



# Policy Signature Page



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

I have been given the option to review all the programs/policies.

I received instructions regarding the content of the policies and understand the content.

I do not wish to receive a copy of these policies

I do wish to receive a copy of these policies

- Consent to Exchange Information
- Consumer Bill of Rights
- Emergency Evacuation & Response
- Emergency Medical Authorization
- Financial Consent
- Grievance Policy
- Health & Safety Policy
- Maltreatment of VA
- Medication/Medical Consent
- Patient Financial Responsibility
- Photo Release
- Admission Policy
- Consumer Data Privacy Policy
- Emergency Use of Manual Restraint
- Health Service Coordination & Care Policy
- HIPPA
- Medication Administration
- Person-Centered Planning
- Positive Support Practice
- Psychotropic Medications
- Responding to Incidents & Emergency
- Temporary Suspension of Services
- Termination of Services
- Universal Precautions & Sanitary Practices

Legal Representative Signature \_\_\_\_\_ Date: \_\_\_\_\_

Person Served Signature \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Consent to Exchange Information



**Midwest Independent Living Services**  
809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

**PERSON OF RECORD (Person Served):** \_\_\_\_\_

I authorize the entities, as indicated below, to exchange and share information with Midwest Independent Living Services, LLC, for the purpose of: determining service eligibility and establishing and carrying out the activities as outlined in the Individual Service Plan.

<b>KEY:</b>		
<b>1= Medical</b>	<b>2= Programming Information</b>	<b>3= Social History</b>
<b>4= Psychological Evaluation</b>	<b>5 = Vocational Evaluation</b>	<b>6= Therapy Treatment</b>
<b>7= Developmental/ psychometric testing</b>		<b>8= Assessment Information</b>
<b>9= Other (must define)</b>		

Physician(s) Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Dentist Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Public Health Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Psychologist (s) Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Social Services Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Financial Worker Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Residential Providers Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
DT & H Providers Name: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Emergency Services: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Family: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Other: _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____
Other _____	Key #: _____	<input type="checkbox"/> All 1-8	<input type="checkbox"/> 9 OTHER: _____

I have been instructed as to what information will be released, the purpose and intended use of the released information, who will receive the information, and any known consequences of this release. The information to be released is private, and any subsequent use and release is controlled under the Minnesota Government Data Practices Act (MN Statute 13). I have been informed of my right to refuse to release this information. I understand that I may revoke this consent upon written notice (not retroactive) and that the consent will automatically expire within one (1) year after the date of my signature.

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_



Intended use of this form is County Financial Workers Internal

## Consent to Exchange Information



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

I give my permission to the following people or agencies to share information about me.  
The information is:

From/To: Midwest Independent Living Services, LLC

To/From: \_\_\_\_\_ County Financial Worker.

Reason for information: (what is this information used for)

This consent is to give both MILS and the County the consent to communicate via phone, email or text and mail regarding the application and retention of county and /or state services. Either party may submit documents, have conversations to pass along general information of the person; including financial information, social information and all other information needed to help complete the application and/or retention of county/state supports/services for \_\_\_\_\_ (Person Supported).

The Health Insurance Portability and Accountability Act (HIPAA), is a federal law that Congress passed in 1996 to make the sharing and protecting of health data more consistent, efficient and safe. The U.S. Department of Health and Human Services then issued rules (45 CFR parts 160, 162, and 164) intended to carry out those aims. One of the rules is called the Privacy Rule, which is a set of regulations that protect the privacy of individually Identifiable Health Information.

I understand that information about me is protect information for either HIPAA and/or Data Practices and it will not be shared with anyone without my permission unless stated within the law or this document. I understand that this information requested will be used solely for the tasks identified above by people that need the information to perform the tasks or services needed to facilitate the request.

I understand that I may refuse to give my permission to share this information and that If I refuse, I may not receive the service I am requesting. I understand that I may cancel this consent at any time by submitting a written request to discontinue the consent.

This form will expire one year after the date I signed it.  OR: \_\_\_\_\_.

Please sign and date this form. If you are a legally authorized representative of the patient, please sign, date and indicate your relationship to the patient. You may be asked to provide documents showing that you are the patient or the patient's legally authorized representative.

\_\_\_\_\_  
Print Name of Individual Disclosed

\_\_\_\_\_  
Signature of Person Served or Legal/Authorized Representative

\_\_\_\_\_  
Print Name and Relationship (Self/Guardian/POA/Parent)

**Date:** \_\_\_\_\_

Notice to other parties: Minnesota State Statute 13.04 allows the person served to see private information kept in their files. If the person served wants to see the information you are sending us, we must allow them to do so within 10 business days of a written request.



Intended use of this form is to share with person or agency outside of MILS

# Consent to Exchange Information



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011

P (952) 456 8064 F (952) 322 7167

I give my permission to the following people or agencies to share information about me.

The information is:

From/To: Midwest Independent Living Services, LLC

To/From: \_\_\_\_\_

Reason for information: (what is this information used for): \_\_\_\_\_

\_\_\_\_\_ (Person Supported).

The Health Insurance Portability and Accountability Act (HIPAA), is a federal law that Congress passed in 1996 to make the sharing and protecting of health data more consistent, efficient and safe. The U.S. Department of Health and Human Services then issued rules (45 CFR parts 160, 162, and 164) intended to carry out those aims. One of the rules is called the Privacy Rule, which is a set of regulations that protect the privacy of individually Identifiable Health Information.

I understand that information about me is protect information for either HIPAA and/or Data Practices and it will not be shared with anyone without my permission unless stated within the law or this document. I understand that this information requested will be used solely for the tasks identified above by people that need the information to perform the tasks or services needed to facilitate the request.

I understand that I may refuse to give my permission to share this information and that If I refuse, I may not receive the service I am requesting. I understand that I may cancel this consent at any time by submitting a written request to discontinue the consent.

This form will expire one year after the date I signed it:  OR: \_\_\_\_\_.

Please sign and date this form. If you are a legally authorized representative of the patient, please sign, date and indicate your relationship to the patient. You may be asked to provide documents showing that you are the patient or the patient's legally authorized representative.

\_\_\_\_\_  
Print Name of Individual Disclosed

\_\_\_\_\_  
Signature of Person Served or Legal/Authorized Representative

\_\_\_\_\_  
Print Name and Relationship (Self/Guardian/POA/Parent)

**Date:** \_\_\_\_\_

Notice to other parties: Minnesota State Statute 13.04 allows the person served to see private information kept in their files. If the person served wants to see the information you are sending us, we must allow them to do so within 10 business days of a written request.

\_\_\_\_\_  
**Date:** \_\_\_\_\_



# Consumer Bill of Rights



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

You have several rights when you are receiving services from a licensed provider. They must give you a copy of these rights on your first day of service. The provider must then explain these rights to you within 5 working days of providing service to you.

## SERVICE-RELATED RIGHTS

**THE RIGHT TO PARTICIPATE-** You have the right to participate in the creation of your care plan (SPA), have person-centered practice used to create an individualized program for you according to [245D.07](#) and [245D.071](#).

**THE RIGHT TO TERMINATE OR REFUSE SERVICES-** You have the right to refuse or end services. If you choose either of those options, the service provider will inform you of the results of ending or refusing services.

**THE RIGHT TO KNOW SERVICE LIMITS-** you have the right to know, in advance, any limits to the service you receive. Those limits to service are: No Limits at this time.

**THE RIGHT TO KNOW THE PROVISION OF SERVICES INCLUDING INITIATION/DISCHARGE TERMS-** You have the right to know the provider's policy on starting services. You also have a right to know why the provider could discharge you or suspend services. A discharge is when the provider stops giving you services and asks you to get services somewhere else. If a provider wants to stop giving you services, they must give you written notice and give you the opportunity to appeal the decision. Provider will also coordinate services with a new provider to ensure continuity of care.

**THE RIGHT TO KNOW SERVICE CHARGES-** You have the right to know what the charges are for your services, regardless of who will be paying for the services, and be notified upon request of changes in those charges. The charges are as follows: \$11.97

**THE RIGHT TO KNOW FUNDING SOURCE-** You have the right to know who pays for services and if you or your family must pay any amount. Service payment is covered by; MA. The amount my family or I must pay: \$3.50 per month. MILS does not seek reimbursement for this amount.

**THE RIGHT TO TRAINED AND COMPETENT STAFF-** You have the right to receive licensed services from individuals who are competent and trained, who have professional certification or licensure, as required, and who meet additional qualifications identified in the SPA.

## PROTECTION-RELATED RIGHTS

**THE RIGHT TO PRIVATE RECORDS-** People can only look at your records or talk about you to others if you or your guardian give permission. You have the right to have personal, financial, services, and medical information kept private, and be advised of the provider's policies and procedures regarding disclosure of such information.

**THE RIGHT TO SEE YOUR RECORDS-** You have a right to look at and access your records and recorded information.

**THE RIGHT TO BE FREE FROM MALTREATMENT-** Staff must do all they can to prevent you from being hurt by others. If someone mistreats you, tell a person, your case manager, or some other advocate. You are also free from restraint, time out, seclusions, restrictive intervention except for emergency use of manual restraint to protect the person from imminent danger to self or

other according to the requirements in section 245D.061 or the use of safety interventions as part of a positive support transition plan under section 245D.06, Subd. 8.

**THE RIGHT TO BE TREATED WITH RESPECT-** Staff must treat you respectfully. They must allow you to do the things you enjoy, speak with you in a way you can understand, and be respectful of your cultural background. Staff must also treat your property with respect.

**THE RIGHT TO HAVE YOUR COMPLAINTS HEARD-** If you have a problem, you have a right to have others hear about it. You can express a grievance to anyone working for your service provider, including the supervisors. The contact person for this service is: Tylor Schmidt, Owner, Midwest Independent Living Services. How do I contact them: **Office: 952-486-1607** If you feel no one is listening to your concerns, tell your case manager or an advocate. You may also contact the Office of the Ombudsman for Mental Health and Developmental Disabilities at: <https://mn.gov/omhdd/contact/>.

Phone: 651-757-1800 or 1-800-657-3506 or MN Relay Service 711 Fax: 651-797-1950

Mail: Office of the Ombudsman for Mental Health and Developmental Disabilities  
332 Minnesota Street  
Suite W1410, First National Bank Building  
St. Paul, MN 55101-2117

Email By County:

Dakota- Stephanie Waters [stephanie.waters@state.mn.us](mailto:stephanie.waters@state.mn.us)

Hennepin- Aaron Dierks [aaron.p.dierks@state.mn.us](mailto:aaron.p.dierks@state.mn.us)

Le Sueur - Wade Oldenburg [wade.a.oldenburg@state.mn.us](mailto:wade.a.oldenburg@state.mn.us)

Nicollet- Ashely Robinson [ashley.robinson@state.mn.us](mailto:ashley.robinson@state.mn.us)

Carver, Scott, Sibley, Wright- Chris Michel [Christine.r.michel@state.mn.us](mailto:Christine.r.michel@state.mn.us)

**THE RIGHT TO HAVE PROBLEMS RESOLVED-** If you have a problem, you have a right to know what the provider will do to take care of it. If your problem isn't solved, you can appeal. Contact your case manager, advocate or guardian to help you with this.

**THE RIGHT TO ADDITIONAL ASSISTANCE-** Whenever you need help with something and feel you are not getting the help you need; you can contact your case manager, guardian, or an advocate. Numbers of people you can contact are:

\_\_\_\_\_ & \_\_\_\_\_

**THE RIGHT OT STAND UP FOR YOUR RIGHTS-** If you feel any of your rights aren't being met, you, your family, or your guardian has the right to insist on your rights. Your service provider cannot stop you or do anything to punish you for this.

**THE RIGHT TO REFUSE TO PARTICIPATE IN AN EXPERIMENT-** You don't have to participate in any experiment or research unless you want to. Staff must give you the information about this in a way you are able to understand, and put your choice in writing.

**THE RIGHT TO A PHONE-** You have the right to use a phone privately on a daily basis to make free calls. You may have to pay for long distance calls or call collect.

**THE RIGHT OT PRIVATE MAIL-** You have the right to send or receive, without interference, uncensored, unopened mail or electronic correspondence or communication.

**THE RIGHT TO PRIVACY WHEN MARRIED-** If your husband or wife visits you, you have a right to private visits. If you both live at the service site, you have a right to share a bedroom and a bed.

**THE RIGHT TO FRIENDS-** You can choose your own friends. You have a right to talk to your family and friends.

**THE RIGHT TO PERSONAL ITEMS-** You have a right to your own personal possession at any time, including financial resources

**THE RIGHT TO PERSONAL PRIVACY-** You have the right to be alone in your home, bathroom and bedroom.

**THE RIGHT TO A CLEAN ENVIROMENT-** when the license holder is the owner, lessor or tenant at the site you live at.

**THE RIGHT TO PLAN ACTIVITIES-** You have a right to choose, plan, and participate in activities you enjoy.

**THE RIGHT TO OBSERVE CULTURAL AND ETHNIC PRACTICES-** You have the right to reasonable observance of the cultural, ethnic, and religious practices of your choice.

**THE RIGHT TO KNOW ABOUT PROTECTION AND ADVOCACY SERVICES-** Provider will give you a list of protection /advocacy services in the grievance policy and see above.

**THE RIGHT TO BE FREE OF BIAS AND HARASSMENT-** You have the right to be free from bias and harassment of your race, gender, age, disability, spirituality, and sexual orientation.

