INDIVIDUALIZED HOME SUPPORTS AND RESPITE
2021/22 ORIENTATION POLICIES AND PROCEDURES

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Multilingual referral lines

The Multilingual Referral Lines (MRL) (currently maintained in DHS' 10 primary non-English languages) are owned by DHS and operated by contracted vendors. Clients with LEP can reach an operator who speaks their language (live or voicemail) to be referred to the appropriate state or county human services provider. There is ***no cost*** to clients with LEP to use these lines.

The MRL numbers appear on the language block (LB1) within DHS documents (LB1) or they are printed on "stuffers" that accompany other information that state and county human service providers mail to clients. In some cases, DHS documents contain a language block stuffer symbol that indicates to human services providers that the language block stuffer should be given out with the document. See the language block section for more information.

Note that **the MRL are not an interpreting service.** They exist to help clients with LEP access the appropriate county or state human services provider. When the client calls the MRL for their language, the MRL operator leaves a message with the appropriate human services provider asking them to contact the client. The county or state human services office must arrange for and provide language assistance to the client as needed when contacting the client.

Language		**Phone number**
Arabic	اللغة العربية	800-358-0377
Hmong	Lus Hmoob	888-486-8377
Khmer (Cambodian)	ខ្មែរ	888-468-3787
Lao	ລາວ	888-487-8251
Oromo	Afaan Oromo	888-234-3798
Russian	Русский	888-562-5877
Serbian/Croatian/Bosnian	Srpski/Hrvatski/Bosanski	888-234-3785
Somali	Af Soomaali	888-547-8829
Spanish	Español	888-428-3438
Vietnamese	Tiếng Việt	888-554-8759

PICS POLICY AND PROCEDURE ON
Drug and Alcohol Use

I. Purpose

The purpose of this policy is to establish determination guidelines and notification procedures for alcohol and drug use.

II. Policy

It is the policy of Partners in Community Supports to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

III. Procedures

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

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

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

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

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

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

G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

Legal Authority: MS §§ 245A.04, subd. 1 (c) and 14

PICS POLICY AND PROCEDURE ON
Emergency Use of Manual Restraints

I. Purpose

The purpose of this policy is to establish determination guidelines and notification procedures for emergency use of manual restraints.

II. Policy

It is the policy of Partners in Community Supports to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.
"Emergency use of manual restraint" means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

III. Positive support strategies and techniques required

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

Examples include:

- Follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
- Shift the focus by verbally redirect the person to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to a person and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person's need for physical space and/or privacy.

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

1. eliminate the use of prohibited procedures as identified in section III of this policy;
2. avoid the emergency use of manual restraint as identified in section I of this policy;
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

IV. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or

continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

A. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
   1. calm or comfort a person by holding that persons with no resistance from that person;
   2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
   3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
   4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
   5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

B. Restraint may be used as an intervention procedure to:
   1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
   2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
   3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

   Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].

C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

IV. Prohibited Procedures

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

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

V. Manual Restraints Not Allowed in Emergencies

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

Examples include:

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person's immediate environment that they may use to harm self or others
- Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services).

VI. Reporting Emergency Use of Manual Restraint

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis they must immediately report the incident to the person listed below.
The program has identified the following person or position responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Partners in Community Supports, Designated Coordinator

Policy #3

LSS POLICY AND PROCEDURE ON
Grievances

I. Purpose

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

I. Policy

It is the policy of Lutheran Social Service of MN to ensure that people served by this program have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

II. Procedures

A. Service Initiation

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

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
   a. should talk to a staff person that they feel comfortable with about their complaint or problem;
   b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
   c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.

- That person is Designated Coordinator/Designated Manager
- They may be reached at 651-967-5060.

C. Response by the Program

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

e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.

7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
   a. identifies the nature of the complaint and the date it was received;
   b. includes the results of the complaint review; and
   c. identifies the complaint resolution, including any corrective action.

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

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

LSS POLICY AND PROCEDURE ON
Grievances

STATE AND COUNTY ADVOCACY AGENCIES

Outside Agency Name	Telephone Number	Address and Email Address
ARC MN	(651) 523-0823 (800) 582-5256	770 Transfer Road, Suite 26, St. Paul, MN 55114 www.thearcofminnesota.org mail@arcmn.org
ARC Greater Twin Cities	(952) 920-0855	2446 University Ave W, Suite 110, St. Paul, MN 55114 www.arcgreatertwincities.org info@arcgreatertwincities.org
ARC Northland	(218) 726-4725	424 W Superior St; Suite 201, Duluth, MN 55802 www.arcnorthland.org cbourdage@arcnorthland.org
Disability Law Center/Legal Aid Society	(612) 332-1441	430 1st Ave North, Minneapolis, MN 55401 www.mndlc.org website@mylegalaid.org
MN DHS-Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/ dhs.info@state.mn.us
MN Office of the Ombudsman for Families (and Children)	(651) 603-0058 (651) 643-2539 Fax 1-888-234-4939	1450 Energy Drive, Suite 106 St. Paul, Minnesota 55108 http://mn.gov/ombudfam/
MN Office of the Ombudsman for MH/DD	(651) 757-1800 (800) 657-3506	121 7th Place East, Suite 420, Metro Square Building, St. Paul, MN 55101 www.ombudmhdd.state.mn.us ombudsman.mhdd@state.mn.us
MN Office of the Ombudsman for Long-Term Care	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.dhs.state.mn.us/main dhs.info@state.mn.us
Local County Social Service Agency: ask for either child protection or adult protection dependent upon the age of the person	Individual telephone number per county	Individual addresses per county: See telephone book www.yellowpages.com https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG

MN Area on Aging:

Please select the specific row (below) for applicable telephone number or address based upon your location

	MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
1.	Arrowhead Area	Main: 218-722-5545	221 West 1st Street

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	MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
	Agency on Aging	Toll Free: 1-800-232-0707 Fax: 218-529-7592	Duluth, Minnesota 55802 Serves: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake & St. Louis counties.
2.	Central MN Council on Aging	Main: 320-253-9349 Fax: 320-253-9576	1301 W St. Germain Street, SE St. Cloud, Minnesota 56301-3456 Serves: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, & Wright counties.
3.	Land of the Dancing Sky Area Agency on Aging	Main: 218-745-6733	109 South Minnesota Street Warren, Minnesota 56762 Serves: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse & Wilkin.
4.	Metropolitan Area Agency on Aging	Main: 651-641-8612 Fax: 651-641-8618	2365 N McKnight Road, Suite 3 North St. Paul, Minnesota 55109 Serves: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington counties
5.	MN Chippewa Tribe Area Agency on Aging	Main: 218-335-8586 Toll Free: 1-888-231-7886 Fax: 218-335-8080	PO Box 27 Cass Lake, Minnesota 56633 Serves: Bois Forte, Grand Portage, Leech Lake, & White Earth reservations
6.	MN River Area Agency on Aging	Mankato Office: Main: 507-389-8879 Fax: 507-387-7105 Slayton Office: Main: 507-836-8547 Fax: 507-836-8866	***Mankato Office*** 10 Civic Center Plaza, Suite 3 PO Box 3323 Mankato MN 56002-3323 ***Slayton Office*** 2401 Broadway Avenue, Suite 2 Slayton, MN 56172-114 Serves: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, & Yellow Medicine counties.
7.	Southeastern MN Area Agency on Aging	Main: 507-288-6944 Fax: 507-288-4823	421 SW First Avenue, Room 201 Rochester, Minnesota 55902 Serves: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, & Winona counties

Policy #4

PICS POLICY AND PROCEDURE ON
Maltreatment of Minors Reporting and Review

I. Purpose

The purpose of this policy is to establish guidelines for the reporting and internal review of maltreatment of minors (children) in care.

II. Policy

Staff who are mandated reporters must report externally all of the information they know regarding an incident of known or suspected maltreatment of a child, in order to meet their reporting requirements under law. All staff of Partners in Community Supports who encounter maltreatment of a minor will take immediate action to ensure the safety of the child. Staff will define maltreatment as sexual abuse, physical abuse, or neglect and will refer to the definitions from MN Statutes, chapter 260E at the end of this policy.

Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff if the person knows, has reason to believe, or suspects a child is being neglected or subjected to physical or sexual abuse. Staff of Partners in Community Supports cannot shift the responsibility of reporting maltreatment to an internal staff person or position. In addition, if a staff knows or has reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years, the staff must immediately (within 24 hours) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff.

Staff will refer to the Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults regarding suspected or alleged maltreatment of individuals 18 years of age or older.

III. Procedure

A. Staff of Partners in Community Supports who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If a staff knows or suspects that a child is in immediate danger, they will call “911.”

B. An individual mandated to report physical or sexual child abuse or neglect within a licensed facility will report the information to the agency responsible for licensing the facility. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction. The applicable agencies include:
   1. The Department of Human Services is the agency responsible for assessing or investigating allegations of maltreatment in facilities licensed under chapters 245A and 245D, except for child foster care and family child care. DHS Licensing Division’s Maltreatment Intake telephone number is 651-431-6600.
   2. The Department of Health is the agency responsible for assessing or investigating allegations of child maltreatment in facilities licensed under sections 144.50 to 144.58 and 144A.46.
   3. The county local welfare agency is the agency responsible for assessing or investigating allegations of maltreatment in child foster care, family child care, legally unlicensed child care, juvenile correctional facilities licensed under section 241.021 located in the local welfare agency's county, and reports involving children supported by an unlicensed personal care provider organization under section 256B.0659.

PICS POLICY AND PROCEDURE ON
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C. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement referencing the phone numbers contained within this policy.

D. When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment.

E. If the report of suspected abuse or neglect occurred within Lutheran Social Service of MN, the report should also include any actions taken by Partners in Community Supports in response to the incident. If a staff attempts to report the suspected maltreatment internally, the person receiving the report will remind the staff of the requirement to report externally.

F. A verbal report of suspected abuse or neglect that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays, unless the appropriate agency has informed the mandated reporter that the oral information does not constitute a report.

G. When Partners in Community Supports has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Director/Designated Coordinator is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Director/Designated Coordinator is involved in the alleged or suspected maltreatment, the Director is the secondary individual responsible for ensuring that internal reviews are completed.

H. The *Internal Review* will be completed within 30 calendar days. The person completing it will:
   1. Ensure an *Incident and Emergency Report* has been completed.
   2. Contact the lead investigative agency if additional information has been gathered.
   3. Coordinate any investigative efforts with the lead investigative agency by serving as Partners in Community Supports contact, ensuring that staff cooperate, and that all records are available.
   4. Complete an *Internal Review* which will include the following evaluations of whether:
      a. Related policies and procedures were followed
      b. The policies and procedures were adequate
      c. There is a need for additional staff training
      d. The reported event is similar to past events with the children or the services involved
      e. There is a need for corrective action by the license holder to protect the health and safety of the children in care

I. Based upon the results of the internal review, Partners in Community Supports will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or Lutheran Social Service of MN, if any.

J. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

PICS POLICY AND PROCEDURE ON
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K. Staff will receive training on this policy, MN Statutes, section 245A.66 and chapter 260E and their responsibilities related to protecting children in care from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

Legal Authority: Minn. Stat. Chapter 260E; 245A.66; 245A.04; subd. 14, 245D.09; subd. 4 (5)

EXTERNAL AGENCIES

COUNTY	DAY	EVENING/WEEKEND
AITKIN	(218) 927-7200 or (800) 328-3744	(218) 927-7400
ANOKA	(763) 422-7215	(651) 291-4680
BECKER	(218) 847-5628	(218) 847-2661
BELTRAMI	(218) 333-4223	(218) 751-9111
BENTON	(320) 968-5087	(320) 968-7201
BIG STONE	(320) 839-2555	(320) 815-0215
BLUE EARTH	(507) 304-4111	(507) 625-9034
BROWN	(507) 354-8246	(507) 233-6720
CARLTON	(218) 879-4583	(218) 384-3236
CARVER	(952) 361-1600	(952) 442-7601
CASS	(218) 547-1340	(218) 547-1424
CHIPPEWA	(320) 269-6401	(320) 269-2121
CHISAGO	(651) 213-5600	(651) 257-4100
CLAY	(218) 299-5200	(218) 299-5151
CLEARWATER	(218) 694-6164	(218) 694-6226
COOK	(218) 387-3620	(218) 387-3030
COTTONWOOD	(507) 831-1891	(507) 831-1375
CROW WING	(218) 824-1140	(218) 829-4740
DAKOTA	(952) 891-7459	(952) 891-7171
DODGE	(507) 635-6170	(507) 635-6200
DOUGLAS	(320) 762-2302	(320) 762-8151
FARIBAULT	(507) 526-3265	(507 526-5148
FILLMORE	(507) 765-2175	(507) 765-3874
FREEBORN	(507) 377-5400	(507) 377-5205
GOODHUE	(651) 385-3232	(651) 385-3155
GRANT	(218) 685-4417	(800) 797-6190
HENNEPIN	(612) 348-3552	(612) 348-8526
HOUSTON	(507) 725-5811	(507) 725-3379
HUBBARD	(218) 732-1451	(218) 732-3331
ISANTI	(763) 689-1711	(763) 689-2141
ITASCA	(218) 327-2941	(218) 326-8565
JACKSON	(507) 847-4000	(507) 847-4420
KANABEC	(320) 679-6350	(320) 679-8400

PICS POLICY AND PROCEDURE ON
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COUNTY	DAY	EVENING/WEEKEND
KANDIYOHI	(320) 231-7800	(320) 235-1260
KITTSON	(218) 843-2689	(218) 843-3535
KOOCHICHING	(218) 283-7000	(218) 283-4416
LAC QUI PARLE	(320) 598-7594	(320) 598-3720
LAKE	(218) 834-8400	(218) 834-8385
LAKE OF THE WOODS	(218) 634-2642	(218) 634-1143
LE SUEUR	(507) 357-8288	(507) 357-8545
LINCOLN	(800) 810-8816	(507) 694-1664
LYON	(800) 657-3760	(507) 537-7666
MAHNOMEN	(218) 935-2568	(218) 935-2255
MARSHALL	(218) 745-5124	(218) 745-5411
MARTIN	(507) 238-4757	(507) 238-4481
MC LEOD	(320) 864-3144	(320) 864-3134
MEEKER	(320) 693-5300	(320) 693-5400
MILLE LACS	(320) 983-8208	(320) 983-8250
MORRISON	(320) 632-2951	(320) 632-9233
MOWER	(507) 437-9700	(507) 437-9400
MURRAY	(800) 657-3811	(507) 836-6168
NICOLLET	(507) 386-4528	(507) 931-1570
NOBLES	(507) 295-5213	(507) 372-2136
NORMAN	(218) 784-5400	(218) 784-7114
OLMSTED	(507) 328-6400	(507) 328-6583
OTTER TAIL	(218) 998-8150	(218) 998-8555
PENNINGTON	(218) 681-2880	(218) 681-6161
PINE	(320) 591-1570	(320) 629-8380
PIPESTONE	(507) 825-6720	(507) 825-6792
POLK	(218) 281-8483	(218) 281-0431
POPE	(320) 634-5750	(320) 634-5411
RAMSEY	(651) 266-4500	(651) 291-6795
RED LAKE	(218) 253-4131	(218) 253-2996
REDWOOD	(507) 637-4050	(507) 637-4036
RENVILLE	(320) 523-2202	(320) 523-1161
RICE	(507) 332-6115	(507) 210-8524
ROCK	(507) 283-5070	(507) 283-5000
ROSEAU	(218) 463-2411	(218) 463-1421
SCOTT	(952) 445-7751	(952) 496-8484
SHERBURNE	(763) 241-2600	(763) 241-2500
SIBLEY	(507) 237-4000	(507) 237-4330
ST. LOUIS	N. (218) 749-7128 or S. (218) 726-2012	N. (218) 749-6010 or S. (218) 727-8770
STEARNS	(320) 656-6225	(320) 251-4240
STEELE	(507) 444-7500	(507) 444-3800
STEVENS	(320) 589-7400	(320) 589-2141

PICS POLICY AND PROCEDURE ON
Maltreatment of Minors Reporting and Review

COUNTY	DAY	EVENING/WEEKEND
SWIFT	(320) 843-3160	(320) 843-3133
TODD	(320) 732-4500	(320) 732-2157
TRAVERSE	(320) 563-8255	(320) 563-4244
WABASHA	(651) 565-3351	(651) 565-3361
WADENA	(218) 631-7605	(218) 631-7600
WASECA	(507) 835-0560	(507) 835-0500
WASHINGTON	(651) 430-6457	(651) 291-6795
WATONWAN	(507) 375-3294	(507) 507-3121
WILKIN	(218) 643-8013	(218) 643-8544
WINONA	(507) 457-6200	(507) 457-6368
WRIGHT	(763) 682-7449	(763) 682-1162
YELLOW MEDICINE	(320) 564-2211	(320) 564-2130

DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION MALTREATMENT INTAKE: 651-431-6600

MINNESOTA STATUTES, CHAPTER 260E DEFINITIONS
As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

(c) "Substantial child endangerment" means a person responsible for a child's care, and in the case of sexual abuse includes a person who has a significant relationship to the child as defined in section 609.341, or a person in a position of authority as defined in section 609.341, who by act or omission commits or attempts to commit an act against a child under their care that constitutes any of the following:
(1) egregious harm as defined in section 260C.007, subdivision 14;
(2) sexual abuse as defined in paragraph (d);
(3) abandonment under section 260C.301, subdivision 2;
(4) neglect as defined in paragraph (f), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
(5) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
(6) manslaughter in the first or second degree under section 609.20 or 609.205;
(7) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
(8) solicitation, inducement, and promotion of prostitution under section 609.322;
(9) criminal sexual conduct under sections 609.342 to 609.3451;
(10) solicitation of children to engage in sexual conduct under section 609.352;
(11) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
(12) use of a minor in sexual performance under section 617.246; or
(13) parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.301, subdivision 3, paragraph (a).

(d) "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, as defined in section 609.341, or by a person in a position of

authority, as defined in section 609.341, subdivision 10, to any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes threatened sexual abuse.

(f) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), other than by accidental means:

(1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;

(2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;

(4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

(5) nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. This section does not impose upon persons, not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care, a duty to provide that care;

(6) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance;

(7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

(8) chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or

(9) emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

(g) "Physical abuse" means any physical injury, mental injury, or threatened injury, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 121A.67 or 245.825.

Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582. Actions which are not reasonable and moderate include, but are not limited to, any of the following that are done in anger or without regard to the safety of the child:

(1) throwing, kicking, burning, biting, or cutting a child;
(2) striking a child with a closed fist;
(3) shaking a child under age three;
(4) striking or other actions which result in any non-accidental injury to a child under 18 months of age;
(5) unreasonable interference with a child's breathing;
(6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;
(7) striking a child under age one on the face or head;
(8) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
(9) unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
(10) in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58.

Policy #5

PICS POLICY AND PROCEDURE ON
Service Termination

I. Purpose

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

II. Policy

It is the policy of Partners in Community Supports to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

III. Procedures

A. This program must permit each person to remain in the program and must not terminate services unless:

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

B. Prior to giving notice of service termination this program must document the actions taken to minimize or eliminate the need for termination.

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

      The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.

2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

C. The notice of service termination must meet the following requirements:

1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
3. The written notice of a proposed service termination must include all of the following elements:

PICS POLICY AND PROCEDURE ON
Service Termination

a. The reason for the action;
b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when the program ceasing operation;
c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
   a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
   b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
5. This notice may be given in conjunction with a notice of temporary service suspension.

D. During the service termination notice period, the program must:

1. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
2. Provide information requested by the person or case manager; and
3. Maintain information about the service termination, including the written notice of intended service termination, in the person’s record.

Legal Authority: MS § 245D.10, subd. 3a

Policy #6

PICS POLICY AND PROCEDURE ON
Temporary Service Suspension

I. Purpose

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

II. Policy

It is the policy of Partners in Community Supports to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

III. Procedures

A. This program will limit temporary service suspension to the following situations:

1. The person's conduct poses an imminent risk of physical harm to self or others and either:
   a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
   b. less restrictive measures would not resolve the issues leading to the suspension; OR
2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
3. The program has not been paid for services.

B. Prior to giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.

1. Action taken by the program must include , at a minimum:
   a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
   b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person’s team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

C. The notice of temporary service suspension must meet the following requirements:

1. This program must notify the person or the person’s legal representative and the case manager in writing of the intended temporary service suspension.
2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
3. Notice of temporary service suspension must be given on the first day of the service suspension.
4. The written notice service suspension must include the following elements:
   a. The reason for the action;

PICS POLICY AND PROCEDURE ON
Temporary Service Suspension

   b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
   c. Why these measures failed to prevent the suspension.
5. During the temporary suspension period the program must:
   a. Provide information requested by the person or case manager;
   b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
   c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.

D. A person has the right to return to receiving services during or following a service suspension with the following conditions.

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

Legal Authority: MS § 245D.10, subd. 3

Policy #7

PICS POLICY AND PROCEDURE ON
Vulnerable Adults Maltreatment Reporting and Internal Review

I. Purpose

The purpose of this policy is to establish guidelines for the external and internal reporting and the internal review of maltreatment of vulnerable adults.

