Policy Booklet

I acknowledge the policies, procedures set forth in this Policy Booklet revoke all previous inconsistent policies and procedures for Home at Heart Care, Inc. as of the effective date of this Booklet. I also acknowledge it is my responsibility to be familiar with these policies and any changes or modifications thereto.

My signature below acknowledges that I have read the above statements and received a copy of the Home at Heart Care, Inc. Policy Booklet including the below contents:

Contents

_____ Dated: _____

(Signature)

_____

(Printed Name)

Advance Health Care Directive[1]

Home at Heart Care has reprinted in this booklet, information from the MN Department of Health, regarding information you may need now for making future Health Care Decisions for your future.

Minnesota Law

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

What is a Health Care Directive?

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

Why Have a Health Care Directive?

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

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

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

How Do I Make a Health Care Directive?

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

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

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

[1]Information in this section is derived from https://www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html (last visited January 21, 2025).

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

I Prepared My Directive in Another State. Is It Still Good?
Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

What Can I Put in a Health Care Directive?
You have many choices of what to put in your health care directive. For example, you may include:

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

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

Are There Any Limits to What I Can Put in My Health Care Directive?
There are some limits about what you can put in your health care directive. For instance:

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

How Long Does a Health Care Directive Last? Can I Change It?
Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

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

What If My Health Care Provider Refuses to Follow My Health Care Directive?
Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The

provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

What If I've Already Prepared a Health Care Document? Is It Still Good?
Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

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

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

What Should I Do With My Health Care Directive After I Have Signed It?
You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?
Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

What if I Believe my HMO Has Not Followed Health Care Directive Requirements?
Complaints of this type can be filed with Managed Care at 651-201-5176.

How To Obtain Additional Information

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

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

A suggested health care directive form is available at: Minnesota Board on Aging - Health Care Directive, https://mn.gov/board-on-aging/connect-to-services/legal/advanced-care-planning/advance-directives/.

Bill of Rights, Minnesota Home Care[2]

A person who receives home care services in the community has these rights:

(1) the right to receive written information, in plain language, about rights before receiving services, including what to do if rights are violated;

(2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services;

(3) the right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services;

(4) the right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan;

(5) the right to refuse services or treatment;

(6) the right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider;

(7) the right to be told before services are initiated what the provider charges are for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying;

(8) the right to know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;

(9) the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs, or public programs;

(10) the right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;

(11) the right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;

(12) the right to be served by people who are properly trained and competent to perform their duties;

(13) the right to be treated with courtesy and respect, and to have the client's property treated with respect;

[2]Information in this section is derived from https://www.revisor.mn.gov/statutes/cite/144A.44 and https://www.health.state.mn.us/facilities/regulation/billofrights/docs/mn_hcbor_eng_reg.pdf (last visited January 21, 2025).

(14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;

(15) the right to reasonable, advance notice of changes in services or charges;

(16) the right to know the provider's reason for termination of services;

(17) the right to at least ten calendar days' advance notice of the termination of a service by a home care provider, except in cases where:

> (i) the client engages in conduct that significantly alters the terms of the service plan with the home care provider;
>
> (ii) the client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
>
> (iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider;

(18) the right to a coordinated transfer when there will be a change in the provider of services;

(19) the right to complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property and the right to recommend changes in policies and services, free from retaliation including the threat of termination of services;

(20) the right to know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint;

(21) the right to know the name and address of the state or county agency to contact for additional information or assistance; and

(22) the right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation; and

(23) place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to assure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to the fines and license actions.

Providers must do all of the following:

- Encourage and assist in the fullest possible exercise of these rights.
- Provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights.

- Make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services.
- Make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English.
- Provide all information and notices in plain language and in terms the client or resident can understand.

No provider may require or request a client or resident to waive any of the rights listed in this section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

Interpretation and Enforcement of Rights

These rights are established for the benefit of clients who receive home care services. All home care providers must comply with these rights. The commissioner shall enforce this. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or licensed home care providers.
Legal Authority: MS §§ 144A.44

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

Resources

Licensee Name:
Home at Heart Care, Inc.
Telephone Number:
218 776 3508
Email: info@homeatheartcare.com
Address:
221 3rd Ave SW, Suite 3, P.O. Box 183, Clearbrook MN 56634
Name/Title of Person to Whom Problems or Complaints May be directed:
Troy McQuown/CFO Home at Heart Care, Inc.