**RESTRICTION TO PERSON’S RIGHTS**

- *Restrictions to a person’s rights are allowed for the well-being of the person and must be documented with:*
  - The justification for restrictions based on assessment of the person’s vulnerability to exercise the right without restriction
  - Objective measures set as conditions for ending the restrictions
- A review of objective measures must occur at least every three months for those who do not have a legal representative, and annually for those who do have a legal representative.
- The provider must receive approval from the person or the person’s legal representative in order to implement a rights restriction.
- Approval may be withdrawn by the consumer’s legal representative (themselves if they are their own legal representative) at any time and full right must be restored immediately.

These rights are established for the benefit of persons receiving home care services. MILS may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator, or, when there is no guardian or conservator, a designated person, may seek to enforce these rights.

***This policy has been explained to me:***

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Served** \_\_\_\_\_ **Date:** \_\_\_\_\_

***I have received a copy of this policy:***

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Served** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Emergency Evacuation & Response



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## **POLICY**

To develop procedures for response to threats or emergencies, e.g., bomb threats, gas leaks, or other threats or emergencies that may jeopardize the immediate safety of persons receiving services and to ensure that all Direct Support Professionals (DSP) and persons being served are trained on what action to take in event of such treats.

## **EVACUATION**

1. Evacuate all individuals in the immediate area to safety.
2. The DSP person in charge will contact 911 personnel in relation to the threat or emergency.
  - a. Caller's name
  - b. Location and address
  - c. Any other information
3. Follow directions given by the 911 personnel in relation to the threat or emergency.
4. Evacuate all others to the designated meeting place posted in the emergency evacuation plan and account for each person as you go.

## **DESIGNATED MEETING PLACE**

DSP and consumer/s will wait at the designated meeting place for the law enforcement agency or fire department and provided specific information to them when they arrive.

Everyone should remain outside at the designated meeting place until law enforcement or fire department officials have given permission to DSP. DSP and consumer/swill stay at the predetermined place of safety or into the vehicle at a remote location.

Once the law enforcement agency or fire department has completed a search of the area the supervisor or designee will consult with law enforcement agency or fire department to determine if it is safe to reenter the building.

- a. If yes, DSP and consumers will return to the building.
- b. If no, the supervisor or designee will direct DSP and consumers to go to or remain at the temporary shelter.

## **NOTIFICATION**

After ensuring everyone's immediate safety the DSP person in charge will contact the supervisor/designee.

The program supervisor or designee will complete the following steps:

- Report the threat or emergency to program administration, including the program director and the appropriate manager/designee.
- Arrange for the completion of an incident report by the DSP person who was in charge at the time of the threat or emergency.

The program administrator or designee will report the threat or emergency within 24 hours to:

- The parents (with consent) legal representative,
- Other licensed caregivers, if any
- County case manager

## EMERGENCY EVACUATION DRILLS

In order to be prepared for a possible need for emergency evacuation the program will hold regular evacuation drills in coordination with fire and severe weather drills. The following conditions must be met:

- Clear evacuation plans will be posted throughout the facility showing routes of evacuation.
- Drills will be conducted at varied times, under varied conditions, and will use all possible exits.
- During drills clients must be evacuated to designated meeting place.

Following each evacuation drill, a report will be completed noting:

- a. Any problems noted and corrective action taken
- b. Personnel present
- c. The person being served responses

The supervisor will be responsible for reviewing each report and maintaining a complete file of all drills.

## FIRE:

### ACTUAL FIRE RESPONSE

1. Implement fire safety plan as written for this site. If it is safe to do so, move all persons to the designated safe place, using the nearest exit away from the fire. The designated meeting place for this site is: On Main Street.
2. Call **911**.
3. Assess the extent of the fire and try to extinguisher appropriate. Location of fire extinguishers at this site: Kitchen.
4. Notify administrative personnel: **952- 486-1607**. They will assist if relocation is necessary.
5. The employee working at the time of the fire completes a fire drill report and an incident report.
6. The program manager sends a copy of the incident report to the county foster licenser, if applicable.

### Fire Drills (*Residential Facilities*)

Each person being served living situation and risks will outline the need for fire drills. A specific plan about the fire drill will be developed with the team if the person being served is in danger of fire emergencies or lives independent. MILS will help complete a fire drill according to their SPA. Following the completion of a drill, the Fire Drill Report is completed and submitted to the assigned program director who will evaluate the response. Drills should not exceed 3 minutes in length. If drills consistently exceed 3 minutes, reassessment of the response plan and / or physical plan will occur to achieve a 3-minute response time.

## SEVERE WEATHER/NATURAL DISASTER:

### ACTUAL SEVERE WEATHER/TORNADO RESPONSE

1. Tornado or severe storm **Watch**- National Weather Service's alert to possible tornado or severe storm development.
  - a. Public warning is issued on radio and television; there is no siren.
  - b. Stay tuned to radio or television for further information.
  - c. Be ready to move to a safe place in the home if radio or TV instructs.
2. Tornado Warning- National Weather Service's confirmation of a tornado sighting.
  - a. Public warning is issued over radio and television and a 3-5-minute steady warning siren sounds.
  - b. When the tornado siren sounds, move immediately to the designated safe area of the home.
3. The designated safe area for severe weather/tornado at this site is: Storage area

#### 4. Severe Winter Weather

- a. For snowstorm/ blizzard, listen to the radio or television for winter storm watch, warning or travel advisory.
- b. For severe cold, listen to the radio or television for temperature and follow severe cold weather warnings.
- c. Determine whether day placement has defined guidelines for closure.

#### 5. Location of flashlight and battery radio: Living Room

6. If structural damage or extended power outage occurs which requires relocation, notify administrative: **Tylor Schmidt at 952-486-1607.**

### **Tornado Drills** (*Residential Facilities*)

During tornado season, at least two practice drills in response to severe weather/ tornado will occur. The drills will be initiated/assigned by the program manager, according to the printed agency schedule. The following the completion of the drill, a Tornado Drill report is completed and submitted to the assigned program director.

A tornado drill should not exceed 3 minutes in length. When the tornado drill consistently exceeds 3- minutes, the program manager and/or director will reassess/revise the evacuation plan to consistently achieve a 3-minute response time.

### **CARBON MONOXIDE ALERT**

When the carbon monoxide detector sounds, and household members **are showing symptoms** associated with carbon monoxide poisoning:

1. Immediately proceed to evacuated the building as quickly as possible. The designated safe place is: Main Street.
2. Call the fire department. Do not re-enter the premises until it has been aired out and the problem corrected.
3. Call the administrative phone for assistance **952-486-1607.**

When the carbon monoxide detector sounds, and household members **are not showing symptoms** associated with carbon monoxide poisoning:

1. Open windows and doors.
2. Turn off all appliances, vehicles, or other sources of combustion immediately. These could include a furnace, water heater, vehicles, and other sources.
3. Press the test/reset button. **Note:** if dangerous levels continue to be present, the unit will re-alarm and all DSP and clients must get out immediately.
4. Immediately get fresh air into the premises by opening doors and window. Do not restart appliances until problem has been corrected.
5. Call the administrative phone for assistance **Tylor Schmidt at 952-486-1607.**

**Indications of carbon monoxide poisoning include flu like symptoms, but with no fever. Other symptoms include dizziness, fatigue, weakness, headache, nausea, vomiting, sleepiness and confusion.**

### **DIRECT SUPPORT PROFESSIONAL (DSP) TRAINING:**

1. All DSP will be trained in bomb threat evacuation procedures. (*Residential Facilities*)
2. The emergency evacuation plans and procedures shall be reviewed by all DSP at minimum, quarterly. (*Residential Facilities*)
3. Training will be provided to ensure that DSPs are trained in the evacuation of clients with physical disabilities.

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Emergency Medical Authorization



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

In the event that \_\_\_\_\_ (Person Supported) should require immediate emergency medical/surgical attention and MILS staff is unable to contact me, the legal guardian, I give permission to: ALL MILS REPRESENTATIVES

*Including: Owners, Directors, Administrative Staff and Direct Support Professionals (DSP)*  
to take necessary action to ensure safety, health or life in the event of a medical/surgical emergency.  
**Emergency personnel may take our clients to different treatment centers for different issues.**

Do you have a specific hospital you want the consumer to be treated at?  Yes  No

If yes: *(the hospital must be in the service area for emergency help or transfers may be required at the financial expense of the client)*

**NAME OF SPECIFIC HOSPITAL FOR EMERGENCIES:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Financial Consent Form



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

I, \_\_\_\_\_ hereby grant consent to Midwest Independent Living Services employees to manage \_\_\_\_\_ as described below. The consent includes but is not limited to: consumer or self-budgeting my funds, paying my bills, and sharing information with financial institutions, counties of fiscal responsibility, and the Department of Human Services.

This permission remains in effect as long as I receive services from MILS, unless I rescind this consent in writing.

### MILS will: (check one option)

- Implement all financial and budgeting help
- Help with consumer driven budgets (consumer manages finances and staff just offer advice)
- Assist client with paying their bills
- Budget small amounts of money for the client (so they don't spend too much money)
- Assist only with counting out cash amount to give to cashier
- Not assist with finances in any way, and therefore would not send financial reports, nor assist with budgeting, nor with tracking consumer funds.*

Will MILS take possession of money:  Yes (If yes, complete Consent to handle funds) Or  No

### Check each circle the consumer may have access to:

- Have \$All on him/her at any time
- Carry his/her checkbook
- Have access to bank account: (Name of bank): \_\_\_\_\_

### FINANCIAL REPORTS ARE REQUESTED BY:

**Guardians:**  Yes  No    **Case Manager:**  Yes  No    **Family:**  Yes  No

**Financial reports are to be sent (Check one):**  Monthly     Quarterly     Semi-Annually     Annually

\_\_\_\_\_  
Signature of Guardian or Legal Representative

**Date:** \_\_\_\_\_



# Financial Consent Form



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## MILS has permission to handle funds

- Cash (Where is it stored?): \_\_\_\_\_
- Checking Account: Bank Name: \_\_\_\_\_  
Location of primary bank: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_ PIN: \_\_\_\_\_
- Saving Account: Bank Name: \_\_\_\_\_  
Location of primary bank: \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_ PIN: \_\_\_\_\_
- Wages (Where is it stored?) \_\_\_\_\_
- RSDI (Where is it stored?) \_\_\_\_\_
- SSI (Where is it stored?) \_\_\_\_\_

### **Safeguarding Funds or property:**

1. Retain the use and availability of my personal funds or property unless restrictions are justified and documented correctly on SPA.
2. Separation of my funds from funds of other persons served by the program and from fund of the license holder, the program and/or the staff.
3. That it immediately documents the receipt and disbursement of my funds or other property at the time of receipt or disbursement, including my signature for the authorization of funds with details.
4. Upon my request, my funds and property in the program's possession and according to any justified and documented restrictions, as soon as possible but no later than three working days after the date of my request.

### **Restrictions:** Staff may not borrow or loan money to me

1. Sell or purchase personal items to/from me.
2. Require me to purchase items for which the program is eligible for reimbursement.
3. Use my funds to purchase items for which the programs is already receiving public/private funding.

**Records/Privacy:** MILS will protect the privacy of my financial records and all records are available for review by myself, my legal representative and Case Manager upon request.

**Itemized statements:** MILS will complete itemized financial statements when controlling any funds or property. The statements will disclose all money received and dispersed with the general purpose disclosed. All records are available for review by myself, my legal representative and Case Manager upon request.

\_\_\_\_\_  
Signature of Self/ Guardian or Legal Representative

Date: \_\_\_\_\_



# Grievance Policy



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## **POLICY**

People who receive services from this program have the right to receive respectful and responsive services. Midwest Independent Living Services, LLC is committed to providing a way for the persons served by our program, their representatives, or visitors to make formal complaints, and have them resolved.

A grievance is a complaint you can make about something you do not like about where you work or live. It may have something to do with the rules or the People you work or live with. It may have something to do with other people or situations in your life.

## **PURPOSE**

At the time, you begin services with Independent Living Services LLC you or your legal representative will receive a copy of this grievance policy. This policy will be explained to you and your legal representative.

You may choose to represent yourself during a grievance or you may have someone else, such as your legal representative, parent, friend or an outside advocate, help you in the process.

## **PROCEDURE**

If you have a problem or complaint you should follow these steps:

1. Talk to a Direct Support Professional who you feel comfortable with about your complaint or problem. That person will help you to write down or tape record your complaint and help you in solving the problem. That person will tell the supervisor about your complaint.
2. If the Direct Support Professional and the supervisor were not able to help you solve your complaint or problem, you can talk to program manager. This person will help you in (14) days to solve your complaint.
3. If the person in was not able to solve your complaint, you can talk to the Board of Directors at 809 East Main Street Suite 1 Belle Plaine, MN 56011 (952) 486-1607 and owner Tylor Schmidt for final review. MILS will offer a written response within (30) days explaining how your complaint will be resolved with an outline of the proposed solutions to the grievance.
4. The complaint will resolve whether:
  - Is the complaint related to a policy or procedure?
  - Were the policies and procedures followed?
  - Is the complaint similar to past complaints with the person, staff or services involved?

If there is a pattern, these items will be discussed as a need for change. Discussion within MILS office will also review of the Vulnerable Adult policy to include development, documentation and implementation of a corrective action plan designed to correct any current lapses found in performance by staff or MILS.

Carver County Social Services: (952) 361-1600

Scott County Social Services: (952) 445-7751

Le Sueur County Social Services: (507) 357-8288

Sibley County Social Services: (507) 237-4000

Nicollet County Social Services: (507) 934-8559

For additional County contact information please contact the MILS' office or visit the county's website.