II. Policy

Staff who are mandated reporters must report all of the information they know regarding an incident of known or suspected maltreatment, either externally or internally, in order to meet their reporting requirements under law. All staff of the organization who encounter maltreatment of a vulnerable adult will take immediate action to ensure the safety of the person(s) served. Staff will define maltreatment of vulnerable adults as abuse, neglect, or financial exploitation and will refer to the definitions from Minnesota Statutes, section 626.5572 at the end of this policy.

Employees will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Minors* regarding suspected or alleged maltreatment of persons 17 years of age or younger.

III. Procedure

A. Staff of the organization who encounter maltreatment of a vulnerable adult, age 18 or older, will take immediate action to ensure the safety of the person or persons. If a staff knows or suspects that a vulnerable adult is in immediate danger, they will call "911."

B. If a staff knows or suspects that maltreatment of a vulnerable adult has occurred, they must make a verbal report immediately (within 24 hours) either to the Minnesota Adult Abuse Reporting Center (MAARC)/Common Entry Point (CEP) or internally to Partners in Community Supports. Should the staff choose to make a report directly to an external agency, they must make the verbal report by calling the MAARC/CEP.

C. Where to report – You can make an external or an internal report.
   1. You may make an external report to the MAARC/CEP by calling 844-880-1574 or mandated reporters can file a report online at www.mn.gov/dhs/reportadultabuse/ (online reporting is for **mandated reporters only** and not family members, friends, guardians etc.).
   2. You may make an internal report to the Director/Designated Coordinator.
   3. If this person is involved in the alleged or suspected maltreatment, you must report to the Designated Manager.

D. When verbally reporting the alleged or suspected maltreatment, either externally or internally, staff will include as much information as known and will cooperate with any subsequent investigation.

E. For internal reports of suspected or alleged maltreatment, the person who received the

report will

1. Contact the MAARC/CEP if the report is determined to be suspected or alleged maltreatment.
2. Inform the case manager within 24 hours of reporting maltreatment, unless there is reason to believe that the case manager is involved in the suspected maltreatment. The person who received the report will disclose to the case manager the:
   a. Nature of the activity or occurrence reported
   b. The agency that received the report
3. Complete and mail the *Notification to an Internal Reporter* to the home address of the staff who reported the maltreatment within two working days in a manner that protects the reporter's confidentiality. The notification must indicate whether or not the organization reported externally to the Common Entry Point. The notice must also inform the staff that if the organization did not report externally and they are not satisfied with that determination, they may still make the external report to the Common Entry Point themselves. It will also inform the staff that they are protected against any retaliation if they decide to make a good faith report to the Common Entry Point on their own.

F. When the organization has knowledge that an external or internal report of alleged or suspected maltreatment has been made, an internal review will be completed. The Designated Coordinator is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Designated Coordinator is involved in the alleged or suspected maltreatment, the Director is the secondary individual responsible for ensuring that internal reviews are completed.

G. The *Internal Review* will be completed within 30 calendar days. The person completing it will:

1. Ensure an *Incident and Emergency Report* has been completed.
2. Contact the lead investigative agency if additional information has been gathered.
3. Coordinate any investigative efforts with the lead investigative agency by serving as the organization contact, ensuring that staff cooperate, and that all records are available.
4. Complete an *Internal Review* which will include the following evaluations of whether:
   a. Related policies and procedures were followed
   b. The policies and procedures were adequate
   c. There is a need for additional staff training
   d. The reported event is similar to past events with the vulnerable adults or the services involved

e. There is a need for corrective action by the license holder to protect the health and safety of the vulnerable adult(s)

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

I. All internal reviews will be made available to the commissioner upon the commissioner's request.

J. The organization will provide an orientation to the internal and external reporting procedures to all persons served and/or legal representatives. This orientation will include the centralized telephone number for the MAARC/CEP. This orientation for each new person to be served will occur within 24 hours of admission, or for persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

1. Staff will receive training on this policy, MN Statutes, section 245A.65 and sections 626.557 and 626.5572 and their responsibilities related to protecting persons served from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

Legal Authority: Minn. Stat. §§§§§ 626.557; 626.5572; 245A.65; 245A.04, subd. 14; 245D.09, subd. 4 (5)

MAARC/CEP CENTRALIZED PHONE NUMBER: 844-880-1574

ONLINE REPORTING FOR MANDATED REPORTERS ONLY:
www.mn.gov/dhs/reportadultabuse/

DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION: 651-431-6500

Policy #8

PICS POLICY AND PROCEDURE ON
Data Privacy

I. Purpose

The purpose of this policy is to establish determination guidelines and notification procedures for data privacy.

II. Policy

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

III. Procedures

A. Private Data

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

B. Providing Notice

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

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
   a. why the data is being collected;

b. how the agency intends to use the information;
c. whether the individual may refuse or is legally required to furnish the information;
d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.

2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):
   a. be written in plain language;
   b. be dated;
   c. designate the particular agencies or person(s) who will get the information;
   d. specify the information which will be released;
   e. indicate the specific agencies or person who will release the information;
   f. specify the purposes for which the information will be used immediately and in the future;
   g. contain a reasonable expiration date of no more than one year; and
   h. specify the consequences for the person by signing the consent form, including:
      "Consequences: I know that state and federal privacy laws protect my records. I know:
      - Why I am being asked to release this information.
      - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
      - If I do not consent, the information will not be released unless the law otherwise allows it.
      - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
      - The person(s) or agency(ies) who get my information may be able to pass it on to others.
      - If my information is passed on to others by this program, it may no longer be protected by this authorization.
      - This consent will end one year from the date I sign it, unless the law allows for a longer period."
   i. Maintain all informed consent documents in the consumer's individual record.

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

4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

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

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

C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
4. Keep the document in the person's record.

Legal Authority: MS § 245D.11, subd. 3

RIGHTS OF PERSONS SERVED

Application and intent of these rights

These rights apply to persons served in a program licensed under MN Statutes, chapter 245D. The organization will ensure that the person's rights in the services provided by the organization and as authorized in the *Coordinated Service and Support Plan* are exercised and protected by all staff of the organization including subcontractors, temporary staff, and volunteers. This document will be signed and dated by the person served and/or legal representative and maintained in the service recipient record at service initiation and annually thereafter.

Service-related rights

A person's service-related rights include the right to:

1. Participate in the development and evaluation of the services provided to the person.
   You have the right to fully participate in the development and evaluation of the services you receive from this organization. Your support team is available to assist you in obtaining and maintaining services that meet your unique needs and wants. We encourage you to let this organization know what services you need and want and upon evaluation, how we can modify the services to better meet your desired service outcomes.

2. Have services and supports identified in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum* provided in a manner that respects and takes into consideration the person's preferences according to the requirements in MN Statutes, section 245D.07 and 245D.071.
   This organization is dedicated to providing you with person-centered planning and services that are based upon what you want and need. You have the right to participate fully in the development of the services we provide you and to evaluate those services. Please understand that you may notify us of your needs, interests, preferences, and desired outcomes. With more and continuous communication between us, we will be able improve the services to you and to the best of our ability.

3. Refuse or terminate services and be informed of the consequences of refusing or terminating services. You have the right to refuse or stop the services being provided to you through this organization. If you are not satisfied with your services, you may discuss your concerns and dissatisfaction with us at anytime. All discussions regarding this right will be taken seriously by everyone you speak with. Further discussions may also include information and/or conversations with your support team. By refusing or terminating services, you may have a difficult time receiving the same services again from this organization if you choose to do so again in the future.

4. Know, in advance, limits to the services available from the license holder, including the license holder's knowledge, skill, and ability to meet the person's service and support needs
   We will notify you prior to service initiation if there are any limits to the services that we will provide. If you are not satisfied with the limitations, you may consider all options available for services to meet your needs.
   Those limits are:

   During the time you are receiving services from this organization, if there is any change in service provision or a limitation in service is planned, we will notify you of this in a written format at least 30 days prior it the

implementation of the limitation. Based upon this notification of the limitation, you may decide if we are still able to effectively meet your needs.

The organization's knowledge, skills, and ability to meet your service and support needs include:

5. Know conditions and terms governing the provision of services, including the license holder's admission criteria and policies and procedures related to temporary service suspension and service termination.

6. This organization's Policy and Procedure on Admission contains information on our admission criteria. We will do what we can, according to this policy and criteria, to provide you with services. If this is not possible, you have the right to know why the organization is not able to meet your needs. If we are no longer able to continue providing you with services, you have the right to know what the procedures are in the Policy and Procedure on Temporary Service Suspension and Termination that direct how that will occur. You will always receive an explanation, in a way that you can understand, of what is occurring and why in a way that you understand. This procedure will be followed with consideration and respect for you and your support team members.

7. A coordinated transfer to ensure continuity of care when there will be a change in provider.
Regardless of the situation that brings forth a change in service provider, this organization will clearly inform the other service provider of necessary information regarding your services and care. We will continue to provide you with services until you leave this organization at which point we will consider services to be ceased. You have the right to a smooth and seamless transfer that is coordinated, as much as possible, with your next service provider to ensure your care.

8. Know what the charges are for services, regardless of who will be paying for the services, and be notified upon request of changes in those charges.
We will provide you with information regarding the charges for the services to be provided at the time of service initiation regardless of where the funding originates. If the charges for the services change, we will provide you with that change, if you request the information. You may do this at any time and we will meet the request as soon as possible.

9. Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay.
Services provided to you by this organization will be charged to the correct payment source. This may include government assistance, insurance, or a private source such as yourself or family. All services will be for your benefit and health and will not include services that are unnecessary. If you will pay for some of your services, we will work with you and your team on determining payment schedules and how that process will occur.

10. Receive licensed services from an individual who is competent and trained, who has professional certification or licensure, as required, and who meets additional qualifications identified in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.
The services you receive from this organization will be provided to you by staff that have received extensive training on keeping you safe and healthy. Staff must demonstrate that they understand the training and can implement the information as learned in applicable areas. If you or your case manager think that our organization staff need additional training and/or additional training is written into your *Coordinated Service and Support Plan*, our organization will ensure that our staff receive this training.

Partners in Community Supports

RIGHTS OF PERSONS SERVED

Protection-related rights

A person's protection-related rights include the right to:

1. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the license holder.
   Your information will be private at all times except for case consultation, treatment, and discussion. This organization will ensure that only those records needed for the appropriate care, treatment, and delivery of services are made available to those individuals who are directly involved in that delivery. Records will not be unnecessarily duplicated by staff. If disclosure of your private information is necessary, you may be aware of who received the information, the date of receipt, the nature and type of the information disclosed, and the purpose or intent of their receipt of that information.