Report suspected abuse, neglect or financial exploitation of a vulnerable adult:

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)
Phone: 1-844-880-1574
For more information: Vulnerable adult protection and elder abuse (https://mn.gov/dhs/adult-protection/)

For all other complaints that are not suspected abuse, neglect or financial exploitation of a vulnerable adult, please contact the Office of Health Facility Complaints at the Minnesota Department of Health:

MINNESOTA DEPARTMENT OF HEALTH
OFFICE OF HEALTH FACILITY COMPLAINTS
PO Box 64970
St. Paul, Minnesota 55164-0970
Phone: 651-201-4201 or 1-800-369-7994
Fax: 651-281-9796
health.ohfc-complaints@state.mn.us
Office of Health Facility Complaints
(https://www.health.state.mn.us/facilities/regulation/ohfc/index.html)

To request advocacy services, please contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities:

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE
PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555
MBA.OOLTC@state.mn.us
Ombudsman for Long-Term Care (http://www.mnaging.org/Advocate/OLTC.aspx)

OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
121 7th Place East
Metro Square Building
St. Paul, MN 55101-2117
1-800-657-3506 or 651-757-1800
Ombudsman.mhdd@state.mn.us
Office of Ombudsman for Mental Health and Developmental Disabilities
(https://mn.gov/omhdd/)

MID-MINNESOTA LEGAL AID/MINNESOTA DISABILITY LAW CENTER
(Protection and Advocacy Systems)
430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780
1-800-292-4150
mndlc@mylegalaid.org
Legal Aid (http://mylegalaid.org/)

MINNESOTA DEPARTMENT OF HUMAN SERVICES
(Medicaid Fraud and Abuse-payment issues)
Program Integrity Oversight (formerly Surveillance and Integrity Review Services)
PO Box 64982 St Paul, MN 55164-0982
1-800-657-3750 or 651-431-2650

- Submitting the Program Integrity Oversight hotline form (recommended)
- Calling the Program Integrity Oversight hotline at 651-431-2650 or 1-800-657-3750
- Sending your report via email to OID.Investigations.DHS@state.mn.us
- Sending a letter via US Mail to the Office of Inspector General – Program Integrity and Oversight Division – PO Box 64982, St. Paul, MN 55164-0982

SENIOR LINKAGE LINE
(Aging and Disability Resource Center/Agency on Aging)
Minnesota Board on Aging
PO Box 64976 St. Paul, MN 55155
1-800-333-2433
senior.linkage@state.mn.us
Senior LinkAge Line (www.SeniorLinkageLine.com)

For general inquiries, please contact:

Minnesota Department of Health
Health Regulation Division
85 E. 7th Place
PO Box 64970
St. Paul, MN 55164-0970
651-201-4101
health.fpc-web@health.state.mn.us
Minnesota Department of Health (www.health.state.mn.us)

To be used by licensed only home care providers per Minnesota Statute, Section 144Aa.44 Subdivision 1. These rights pertain to clients receiving home care services from licensed only home care providers.

The home care provider shall provide the client or the client's representative a written notice of the rights before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900 651-201-4101
health.fpc-licensing@state.mn.us

To obtain this information in a different format, call: 651-201-4101.

Data Privacy Policy[3]

Home at Heart recognizes the right of each Client 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.

Private Data

1. Private data includes all information on persons that has been gathered by Home at Heart 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 of Home at Heart.
    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 Home at Heart 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.

Providing Notice

At the time of service initiation, the person and his/her legal representative, if any, will be provided the Home at Heart Data Privacy Policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

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;

[3]Information in this section is derived from https://mn.gov/dhs/assets/245d-data-privacy-policy-sample-document_tcm1053-297076.doc (last visited January 21, 2025).

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 Home at Heart'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 Home at Heart 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 Home at Heart, 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.

Staff Access to Private Data

1. This policy applies to all Home at Heart staff, volunteers, and persons or agencies under contract with Home at Heart (paid or unpaid).
2. Staff persons do not automatically have access to private data about the persons served by Home at Heart 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 Home at Heart 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.

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.

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

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.

After termination of employment with Home at Heart for any reason or no reason, former employees must continue to protect the privacy of client protected health information. All departing employees must immediately return to their supervisor any and all documents and media containing client protected health information. Terminated employees must never disclose, without proper authorization or as required by law, any client protected health information after leaving employment with Home at Heart.