Department of Human Services (DHS): 651-431-2000  
Mid-MN Legal Aid (Legal Advocacy): 612-332-1441  
Arc Minnesota: 952-920-0855 or 1-833-450-1494

Office of Ombudsman for Mental Health and  
Developmental Disabilities: 651-757-1800

**MILS INTERNAL GRIEVANCE REVIEW PROCEDURE**

1. Director will review the policies/procedure or event(s) regarding the grievance.
2. Director will review grievances to ensure there was adequate training or define additional staff training
3. Director will determine if there is corrective action needed by the license holder to protect the rights, health and/or safety of the persons receiving services and if there are any immediate safety concerns?
4. Director will immediately resolve any conflicts that affect the person being served rights or safety for the short-term and will create long-term solutions.
5. Any complaint and summary must be kept in the consumer's service records.
6. Director will complete a written summary of findings to the consumer and their legal representative, as well as the Case Manager that:
  - Identifies nature of the complaint and date received.
  - Identifies results of the investigation
  - Identifies a potential resolution to the complaint including corrective actions with dates of implementation.
7. The person being served/Employee can review findings and discuss resolutions.
8. The person being served/Employee have a right to take grievance to the Board of Directors or outside organizations as listed above.
9. All Supervisory staff and Board of Director personnel will not be included in the resolutions of grievances or Vulnerable Adult complaints if they have a conflict of interest in the situation and Board Members can withdrawal from reviewing a complaint if they feel they can't be impartial.

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

*This policy has been explained to me:*

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Served** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I have received a copy of this policy:*

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Served** \_\_\_\_\_ **Date:** \_\_\_\_\_



MILS strives to have a healthy and safe environment for all individuals. This policy outlines the rights of staff, the rights of persons-served, and identifies potential health/safety concerns for staff when working with a person-served. There are times when a person-served's rights conflict with a staff's right to a safe and healthy workplace (i.e., person-served's right to smoke vs. staff's right to work in a non-hazardous work environment.; person-served's right to have pets vs. staff's right not to be harmed by animals).

Prior to engaging in services, staff and/or the person-served may identify potential boundaries that are essential to their health and safety and agree to respect those boundaries. These boundaries may include but are not limited to sensitivity to smells, allergies, phobias, smoking, physical boundaries, verbal boundaries, physical interactions, and verbal interactions.

## **Rights & Policies**

Below are rights and policies that are in effect regardless of a person-served's or staff's personal preferences:

- MILS staff are prohibited to care for a person-served's pet(s) or drive the pet(s) in any vehicle, company or personal.
- MILS staff are prohibited to transport non-employee or persons not supported by MILS in any vehicle, company or personal.
- MILS asks all parties who smoke to refrain from smoking during shifts together. The State of Minnesota has a No Smoking Policy for the workplace. MILS cannot stop a person from smoking in their own home; however, MILS staff have the right to leave any location that is too smokey for them.
- MILS cannot stop a person-served from drinking alcohol or doing drugs during shifts with staff; however, MILS staff have the right to leave any location that is potentially dangerous.
- If a person-served is aggressive (verbally, physically, or sexually) toward staff, MILS retains the right to cancel supports with this individual.
- Although MILS cannot mandate safe driving conditions, MILS supervisors retain the right to cancel shifts when driving conditions are dangerous. If this occurs, MILS asks all parties to work together on rescheduling the shift(s) when weather conditions improve.

- There are times after supports have been initiated when life circumstances change (i.e., pet adoption, moving in with a partner who smokes, etc.) or new habits are adopted (i.e., smoking, fragrance wearing, etc.) that jeopardize the health and safety of staff. If this occurs, MILS retains the right to pause supports while a new staff is secured or canceled if a replacement staff cannot be found.
- Staff and persons-served have the right to a psychologically safe environment. In turn, this means neither party may share their religious, political, or social beliefs in a way that threatens, ridicules, or demeans the other person.
- MILS cannot manage social media use, but it does strongly encourage persons-served and staff not to connect on these platforms to ensure healthy, professional boundaries are upheld during shifts together.
- Communication during off-hours (nights, weekends, holidays, etc.) between staff and persons-served will be limited to schedule changes to upcoming shifts to, once again, ensure safe, professional boundaries for the parties involved.

## Resolutions

MILS asks that staff and persons-served work together first to discuss, mitigate, and correct any boundary/safety concerns. Conversations with MILS Supervisors may also be required to ensure that boundaries, rights, licensing, and safety concerns are appropriately identified in accordance with State statutes, MILS policies, and MILS insurance standards.

MILS is an ardent advocate for individual rights and acknowledges that it takes effective communication and respectful understanding to achieve this. Below are the steps MILS recommends for staff and persons-served to utilize to achieve resolution for any safety or boundary concern independently:

1. Identify the issue(s).
2. Ask: "Why is this a barrier for staff/person-served?"
3. List the potential resolution(s).
4. List the rights of all individuals involved.
5. Ask: "Are there any laws/rules that would help us get to an answer?"
6. Ask: "Is there a pattern of abuse/neglect?"
7. Identify potential timelines for the solution(s) to be achieved.
8. Identify and implement agreements with all parties as the solution(s) are found.

If a resolution is not agreed upon, either party may request a meeting with MILS office personnel to discuss solutions. Both parties need to work together to come up with short-term solutions until the meeting occurs. MILS will offer solutions to boundary issues if both parties are unable to agree on a resolution until a meeting takes place.

**Legal Representative Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Maltreatment of Minors & Vulnerable Adults Reporting



**Midwest Independent Living Services**  
809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated or a child served by this program whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse, you must report it immediately (within 24 hours).

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.

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.

### WHERE TO REPORT

- If you know or suspect that a child or a vulnerable adult is in immediate danger, you must call 911.
- You can report to the Common Entry Point by calling the Social Services line of the applicable county (See Pg. 14).
- Any staff may report to MN Adult Abuse Reporting Center (MAARC): 844-880-1574.
- 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.

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 can be reported internally to Tylor Schmidt, Owner, at (952) 456-8064. If the individual listed above is involved in the alleged or suspected maltreatment, you may report to Brett McLean at (952) 217-7850.

### INTERNAL REPORT

- When an internal report is received, Brett McLean or Tylor Schmidt is responsible for deciding if the report must be forwarded to the Common Entry Point. If that person is involved in the suspected maltreatment, Tylor Schmidt will assume responsibility for deciding if the report must be forwarded to the Common Entry Point. The report must be forwarded within 24 hours.
- If you have reported internally, you will receive a written notice within two working days that tells you whether or not your report has been forwarded to the 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 Common Entry Point yourself. It will also inform you that you are protected against any retaliation if you decided to make a good faith report to the Common Entry Point.

## **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 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 Direct Support Professional (DSP) training;
- iv. The reported event is similar to past events with the vulnerable adults or the services involved;
- v. There is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

MILS will prepare an internal review within (30) days when MILS had reason to know that an internal or external report of alleged or suspect maltreatment was made. The review will outline will include development, documentation and implementation of a corrective action plan designed to correct any current lapses found in performance by staff or MILS.

## **PRIMARY AND SECONDARY PERSON OR POSITION TO ENSURE INTERNAL REVIEWS ARE COMPLETED**

The internal review will be completed by Brett McLean or Tylor Schmidt. If this individual is involved in the alleged or suspected maltreatment, Tylor Schmidt will be responsible for completing the internal review.

## **CORRECTIVE ACTION PLAN**

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

The suspected perpetrator may be moved to a different location, shifts switches, or paid time off until an investigation is completed and the safety of the alleged victim(s) can be ensured.

MILS will review each maltreatment report, identify patterns, identify similar services, and implement long term corrective policies or procedures to ensure the health and safety of the VA.

## **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.

## **DOCUMENTATION OF THE INTERNAL REVIEW**

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

**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 or vulnerable adult with respect to whom the report is made. The Reporting of Maltreatment of Minors Act and Vulnerable Adults act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

**Direct Support Professional (DSP) 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 DSP, and ensure that the policy is readily accessible to DSP, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

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

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

*This policy has been explained to me:*

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Served** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This policy has been explained to me:*

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Served** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Medication / Medical Authorization



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

Please mark an "X" in the box that pertains to your choice of care:

- The guardian / self, will independently administer all medication(s) and review all medications for potential side-effects for myself/my ward. I will discuss problems with a physician as necessary and inform MILS of any changes.
- I will monitor and resolve all health concerns regarding myself/my ward and will inform MILS staff of any changes to health, medications, side effects or mental condition that is prudent information prior to each shift.
- I/my ward will assist and coordinate appointments for myself/my ward and informs MILS staff of any new doctor orders.
- I/my ward will ensure proper use of medical equipment, devices, aids and technology

### I WOULD LIKE MILS TO:

- Administer Medications
- Monitor Health concerns
- Schedule and assist with coordination of doctor appointments.
- Ensure proper usage of medical equipment, devices, aids and technology

**Legal Representative Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Patient Financial Responsibility Statement



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

Thank you for choosing Midwest Independent Living Services, LLC. The services you seek imply a financial responsibility on your part. This responsibility obligates you to ensure payment in full for the services you receive. To assist in understanding that financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or is responsible to ensure your Medical Assistance (Medicaid) is valid, please share this policy with them, as it explains our practices regarding insurance billing, copayments, and patient billing.

While Medical Assistance (Medicaid) is the Primary Payer, you are ultimately responsible for all payment obligations arising out of your care and guarantee payment for these services. You are responsible for deductibles/spenddowns or any other patient responsibility indicated by Medical Assistance.

MILS may verify your Medical Assistance (Medicaid) benefits with the Department of Human Services. You agree to facilitate payment of claims by contacting your Financial Assistance Social Worker at the applicable County when necessary to ensure Medical Assistance if current and active, you assign to Midwest Independence Living Services LLC, the ability to bill for all services rendered, to the Department of Minnesota or directly to the responsible party, if Medical Assistance is not current and accurate.

Upon application with MILS, you must present a valid eligibility card at the time of registration and prior to the time of service. Your eligibility status will be verified monthly. Without verification of coverage, you may be responsible for the full/entire balance of your account. As a courtesy to you, your account will be billed to Medicaid when we receive all necessary information. You are responsible for non-covered portions and spend-down requirements associated with your individual coverage. If at any time, you are not eligible for Medicaid coverage and wish to be seen, you will be treated as a self-pay patient and must make payment at the time of service.

By my signature below, I hereby authorize assignment of financial benefits directly to Midwest Independent Living Services, for services rendered. I understand that I am financially responsible for charges not covered by Medical Assistance (Medicaid).

I have read, understand, and agree to the provisions of this Patient Financial Responsibility Form:

**Name of Person Served:** \_\_\_\_\_

**Name of Responsible Party or Guardian (Print):** \_\_\_\_\_

**Signature of Responsible Party or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Release of Information for Development, Marketing, & Communications Use



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

I give **Midwest Independent Living Services** the right to use my image for the purpose of illustrating Midwest Independent Living Services' services.

Type of information: Data Practices and Protected health information may include my name, and photographs/video images. There may be more information that can be accidentally passed along via the background of the image or the picture itself. The examples of information that could be passed along is the location of the picture could show where they live, the picture could show some medical information including (braces on teeth, broken arm (cast or sling visible on arm), and finally the picture could identify family members/friends/peers that are in the same picture. This information is also attached to Midwest Independent Living Services, which is a known disability service provider.

Using which media: May include publications, printed materials, displays, and other informational pieces developed by Midwest Independent Living Services. An additional request will be sent for any images for television, radio, newspaper, magazines or other media distributed to the general public.

For what purpose: To promote the services of Midwest Independent Living Services.

I understand that if this information is released, it will become public information and may subsequently be reproduced, printed or released by other individuals or organizations and may no longer be protected by the federal privacy regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will NOT affect my ability to obtain services. Midwest Independent Living Services will not receive compensation for its use/disclosure of the information.

Once this authorization is signed, Midwest Independent Services can rely on it until it expires or is revoked. I understand that I may revoke this consent by giving written and dated notification to:

Tylor Schmidt  
Midwest Independent Living Services

My signature on this form amounts to a waiver of any claim I might have against Midwest Independent Living Services due to the release of this information.

Name of Individual: \_\_\_\_\_

Is individual his/her own legal representative/guardian?  YES  NO

Signature of Legal Representative/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Release will expire 1 year from date signed.

Optional: My consent applies for release of information with the following restrictions:

\_\_\_\_\_  
This authorization meets requirements of the privacy/security standards of the Health Insurance Portability and Accountability Act (HIPAA).



## Emergency Information



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

### **LISA SELLY**

OWNER

CELL PHONE: 952.212.4793

### **TYLOR SCHMIDT**

OWNER

CELL PHONE: 952.486.1607

### **BRETT MCLEAN**

PROGRAM DIRECTOR

CELL PHONE: 952.217.7850

### **OFFICE:**

809 East Main Street Suite 1  
Belle Plaine, MN 56011

**OFFICE PHONE:** 952.456.8064

**OFFICE FAX:** 952.322.7167

**OFFICE HOURS:** Monday – Thursday 8am-4pm and Friday by appointment

*For more information visit our website at [www.mwils.com](http://www.mwils.com)*

If there is an accident or Incident contact the office ASAP. All information must be filled out and sent to the county within 5 working days and verbal notices must be completed within 24 hours of the incident.