2. Access records and recorded information about the person in accordance with applicable state and federal law, regulation, or rule.
   You may access your records at any time as requested, and if needed, may have copies free of charge. This organization will follow all laws, regulations, or rules regarding privacy including the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices, MN Statutes, chapter 13, and the Home and Community-Based Services Standards, MN Statutes, chapter 245D.

3. Be free from maltreatment.
   You have the right to live without the fear of abuse, neglect, or financial exploitation. If any of these were to occur, this organization has policies and procedures in place to ensure your ongoing and future safety and the safety of others. Staff are trained in the Vulnerable Adult Act and the Maltreatment of Minors Act and understand what maltreatment is, how to prevent it, and what to do if it occurs. Staff will follow established maltreatment reporting requirements and procedures found within organization policy and MN Statutes.

4. Be free from restraint, time out, or seclusion except for emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in MN Statutes, section 245D.06.
   You have the right to receive services in the least restrictive setting possible and to have positive support strategies in place to assist you in managing symptoms of a mental health diagnosis and/or related behaviors. Staff are trained on positive support strategies and will assist you in minimizing risk to yourself or others in challenging situations. If an emergency use of manual restraint is necessary and implemented, it will only be implemented as the last resort and with the least restrictive intervention needed to obtain safety to you and others. Staff are trained in proper response and reporting procedures and will follow them as directed by policy and MN Statutes.

5. Receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.
   We value maintaining the service or program site in a clean and safe environment and you have the right to receive services in that type of setting. If you have concerns regarding how the service site is maintained, please notify your staff who will take your concern seriously and will notify appropriate personnel. It is important to maintain the environment in a clean manner to reduce the risk of communicable disease and to promote the health and well-being of all persons served and staff.

6. Be treated with courtesy and respect and receive respectful treatment of the person's property.

Staff will do all that they can to respect you as an individual and other aspects of your life including your property. Other individuals will also be encouraged to treat everyone and their property with consideration and respect. If you

feel that you or your property are not being treated with courtesy and respect by the organization, staff, or other individuals; you have the right to complain about that treatment. This organization is committed to listening, understanding, and resolving any complaints or grievances from individuals.

Partners in Community Supports

RIGHTS OF PERSONS SERVED

7. Reasonable observance of cultural and ethnic practice and religion.
   You have the right to observe and participate in activities of cultural and ethnic practice or religion of your choice. Knowledge and information of your culture, ethnicity, and religion should be provided to the organization to accommodate reasonable observation. The organization's schedule may include observation of numerous cultural, ethnic, and religious activities for which you may choose to participate.

8. Be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.
   Each individual is a unique person and has the right to live, work, and engage in environments that are free of bias and harassment. Each staff person will encourage you to express your individuality and will not judge, harass, or act in anyway that can be construed as biased or harassing.

9. Be informed of and use the license holder's grievance policy and procedures, including knowing how to contact persons responsible for addressing problems and to appeal under section 256.045.
   At any time, you may contact your legal representative, case manager, an advocate, or someone within the organization if you are not satisfied with services being provided in order to make a formal complaint. The policy on grievances will be followed and all complaints will be taken seriously with the intention of a beneficial resolution to the issue. This organization has a grievance policy that will be explained to you upon service initiation and more frequently if desired by yourself or your legal representative. This policy includes information on who to contact for addressing problems and your right to appeal a decision. The right to appeal may be found in Minnesota Statutes, section 256.045 which can be accessed on the MN Office of the Revisor's web site: https://www.revisor.mn.gov/.

10. Know the name, telephone number, and the Web site, e-mail, and street addresses of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.
    Should you choose to voice a grievance, you will not be retaliated against. You may be provided with contact information for persons and agencies that can assist you. Staff may explain how to contact them and how to file a complaint with those agencies or offices. A list of contact information for protection and advocacy agencies are listed at the end of the *Policy and Procedure on Grievances.*

11. Assert these rights personally, or have them asserted by the person's family, authorized representative, or legal representative, without retaliation.
    This organization will allow and encourage the exercising of these rights as persons of this service provision and as citizens of the United States. Staff and others in this organization will actively assert your rights on your behalf and will not wait for you to do so. Your family, authorized representative, or legal representative also have the right to assert these for you and on your behalf without retaliation.

12. Give or withhold written informed consent to participate in any research or experimental treatment. You have the right to know all terms and conditions regarding any type of research or experimental treatment and have those explained to you in a manner in which you understand. Information will be provided to you in as much detail as known before you make a decision. You may consult with your legal representative or other support team members before making a final informed consent or refusal.

13. Associate with other persons of the person's choice, in the community.
    You may choose to spend time with others of your choice and to have private visits with them, unless that visit infringes on your health, safety, or well-being. Staff or anyone in this organization cannot tell you, who you can be friends with; that is your choice. Your friendships should be encouraging, safe, and beneficial. If someone wants to visit with you, you have the right to meet or refuse to meet with them.

14. Personal privacy.
    You have the right to spend time alone and to close your door for privacy. If staff or other persons do not recognize that you want to be alone, you can tell them without fear of reprisal. Staff will knock on the door and gain consent before entering your bedroom or bathroom where you are spending time alone, except in emergencies. Time alone may be spent as you choose unless being alone will infringe on your health, safety, or well-being.

15. Engage in chosen activities.
    You have the right to refuse or engage in the activities planned by you, your family, your support team, staff and other persons. If you want to do an activity or go somewhere, you have the right to express that desire. Some activities may cost money, and you may have financial resources to do these activities; but, other activities may require that you save your money before participating in them. Staff will also ensure that your right to participate in activities of commercial, religious, political, and community groups without interference is exercised without being denied.

16. You have the right to access your personal possessions at any time, including financial resources.

Partners in Community Supports

PICS POLICY AND PROCEDURE ON
Anti-Fraud Practices

I. Purpose

The purpose of this policy is to provide information regarding the prevention, elimination, monitoring, and reporting of fraud, abuse, and improper activities of government funding in order to obtain and maintain integrity of public funds.

II. Policy

A holder of a license that is issued by Minnesota Department of Human Services (DHS), pursuant to MN Statutes, chapter 245A [Human Services Licensing Act], and who has enrolled to receive public governmental funding reimbursement for services is required to comply with the enrollment requirements as a licensing standard (MN Statutes, sections 245A.167 and 256B.04, subdivision 21). The organization is a provider of Government funds may be from state or federal governments, to include, but not be limited to: Minnesota's Medical Assistance, Medicaid, Medicare, Brian Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Alternatives for Disabled Individuals (CADI) Waiver, Developmental Disability (DD) Waiver, Elderly Waiver (EW), and Minnesota's Alternative Care (AC) program. The organization has a longstanding practice of fair and truthful dealing with persons served, families, health professionals, and other businesses. Management, staff, contractors, and other agents of the organization shall not engage in any acts of fraud, waste, or abuse in any matter concerning the organization's business, mission, or funds.

III. Procedure

A. Definition: Types of fraud, abuse, or improper activities include, but are not limited to, the following:
   1. Billing for services not actually provided.
   2. Documenting clinical care not actually provided.
   3. Paying phantom vendors or phantom staff.
   4. Paying a vendor for services not actually provided.
   5. Paying an invoice known to be false.
   6. Accepting or soliciting kickbacks or illegal inducements from vendors of services, or offering or paying kickbacks or illegal inducements to vendors of services.
   7. Paying or offering gifts, money, remuneration, or free services to entice a Medicaid recipient to use a particular vendor.
   8. Using Medicaid reimbursement to pay a personal expense.
   9. Embezzling from the organization.
   10. Ordering and charging over-utilized medical services that are not necessary for the person served.
   11. Corruption.
   12. Conversion (converting property or supplies owned by the organization to personal use).
   13. Misappropriation of funds of the organization or person served by the organization.
   14. Personal loans to executives.
   15. Illegal orders.
   16. Maltreatment or abuse of persons served by the organization.

PICS POLICY AND PROCEDURE ON
Anti-Fraud Practices

B. Public Funds Compliance Officer: This organization has designated The Chief Compliance Officer as their Public Funds Compliance Officer.

C. Reporting responsibility: The organization has an open door policy and encourages staff to share their questions, concerns, suggestions, or complaints regarding the organization and its operations with someone who can address them properly. In most cases, this will be a staff person's supervisor. However, if the staff person is not comfortable speaking with their supervisor or is not satisfied with the supervisor's response, the staff person is encouraged to speak with the Public Funds Compliance Officer. If the staff is not comfortable speaking with the Public Funds Compliance Officer, the staff is encouraged to speak with the owner/CEO/Board of Directors. At any time, the staff may speak with an applicable external agency to express their concerns if it is believed that it is not possible to speak with the owner/CEO/Board of Directors. Examples of applicable external agencies are local social service agency's financial manager or law enforcement. This policy is intended to encourage and enable persons to raise serious concerns within the organization prior to seeking resolution outside it.

D. Requirement of good faith: Anyone filing a complaint concerning a violation or suspected violation of the law or regulation requirements must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

E. Confidentiality: Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

F. No retaliation: No staff person who in good faith reports a violation of a law or regulation requirements will suffer harassment, retaliation, or adverse employment consequences. A staff who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

G. Report acknowledgement: The Public Funds Compliance Officer, or designee, will acknowledge receipt of the reported violation or suspected violation by writing a letter (or email) to the complainant within ten (10) business days, noting that the allegations will be investigated.

H. Responding to allegations of improper conduct: The Public Funds Compliance Officer is responsible for responding to allegations of improper conduct related to the provision or billing of Medical Assistance services. This may include, but is not limited to: investigating, interviewing applicable individuals involved, reviewing documents, asking for additional assistance, seeking input on process of the investigation, or seeking input on

Medical Assistance laws and regulations interpretations to address all staff complaints and allegations concerning potential violations. The CEO will take on functions of the Public Funds Compliance Officer role if the complaint involves The Chief Compliance Officer. If the complaint involves both the CEO and The Chief Compliance Officer, outside legal counsel or an applicable external agency will carry out the functions of the Public Funds Compliance Officer. The Chief Compliance Officer or designee will implement corrective action to remediate any resulting problems.

I. Evaluation and monitoring for internal compliance: On a regular schedule and as needed, The Chief Compliance Officer, or designee, will run routine financial reports to review financial information for accuracy and compliance. On a regular schedule and as needed, The Chief Compliance Officer, or designee, will review standard operations and procedures to ensure that they remain compliant.