Emergency Response, Reporting & Review Policy[4]

It is Home at Heart's policy that Caregivers effectively respond to, report, and review all emergencies to ensure the safety of clients while actively providing services and to promote the continuity of services until emergencies are resolved.

"Emergency" means any event that affects the ordinary daily operation of Home at Heart including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of clients; and
- that require calling 911, emergency evacuation, moving to an emergency shelter from the service site for more than 24 hours.

The Caregiver should be familiar with the Emergency Preparedness Plan located with the client's care plan. It is important the Caregiver remains calm and keeps everyone informed throughout the emergency.

Fires

Additional information on safety in fires is available online at: http://www.ready.gov/home-fires. In the event of a fire emergency, Caregivers should take the following actions:

- Use fire extinguishers to suppress the fire if it can be done safely.
- Call 911 and provide them with relevant information.
- Remain calm.
- Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.
- Keep everyone together. Do not reenter until the emergency personnel determine it is safe to do so.
- Provide emergency first aid as required until emergency personnel arrive.

Severe weather and natural disasters

Additional information on safety in severe weather or natural disasters is available online at: http://www.ready.gov/natural-disasters. In the event of a severe weather emergency, Caregivers should take the following actions:

- Monitor weather conditions: Listen to local television, radio or a weather-radio for weather warnings and watches. Make sure the client is aware of the situation. Follow the recommendations of the announcement and assist the client in the preparation for the inclement weather, which may include changing plans and activities, staying indoors or seeking shelter.

  WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.

[4]Information in this section is derived from https://mn.gov/dhs/assets/245d-emergency-response-reporting-and-review-policy-sample-document_tcm1053-297258.doc (last visited January 21, 2025).

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

- Account for the well-being of your Client
- Inform your Client why plans and activities are changing and what they are doing to keep them safe.

Power failures

Additional information on safety during power failures is available online at: http://www.ready.gov/technological-accidental-hazards. In the event of a power failure emergency, Caregivers should take the following actions:

- Report power failures to the client's power company.
- Use emergency supplies (flashlights, battery-operated radio).
- Account for the well-being of your Client
- Inform your Client why plans and activities are changing and what they are doing to keep them safe.

Emergency shelter

Additional information on emergency shelter is available online at: http://www.ready.gov/shelter. Need of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of clients.

- Follow directions of local emergency personnel to locate the closest emergency shelter.
- If time allows, move to the emergency shelter with at least a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.
- At the emergency shelter, notify personnel of any special needs required.
- Remain calm and keep everyone informed of why events are occurring

Emergency evacuation

Additional information on emergency evacuation is available online at: http://www.ready.gov/evacuating-yourself-and-your-family. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety. Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of the Client.

- Account for the well-being of your Client
- Inform people why they are leaving the program and what is being done to keep them safe
- Follow directions received from Home at Heart staff, police, fire and other emergency personnel.
- If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

Reporting Procedures

Emergency reports will be completed using the Home at Heart emergency report and review form as soon possible after the occurrence, but no later than twenty-four (24) hours after the emergency occurred or Home at Heart in the emergency unless the emergency resulted in an incident to a person or persons. The written report will include:

- The date, time, and location of the emergency;
- A description of the emergency;
- A description of the response to the emergency and whether a person's coordinated service and support plan addendum or Home at Heart's policies and procedures were implemented as applicable;
- The name of the staff person or persons who responded to the emergency; and
- The results of the review of the emergency (see section IV).

Review Procedures

Home at Heart will complete a review of all emergencies. This review will be completed as soon as possible. The review will ensure that the written report provides a written summary of the emergency. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period. Emergency reports will be maintained in the data drive.

Emergency Use of Manual Restraint[5]

Home at Heart will promote the rights of clients and will protect their health and safety to avoid the emergency use of manual restraints.