# Admission Criteria Policy



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## **POLICY**

It is the policy of this DHS licensed provider (program) 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.

## **PROCEDURES**

### 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:

- Information on the limits to services available from the program, including the knowledge and skill of the program Direct Support Professional (DSP) and the program's ability to meet the person's service and support needs.
- A copy of the fact-sheet the program received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served by the program when the fact sheet includes a risk level classification for the offender. The fact sheet received by the program should not be altered when it being provided and should contain the following information: (1) name and physical description of the offender; (2) the offender's conviction history, including the dates of conviction; (3) the risk level classification assigned to the offender under section 244.052, if any; and (4) the profile of likely victims. If a person is being admitted to the program who is a registered predatory offender and the program has received a fact sheet, a copy of the fact sheet must be provided to all persons currently served by the program, or their legal representative.

### Service initiation

- **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.
- **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.
  - Data privacy.
  - Drug and Alcohol policy
  - Maltreatment of Minors reporting and Internal Review Policy
  - Emergency Response, Reporting and Review policy
  - Health Services Coordination and Care (question
  - Incident Response, Reporting and Review Policy
  - Safe medication assistance and Administration Policy
  - Safe Transportation Policy
  - Universal precautions and Sanitary Practices Policy
- 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.

#### Refusal to admit a person

- 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.
- This licensed program must not refuse to admit a person based solely on:
  - the type of residential services the person is receiving
  - person's severity of disability;
  - orthopedic or neurological handicaps;
  - sight or hearing impairments;
  - lack of communication skills;
  - physical disabilities;
  - toilet habits;
  - behavioral disorders; or
  - Past failure to make progress.

Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Legal Authority: MS §§ [245D.11](#), subd. 4; [245D.04](#), subd.2,(4) to (7), and 3, (8)



# Consumer Data Privacy Policy



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## **POLICY**

Midwest Independent Living Services, LLC is to provide general guidelines and principles for safeguarding the person's right to confidentiality and access to their records. Midwest Independent Living Services, LLC recognizes the right of each person receiving services and confidentiality and data privacy. Safeguarding these rights is the basis for mutual trust and respect between these persons and Direct Support Professionals (DSP).

## **PROCEDURES**

Private data includes all information on persons that are receiving services from Midwest Independent Living Services, LLC or other sources for program purposes and contained in an individual data file, including their presence and status in this program.

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:

- The individual who is the subject of the data or a legal representative
- Anyone to whom the individual gives signed consent to view the data.
- Employees of the welfare system whose work assignments reasonably require
- Anyone the law says can view the data.

Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data and 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; county welfare agencies; human services boards; the ombudsman for mental health and mental retardation; 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.

Once informed consent has been obtained from the person or the legal representative there is not 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.

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 consumer's death.

## 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. DSP will document that this information was provided to the individual and/or their legal representative in the individual record.

## INFORMED CONSENT

At the time, informed consent is being obtained DSP must tell the person or the legal representative individual the following:

- Why the data is being collected
- How Midwest Independent Living Services, LLC intends to use the information
- Whether the individual may refuse or is legally required to furnish the information;
- What known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete.
- How the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.

A proper informed consent 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:

1. Be written in plain language;
2. Be dated;
3. Designate the particular agencies or person(s) who will get the information;
4. Specify the information which will be released;
5. Indicate the specific agencies or persons who will release the information;
6. Specify the purposes for which the information will be used immediately and in the future;
7. Contain a reasonable expiration date of no more than one year; and specify the consequences for the person by signing the consent form, including:

***“Consequences:** I know that state and federal privacy laws protect my records. I know why I am being asked to release this information. I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me. If I do not consent, the information will not be released unless the law otherwise allows it. I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.”*

- The person or persons or agency who receives my information may be able to pass it on to others.
- If my information is passed on to others by this program, it may no longer be protected by this authorization.
- This consent will end one year from the date I sign it, unless the law allows for a longer period
- Maintain all informed consent documents in the consumer's individual record.

## **DSP ACCESS TO PRIVATE DATA**

Policies on confidentiality and data privacy apply to all program DSP, volunteers, and persons or agencies under contract with Midwest Independent Living Services, LLC. Under contract with this program (PAID OR UNPAID).

DSP will not automatically have access to private data about the persons working for Midwest Independent Living Services, LLC. DSP persons must have a specific work function need for the information.

Any written or verbal exchanges about a person's private information by DSP with other DSP or any other persons will be done in such a way as to preserve confidentiality, protected data privacy, and respect the dignity of the person whose private data is being shared.

As a general rule, doubt about the correctness of sharing information should be referred to the supervisor/designee.

## **INDIVIDUAL ACCESS TO PRIVATE DATA**

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

A DSP 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.

An individual may challenge the accuracy or completeness of information contained in the record. DSP will refer the individual to the grievance policy for lodging a complaint.

Individuals may request copies of pages in their records. No individual, legal representative, DSP person, or anyone else may permanently remove or destroy any portion of the individual record.

## **REQUESTING INFORMATION FROM OTHER LICENSED CAREGIVERS OR PRIMARY HEALTH CARE PROVIDERS**

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

Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other DSP at the program, include attention; (name of person to receive the information), and the name and address of the program.

Assure informed consent to share the requested private data with the person or enmity has been obtained from the person or the legal representative.

Keep the document in the consumer's individual record.

## **RECORD RETENTION**

### **Record retention:**

1. Minimum of 5 years following the discharged or termination of services for people being served.
2. Minimum of 5 years following the discharged or termination of personnel records
3. Minimum of 5 years for program administration or financial records. After the date the program closes.
4. If program closes one person will be responsible for keeping the information for 5 years and give the commissioner their contact information.
5. All records will transfer to new provider if the company is sold.
6. All materials will be kept indefinitely for any issue involving legal case that is open.

### **Electronic retention:**

1. The use of electronic record keeping does not alter the license holder obligations to all state/federal law, regulation or rule.
2. Electronic record keeping does not limit the commissioner's access to all records
3. License holder will assist commissioner in accessing and copying all records
4. Must establish mechanisms;
  - a) All signatures are created for electronic record retention
  - b) All information must be maintained in a format capable to be retained and accurately reproduced.
  - c) Commissioner has access to information on when the electronic file was established with date and time created as an electronic file.
  - d) All electronic records are secure for MN Data Practices and HIPAA

## **DIRECT SUPPORT PROFESSIONAL (DSP) TRAINING**

DSP will be informed about confidentiality and data privacy.

The topic is covered in the formal training on individual rights during DSP orientation training.

Supervisors shall include information on data privacy and confidentiality during on the job orientation for new employees

DSP shall receive annual training on data privacy. This training shall be documented in the DSP's personnel file.



# Emergency Use of Manual Restraints



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

Aversive and deprivation programs cannot be used for targeted maladaptive behaviors. License holders are prohibited from using chemical restraints, mechanical restraints, manual restraints time outs, seclusion, or any other aversive or deprivation procedure as a substitute for adequate staffing for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

Removal/deprivation procedures- means the removal of a positive reinforcement following a response resulting in, or intended to result in, a decrease in the frequency, duration or intensity of a response. Often times the positive reinforcement available is goods, services or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcement.

**Aversive Procedure** means the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior.

**Seclusion** means the removing of a person involuntarily to a room from which exit is prohibited by staff person or a mechanism to prevent the person served from and area, activation situation or social contact.

**Time out** means the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. This does not mean the voluntary removal or self-removal for the purpose of calming, de-escalation or brief rest from which they can return to the activity at any time after regaining self-control.

**Manual restraint** is the physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.

**Mechanical restraint** is a device, materials or equipment attached or adjacent to the person's body that is designed to restrict the freedom, movement or normal access to body parts or limits a person's voluntary movements or holds a person immobile as an intervention precipitated by a person's behavior. Devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area is not a restrictive device. The use of adaptive aids or equipment or orthotics ordered by a health care professional to treat or manage a medical condition is not a mechanical restraint.

**Chemical restraint** means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement is not a standard treatment or dosage for the person's medical or psychological condition.

MILS direct care staff will receive training regarding aversive and deprivation definitions, the procedures during initial orientation and annually thereafter for each person served with a behavior program plan.

Failure to observe required procedures for implementing programs defined as aversive or deprivation constitutes abuse according to the Vulnerable Adults Statute and appropriate action will be taken against employees who use these programs in any way. Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. Chemical Restraint
2. Mechanical Restraint
3. Manual Restraint
4. Time Out
5. Seclusion
6. Aversive or Deprivation Procedure.

**Prohibited Interventions:**

- Prone restraint
- Metal handcuffs and leg hobbles
- Faradic shock
- Speaking in a manner that ridicules, demeans, threatens or abuses
- Using physical intimidation/shows of force
- Containing, restricting, isolating and secluding a person from normal activities when it is medically contraindicated or without monitoring the person served.
- Using painful techniques, including intentional infliction of pain or injury
- Hyperextension of body parts
- Tripping or pushing
- Denying or restricting a person's access to equipment and devices such as wheelchairs, walker, hearing aids, communication boards, and other devices essential to their own care.
- Using punishment of any kind
- Requiring a person to assume or maintain a posture or position
- Forced exercise
- Totally or partially restricting a person's senses
- Using noxious smells, tastes, substances, or sprays
- Depriving a person's access to normal goods or services
- Requiring them to to earn normal good or services
- Using token reinforcement programs that remove tokens for bad behavior
- Using a person receiving services to discipline another person served
- Using any action or procedure that is medically or psychologically contraindicated

## EMERGENCY USE OF CONTROLLED PROCEDURES

MILS does not use manual restraints, mechanical restraints, or exclusionary time out at any time. MILS does not use emergency use of controlled procedures. If a person's behavior cannot be safely managed through verbal prompt, Direct Support Professional (DSP) will contact County Crisis and/or Supervisor. If behavior persists to the point of harm, contact 911 immediately.

There are restricted procedures that may be permitted by law but MILS's practice is the elimination of all such procedures including Emergency use of manual restraint. MILS will train on positive support strategies and include training on Emergency use of Manual Restraint but **MILS prohibits its use. If a manual restraint is used, a review or the situation will be conduct and disciplinary action may result in the immediate termination of employment/contracts.**

Restrictive procedures above must **NOT**:

1. Been implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury
2. Been implemented with an adult in a manner that constitutes abuse or neglect in section 626.5572 sub. 2
3. Been implemented in a manner that violates person's rights and protections
4. Restricted a person's normal access to nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene, normal sleeping conditions, necessary clothing or protections by the State or federal regulations.
5. Denied the person visitation or ordinary contact with legal counsel, a legal representative or next of kin
6. Been used for convenience of staff, as punishment or as a substitute for adequate staffing or as a consequence if the person refused to participate in a treatment/service.
7. Used prone restraint- face down position does not include brief physical holding of a person, who during and emergency used of manual restraints, rolls into a prone position, if the person is restored to standing, sitting or side-lying position as quickly as possible.
8. Applied back or chest pressure while a person was in a prone position as identified in clause (7) supine position
9. Been implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

Permitted actions and procedures: including physical contact and instructional techniques:

1. May be used to calm or comfort a person by holding that person with no resistance.
2. To protect a person known to be at risk of injury due to frequent falls as a result of a medical condition
3. To facilitate the person's completion of a task or a response when the person does not resist or the person's resistance is minimal in duration or intensity.
4. To 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 other with less than 60 seconds of physical contact.
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 DSP.



# Health Service Coordination & Care



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## **POLICY**

It is the policy of this DHS licensed provider (program) to meet the health service needs of each person being served as defined and assigned in each person's coordinated service and support plan (SPA) or SPA addendum.

## **PROCEDURES**

- A. When discovered, the program will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the program in the person's SPA or SPA addendum.
- B. If the program has reason to know that the change has already been reported, it is not necessary to report.
- C. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, on the Health Needs Change Form.
- D. When assigned the responsibility for meeting the person's health service needs in the person's SPA or the SPA addendum, the program will maintain documentation on how the person's health needs will be met, including a description of the procedures to follow in order to:
  1. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;
  2. Monitor health conditions according to written instructions from a licensed health professional;
  3. Assist with or coordinate medical, dental and other health service appointments; or
  4. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Legal Authority: MS § § 245D.11, subd. 2 (2) and 245D.05, subd



***This notice describes how medical information and other private information may be used and disclosed and who has access to this information. Please review it carefully.***

The people we serve have privacy rights under the Minnesota Government Data Practices Act and the Federal Health Insurance Portability and Accountability Act 1996 (HIPAA). These laws protect the people we serve privacy but also let us give information about the people we serve to others if the law requires it.

**Protected Health Information (PHI)**- Protected health information means information that is created or received by the Plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

Midwest Independent Living Services privacy policies and procedures shall be documented and maintained for at least seven years. Policies and procedures will be changed as necessary or appropriately to comply with changes in the law, standards, requirements and implementation specifications (including changes and modifications in regulations). Any changes to policies or procedures must be promptly documented.

It is Midwest Independent Living Service's policy to comply fully with HIPAA's requirements. To that end, all members of our workforce who have access to PHI must comply with this Privacy Policy.