J. External auditing for compliance: On a regular schedule, the organization will have an external financial audit.

K. Promptly reporting errors: The Public Funds Compliance Officer shall immediately notify appropriate individuals of all reported concerns or complaints regarding corporate accounting practices, internal controls, or auditing. This may include the Chief Financial Officer, the owner/CEO, or the Chairperson of the Board of Directors. The Chief Compliance Officer will promptly report to DHS any identified violations of Medical Assistance laws or regulations.

L. Recovery of overpayment: Within 60 days of discovery by the organization of a Medical Assistance reimbursement overpayment, a report of the overpayment to DHS will be completed and arrangements made with DHS for the Department's recovery of the overpayment.

M. Training: Staff are trained on this policy and as needed, they may need to be re-trained. As determined by the organization, staff may need to demonstrate an understanding of the implementation of this policy.

FIRST AID TRAINING

Disclaimer: This information is not intended as a substitute for professional medical advice, emergency treatment or formal first-aid training. Don't use this information to diagnose or develop a treatment plan for a health problem or disease without consulting a qualified health care provider. If you're in a life-threatening or emergency medical situation, seek medical assistance immediately.

Choking

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food often is the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first aid as quickly as possible.

The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Inability to talk
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky
- Loss of consciousness

If choking is occurring, the Red Cross recommends a "five-and-five" approach to delivering first aid:

- **Give 5 back blows.** First, deliver five back blows between the person's shoulder blades with the heel of your hand.
- **Give 5 abdominal thrusts.** Perform five abdominal thrusts (also known as the Heimlich maneuver).
- **Alternate between 5 blows and 5 thrusts** until the blockage is dislodged.

The American Heart Association doesn't teach the back blow technique, only the abdominal thrust procedures. It's OK not to use back blows, if you haven't learned the technique. Both approaches are acceptable.

To perform abdominal thrusts (Heimlich maneuver) on someone else:

- **Stand behind the person.** Wrap your arms around the waist. Tip the person forward slightly.
- **Make a fist with one hand.** Position it slightly above the person's navel.

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- **Grasp the fist with the other hand.** Press hard into the abdomen with a quick, upward thrust — as if trying to lift the person up.

- **Perform a total of 5 abdominal thrusts,** if needed. If the blockage still isn't dislodged, repeat the five-and-five cycle.

If you're the only rescuer, perform back blows and abdominal thrusts before calling 911 or your local emergency number for help. If another person is available, have that person call for help while you perform first aid.

If the person becomes unconscious, perform standard CPR with chest compressions and rescue breaths.

To perform abdominal thrusts (Heimlich maneuver) on yourself:

First, if you're alone and choking and you have a landline phone, call 911 or your local emergency number immediately. Then, although you'll be unable to effectively deliver back blows to yourself, you can still perform abdominal thrusts to dislodge the item.

- **Place a fist** slightly above your navel.
- **Grasp your fist** with the other hand and bend over a hard surface — a countertop or chair will do.
- **Shove your fist** inward and upward.

Clearing the airway of a pregnant woman or obese person:

- **Position your hands a little bit higher** than with a normal Heimlich maneuver, at the base of the breastbone, just above the joining of the lowest ribs.
- **Proceed as with the Heimlich maneuver,** pressing hard into the chest, with a quick thrust.
- **Repeat** until the food or other blockage is dislodged or the person becomes unconscious.

Clearing the airway of an unconscious person:

- **Lower the person** on his or her back onto the floor.
- **Clear the airway.** If there's a visible blockage at the back of the throat or high in the throat, reach a finger into the mouth and sweep out the cause of the blockage. Be careful not to push the food or object deeper into the airway, which can happen easily in young children.
- **Begin cardiopulmonary resuscitation (CPR)** if the object remains lodged and the person doesn't respond after you take the above measures. The chest compressions used in CPR may dislodge the object. Remember to recheck the mouth periodically.

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Cuts and Scrapes

Minor cuts and scrapes usually don't require a trip to the emergency room. Yet proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

1. **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. Hold the pressure continuously for 20 to 30 minutes and if possible elevate the wound. If blood spurts or continues flowing after continuous pressure, seek medical assistance.
2. **Clean the wound.** Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris still remains, see your doctor. Thorough cleaning reduces the risk of infection and tetanus.
3. **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and help your body's natural healing process.
4. **Cover the wound.** Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, exposure to the air will speed wound healing.
5. **Change the dressing.** Change the dressing at least daily or whenever it becomes wet or dirty. If you're allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze held in place with paper tape, gauze roll or a loosely applied elastic bandage.
6. **Get stitches for deep wounds.** A wound that is more than 1/4-inch (6 millimeters) deep or is gaping or jagged edged and has fat or muscle protruding usually requires stitches. Adhesive strips or butterfly tape may hold a minor cut together, but if you can't easily close the wound, see your doctor as soon as possible.
7. **Watch for signs of infection.** See your doctor if the wound isn't healing or you notice any redness, increasing pain, drainage, warmth or swelling.
8. **Get a tetanus shot.** Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster. Get the booster as soon as possible after the injury.

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Human Bites

Human bites can be as dangerous as or even more dangerous than animal bites because of the types of bacteria and viruses contained in the human mouth. If someone cuts his or her knuckles on another person's teeth, as might happen in a fight, this is also considered a human bite.

If you sustain a human bite that breaks the skin:

1. **Stop the bleeding** by applying pressure with a clean, dry cloth.
2. **Wash the wound** thoroughly with soap and water.
3. **Apply an antibiotic cream** to prevent infection.
4. **Apply a clean bandage.** Cover the affected area with a nonstick bandage.
5. **Seek emergency medical care.**

If you haven't had a tetanus shot within five years, your doctor may recommend a booster. In this case, you should have the booster within 48 hours of the injury.

Punctures

A puncture wound doesn't usually cause excessive bleeding. Often the wound seems to close almost instantly. But this doesn't mean treatment isn't necessary.

A puncture wound — such as from stepping on a nail — can be dangerous because of the risk of infection. Wounds resulting from human or animal bites may be especially prone to infection. If the bite was deep enough to draw blood and bleeding persists, seek medical attention.

Otherwise, follow these steps:

1. **Stop the bleeding.** Apply gentle pressure with a clean cloth or bandage. If bleeding persists after several minutes of pressure, seek emergency assistance.
2. **Clean the wound.** Rinse the wound with clear water. Use tweezers cleaned with alcohol to remove small, superficial particles. If debris remains embedded, see your doctor. Clean the area around the wound with soap and a clean cloth.
3. **Apply an antibiotic.** After you clean the wound, apply a thin layer of an antibiotic cream or ointment.
4. **Cover the wound.** Bandages can help keep the wound clean and keep harmful bacteria out.
5. **Change the bandage regularly.** Do so at least daily or whenever it becomes wet or dirty.
6. **Watch for signs of infection.** See your doctor if the wound doesn't heal or if you notice any redness, drainage, warmth or swelling.

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See your doctor if the puncture wound

- Is deep
- Is in your foot
- Has been contaminated with soil or saliva
- Is the result of an animal or human bite

If you haven't had a tetanus shot within five years, your doctor may recommend a booster within 48 hours of the injury.

If an animal — especially a stray dog or a wild animal — inflicted the wound, you may have been exposed to rabies. Your doctor may give you antibiotics and suggest starting a rabies vaccination series.

Burns

To distinguish a minor burn from a serious burn, the first step is to determine the extent of damage to body tissues. The three burn classifications of first-degree burn, second-degree burn and third-degree burn will help you determine emergency care.

1st-degree burn

The least serious burns are those in which only the outer layer of skin is burned, but not all the way through.

- The skin is usually red
- Often there is swelling
- Pain sometimes is present

Treat a first-degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, groin or buttocks, or a major joint, which requires emergency medical attention.

2nd-degree burn

When the first layer of skin has been burned through and the second layer of skin (dermis) also is burned, the injury is called a second-degree burn.

- Blisters develop
- Skin takes on an intensely reddened, splotchy appearance
- There is severe pain and swelling.

If the second-degree burn is no larger than 3 inches (7.6 centimeters) in diameter, treat it as a minor burn. If the burned area is larger or if the burn is on the hands, feet, face, groin or buttocks, or over a major joint, treat it as a major burn and get medical help immediately.

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For minor burns, including first-degree burns and second-degree burns limited to an area no larger than 3 inches (7.6 centimeters) in diameter, take the following action:

- **Cool the burn.** Hold the burned area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides. If this is impractical, immerse the burn in cool water or cool it with cold compresses.
- **Cover the burn with a sterile gauze bandage.** Don't use fluffy cotton, or other material that may get lint in the wound. Wrap the gauze loosely to avoid putting pressure on burned skin.
- **Take an over-the-counter pain reliever.** These include aspirin, ibuprofen (Advil, Motrin, others), naproxen (Aleve) or acetaminophen (Tylenol, others). Use caution when giving aspirin to children or teenagers.

  Minor burns usually heal without further treatment. They may heal with pigment changes, meaning the healed area may be a different color from the surrounding skin. Watch for signs of infection, such as increased pain, redness, fever, swelling or oozing. If infection develops, seek medical help.

Caution

- **Don't use ice.** Putting ice directly on a burn can cause a person's body to become too cold and cause further damage to the wound.
- **Don't apply egg whites, butter or ointments to the burn.** This could cause infection.
- **Don't break blisters.** Broken blisters are more vulnerable to infection.

3rd-degree burn

The most serious burns involve all layers of the skin and cause permanent tissue damage. Fat, muscle and even bone may be affected. Areas may be charred black or appear dry and white. Difficulty inhaling and exhaling, carbon monoxide poisoning, or other toxic effects may occur if smoke inhalation accompanies the burn.

For major burns, call 911 or emergency medical help. Until an emergency unit arrives, follow these steps:

1. **Don't remove burned clothing.** However, do make sure the victim is no longer in contact with smoldering materials or exposed to smoke or heat.
2. **Don't immerse large severe burns in cold water.** Doing so could cause a drop in body temperature (hypothermia) and deterioration of blood pressure and circulation (shock).
3. **Check for signs of circulation (breathing, coughing or movement).** If there is no breathing or other sign of circulation, begin CPR.

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4. **Elevate the burned body part or parts.** Raise above heart level, when possible.
5. **Cover the area of the burn.** Use a cool, moist, sterile bandage; clean, moist cloth; or moist cloth towels.

Get a tetanus shot. Burns are susceptible to tetanus. Doctors recommend you get a tetanus shot every 10 years. If your last shot was more than five years ago, your doctor may recommend a tetanus shot booster.

Fainting

Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss of consciousness is usually brief.

Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known.

If you feel faint

- **Lie down or sit down.** To reduce the chance of fainting again, don't get up too quickly.
- **Place your head between your knees** if you sit down.

