. Within 10 working days of the initial planning meeting, the Designated Coordinator and/or Designated Manager will develop a service plan that documents outcomes and supports for the person based upon the assessments completed at the initial planning meeting.
- I. Within 20 working days of the initial planning meeting, the Designated Coordinator and/or Designated Manager will submit to and obtain dated signatures from the person and/or legal representative and case manager to document completion and approval of the assessment and *Support Plan Addendum*. If, within 10 working days of this submission, the legal representative or case manager has not signed and returned the assessments or has not proposed written modifications, the submission is deemed approved and the documents become effective and remain in effect until the legal representative or case manager submits a written request to revise the documents.

Bedroom sharing

- A. Each person receiving services that will share a bedroom in a foster care or supported living services in a residential site controlled by the license holder, must have a choice of roommate. Both persons must mutually consent, in writing, to sharing a bedroom with one another. Persons served also retain the right to request a change in roommate and may notify the Designated Coordinator and/or Designated Manager in these instances.
- B. The Designated Coordinator and/or Designated Manager will ensure that the *Bedroom Sharing Consent* form has been completed prior to sharing of the bedroom. The consent will be reviewed, signed, and dated by the person and/or legal representative. A copy of the consent will be maintained in each person's file,
- C. No more than two people receiving services may share one bedroom.

POLICY AND PROCEDURE ON SERVICE TERMINATION

I. PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for service termination.

II. POLICY

It is the intent of the company to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, other licensed caregivers, and other people identified by the person and/or legal representative during situations that may require or result in service termination. The company restricts service termination to specific situations according to MN Statutes, section 245D.10, subdivision 3a.

III. PROCEDURE

The company recognizes that *temporary service suspension* and *service termination* are two separate procedures. The company must limit temporary service suspension to specific situations that are listed in the *Policy and Procedure on Temporary Service Suspension*. A temporary service suspension may lead to or include service termination or the company may do a temporary service suspension by itself. The company must limit service termination to specific situations that are listed below. A service termination may include a temporary service suspension or the company can do a service termination by itself.

- A. The company must permit each person served to remain in the program or continue receiving services and must not terminate services unless:
 1. The termination is necessary for the person's welfare and the license holder cannot meet the person's needs;
 2. The safety of the person, others in the program, or staff 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, others in the program, or staff would otherwise be endangered;
 4. The license holder has not been paid for services;
 5. The program or license holder 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, the company must document actions taken to minimize or eliminate the need for termination. Action taken by the company must include, at a minimum:
 1. Consultation with the person's expanded/support team to identify and resolve issues leading to issuance of the termination notice; and
 2. A request to the case manager for intervention services as identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued due to the program not being paid for services.
 3. If, based on the best interests of the person, the circumstances at the time of the termination notice were such that the company was unable to take the action specified above, the company 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. The company must notify the person or the person's legal representative and the case manager in writing of the intended services termination. If the service termination is from residential supports and services, as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the company must also notify MN Department of Human Service's Commissioner in writing; and
 2. The notice must include:

- a. The reason for the action;
 - b. Except for a service termination when the program ceases to operate, a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required under section 245D.10, subdivision 3a, paragraph (c), and why these measures failed to prevent the termination or suspension;
 - c. The person's right to appeal the termination of services under MN 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 MN Statutes, section 256.045, subdivision 4a or 6, paragraph (c).
- D. Notice of the proposed termination of service, including those situations that began with a temporary service suspension, must be given:
1. At least 60 days prior to termination when the company is providing intensive supports and services identified in section 245D.03, subdivision 1, paragraph (c).
 2. At least 30 days prior to termination for all other services licensed under Chapter 245D.
 3. This termination notice may be given in conjunction with a notice of temporary services suspension.
- E. During the service termination notice period, the company must:
1. Work with the expanded/support team to develop reasonable alternative 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 service recipient record.

CONSUMER PERSONAL FUNDS POLICY

I. Policy

The Marshall County Group Homes, Inc. (MCGH) will ensure that each consumer retains and uses personal funds, unless restrictions are required in a consumer's Financial Authorization. This will initially be determined by the Expanded Support Team upon a consumer's admission and reviewed Annually thereafter. Should the determination indicate the consumer has the skills for effectively managing his/her personal funds, the consumer shall be given full access to and responsibility for his/her personal funds.

All consumer's and/or their legal guardians, conservators, or representative payees shall receive a written copy, and verbal explanation of the Consumer Personal Funds Policy. This notification shall be given to consumers and/or Legal Representatives at the time of their admission.

The MCGH will ensure separation of each consumer's funds from funds of the MCGH, residential program funds.

The MCGH staff and contractors will not:

- a) Borrow money from a consumer.
- b) Purchase personal items from a consumer.
- c) Sell merchandise or personal services to a consumer.
- d) Require consumer to purchase items for which the MCGH is eligible for reimbursement.
- e) Use consumer funds to purchase items that should be paid for by medical assistance.

II. Procedure

If a consumer's Coordinated Service and Support Plan (CSSP) requires the MCGH program assist the consumer with safekeeping of money or property, MCGH will:

- a) Have written authorization to do so by the consumer or the consumer's legal representative, and the consumer's case manager. (See Funds and Property Authorization)
- b) Document receipt and disbursement of the consumer's funds or property.
- c) Limit the value of cash and valuables retained by the MCGH to an amount designated by the consumer or the consumer's legal representative as stated in the consumer's CSSP.
- d) Return funds and valuables in the MCGH possession to the consumer or consumers legal representative, upon the consumer's or legal representatives request, subject to restrictions in the consumer's CSSP, as soon as possible, but no later than (30) calendar days after the date of the written request.
- e) The MCGH will document and implement upon consumer's admission and at Annual Review thereafter, authorization and preferences of the consumer and/or consumer's legal representative and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of consumer funds or other property. Copies of statements, check registers and receipts (if requested) will be sent to the consumer's legal representative as requested on the Funds and Property Authorization.
- f) The MCGH Direct Care Coordinator will reconcile each consumer's bank statement and petty cash (if applicable) and assure there is an appropriate receipt for each expenditure. Direct Care Coordinator will sign and date these documents when completed and mail copies to each consumer's legal guardian and/or case manager according to their preferences as requested in the Funds and Property Authorization.



- g) The MCGH ADM will monthly review the documented receipt and disbursement of all consumers' funds or other property and see that copies are mailed to the consumer's guardian at frequency requested at admission or at the Annual Review meeting. ADM will see that a receipt for each item purchased is present and statements are reconciled by the Direct Care Coordinator. ADM will sign and date when this review is completed on each bank statement.
- h) MCGH financial records will be maintained a minimum of (7) seven years following Discharge or termination of services or program closure.

Consumer's Signature

Date

Legal Guardian or Representative

Case Manager

MCGH RPS