#### **TYPES OF PRIVATE HEALTH INFORMATION (PHI):**

- To tell people apart from other people with the same or similar name
- To help in deciding what services the person we serve may be eligible for and inform them of options
- To assist with the person we serve medical appointments, mental health or social services appointments
- To make reports, do research, do audits, and evaluate our programs
- To collect money from other agencies, such as insurance companies, if they should pay for care
- To collect money from the state or federal government for help we give you

**SHARING HEALTH INFORMATION:** There are limited situations when we are permitted or required to disclose health information without the person we serve signed authorization. These situations are but not limited to:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings
- When permitted or required by law
- When requested by law enforcement as required by law, subpoena or court order
- To reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are injured at work
- For specialized government functions such as intelligence and national security
- In a medical emergency
- To other providers within related healthcare entities when necessary for your current services

## **AGENCIES WITH WHOM WE MAY WE SHARE INFORMATION-**

- Minnesota Department of Human Services
- U.S. Department of Health and Human Services
- Other human service offices, including child support enforcement offices
- Mental health centers
- Health care providers
- State hospitals or long-term care facilities
- Ombudsman for mental health and mental retardation
- Insurance companies, to check benefits you or your children may get
- Hospitals, if you, a friend or relative has an emergency and we need to contact someone
- Internal Revenue Service
- County human service boards
- Fraud prevention and control units
- Anyone under contract with the Minnesota Department of Human Services or U.S. Department of Health and Human Services or the county social services agency
- Social Security Administration
- Minnesota Department of Economic Security
- Minnesota Department of Revenue
- Minnesota Department of Veteran Affairs
- Minnesota Department of Human Rights
- Others who may pay for your care
- County attorney, attorney general or other law enforcement officials
- State and federal auditors
- Local collaborative agencies
- Guardian, conservator or person who has power of attorney for you
- Ombudsman for families
- School districts
- Local and state health departments
- American Indian tribes, if your family is in need of human services at a tribal reservation
- Immigration and Naturalization Service
- Employees or volunteers of any welfare agency who need the information to do their jobs
- People who investigate child or adult protection
- Coroner/medical examiner, if you die and they investigate your death
- Court officials
- Anyone else the law says we can give the information to

The listed entities **MAY** have access to **SOME** PHI without a release but all Direct Support Professionals (DSP) need to verify why and how much information the entities need to complete their tasks. All disclosures, not described in this notice, require the person we serve authorization. The person we serve may revoke their authorization at any time with a written statement. Any information that is not required by law to give must be authorized by the person we serve before information is released.

HIPAA requires that when PHI is used or disclosed, the amount disclosed generally must be limited to the "minimum necessary" to accomplish the purpose of the use or disclosure.

All other disclosures must be reviewed on an individual basis with the Privacy Official to ensure that the amount of information disclosed is the minimum necessary to accomplish the purpose of the disclosure.

## **THE PERSON WE SERVE RIGHTS-**

- To see any private health information about them and get copies. They may have to pay up to .07 cents per copy.
- The person we serve may give other people permission to see and have copies of private information.
- The collected health information must be used for the purposes listed in the release.
- The person we serve may question the accuracy of any information and ask for it to be corrected if not correct.
- The person we serve has the right to ask us to share health information with them in a certain way or in a certain place. For example, the person we serve may ask us to send health information to their work address instead of their home address. The request must be submitted in writing. They do not have to explain the basis for their request. Reasonable requests will be granted.
- The person we serve may ask us to restrict uses or disclosures of their health information. The request must be submitted in writing and must explain what information they want to restrict from being disclosed and to whom they want these restrictions to apply. The person we serve can request to end these restrictions at any time by calling us or by writing. We are not required to agree to their restrictions.
- The person we serve has the right to receive a record of the people or organizations that we have shared the health information with. We must keep a record of each time we share your health information for six years from the date it was shared. This record will be started on April 14, 2003. It will **NOT** include those times when we have shared their information in order to treat, pay or bill for health care services, or to run our programs. The person we serve may request a copy by writing to our Privacy Official.
- If the person we serve does not understand this information, they may ask to have it explained.

## **PRIVACY OFFICIAL-**

Brett McLean will be the Privacy Official for the Plan. The Privacy Official will be responsible for the development and implementation of policies and procedures relating to privacy, including but not limited to this Privacy Policy and the disclosure procedures. The Privacy Official will also serve as the contact person for participants who have questions, concerns, or complaints about the privacy of their PHI.

## **TRAINING-**

Midwest Independent Living Services will train all members of its workforce who have access to PHI on its privacy policies and procedures. The Privacy Official is charged with developing training schedules and programs so that all workforce members receive the training necessary and appropriate to permit them to carry out their functions within the Plan.

## **TECHNICAL AND PHYSICAL SAFEGUARDS-**

Midwest Independent Living Services will establish appropriate technical and physical safeguards to prevent PHI from intentionally or unintentionally being used or disclosed in violation of HIPAA's requirements. Technical safeguards include limiting access to information by creating computer firewalls. Physical safeguards include locking doors or filing cabinets.

Midwest Independent Living Services is in contract with Corporate Technologies to review potential electronic HIPAA procedures and we continue to verify that all of our data meets HIPAA requirements. Employees will assume that all electronic media contains confidential information and treat it as such.

## **SANCTIONS FOR VIOLATIONS OF PRIVACY POLICY**

Any violation of this HIPAA Privacy Policy will be imposed in accordance with Midwest Independent Living Services corrective action policy, up to and including termination. Direct Support Professionals (DSP) who willfully or neglectfully disclose PHI may be terminated immediately without prior cause.

## **MITIGATION OF INADVERTENT DISCLOSURES OF PROTECTED HEALTH INFORMATION**

If an employee becomes aware of a disclosure of protected health information, either by an employee of the Plan or an outside consultant/contractor that is not in compliance with this Policy, immediately contact the Privacy Official so that the appropriate steps to mitigate the harm to the participant can be taken. d

## **TERMINATION FROM EMPLOYMENT-**

Midwest Independent Living Services may withhold payroll checks for 10 days to ensure the gathering of equipment or materials that have privacy practices implications. This includes: house keys, desk keys, cabinet keys, computer passwords, company computers/cell phones, or consumer information.

## **FILING COMPLAINTS ABOUT YOUR HEALTH INFORMATION PRIVACY RIGHTS**

If you believe that health information privacy rights have been violated, you may file a complaint. Write to Midwest Independent Living Services administrative office, or to the U.S. Department of Health and Human Services, at the address below. ***Midwest Independent Living Services is not allowed to retaliate for any complaint made to DHS under good faith.***

Privacy Official  
Midwest Independent Living Services  
809 East Main Street - Suite 1  
Belle Plaine, MN 56011

Office of Civil Rights  
Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 800-368-1019  
TTY: 800-537-7697

A similar version of this information is available in other forms to people with disabilities by contacting the MN Department of Human Services at:

651-431-2000 (voice), toll free at 1-800-627-3529. TDD users can call the Minnesota Relay at 1-800-657-3775 (TDD), 7-1-1 or 1-877-627-3848 (speech-to-speech relay service).



## **POLICY**

Midwest Independent Living Services, LLC will administer all medications according to public health policy, the Minnesota Board of Pharmacy, and CFR.483.460, 483.450. Unlicensed Direct Support Professionals (DSP) must receive medication administration training prior to administering medication. Any medication error will be promptly reported and the appropriate remediation specific to the medication will be implemented. Consumers who have been assessed by their interdisciplinary Team as being capable of self-administering medications shall be taught those skills necessary for independent medication management.

## **GENERAL PROCEDURES**

- a) All medications have a prescription by a physician
- b) Attach all potential side effects and possible consequences for not taking medications
- c) Who do we report to when we have a medication not given or not taken or incorrectly taken:
  - a. A nurse or the person's pharmacy to see what we should do immediately
  - b. Legal Representative
  - c. Case Manager
  - d. Physician or Emergency Services
  - e. Licensing (if someone is injured due to medication error)
  - f. Potentially DHS or Ombudsman (if someone is injured due to medication error)
- d) The provider will monitor all physical and mental health concerns
- e) The provider will coordinate medical, dental, and all other health related services
- f) The provider will use medical equipment, devices or adaptive aid or technology safely and correctly according to written instructions from the person's physician or a licensed health professional.

## **PERSONS ALLOWED TO ADMINISTER MEDICATIONS**

Persons who may administer medications include physicians, licensed nurses and program DSP who have completed an approved training course in Medication Administration.

## **MEDICATION ADMINISTRATION TRAINING REQUIREMENTS**

- The approved training course includes the successful performance of an observed simulated skill demonstration that is documented and signed by the observer yearly.
- The licensed nurse will sign off and document each route of medication administration the DSP has successfully demonstrated. The checklist will include the "6 Rights": right route, right dose, right person, right medication, right time and right documentation.
- If the training course is not completed or if the demonstration of skills is out of date then DSP may not administer medication until complete.

## **MEDICATION ADMINISTRATION**

- The physician or nurse shall determine specific times that medication or treatments are administered, in conjunction with DSP or as recommended by the physician's desk reference (PDR), pharmacist, or physician.
- Medications prescribed for an emergency, or on an as needed basis, I.e.< Pro Re Nata (PRN) shall be given in accordance with the physician's orders. The reasons for giving any PRN medication shall be documented in the progress notes.
- Medications or treatments shall be used only for the individuals for whom it was ordered.
- It is the responsibility of the person administering medications to be familiar with the condition of the individual, I.e. allergies, ability to swallow, etc.
- The person administering medications has the responsibility to know the medications intended use, reactions, side effects, warnings and directions?
- Medications shall not be administered by a person who has not set them up unless in a medication reminder box or medication administration machine.
- All containers shall be kept tightly closed. Changes in color, order consistency or any discrepancy in the medications shall be reported to the pharmacist. Do not administer if any discrepancy is noted.
- Medications which have been prepared but not administered are to be destroyed by DSP and documented immediately.
- Never leave medications unattended.
- Administer medications to only one individual at a time.
- Medication Errors and Reactions
- All medication errors shall be recorded and reported to the RN consultant, office supervisors and the physician, as appropriate.
- Contact individual's physician and as documented on annual physical exam form.
- Serious or adverse medication reactions shall be reported to the physician and RN consultant immediately and the IDT team.

## **PHARMACY PROCEDURES**

### **PRESCRIPTION ORDERS**

All medications administered to individuals must be ordered by a Health Care Professional licensed to prescribe. All medication orders shall be written on the physician's order form, or the medical dental psychotropic Referral form. A prescription may be called to the pharmacy by the prescriber with the written copy maintained in the individual's chart. Fax orders may be accepted by unlicensed personnel. Only a licensed nurse may accept a verbal or telephone order for the prescriber. The prescriber will sign all telephone orders within a week.

All medication orders are valid for one year unless specifically identified by the prescriber or other criteria.

### **LABELING**

Information contained on prescription medication labels shall be based on currently accepted professional principles or practices, including accessory or cautionary instructions and expiration date, if applicable. Over the counter medications shall be labeled as per the Food and Drug Administration's criteria. No DSP shall affix any modification level to any drug container. Any drug container having a detached, soiled, damaged, or missing label shall be destroyed and a new supply requested from the pharmacy, or a new label can be ordered and adhered to the medication by the pharmacist.

## **MEDICATION SUPPLIES**

All discontinued or outdated medications shall be removed from the storage area and destroyed. An adequate supply of prescription or over-the-counter (OTC) medications shall be available in the residence and verified by DSP on duty.

## **STORAGE OF MEDICATION AND MEDICAL SUPPLIES**

All medications and medical supplies shall be locked and the keys kept secured at all times.

## **DOCUMENTATION PROCEDURES**

Each consumer shall be documented on the MAR and documentation will be made in the consumer's chart regarding the reason why the PRN medication was administered and the effect of the medication.

PRN medications shall be documented on the MAR and documentation will be made in the consumer's chart regarding the reason why the PRN medication was administered and the effect of the medication.

Whenever a medication is begun or discontinued or a dosage changed, documentation shall be made in the chart.

All side effects or adverse effects of medications shall be documented in medical history and diagnostic record.

## **SCHEDULED MEDICATIONS: CONTROLLED SUBSTANCES**

No Schedule I prescription medication will be administered in the facility.

Schedule II medications shall be kept under double lock and key and be counted and recorded daily by DSP.

## **MEDICATION ADMINISTRATION ON THERAPEUTIC LEAVE**

Whenever some individual needs to receive medications when not under the direct care of the facility, medications must be packaged and labeled according to labeling guidelines.

## **SELF-ADMINISTERED MEDICATIONS**

The Interdisciplinary Team shall assess an individual's ability to self-administer medications and shall inform the individual's physician of their decision. The consumer's physician and team will verify and sign off, that the person being served has the ability and knowledge to self-administer based on ability and knowledge of treatment.

## **MEDICATION ASSISTANCE- (does not require DSP Medication Administration training)**

Medication assistance is defined: Brining to the person and opening a container of previously set up medications, emptying the container in the person's hand, or opening and giving the medications in the original container to the person, bringing them liquids or food to accompany the medications and providing reminders, in person, remotely, or through programmed devices such as telephones, alarms, and medication boxes to take regularly scheduled medication or performing regularly scheduled treatments and exercises.

In the event of overdose or an individual receiving the incorrect medication, DSP are to call **POISON CONTROL IMMEDIATELY AND FOLLOW THEIR DIRECTIVES**. The number for Poison Control: 1-800-222-1222

## **ORAL**

1. Wash hands prior to medication administration.
2. Dispense medications from the appropriate pill box (the person being served, time and day) or read the label on the medication bottle three times: once when you pick it up, once before you dispense the medicine, and once dispose of the unit dose. Return the bottle to its proper location. Verify the person being served identity by asking them to state their name and birth date.
3. Make sure that medication sheet and dosages agree. If something does not seem right, always question it prior to giving medication by contacting house supervisor immediately.
4. Follow doctors' orders. **DO NOT MAKE CHANGES.**
5. The person being served need to take their medications. If the person being served refuses the medication, document that it was not taken. Give medicines with at least 1 / 2 glass of water unless otherwise indicated.
6. Wash hands.