If someone else faints

- **Position the person on his or her back.** If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level — about 12 inches (30 centimeters) — if possible. Loosen belts, collars or other constrictive clothing. To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 911 or your local emergency number.
- **Check the person's airway to be sure it's clear.** Watch for vomiting.
- **Check for signs of circulation (breathing, coughing or movement).** If absent, begin CPR. Call 911 or your local emergency number. Continue CPR until help arrives or the person responds and begins to breathe.

If the person was injured in a fall associated with a faint, treat any bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

Shock

Shock may result from trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes. When a person is in shock, his or her organs aren't getting enough blood or oxygen. If untreated, this can lead to permanent organ damage or death.

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Various signs and symptoms appear in a person experiencing shock:

- **The skin is cool and clammy.** It may appear pale or gray.
- **The pulse is weak and rapid.** Breathing may be slow and shallow, or hyperventilation (rapid or deep breathing) may occur. Blood pressure is below normal.
- **The person may be nauseated.** He or she may vomit.
- **The eyes lack luster and may seem to stare.** Sometimes the pupils are dilated.
- **The person may be conscious or unconscious.** If conscious, the person may feel faint or be very weak or confused. Shock sometimes causes a person to become overly excited and anxious.

If you suspect shock, even if the person seems normal after an injury:

- **Call 911** or your local emergency number.
- **Have the person lie down** on his or her back with feet about a foot higher than the head. If raising the legs will cause pain or further injury, keep him or her flat. Keep the person still.
- **Check for signs of circulation** (breathing, coughing or movement) and if absent, begin CPR.
- **Keep the person warm and comfortable** by loosening any belts or tight clothing and covering the person with a blanket. Even if the person complains of thirst, give nothing by mouth.
- **Turn the person on his or her side** to prevent choking if the person vomits or bleeds from the mouth.
- **Seek treatment for injuries,** such as bleeding or broken bones.

Heatstroke

Heatstroke is the most severe of heat-related problems, after heat cramps and heat exhaustion. Heatstroke often results from exercise or heavy work in hot environments combined with inadequate fluid intake.

Young children, older adults, people who are obese and people born with an impaired ability to sweat are at high risk of heatstroke. Other risk factors include dehydration, alcohol use, cardiovascular disease and certain medications.

The main sign of heatstroke is a markedly elevated body temperature — generally greater than 104 F (40 C) — with changes in mental status ranging from personality changes to confusion and coma. Skin may be hot and dry — although if heatstroke is caused by exertion, the skin may be moist.

Other signs and symptoms may include:

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- Rapid heartbeat
- Rapid and shallow breathing
- Elevated or lowered blood pressure
- Cessation of sweating
- Irritability, confusion or unconsciousness
- Feeling dizzy or lightheaded
- Headache
- Nausea
- Fainting, which may be the first sign in older adults

If you suspect heatstroke:

- Move the person out of the sun and into a shady or air-conditioned space.
- Call 911 or emergency medical help.
- Cool the person by covering with damp sheets or by spraying with cool water. Direct air onto the person with a fan or newspaper.
- Have the person drink cool water or other nonalcoholic beverage without caffeine, if he or she is able.

Emergency Numbers

Emergency Contact	
Phone Number	
Hospital	
Phone Number	
Poison Control	
Phone number	

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PICS POLICY AND PROCEDURE ON
Incident Response, Reporting and Review

I. Purpose

The purpose of this policy is to establish determination guidelines and notification procedures for incident response, reporting and review.

II. Policy

It is the policy of Partners in Community Supports 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 to program to call 911, law enforcement, or the fire department.

F. A person's unauthorized or unexplained absence from a program.

G. Conduct by a person receiving services against another person receiving services that:
   1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
   2. Places the person in actual and reasonable fear of harm;
   3. Places the person in actual and reasonable fear of damage to property of the person; or

4. Substantially disrupts the orderly operation of the program.

H. Any sexual activity between persons receiving services involving force or coercion.
- "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
- "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

H. Any emergency use of manual restraint.

I. A report of alleged or suspected child or vulnerable adult maltreatment.

III. Response Procedures

A. Serious injury
1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Death
1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.

C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

D. Mental health crisis
When staff believes that a person is experiencing a mental health crisis they must call 911 or the person's mental health crisis intervention team.

E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, staff will call 911.

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

F. Unauthorized or unexplained absence

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

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

G. Conduct of the person

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

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

H. Sexual activity involving force or coercion

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

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.

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

I. Emergency use of manual restraint (EUMR)
Follow the EUMR Policy.

J. Maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

IV. Reporting Procedures

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

B. Reporting incidents to team members
1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
   a. within 24 hours of the incident occurring while services were provided;
   b. within 24 hours of discovery or receipt of information that an incident occurred; or
   c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
2. This program will not report an incident when it has a reason to know that the incident has already been reported.
4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence.

The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Additional reporting requirements for deaths and serious injuries
   1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
   2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
   3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

D. Additional reporting requirements for maltreatment
   1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
   2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

E. Additional reporting requirements for emergency use of manual restraint (EUMR)
   Follow the EUMR Policy.

V. 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 Designated Manager.
   2. The review will be completed within 2 days of the incident.
   3. The review will ensure that the written report provides a written summary of the incident.
   4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
   5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

B. Conducting an internal review of deaths and serious injuries
   This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
   1. The review will be completed by Designated Manager.
   2. The review will be completed within 2 days of the death or serious injury.
   3. The internal review must include an evaluation of whether:
      a. related policies and procedures were followed;
      b. the policies and procedures were adequate;
      c. there is need for additional staff training;
      d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and

e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.

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

C. Conducting an internal review of maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints
Follow the EUMR Policy.

VI. Record Keeping Procedures

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

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

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

PICS POLICY AND PROCEDURE ON
Safe Transportation

I. Purpose

The purpose of this policy is to establish determination guidelines and notification procedures for safe transportation.

II. Policy

It is the policy of Partners in Community Supports to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

III. Procedures

A. This program will ensure the following regarding safe transportation:
   1. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
   2. Vehicles are to be kept clean (interior and exterior).
   3. Staff will report all potential mechanical problems immediately.
   4. Staff will report all potential equipment, supply and material problems immediately.
   5. Staff will report all accidents immediately.
   6. Staff will report all vehicle maintenance and concerns to the Designated Coordinator.

B. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.

C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:
   1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
   2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
   3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
   4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections 169.685 and 169.686 when transporting a child.

D. Program vehicles are to be utilized exclusively to for the purpose of transporting persons served by this program, and equipment and supplies related to the program.

E. Staff will be responsible for the supervision and safety of persons while being transported.
   1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.

PICS POLICY AND PROCEDURE ON
Safe Transportation

2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages is known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.

F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
   1. Name and phone number of person(s) to call in case of emergency.
   2. First aid kit and first aid handbook.
   3. Proof of insurance card and vehicle registration.

G. In the event of a severe weather emergency, staff will take the following actions:
   1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
   2. Follow directions for the need to change plans and activities, or seek emergency shelter.
   3. Inform passengers why plans and activities have changed. Assist passengers remain calm.

H. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.

I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices will operating the program vehicle.

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

Policy #14

PICS POLICY AND PROCEDURE ON
Universal Precautions and Sanitary Practices

I. Purpose

The purpose of this policy is to establish determination guidelines and notification procedures for universal precautions and sanitary practices.

II. Policy

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

III. Procedures

A. Universal precautions, sanitary practices, and prevention

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

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

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

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the Designated Coordinator.
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

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

NOTE: The website from the Minnesota Department of Health (MDH) is included as a resource for additional information.

Partners in Community Supports

Person-Centeredness

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

As required in section 245D.07, subdivision 1a of the 245D HCBS Standards, 245D licensed programs must provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

Person-centered service planning and delivery that:

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

Self-determination that supports and provides:

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

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

- inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.

The following questions can be used by persons receiving services licensed under chapter 245D to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

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

- What are your goals for service outcomes?
- What are your preferences related to:

- What time do you wake up in the morning?
- What time do you go to bed?

- What are your favorite foods?
- What are foods you don't like?
- Whom do you prefer to have direct support services provided from?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Do you work in the community?
- Do you feel your relationships are supported by staff?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

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

THE BREAKDOWN

People with disability labels have been excluded from the mainstream of society for centuries. Because of this lack of access to and involvement in community life, the value of certain groups of people has not been fully realized. Person-Centered Planning attempts to identify and highlight the unique talents, gifts and capabilities inherent in everyone. Explore and discover where in the "real" world these gifts can be shared and appreciated, and where the person's contributions and social roles will be valued.

Person-Centeredness focuses on the desires and abilities of the individual. It involves a team of family members, friends, and professionals as well as the consumer. Team members are chosen by the consumer. This team identifies skills and abilities of the consumer that can help achieve goals of competitive employment, independent living, continuing education and full inclusion in the community. This also helps to identify areas where consumers may need assistance and support, and the team helps to decide how to meet those needs.

Traditional planning methods view consumers with disabilities as "deficient" and unable to contribute to the community. This way of thinking invites discrimination, ridicule, and abuse. This ideal focuses on consumer deficits, perceived lack of skills, or talents. Goals in the traditional method are centered on "fixing" the consumer. These goals focus on the negative and encourage institutionalization of consumers with disabilities. This works from the theory that consumers with disabilities are not qualified to decide for themselves how they want to spend their lives and is contrary to values of freedom and liberty.

PERSON CENTERED PLANNING	TRADITIONAL METHOD PLANNING
Focus is on the person	Focus is on the program standards
Changes in services base on the person's needs/wants	Changes in service based on the organization's decisions
Program designed for the person	Person is assigned to the program
Performance expectations are defined by the person	Performance expectations are defined by the program

In a real Person-Centered plan, the consumer sets the agenda, chooses the team, the team works on the consumer's agenda with measurable accomplishments and the team celebrates those accomplishments. This plan is about the individual's life. A ***false*** Person-Centered plan team only meets once a year, the planners here are mainly professionals, the program drives the plan, nothing seems to change, the meetings are a drudge and the plan is about a document.

PERSONAL OUTCOMES

Personal outcomes are goals that we set for ourselves; they are defined from the person's perspective. These are often items that each of us individually identify as important to us and are the standards by which we measure the quality of our life. These are individual and vary from person to person. Personal outcomes have no standard definition, there is no "right" answer. The agency and staff should not only provide individuals with needed supports, but should also help the consumer develop natural supports in the community that will assist them in reaching their personal outcomes. None of us reach our personal outcomes without support from others like family and close friends.

Personal outcome measures are grouped into three factors:

- Myself (who I am as a result of my unique heredity, life experiences, and decisions)
- My world (where I work, live, socialize, belong, and connect)
- My dreams (how I want my life to be)

People who choose personal outcomes choose personal goals, including where and whom they live with, where they work, etc. These individuals have intimate relationships, they are satisfied with their services, and they are satisfied with their personal life situations as well. Personal outcomes help individuals choose their daily routines, allow them to have time and space for privacy, decide when to share their personal information, how to use their environments, and are safely connected to natural support networks. Often these people live in integrated environments, they participate in the life of the community, they interact with other members of the community, perform different social roles, they have friends, and are respected.

Personal outcome put listening to and learning from the consumer at the center of each conversation. Personal outcomes provide a guide to person-directed planning and enable agencies to identify the consumer's priorities. These priorities direct planning efforts, based off of the individual's own experiences, and reinforce diversity. The agency should provide the needed supports after the consumer defines their outcomes.

Within the outcome planning, team members must gather information in order to understand the consumer's vision and develop action plans that will allow for them to implement their elements, evaluate their effectiveness, and refine plans as needed to increase success.

Good planning is tailored to the dreams, goals, and needs of the consumer and results in real actions and outcomes for that individual. These plans build and sustain relationship and the team works together to solve problems and assist the consumer in building a more desirable future. Understanding the consumer's vision is the most important step in planning and may require creativity and investment. This doesn't stop with the assessment planning process. In planning, the consumer must direct the action – this is non-negotiable – and the vision for the consumer must come

from the consumer and their life experiences. In planning, the consumer works as a partner with service personnel to ensure that staff understand their desires and needs, then a plan is built around the consumer's vision for their life.

Self-determination play an important role in Person-Centeredness. Self-determination is a strong voice for and by persons with disabilities, promoting independence, empowerment, leading by example, communicating, networking, and encouraging each other. It's all about individuals making their own personal choices. Choice making decreases behavioral concerns because people are motivated to live the type of lifestyle that they want. Choice making is a balance between risk taking, support, and safety. Through choice making we not only provide consumers with the opportunity to create greater self-control, but we also teach them to select preferred options and teach them how to communicate clearly. People experiencing self-determination take risks, make mistakes, learn what they like and dislike, learn what they want and need, learn to communicate, make decisions, and work towards achieving the life that they prefer.

Employee Handbook

Licensed Personal Supports (245D)

Revised September 2017

IMPORTANT NOTICE

This handbook sets forth the general administrative policies of Partners in Community Supports, hereinafter PICS. This handbook replaces all previous policy manuals and other oral or written statements of employment policy, is provided for informational purposes only and is not a contract between PICS and its employees.

The Employee Handbook does not create an employment agreement; employment with PICS is at-will; meaning that you have the right to terminate your employment at any time, with or without cause or notice, and that PICS and the Representative have the same right.

PICS or the Representative has the authority to enter into an agreement contrary to this or to create an employment contract for any set period of time. The rules and procedures in this handbook is not all-inclusive. Although we attempt to cover matters of general applicability to employees, we know that it doesn't cover every situation that may arise during your employment. We reserve the right to make changes at any time, with or without notice, and to interpret these policies and procedures at the discretion of the company.

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Welcome to Partners in Community Supports!

WHAT IS PICS?

Established in 1999, Partners in Community Supports (PICS) is a non-profit organization and licensed Fiscal Support Entity (FSE) with a unique place in the world of social services. Working with organizations and advocates across Minnesota, we create responsive and innovative services for individuals with disabilities, the elderly, people affected by brain injury, and their families. Addressing unmet needs, anticipating changes, and enhancing the service delivery system are all at the heart of our work.

PICS takes the worry and stress out of the legal and financial aspects of payroll and Waivered Services. PICS provides administrative expertise so you can focus on the more pleasant aspects of life.

We help clients:

- Process payroll
- Handle all required accounting, reporting, tax and revenue information
- Facilitate staffing, including payroll, benefits, insurance, training, 245D compliance and more

BOARD OF DIRECTORS

PICS is governed by a volunteer Board of Directors. The Board meets annually and members include:

- President and CEO, Lutheran Social Service of MN
- Nancy Rosemore, Associate VP Disability Service, Lutheran Social Service of MN
- Jeri Schoonover, Chief Service Officer, Lutheran Social Service of MN
- Pat Thueson, Chief Financial Officer, Lutheran Social Service of MN
- Tory Merhar, Senior Director of PICS and Care Coordination, Lutheran Social Service of MN

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Main:	(651) 967-5061
Toll Free:	(844) 663-1098

DEFINITIONS

Authorized Representative or Representative. "Representative" means a parent, family member, advocate, or other adult authorized by the person or the person's legal representative, to serve as a representative in connection with the provision of services licensed under MN chapter 245D. This authorization must be in writing or by another method that clearly indicates the person's free choice. The authorized representative must have no financial interest in the provision of any services included in the person's service delivery plan and must be capable of providing the support necessary to assist the person in the use of home and community-based services licensed under this chapter

Background study. "Background study" means the review of records conducted by the commissioner to determine whether a subject is disqualified from direct contact with persons served by a program and, where specifically provided in statutes, whether a subject is disqualified from having access to persons served by a program.

Case Manager. "Case manager" means the individual designated to provide waiver case management services, care coordination, or long-term care consultation.

Coordinated Service and Support Plan. "CSSP" describes the individual program plan or individual treatment plan prescribed by the individual's medical provider to allow the individual to remain in a community setting.

Direct contact. "Direct contact" means providing face-to-face care, training, and supervision, counseling, consultation, or medication assistance to persons served by the program.

Direct support professional. "DSP" or "worker" means employees of the license holder who have direct contact with persons served by the program and includes temporary staff or subcontractors, regardless of employer, providing program services for hire under the control of the license holder who have direct contact with persons served by the program.

Lead Agency. Lead Agency refers to Partners in Community Support.

NETStudy. "NETStudy" means the commissioner's online system implemented in July 2004 and used by entities for submitting background study requests required under this chapter.

NETStudy 2.0. "NETStudy 2.0" means the commissioner's system that replaces both NETStudy and the department's internal background study processing system. NETStudy 2.0 is designed to enhance protection of children and vulnerable adults by improving the accuracy of background studies through fingerprint-based criminal record checks and expanding the background studies to include a review of information from the Minnesota Court Information System and the national crime information database.

Participant. Participant refers to the individual receiving services.

Service Coordinator. "Service Coordinator" is the point of contact from Partners in Community Support that each Participant and Representative are assigned to at time of enrollment.

INTRODUCTION

Licensed Personal Support Services – (245D)
Licensed Personal Supports is also known as the "traditional waivered service". PICS is the full-service employer (employer of record). Participants choose the employees they want to hire and maintain control of how employees provide services by scheduling hours and providing training and management. Participants can view and print the necessary employee forms to start the hiring process when they have found an individual they would like to hire as an employee.

As the employer of record, PICS provides:

- Background checks
- Administration of Worker's Compensation and Unemployment Insurance
- Training materials for employees
- Administrative support with completing employment paperwork, processing payroll, and reporting earnings to the state of Minnesota and the IRS
- Timely reporting
- Compliance with 245d Basic Licensing Requirements
- Hiring information including hire date
- Wage Rate determination including minimum and maximum pay rates

Diversity
PICS values diversity in all facets of the organization. PICS does not and will not discriminate based on race, gender, disability, age, sexual orientation, spirituality, or any cultural practice within the bounds of the law. PICS is an equal opportunity employer and provides services to any individual who qualifies for services without regard to other variables.

PICS strives to be sensitive to individuals' and families' cultural practices. When specific needs or preferences are identified, PICS documents the individual's or family's needs and preferences related to cultural practices on enrollment paperwork. When appropriate, PICS staff learns about and provides training to co-workers regarding cultures with which they are less familiar.

PICS will contract with interpreters as needed for verbal language and sign language. Unless families provide an interpreter or preferred interpretation source, PICS uses free or low-cost services whenever available. As needed, PICS will provide materials in alternative formats (e.g. large print, Braille, other languages).

New customers contact your PICS to arrange interpreter services. Existing customers work directly with their PICS Service Coordinator to obtain such services.

ADA and Reasonable Accommodation
The Americans with Disabilities Act (ADA) is a federal antidiscrimination statute designed to remove barriers which prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities. We will attempt to make reasonable accommodations for workers in accordance with ADA and within reason for the Participant and their families.

Ethics

PICS recognizes the importance of Participant choosing their own service providers; PICS will not limit the service choices of an individual or family and will help Participant understand their rights. PICS will review these rights at the time of service enrollment. PICS will document this process by filing signed Informed Consent forms. PICS will provide final spending reports and other appropriate assistance to Participant who choose to obtain services through a new provider. When providing services, if at any time PICS staff feels the program is not appropriate for a specific Participant, or that funds are being misused, they will discuss their concerns with the Participant and county representatives, as appropriate. PICS staff will become familiar with and, when appropriate, refer to the DHS Involuntary Exit Guidelines.

Worker Code of Conduct

PICS wants you to be successful in your job and will help you along the way. Part of that success means that you must maintain high standards of conduct and responsibility to the Participant's served. Any worker who commits an act of misconduct during work time that interferes with or adversely affects the best interests of the participant, may be subject to disciplinary action up to and including termination. While impossible to provide a complete list, examples of misconduct include, but are not limited to:

- Physical assault or attempted assault on a Representative, County or Case Manager, Participant or any individual
- Excessive absenteeism or tardiness
- Abuse or neglect of participants served
- Destroying, stealing or removing property
- Intentional dishonesty, including giving false information on your employment records
- Engaging in any illegal or criminal activity
- Releasing confidential information to unauthorized persons
- Refusing to carry out reasonable job-related requests made by your Representative
- Possession, consumption or being under the influence of alcoholic beverages or illegal drugs or substances while working with the Participant
- Sexual misconduct
- Violation of safety or security procedures as outlined in the Participants plan
- Other forms of serious personal misconduct as determined by PICS and/or the Representative

Conflict Resolution

Conflict is a natural part of dealing with other people. We want you to be able to express concerns in a respectful and effective manner. The following guidelines will give you ideas on how to manage conflict effectively within your work setting:

- Do not ignore something that bothers you. Address the conflict before the situation becomes intolerable.
- If emotions are dominating reactions, take a "cooling off" period with an agreed upon time to deal with the issue later.
- Talk directly to the other person involved in a private setting. Work together to try to solve the issue yourselves.
- If someone approaches you with an issue, be willing to work on it.
- If an individual begins to complain to you about another person who is not present, encourage that individual to talk directly with the other person instead.
- If, after you have tried to work on the issue with the other person(s) involved and the conflict still exists, ask for help from your Representative or contact the Human Resource Department.