## **TOPICAL**

1. Wash hands.
2. Put on protective barrier or plastic gloves.
3. Read label on the medication bottle three times: once when you pick it up, once before you dispense the medicine and once you dispose of the unit dose. Return the bottle to its proper location. Verify the person being served identity by asking them to state their name and birth date.
4. Identify medication per medication sheet and unit doses agree.
5. Dispense quantity on glove or body part applicable.
6. Follow directions on bottle or container to properly administer medication. (If advised to rub in, etc.)
7. Dispose materials that gain contact with medication immediately without contacting the medication.
8. Make sure that medication sheet and dosages agree. If something does not seem right, always question it prior to giving medication by contacting house supervisor immediately.
9. Follow doctors' orders. **DO NOT MAKE CHANGES.**
10. Wash hands.

## **INHALANT**

1. Wash hands prior to medication administration.
2. Verify inhalant by reading the label on the medication bottle three times: once when you pick it up, once before you dispense the medication (ensure location of inhalant- nose or mouth) and once when you dispense of unit dose. Return bottle to its proper location. Verify the person being served identity by asking them to state their name and birth date.
3. Make sure that medication sheet and dosages agree. If something does not seem right, always question it prior to giving medication by contacting house supervisor immediately.
4. Follow doctors' orders. **DO NOT MAKE CHANGES.**
5. Wash hands

## **MEDICATION TRAINING**

Upon orientation, each DSP will go through the person being served books to verify the medication and medical authorization form to see what type of medical assistance each the person being served wishes to receive. If you do not remember if you the person being served wishes to have MILS administer medication contact MILS office and ask for verification prior to administering any medication. If you have not taken a Medication Administration course, you may provide Medication Assistance (see paragraph above) but you are not able to administer medications.

If the Legal Representative/the person being served wish for support for medical appointments. MILS will track applicable doctor appointments (dentist, annual physical, Eye appointments and Psychological appointments) while helping the person being served set up their doctor appointments as independently as possible.



HCBS. The presumed not to be home and community-based are settings subject to heightened scrutiny by CMS.

CMS outlines characteristics of settings where the provider of a service owns or controls the setting (provider-controlled). Some features of the regulations for individuals living in a provider-controlled setting include:

- Physically accessible to the individual
- Allow visitors at any time
- Allow access to food at any time
- Allow individual control over their schedule
- Allow freedom to furnish and decorate their living or sleeping unit
- Allow a choice of roommates
- Provide lockable doors, and
- Have landlord-tenant protections in a legally enforceable agreement.

On Jan. 16, 2014, the Centers for Medicare & Medicaid Services issued a final home and community-based services rule. The rule had an effective date of March 17, 2014. The rule identified several components, including criteria for home and community-based settings and person-centered planning requirements. In Minnesota, the rule impacts all home and community-based services waivers, which are:

- Brain Injury (BI) waiver
- Community Alternative Care (CAC) waiver
- Community Alternatives for Individuals with Disabilities (CADI)
- Developmental Disabilities

## **PERSON-CENTERED PLANNING REQUIREMENTS**

The person-centered planning components of the rule had an effective date of March 17, 2014. The rule requires that the person-centered planning process reflects what is important to the person receiving home and community-based services. It must address personal preferences and ensure health and welfare. The process must also include a way to address disagreements between team members. The plan must identify the person's strengths, preferences, needs and desired outcomes. The written person-centered plan must reflect that the setting(s) where the person receives services:

- Is chosen by the person
- Is integrated into the community
- Supports full access to the greater community

The plan also must reflect opportunities to:

- Seek employment and work in competitive integrated settings
- Engage in community life

## **GENERAL REQUIREMENTS**

The home and community-based setting requirements in the rule contain general requirements that apply to all settings where people are receiving home and community-based services. According to guidance from the Centers for Medicare & Medicaid Services, the requirements in the rule establish an outcome-oriented definition that focuses on the nature and quality of a person's experiences. The requirements maximize opportunities for people to have access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate to meet their needs. According to the rule, a home and community-based setting:

- Ensures a person's right to privacy, dignity, respect, and freedom from coercion and restraint
- Ensures the person receives services in the community to the same degree of access as people not receiving home and community-based services
- Facilitates individual choice regarding services and supports, and who provides them
- Is integrated in and supports access to the greater community
- Is selected by the person from among setting options, including non-disability specific settings and an option for a private unit in a residential setting. The person-centered plans must document the option available and choices made by the person.
- Optimizes individual initiative, autonomy, and independence in making life choices
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

The rule is clear that home and community-based settings do not include:

- Hospitals
- Institutions for Mental Disease (IMD)
- Intermediate care facilities for people with developmental disabilities (ICF/DD)
- Nursing facilities

## **RESIDENTIAL SETTINGS**

The rule includes additional requirements for residential settings where the service provider owns or controls the setting. In Minnesota, provider-owned or controlled residential settings include:

- Foster care
- Community residential settings
- Some customized living settings
- Some board and lodge settings

In some of these settings, the unit described in these requirements may be the person's bedroom. In other settings, the unit may be the person's apartment or other private living space. These additional requirements include:

- All units or dwellings must have a lease, or similar legally enforceable agreement, which includes the same responsibilities and protections from eviction as all tenants under landlord tenant law of state, county, city or other designated entity. If tenant laws do not apply, the written agreement must address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.
- Each individual has privacy in their sleeping or living unit
- Units have lockable entrance doors, with the individual and appropriate staff having keys to doors, as needed
- Individuals sharing units have a choice of roommates
- Individual have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement

## **TRANSITION PLAN FOR HOME AND COMMUNITY-BASED SETTINGS**

14 Minnesota Department of Human Services January 2015

- Individuals have freedom and support to control their schedules and activities and have access to food at any time
- Individuals may have visitors at any time
- Setting is physically accessible to the individual

The rule does allow for modifications to these additional requirements if it is supported by a specific assessed need for a person, and is justified and documented in the person’s person-centered plan. The documentation must include:

- Any prior interventions and less intrusive methods the provider has attempted
- Ongoing data measurement to assure effectiveness of the modification
- The person’s informed consent prior to making the modification
- The specific assessed need the modification addresses.

This means that a provider cannot have a specific policy that limits the above requirements, but must instead review the requirements person by person and make modifications based on the person’s person-centered plan.

### **MILS LIST OF QUESTIONS:**

***What do you enjoy doing in your free time?***

*Example: Playing volleyball, trying new restaurants, and doing arts and crafts.*

***What are some skills you would like to work on at home?***

*Example: I would like to learn how to become a better cook.*

***What are some skills you would like to work on in the community?***

*Example: I would like to learn how to use public transportation.*

***Are you happy with your current living situation? If no, explain.***

*Example: Yes, but I would like to eventually live on my own and not with a roommate.*

***Is there anything that makes you upset/happy?***

*Example: Hate mornings but love staying up late.*

***Where do you see yourself in 5 years?***

*Example: I would like to have my own apartment and get my driver’s license.*



## Introduction

A "Positive Support Transition Plan" (PSTP) is a plan that assists a member in building *positive* behaviors to replace or reduce a challenging/dangerous behavior. This plan may include teaching, improved communication, increasing relationships, and using clinical interventions, etc.

- Eliminate the use of prohibited procedures.
- Avoid the Emergency Use of Manual Restraint (EUMR).
- Preventing the person from harm to self/others.
- Improve the person's quality of life.

This checklist is intended to provide the Persons Support Team and providers with a set of questions that can be used to obtain the necessary information about a member in order to develop and review Positive Support Plans for members who have challenging/ dangerous behavior(s).

## Table of Contents

### TOPIC

1. Training Requirements
2. Creating the Plan
3. Description of Behaviors
4. Situations Where Behaviors Are Likely to Occur
5. Behavioral Signs and Signals
6. How DSP and Others Can Support and Encourage Appropriate Behavior
7. How DSP Should Respond to Behaviors/Emergencies
8. Positive Support Transition Plan/ Support Additional Information
9. Critical Incident Assessment and Data Reporting
10. Review Incidents/VA/Controlled Procedures
11. Debriefing and Self-care

## Training

### Qualified Professional

It is important that a Qualified Professional (QP) is defined separately for each service and license. A QP must work in the human services field for at least 2 years writing and implementing Positive Supports and Treatment Plans and complete a competency assessment created by the commissioner. If DSPs have concerns regarding the BSP they are required to go to QP on clarifications/changes. The QP will apply trainings to all DSPs about the implementation, review, verification of all Positive Support Strategies.

The QP must complete 4 additional hours of training on Functional Behavioral Assessments, how to apply Person Centered Planning, design and measurement of quantitative data systems, how to train/supervise/evaluate staff and training on effective communication with the person's support team.

Owners, Executives and Managers in non-clinical roles must receive an additional 2 hours of training on how to include DSPs in organizational decisions, managing of organizations with Person-Centered thinking practices, evaluation of organizational training as it applies to measurement of quantitative behavioral data, and the review of times when to consult external Qualified Professionals to review policies, knowledge of programs and staff competence.

### Training Requirements- (8 hours total on all topics below)

- Demonstration of Competency and knowledge
- De-escalation techniques
- Principles of Person-Centered Services and Planning & Delivery
- Positive Support Strategies and Principles
- What Constitutes a restraint, time out and seclusion
- Safe and Correct use of EUMR
- Restrictive, prohibitive, restricted and permitted procedures
- Situations when to call 911
- Procedures and forms related to the rule
- Notifications and procedures for use of restrictive interventions
- Understanding of person and how to implement person's plan Cultural competence
- Staff Accountability and Self-Care Strategies

## Creating the Plan

### Behavior Support Plan (BSP) Outline (See BSP form)

1. Description of the Behavior(s)
2. Situations Where Behavior(s) Are Likely to Occur
3. Behavioral Signs and Signals
4. How DSP and Others Can Support and Encourage Appropriate Behavior
  5. How DSP Should Respond to Behavior(s)

## The Description of Behaviors

What problem is caused by the person's behavior(s)?

What category is the behavior(s)?

- Physical aggression toward others/self
- Verbal aggression toward others/self
- Destruction of property
- Provocative/Disruptive/Offensive
- Elopement/wandering

For each behavior in a category, what does the behavior **look like**, and be as specific as you can:

- Who does the behavior involve?
- Describe any physical/emotional characteristics of that person.
- In what location does the behavior occur?
- Does the behavior move to another location?
- What time(s) of the day does the behavior occur?
- How frequently does the behavior occur?
- How many minutes/hours does the behavior last?
- How often is the behavior repeated?
- What would someone observing this behavior see during an episode?

Be descriptive so the reader has a mental picture of the event.

- For those behaviors involving physical aggression or self-injurious behaviors, describe the behavior(s) so that a reader could act out the behavior(s). What part of the body is targeted and what objects or act cause the injury?
- For those behaviors involving property damage, describe both the property and the damage.
- What is the need that the member is trying to fulfill? (escape; avoidance; stimulation; pain attenuation)
- What emotions seem connected to the behavior(s)?

## Situations where the behaviors are likely to occur?

The goal is to understand the environment/circumstances prior to the behavior typically occurring, these are called **antecedents**.

Antecedents are also known as **triggers**. What are the issues that occur in the supported person's life that may trigger a negative reaction?

These can be physical in nature: lack of sleep, not liking a particular food, not feeling well, women during their menstrual cycle, etc.

In terms of your five senses, what stimulation, or lack of stimulation, have you observed the person reacting to?

This could be ideas from the past. If you know that a traumatic event happened during a specific time of year, the person served may be remembering that traumatic event.

What specifically is the person doing prior to the behavior(s)?

Was there a certain activity that may have prompted the behavior(s)?

Describe any confrontation that occurred, or is occurring, when a behavior begins.

Was the member being redirected or denied any response or request?

Describe any changes that have occurred in the person's environment or circumstances, such as change in rules, holidays, change in schedule, inconsistent staffing pattern, undesirable activity, transition, or recent medication change or refusal of medications.

Describe any positive or negative stressors (such as, things that cause discomfort, anxiety, euphoria) that the person may be experiencing prior to the behavior. Consider any pain, hunger, fatigue, body functions, illnesses etc.

Could the person feel challenged or an imbalance of power/control?

The goal is to understand what the person may do or say that could be interpreted by an observer as a sign or signal that the problem behavior will be exhibited very soon.

## **Behavioral Signs and Signals**

**Warning Signs (how do these relate specifically to the member?):**

- Change of tone of their voice or content of language? Ex: yelling, screaming, mumbling, sarcasm, swearing, threatening/derogatory remarks, negative self-statements ("I hate myself"; "I'm no good"; "I can't do anything right", etc.)
- Begin repeated questioning of others?
- Change facial expressions? Ex: reddening of the face, grimacing, squinting, staring, glaring, etc
- Change body language, gestures or personal space?
- Change activity level or level of engagement with others? Ex: pacing, fidgeting, invading personal space, clinging, isolating
- Refusal of tasks, directives, activities, or directions that have been given?

Describe if the person is over-stimulated or under-stimulated and any potential cause of over or under-stimulation.

## **How staff and others can support and encourage appropriate behavior**

Have you fully addressed the person's physical needs, including pain, discomfort, hunger, or thirst? Are they tired, cold, hot, wet, or wearing uncomfortable clothing?

What is the best approach to interact with this person on a daily basis:

- What is the best way to build a relationship with him/her?
- What non-verbal signs should staff communicate?
- What should the person's staffing pattern be?
- Who do they like to interact with? Who do they respond to?
- What approach or interventions do staff exhibit that elicit a good response?
- What staff do they respond best to? Gender? Physical characteristics? Age?

What kinds of praise, reassurance, and positive support does this person respond to: (Give examples specific to this person served)

- What specific statements would staff use with this person?  
(Give examples of a specific scripts that work.)
- Should praise be verbal, non-verbal, a gesture, touch, body language?
- When does staff give positive support? How often?
- How close or far away from staff does your client like to be?
- Does this person participate in a reward program to reinforce positive behavior?

What activities should DSP engage in or encourage:

- How does this client spend their day?
- What is the person typically doing when they're happy?
- What activities of interest and ability are there for this client?
- How often and for how long does the client want to do these preferred activities?

1. What is enjoyable for this person? What are their likes and dislikes?  
(Include: objects, activities, music, food, smells, and lighting.)
2. How does this person communicate with others? Do they need special equipment or adaptive aid?
3. What type of conditions does this person prefer?  
(Lighting? Temperature? Number of people present?)
4. How does the person served know what will happen each day and what is expected of him/her?
  - Is a schedule or calendar written down and used? Do the DSPs have scheduled times? (example: Tuesdays and Thursdays at 4pm)
  - How are expectations or "house rules" defined and posted? What are they?
  - Is the person given choices in daily activities? How could the member be more actively involved in choosing daily activities?

### **De-escalation Techniques: (Review videos for examples of each)**

- Stop talking- (Use active listening). Paraphrase concerns
- Speak Slowly when you do speak
- Ask/identify problems
- Do not challenge irrational thoughts
- Apologize and accept apologies
- Remain calm- Use breathing technique: Long breath intake through nose, blow out the birthday candle (Smell flower/blow out candle)
- Move Slowly
- Avoid your own nervous habits
- Non-threatening body language- hands at your side, not in your pockets or crossed arms in front of you
- Give them space

- Don't restrict their movement- give them a way out
- Ignore the behavior at hand
- Remove any external Stimulus that may be causing an increase in anxiety
- Show empathy: give a similar anecdote
- Use humor or avoid humor: You will know what to try for each person we support. Self-deprecating story's can show the person you empathize.
- No touching
- Avoid sarcasm
- Use distraction: Create new ideas to talk about. Talk about a positive day that they had in the past or talk about a good activity that is going to happen in the future and focus on the fun aspects.
- Affirm the person's positive qualities: Give them a list of all the good qualities they possess. This may also help us regulate our own agitation because we may see the person from a positive point of view during a trying time.
- If they are working on a positive program, remind them of their goals and things they can do to de-escalate when they are upset.

## **Responding to Behaviors**

What should staff do when they first notice signs and signals of escalating behavior?

Begin by listing specific steps to follow:

What type of eye contact or physical contact should staff maintain with the person?

Who should approach the person, and why?

How should the person be approached (fast, slow, from the front, apart from a group)?

How much space should staff give the person?

Where would the person like to go to calm down?

What activities or distractions should be suggested?

What should staff encourage as an appropriate way to vent or express strong emotions?

When should staff re-prompt the client if he/she is not answering you?

How much time or what events should occur between prompts?

What behaviors can staff ignore and/or which should they discuss with person served?

What behaviors or approaches should be avoided when interacting with this person?

# Responding to Crisis Phase

## **Crisis Phase: Important Information!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!**

When we are the most upset. This is the time we are most **unable** to think rationally. This is not a good time to try to reason with someone. The safety of the person and others are always the top priority.

Immediately after a crisis situation is not a time to discuss consequences. This is a time for people to relax, reflect, tell the person that everything will be alright and that you will check in with them tomorrow to see how they are doing. The statement should make the person served feel good because you are worried about them, not a threatening statement about the potential consequence that they need to live with because of this situation.

### **Crisis Response Policy for Challenging Behavior:**

*\*Most Important\* Ensure the immediate safety of all individuals involved.*

- Ask the person or others to remove themselves away from external stimuli- keep in mind to call 911 immediately for any dangerous situation.
- Try to figure out the source of the crisis
- Use the de-escalation techniques outlined in each client's BSP (calm voice, short sentences, listen to their story, move slow, don't argue, avert eyes, keep simulation low).
- If applicable: ask the client if they need a PRN, if they have met the criteria for administration.
- Contact MILS director or owners to gain additional insight or discuss options for staffing
- Contact client specific psychiatrist, psychologist and/or their nurse to gain insight on potential medication changes or other therapies to try.
- Call Crisis Emergency Mental Health Services for Scott (952-496-8481)/Carver: (952) 442-7601.

Person Centered Planning means the strategy used to facilitate the plans for improving a person's quality of life as defined by the person, the person's family and other support people that focus on the person's preferences, talents, dreams and goals, while taking into consideration their cultural and ethnic backgrounds.

### **How Staff Should Respond: (IN GENERAL)**

- Remain calm!
- Watch your body language.
- Do not discuss ramifications immediately after the breakdown. Stress and anxiety make it nearly impossible for them to understand consequence. That should wait until another day.
- Do not say "no," make compromises instead
- Leave the situation on a high note: thank them for calming down and working with you.
- Focus on the positive of any situation, not the negatives.
- Listen
- Give reassurances
- Accept apologies
- Do not demand that they: "Stop it", "Sit down", "Calm Down",  
Instead ask/state: "do you need anything", "everything will be ok", "I'm here for you"

## **POSITIVE SUPPORT TRANSITION PLAN (PSTP):**

The PSTP Is developed for a person who requires intervention to maintain safety when the person's behavior poses immediate risk of harm to self or others. This is required when an Emergency Use of Manual Restraint is completed 3 times in 90 days or 4 times per year. The positive support transitions plan is put in place to prevent a person from harming themselves or others but Since MILS does not use EUMR's we will not meet the criteria that we must establish a PSTP required by law.

The PSTP is created using an individualized assessment that emphasizes teaching a person productive and self-determined skills while observing:

1. Biological factors (through medical assessment) blood work, vitals, bowel concerns, sleep patterns
2. Psychological factors- diagnostic or suicidal assessment, psychiatric, neuropsychological evaluations
3. Environmental factors- direct observations or interviews- seasonal change, new people, noise, smell
4. Quality of life indicators- Community integration, health/wellness, safety, place to live, relationships, control over supports and employment earning/income

The Qualified Professional must review the PSTP every 6 months for least restrictive options, data evaluation of each of the 4 factors/life indicators.

- MILS will review all reports of restraints/deprivation/aversive procedures to assess a description of the positive support strategies and techniques Direct Support Professional (DSP) used to attempt de-escalation of a person's behavior before it possesses an imminent risk of harm to self or others.
- No types of manual restraint is allowed on an emergency use basis; DSP should call Brett McLean/Tylor Schmidt to discuss other options including dual staffing, decreased staffing, changes of venue, changing of topics or 911 when the situation is in danger of escalating to eminent harm of self or others.
- Any behavior that is not consistent with routine behaviors of the individual will be documented in their progress notes and serous behaviors will be documented on a behavioral incident report.
- All DSP receive alternative intervention techniques training to de-escalate a situation.

All DSP will be trained to gain insight on Person Centered Goals for each individual. DSP and QP will focus on frequency of incidents and discuss instructions/other de-escalation methods/options.

If there ever was a use of Manual Restraint, there must be a report that outlines:

1. Positive Support Strategies used to attempt de-escalation of behaviors prior to restraint
2. Description of manual restraint used: duration, type of hold, location of situation and outcome.
3. Define why the manual restraint was requiring because of risk of imminent physical harm to self or others. Was there a way to have the individual/yourself leave the situation?
4. Debriefing of DSP to discuss situation, retraining, consequence or another outcome.
5. The team must be notified within 24 hours of an EUMR incident
6. Within 3 days the QP must review the incident that is completed by the applicable staff
7. Internal Review of the incident within 5 days
8. Sent to Support team for review and 5 days to discuss at this time
9. Final- Complete the Online BIRF within 5 days after the support team reviews the situation

## Positive Support Plan Additional Information

Please indicate which team members should be involved in this process.

Method for collecting member information to get "the big picture":

- Observation by staff, family, teachers, friends.
- Medical reports
- Tests
- Police or hospital records

Why do you think the behaviors are continuing? Use data to support the hypothesis.

What else can be done for the person? Will this involve the use of a restrictive measure or rights limitation?

Clearly identify the circumstances or behaviors that appear to precede the challenging/dangerous behavior.

Describe ways to assist the person in communicating in more effective ways so that the person's need to engage in challenging/dangerous behavior might be reduced.

If restrictive measures are proposed, the BIRF must identify and describe each/all measures proposed to be used in sufficient detail so the reader gains a full understanding of how, when, and why the restrictive measure is being considered.

Describe ways, methods and/or strategies in which the use of any proposed restrictive measure can be reduced or eliminated over time.

The Behavior Intervention Report Form **must** include a description of the step-by-step procedures for applying or implementing the proposed restrictive measure.

- How will the use of the restrictive measure be monitored?
- What tools will be used to monitor?
- Identify all persons (by name) who may use the measure and who can authorize the use of the measure (by name).

### Review Tracking

The State requires counties to have written documentation of the review and decision making process for Positive Support Plan. All elements of the review, including the people or positions who serve as points of contact, must be included in this documentation. An example of a Positive Support Plan Tracking Log is available on the next page.

The Positive Support Plan (PSP) should be reviewed at the Person's Support Team with discretion, based upon the person's needs and their patterns of behavior, but never later than the six-month Plan of Care review.

The support team should document the content of these discussions and decisions resulting from this review in the member's record. The documentation should identify the professional who provided the assistance, contain a description of their credentials, and the results of assessments or recommendations made.

Where did your background information come from in reviewing and evaluating the effectiveness of the PSP?

- Family, school, employment, previous placement, other?
- Were these individuals an active part of developing the current PSP?

Describe why the current interventions were included in the PSP.

What alternative supports (what is done to the person) or accommodations (what is done for the person) are now needed for possible inclusion in the current BSP?

- Were similar supports used in the past?
- Were similar accommodations used in the past?

What is the plan to communicate to others how the support plan is working and what should be changed?

- With whom do you communicate, and how often?

Who was involved in the discussions and decisions?

- List positions, names, and credentials.
- Did all individuals agree on the decisions?

When will, the plan be reviewed next? (at least every 6 months)

## Critical Incident Assessment and Data Reporting

### Behavior Support Plan Critical Incident Assessment and Data Reporting

A recorded description of dangerous/challenging behaviors is important because it shows a history of responses over time. The following components should be present in reporting and then be considered in the ongoing development, review and revision of Behavior Support Plans for Family Care and Partnership members.

1. Describe each specific challenging/dangerous behavior and why and to whom it is dangerous (see Section 2.2 for detail).
2. What events or changes in life circumstances appeared to trigger or are associated with this behavior (see Section 4, Warning Signs)?
3. How do other people respond to this (these) behavior(s)?
4. How frequently does and has this behavior occurred?
5. How long does the behavior last?
6. How disruptive is the behavior(s)?
7. Have there been any recent changes observed or reported in the member's behavior or daily life?
8. What are your opinions or theories about the cause or motivation for the behavior?
9. What changes would you suggest in the current Behavior Support Plan?
10. Who will present these changes at the next Behavior Support Plan review, and when?

**Every incident will be reviewed for what we can do better as a team, better as staff and better as a company for those we support. It is our goal to have the most positive work environment possible for our staff and the people we support.**

## Debriefing and Self-Care

Our supports, information gathering and guidance begins with the Direct Support Professionals. YOU are the main support system those who need guidance through their daily lives.

You are no help to them if you are stressed, anxious or worried. Many of the tools we create for the people we support can be used for our own benefit. The people we support feed off of our emotions. This is why it is so important to watch our body language, watch our tone and create avenues to de-escalate our own anxiety while trying to manage others' anxiety.

- We begin by breathing slowly. Inhale through your nose filling up your lungs, and exhale in the way you would blow out a birthday candle (smell a flower, blow out a candle). Take your time with this process. If there is no immediate emergency and you are feeling anxious. Take a minute or two, focus on this breathing technique.
- Be prepared for the people we support. Talk about the stressors of a job so we are comfortable with all the topics. Many times, anxiety is created because we are not sure how to respond, not sure of our roles as staff or worried about a consequence for a given action. Staff should work with the office to provide clarification on programs/policies, seek additional training on subject of concerns, work with office personal to create a script of how to respond to certain issues and/or discuss the needs of the individual we serve/where are the services limits/ discuss solutions under our programming for the individual we support.
- Take a moment to think positively about someone. When we are upset with a person it is good to think about the positive interactions that we have had with a person. Hold on to those ideas when things are going bad, remind the person we support of the good things as well. Sometimes we all lose that perspective.
- Discuss an issue. Many times, we forget that we need our own support system of talking. We have personal lives and work lives but they both interact when it comes to you.
  - Talk to people that you trust to get you through those drab days.
  - Separate the bad events from the good instead of thinking everything is negative.
  - Gain knowledge on our worries so we can prevent or prepare for future ones.
  - Create a goal to look forward to- When the negative thought takes over your daily routine, it's good to think about a positive idea that is set in the future.