Equal Opportunity Employment
PICS follows the established EEO/AA laws by not discriminating against any worker because of race, color, creed, religion, national origin, sex, affectional preference, disability, age, public assistance status, or ex-offender status so long as that status does not affect licensing standards, regulatory compliance, or mission.

Representatives are responsible for ensuring that the workplace is free of discrimination and harassment, including but not limited to recruitment, selection, evaluation, layoff and/or suspension of Participant services, disciplinary action, and training.

Any suspicion or knowledge of discrimination or harassment should be reported in writing immediately to a PICS representative. Upon receiving a written report of the complaint, an investigation will be carried out within 10 working days. To the extent possible, the complaint will be kept confidential, however, the investigator will need to confront the identified party, as well as important corroborating witnesses.

WORKER EXPECTATIONS AND REQUIREMENTS

Employee Classification
All positions at PICS are identified as nonexempt according to regulations established by the Fair Labor Standards Act (FLSA) and the State Wage and Hour Regulations.

Employment-At-Will
Worker's employment with the Representative, with administrative duties by PICS, will be employment-at-will, meaning that either the Representative or Worker may terminate the employment relationship at any time, for any legal reason, with or without notice. However, where possible, the Representative will attempt to give the Worker up to two weeks' advance written notice of termination. The Representative requests that the Worker also attempt to give two weeks' advance written notice of resignation.

New Hire Paperwork Process
New workers must complete the Personal Supports New Hire Packet. The New Hire Packet includes: the Background Study Authorization, Employment Application, Relationship Disclosure form, Personnel File Notification, W4 form, Payment Options form, I-9 form, Job Description, Employment Agreement, Mandatory Reporting Practices, Reporting and Review of Maltreatment of Minors and Vulnerable Adults, and Review of the Client Specific Support Plan (CSSP) Acknowledgement form.

When all required forms are received and your background study has been completed and results received, PICS Human Resources will notify both you and your Representative of your date of hire or inform you of any pending or incomplete paperwork. Please note: any hours worked prior to receiving an official notice from PICS that your employment has started, will not be paid.

Background Study
PICS will request a DHS background study through the NETstudy 2.0 system. Individuals may not begin working until PICS has received notification that the individual is eligible to provide direct contact services for the participant. Background studies can take up to 5 - 7 business days to complete or longer. If any of the studies discloses a disqualifying circumstance according to the Minnesota Statutes Chapter

245C of the Human Services Background Studies division, Human Resources will notify you and the Representative of your inability to begin work. If you are currently employed and PICS receives new disqualifying information about your background, we may run another background study at our discretion, and your employment may be terminated.

Worker and Representative Expectations
It is the responsibility of the Representative to communicate performance expectations to workers, observe and document work performance, and provide ongoing feedback. The Representative provides all work direction, approves and sets work schedules and provides training on the care and services provided to the participant.

Workers are responsible for assignments specified in their job descriptions and for informing the Representative if expectations are unclear or if they need additional resources to complete work tasks.

Reporting Work Accidents or Incidents
The Worker must immediately report all incidents and accidents to the Representative, including incidents or accidents involving the Worker or the Participant, pursuant to the Vulnerable Adult and Maltreatment of Minors Acts. These reports are important because of Participant safety and workers' compensation requirements.

Annual Performance Evaluations
Performance evaluations will be conducted on an annual basis by the Representative. It is an opportunity for Workers to receive feedback and review job expectations and job performance. This is a requirement for continued employment.

Changes: Name and Contact Information
If you have experienced a name change, you must submit a copy of your updated social security card and a new W-4 form with your new name.

If you experience a change in address or email address, you must contact PICS as soon as possible. The request can be made to your Service Coordinator, Payroll or Human Resources, and must be made in writing in order to be processed.

Training: Orientation and Annual Training
Licensed Personal Support programs are licensed by the State of MN and workers are required to complete training that meets PICS licensing requirements. All training is completed through the College of Direct Support. Login in formation will be provided to workers from the HR Department.

Workers must complete Orientation Training (10 hours) within 60 days of their date of hire, and Annual Training (6 or 12 hours depending on years of direct contact experience). Annual training occurs between October 1 and 31 every year. Training is completed online through the College of Direct Support.

Training is paid at the appropriate minimum wage. Workers may not work more than 40 hours per week of combined training and providing direct contact service. The Representative is responsible to ensure work schedules allow for time to complete training. Failure to complete training will result in workers immediate suspension.

Work Schedule
The Representative will develop a schedule for all workers, PICS does not determine schedules. Your schedule is contingent on the level of supports and funding outlined in the Participant's approved plan. The amount of scheduled hours cannot be guaranteed and should not exceed 40 hours per week. All hours worked must be pre-approved by your Representative.

The following situations could impact when a Worker can provide direct contact services:

- While the Participant is in the hospital or care facility
- If the Participant has overspent their budget
- The Participants Medical Assistance has been suspended
- If the Worker doesn't have a completed Background Check or Study

Workers in Driving Positions
Worker will use a private vehicle to transport the Participant, the Representative must certify that the Worker will only use a vehicle in good working order owned either by the Representative or the Worker and that such vehicle will be fully insured. The Representative further agrees to assure, to the extent possible, that the Worker operates such vehicle in a lawful manner. "Fully Insured" means that the insurance coverage on the vehicle is at least $500,000 single limit liability, $500,000 uninsured motorist coverage, and $500,000 underinsured motorist coverage.

Verification of Employment
Verifications of employment are process by the HR department. A phone reference will include the workers job title and dates of employment. Compensation information is verified only in writing and upon written request with proof of the workers authorization for release. It is PICS policy to not project or estimate future employment.

Benefits Information

Medical Benefits
If you are a worker that works full-time (30 hours or more per week), you may be eligible for medical insurance offered through PICS. In addition to a medical plan, PICS offers a Health Savings Account option.

Sick and Safe Time
The cities of Saint Paul and Minneapolis passed Sick & Safe (SICK) Time Off ordinances. To be eligible for SICK time, a Worker must provide services to a Participants residing in Minneapolis or Saint Paul. Eligible workers will accrue SICK Time at a rate of 1 hour for every 30 hours worked beginning 7/1/17. Full details can be found at: http://www.lssmn.org/pics/employee-resources/payroll/.

To be eligible for Sick and Safe Time, the worker must support a Participant who primarily resides within the city of Saint Paul or Minneapolis.

Payroll Information

Payroll Schedule
The payroll schedule is posted on the PICS website, www.picsmn.org. Representatives are responsible for ensuring the accuracy of the hours reported on timesheets and submitting timesheets in a timely manner according to the PICS payroll schedule.

Payment Options
PICS requires electronic payment for all payroll and offers two options: direct deposit into a personal bank account or a payroll debit card option.

- Direct Deposit: set up your checking and/or savings accounts to receive immediate deposit. With this option, the worker must be an owner or co-owner of the bank account requested to be set up and must provide proof or a bank document. A written request for cancelation or change to a direct deposit is required.
- Payroll Debit Card**:** the payroll debit card is the default option if a direct deposit is not received. PICS will issue and mail the debit card and Money Network Checks prior to the first pay check. The payroll debit card option, TotalPay Visa Debit, offers a complete and convenient package of services that can be used to access and manage your money instantly. Your pay will be deposited into the TotalPay Visa Card every payday providing immediate access to your money.

Payroll is processed on a biweekly basis following submission of accurate time records by 12 p.m. on the Monday before each payroll week. All compensation is subject to applicable withholding.

Stop Payments and Erroneous Payments
If a stop payment is needed or a replacement check is requested, contact the PICS Payroll Department, a $35.00 stop payment fee will be assessed for this service.

In the event of an over or under payment, the PICS Payroll Department will work with the Worker, Representative and Service Coordinator to rectify the issue as soon as possible either by payroll deduction(s), special check or other agreed upon arrangement. Erroneous payments or lack of payments, should be reported immediately to the Payroll Department.

Timesheets and Time Card Procedure
All workers must record the actual number of hours worked on a time card, including the beginning and ending hours each day noted as a.m. or p.m. Sign and date the time card as verification that the hours recorded are correct and give your timecard to the Representative to sign and date for approval. The Representative is responsible for verifying the timecard accuracy, and for sending the time card to PICS, or submitting your time online.

Timesheets will not be processed if they are not signed by the Representative. Unsigned timesheets will be returned to the Representative when appropriate.

- Timesheets are paid at the rate listed on the most current Employment Agreement or Status Change form. If the Representative would like to increase an hourly wage or add a new rate (i.e. 24-hour respite, homemaker service), they must submit a status change form forwarded to PICS with both Representative and Worker signatures.

- If timesheets are not submitted to PICS according to the payroll schedule, Workers will be paid on the next off payroll week. Delays can be avoided simply by submitting timesheets according to the payroll schedule provided.

Overtime
Licensed Personal Support workers may not work more than 40 hours per week. This includes direct contact hours and training hours. The Representative should call a PICS Service Coordinator if there are any questions or concerns about staff hours.

Payroll Deductions
Payroll deductions for Workers are the standard deductions and include: Social Security, Medicare, and state and federal withholding taxes. Other deductions, health insurance and health savings account may be made with Worker authorization.

If you are a Worker who participates in PICS medical insurance benefits and premium payments are missed, PICS reserves the right to deduct the missed premium(s) from all future checks until payment is received in full. A repayment schedule can be arranged with the Payroll Department.

Paystubs, W-4 forms and W-2 forms
The Form W-4 is completed through the new hire process. Workers have the option to update exemptions and withholdings at any time throughout your employment. Failure to complete the W-4 or completing the form incorrectly, will result in being set up with default option. The default option is single and zero.

Please NOTE: If you claim exempt on a yearly basis, new Federal and State withholding forms are required to be completed every year by February 15. If updated withholding forms are not received, your exemptions status will change to the default option.

Requests for Paystubs and W-2's can be made online or by contacting the PICS Payroll Department. For a W-2 reprint, a $5.00 fee will be assessed.

Mileage
Workers may be eligible to receive reimbursement per mile for transportation services if transportation reimbursement is approved in the Participant's plan. Questions about mileage can be directed to the Participant's Service Coordinator.

Sleep Time
Workers who are scheduled to work overnight must provide consent to do so, prior to the work happening. Up to eight (8) hours of sleep time per night can be excluded or unpaid if: the work shift is 24 hours or more; the worker has adequate sleeping arrangements; have a reasonable expectation to sleep uninterrupted 5 hours of 50% or more of the time. Any interruptions will be paid and if 5 hours of uninterrupted sleep did not occur, all sleep time will be paid.

Wage Garnishments
In the event that a wage garnishment is issued against a worker, PICS Payroll Department will comply and withhold the portion of salary as directed by the creditor.