# Psychotropic Medications



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

When a person served is prescribed a psychotropic medication and MILS (see Medical/Medication Consent) is assigned the responsibility for administration of the medication in the person's coordinated Services and support Plan and/or addendum (SPA), the license holder must ensure the requirements of section 245D.05, Subdivision 2 are met.

- The license holder must:
  - Get a signed consent saying which medications can be administered, dosage, what they are used for and the potential side effects.
  - Define: Target Symptoms medications are used and create measurable outcomes to review targeted behavior
  - Track medications given- including notifying the team of all PRN use of Medications
  - Review the use of the psychotropic medication, include measurable data to review the outcomes of the targeted behaviors every 3 months.

Staff will administer all psychotropic medications as ordered by an MD and as authorized by the pharmacist and follow MILS's Medication Administration Policy. The generic and/or commonly known brand name, the daily dose, dosage range and/or maximum dose, route of administration, and estimated duration of therapy are specified.

PRN orders must include written pre-established behavioral and procedural criteria. The minimum evaluation period for psychotropic medication or dosage changes in thirty (30) days unless an exception is justified and documented.

Side effects of medications will be brought to the support team so that the side-effects can be measured against the benefits of the psychotropic medications. Any medications thought to have a severe enough side effect to cause serious injury or death will be stopped until a review is completed by medical personnel and the team will be notified within 24 hours.

If the person or the person's legal representative refuses to authorize the administration of a psychotropic medication as ordered by the prescriber the MILS staff must not administer the medications. The refusal to authorize the medications must be reported to the prescriber as soon as possible. MILS will follow directives as given by the prescriber. A Court Order must be obtained to override any refusal. Refusal to take psychotropic medications is not grounds for services termination and does not constitute an emergency.



## **POLICY**

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

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

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

## RESPONSE PROCEDURES

- A. Serious injury
  1. In the event of a serious injury, Direct Support Professional (DSP) will provide emergency first aid following instructions received during training.
  2. Summon additional DSP, 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 DSP 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 DSP believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
  3. DSP 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 DSP believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at Scott County Crisis.
- E. Requiring 911, law enforcement, or fire department
  1. For incidents requiring law enforcement or the fire department, DSP will call 911.
  2. For non-emergency incidents requiring law enforcement, a DSP will call their local precinct.
  3. For non-emergency incidents requiring the fire department, a DSP will call their local firehouse.
  4. DSP will explain to the need for assistance to the emergency personnel.
  5. DSP will answer all questions asked and follow instructions given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, DSP 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 DSP. When two DSP persons are available, the immediate area and surrounding neighborhood will be searched by one DSP person. The second DSP 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, DSP will contact law enforcement authorities.
  4. After contacting law enforcement, DSP will notify Brett McLean, Director of Operations who will determine if additional DSP 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 DSP 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, DSP will take the following steps:
1. Summon additional DSP, 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, DSP 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 DSP 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.

## 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 DSP 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.

## 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 Brett McLean, Director of Operations
  - 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 DSP 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 Brett McLean, Director of Operations
  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 Direct Support Professional 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 DSP 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.

## **EMERGENCY FIRST AID**

### **Direct Support Professional (DSP) Training**

All DSP will be certified in CPR and First Aid as required by individual consumers' needs per the county Individual Service Plan.

### **Equipment and Supplies**

There shall be a first aid kit and first aid manual accessible to DSP in each program location and each vehicle used to transport consumers. Supervisor or designee shall be responsible for obtaining and maintain adequate supplies in the kit that are appropriate for the consumers' needs.



# Temporary Service Suspension Policy



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## POLICY

The program will only suspend persons receiving services for situations in which the person's behavior cause immediate and serious danger to the health and safety of the individual or others. The person will participate in the decision-making process, applicable laws will be followed regarding this process, and the program's Direct Support Professional will advocate for the best decision for the person.

**"Suspension"** means a temporary discontinuation of service to a person, which includes temporary removal of the person from the service site.

## NOTIFICATION

- The program must notify the person served, the legal representative, if any, and the case manager in writing and by phone call of the intended temporary service suspension and intended effective date, including those situations that began with a temporary service suspension, at least 60 days before the proposed termination is to become effective for Intensive services and 30 days for Basic Services. Any other providers serving the person must also be notified via a phone call. On the first date of suspension, the dates of Suspension must be outlined with the return date of service reinstatement.
- The notification must include information about the person's right to seek a temporary order staying the suspension according to the provisions in M.S. 245d.03, Subd. 1, Para. (c), Clause (1), Not Parag. (b), clause (3) with recommendations why they are not able to take actions specified under clause (1) and (2).
- The person or legal representative may be referred to Legal Advocacy, the office of Ombudsman for Mental Health/Developmental Delay, Arc Minnesota or one of its local chapters for assistance in requesting an order staying the suspension.
- Services type that is being suspended.

## INFORMATION REQUESTS

The program must provide information requested by the person, the legal representative or case manager when services are temporarily suspended.

## **RESTRICTIONS TO TEMPORARY SUSPENSION**

Use of temporary service suspension procedures is restricted to situations in which the person's behavior causes immediate and serious danger to the health and safety of the individual or others;

1. The termination is necessary because your conduct posed an imminent risk of physical harm to yourself or others (persons served, staff, contractors, etc.) and 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. You have emergent medical or behavioral issue that exceed this program's ability to meet your needs.
3. The program has not been paid for services
4. The program ceases to operate
5. The person has been terminated by the lead agency for Waiver Eligibility

## **PRIOR TO GIVING NOTICE**

Prior to giving notice of temporary service suspension, the program must document in the person's individual record the actions taken by the program to minimize or eliminate the need for temporary service including:

- The person's behavior that is prompting the suspension, including the frequency, intensity and the duration of the behavior
- The events leading up to the behavior and actions taken in response to the behavior including program changes.
- Consulted with your support team or expanded support team to identify and resolve issues leading up to the issuance of this notice.
- Made a request to your case manager for intervention services or other professional consultation or intervention services to support you in this program.
- What steps have been taken to minimize or eliminate the need of the temporary suspension of services.
- Reasons why those actions failed to prevent the temporary suspension.

MILS will provide information that is requested by the person, the Case Manager or their legal representative. MILS will work with these team members to develop reasonable alternative to protect you or others under the concept of a continuity of care. Upon review of the programs/person's behaviors by the team and their supports if the whole team (including MILS) agrees the person no longer possess imminent risk of physical harm to staff or themselves. Additionally, the steps have been taken to ensure that MILS are able to be paid for services, then the person has the right to return to receiving services.

The team will also follow requests at any time during the suspension your support team or expanded support team must consider the recommendations of a licensed health professional, mental health professional or other licensed professional involved in the person's care or treatment when determining whether the person served no longer poses an imminent risk of harm to self or others and may return to receiving services. This information will be created and stored in the person served files.



# Termination Policy



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## POLICY

The program will only suspend persons receiving services for situations in which the person's behavior cause immediate and serious danger to the health and safety of the individual or others. The person will participate in the decision-making process, applicable laws will have been followed regarding this process, and program Direct Support Professional will advocate for the best decision for the person.

**“Termination”** means discharge from the program.

## NOTIFICATION

- The program must notify the person served, the legal representative, if any, and the case manager in writing and by phone call of the intended Termination and intended effective date, including those situations that began with a Termination, at least 60 days before the proposed termination is to become effective for Intensive services and 30 days for Basic Services. Any other providers serving the person must also be notified via a phone call. Dates of Termination must be specifically outlined.
- The notification must include information about the person's right to seek a temporary order staying the Termination according to the provisions in M.S. 245d.03, Subd. 1, Para. (c), Clause (1), Not Parag. (b), clause (3) with recommendations why they are not able to take actions specified under clause (1) and (2).
- The person or legal representative may be referred to Legal Advocacy, the office of Ombudsman for Mental Health/Developmental Delay, Arc Minnesota or one of its local chapters for assistance in requesting an order staying the suspension.
- Services type that is being termination.

## INFORMATION REQUESTS

The program must provide information requested by the person, the legal representative or case manager when services are Terminated.

## **RESTRICTIONS TO TERMINATION**

Use of Termination procedures is restricted to situations in which the person's behavior causes immediate and serious danger to the health and safety of the individual or others;

1. The termination is necessary because your conduct posed an imminent risk of physical harm to yourself or others (persons served, staff, contractors, etc.) and 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 termination.
2. You have emergent medical or behavioral issues that exceed this program's ability to meet your needs.
3. The person's welfare cannot be met by the company- were they/others are in continued danger
4. The program has not been paid for services
5. The program ceases to operate
6. The person has been terminated by the lead agency for Waiver Eligibility
7. The state has decided that your needs no longer require the need for Community Based Services

## **PRIOR TO GIVING NOTICE**

Prior to giving notice of Termination, the program must document in the person's individual record the actions taken by the program to minimize or eliminate the need for Termination:

- The person's behavior that is prompting the suspension, including the frequency, intensity and the duration of the behavior
- The events leading up to the behavior and actions taken in response to the behavior including program changes.
- Consulted with your support team or expanded support team to identify and resolve issues leading up to the issuance of this notice.
- Made a request to your case manager for intervention services or other professional consultation or intervention services to support you in this program.
- What steps have been taken to minimize or eliminate the need of the termination of services.
- Reasons why those actions failed to prevent the termination.

During the termination period, MILS will provide information that is requested by the person, the Case Manager or their legal representative. MILS will work with these team members to develop reasonable alternative to protect you or others under the concept of a continuity of care. Upon review of the programs/person's behaviors by the team and their supports if the whole team (including MILS) agrees the person no longer possess imminent risk of physical harm to staff or themselves and agrees to follow a program created to minimize or eliminate the concerns and continue to stay the termination of services. This information will be created and stored in the person served files.



# Universal Precautions & Sanitary Practices



**Midwest Independent Living Services**

809 E Main Street - Unit 1 Belle Plaine, MN 56011  
P (952) 456 8064 F (952) 322 7167

## **POLICY**

All DSP (Direct Support Professionals) of Midwest Independent Living Services, LLC may encounter infectious body fluids or air-borne infectious particles, as part of their job will be trained in infection control procedures. Policies and procedures for hand washing, glove use, cleaning, etc, will be part of new employee orientation. All persons receiving services, appropriate to their skill development, will receive training in basic hygiene and hand washing as an integral part of their daily activities.

## **PROCEDURE**

**Vaccination:** All DSP whose work may place them in contact with the individual's body fluids will be given information about Hepatitis B vaccination at the time of hire. If the DSP chooses not to receive the vaccination, the DSP must sign a refusal form.

Consumers will receive vaccination against influenza as per orders from the health care provided licensed to prescribe. Individuals will be screened for Hepatitis B, if status is not already known, and vaccination administered as needed.

Universal precautions, sanitary practices, and prevention

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

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

## **TRAINING/EDUCATION**

All DSPs will be provided with a yearly test in infection control, which includes hand washing/gloving. DSPs will be trained in the reporting of Exposure to Blood and Body Fluid and post-exposure follow-up.

## **UNIVERSAL PRECAUTIONS/STANDARD PRECAUTIONS**

Wear gloves whenever handling body fluids. Assume all fluids contain dangerous substances. Change gloves and wash hands after each contact with an individual's blood and or body fluids. Wear a gown or apron when clothing could become soiled with body fluids.

## **HARD SURFACE EXPOSURE TO BLOOD AND BODY FLUID**

Wear gloves and remove excess fluids with paper towels and place in a plastic-lined wastebasket. DSP will ask the person being served to clean their own blood if they are able. Promptly clean with a disinfectant solution such as 1:10 dilution of household bleach. Dispose of gloves in a plastic-lined wastebasket.

## **CONTAMINATED LAUNDRY**

Wear gloves when handling unwashed contaminated laundry. DSP will ask the person being served to clean their own blood if they are able. All linen exposed to body fluids will be disinfected with a 1:10 solution of bleach in washing machine and washed separately from other clothing.

## **PREVENTION OF INFECTIONS/COVID PROTOCOL**

Report any signs of infections or symptoms of communicable disease to office staff and medical professionals ASAP. DSP with communicable bacterial infections may return to work after having received antibiotics for 24 hours or per physician's order.

MILS has also implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time. MILS will be unable to identify whom was infected with Covid-19 but once a worker/person we support is identified with Covid-19. All persons with contact within the last two weeks will be notified within 24 hours to discuss COVID-19 testing. Any person whom refuses the COVID-19 test may be subjected to a 10-day quarantine, without proofs of the full regiment of vaccine. All persons whom have direct interaction with a Covid-19 positive individual must comply with a 10-day quarantine if unvaccinated, 5-day quarantine for those vaccinated or a cleared COVID-19 test after 5 days. All persons working before the full 10-day quarantine period must wear a mask to continue with services or to return to work.

Social distancing of at least six feet is highly recommended between workers, visitors and people we support. This is more difficult in vehicles so best practice is for staff to ask people we support to sit in the back as often as possible. All staff are responsible for cleaning the areas that were used after every shift. Staff are asked to mask while in their vehicles with individuals but MILS is not mandating the requirement.

MILS will notify each staff or person supported (within 24 hours) if there are positive tests for the other individuals they have contact with. Each person has the right to put supports on hold for 10-days and or complete a COVID test. Depending upon interactions with the COVID positive person ("being 6 feet away from someone for 1 minute outside" versus "in a car for 8 hours without a mask"), there could be different expectations on quarantine and COVID testing. MILS will notify appropriate Case Managers of each individual affected and the Department of Health.