"Emergency use of manual restraint" means using a manual restraint when a client 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 client's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

A. Caregivers are instead expected to use positive support strategies and techniques in an attempt to de-escalate a client's behavior before it poses an imminent risk of physical harm to self or others. Positive behavior support strategies include:
    1. Follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
    2. Shift the focus by verbally redirect the person to a desired alternative activity;
    3. Model desired behavior;
    4. Reinforce appropriate behavior
    5. Offer choices, including activities that are relaxing and enjoyable to the person;
    6. Use positive verbal guidance and feedback;
    7. Actively listen to a person and validate their feelings;
    8. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
    9. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
    10. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
    11. Respect the person's need for physical space and/or privacy.
    12. Understanding how and what the client is communicating;
    13. Understanding the impact of other's presence, voice, tone, words, actions, and gestures, and modifying these as necessary;
    14. Supporting the client in communicating choices and wishes;
    15. Caregivers changing their own behavior when it has a detrimental impact;
    16. Temporarily avoiding situations that are too difficult or too uncomfortable for the client;
    17. Allowing the client to exercise as much control and decision-making as possible over day-to-day routines;
    18. Assisting the client to increase control over life activities and environment;
    19. Teaching the client coping, communication and emotional self-regulation skills;
    20. Anticipating situations that will be challenging and assisting the client to cope or to respond in a calm way;
    21. Filling up the client's life with opportunities such as valued work, enjoyable physical exercise and preferred recreational activities; and

[5]Information in this section is derived from https://mn.gov/dhs/assets/245d-emergency-use-of-manual-restraints-not-allowed-policy-sample-document_tcm1053-338772.docx (last visited January 21, 2025).

22. Modifying the environment to remove stressors (such as irritating noise, light or cold air).

B. Home at Heart will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner of Human Services and within the required timelines for each person served when required in order to:
    1. eliminate the use of prohibited procedures as identified in this policy;
    2. avoid the emergency use of manual restraint as defined 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.

PERMITTED ACTIONS AND PROCEDURES

Home at Heart allows the following instructional techniques and intervention procedures used on an intermittent or continuous basis. When used on a continuous basis, they must be addressed in a client's care plan.

A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the client in order to:
    1. calm or comfort a client by holding that persons with no resistance from that person;
    2. protect a client 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 client'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 sixty (60) seconds of physical contact by staff; or
    5. to redirect a client'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 client in the event of an emergency and the client is at imminent risk of harm; or
    3. position a person with physical disabilities in a manner specified in the person's care plan.

    Any use of restraint as allowed in this paragraph B must comply with the restrictions identified in the preceding paragraph A.

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

PROHIBITED PROCEDURES

Home at Heart prohibits the 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 Caregiver's convenience:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint;
4. Time out;
5. Seclusion; or
6. Any aversive or deprivation procedure.

MANUAL RESTRAINTS NOT ALLOWED IN EMERGENCIES

Home at Heart does not allow the emergency use of manual restraint. Alternative measures must be used by Caregivers to achieve safety when a client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- 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.
- Refer to the attached list of alternative measures that includes a description of each of the alternative measures trained staff are allowed to use and instructions for the safe and correct implementation of those alternative measures.
- Caregivers may contact their supervisor to discuss specific alternatives for their client.

If a client poses a threat to self or others (including actions which are actively violent, such as actively assaulting caregivers or others, throwing and breaking things), appears belligerent and hostile (i.e. potentially violent), and/or expresses imminent intent to harm self or others (even if the client does not appear threatening to self or others) then Caregivers should take the following actions:

- Immediately call 911
- Before emergency personnel arrives/responds, if possible without making physical contact with the client and/or endangering themselves or others, remove any potentially dangerous objects and any other vulnerable adults and/or children in the client's immediate area
- Any and all other emergency procedures within the client's care plan (including without limitation any applicable Individual Abuse Prevention Plan) and the Home at Heart Client

Handbook (as applicable), including notifying the client's designated emergency contact of the situation as soon as possible

- After emergency personnel have resolved the situation, report the incident to the direct supervisor.

Home at Heart will not allow the use of an alternative safety procedure with a client when it has been determined by the client's physician or mental health provider to be medically or psychologically contraindicated for a person. Home at Heart will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services (including as part of the required service planning required under the 245D Home and Community-based Services Standards, Minnesota Statutes Section 245D.07, subdivision 2, as applicable).

REPORTING EMERGENCY USE OF MANUAL RESTRAINT

Home at Heart 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 must immediately report the incident to the person listed below. Home at Heart has identified the following person or position responsible for reporting the emergency use of manual restraint, when determined necessary (including pursuant to according to the standards in Minnesota Statutes Section 245D.061 and Minnesota Administrative Rules part 9544.0110).

Name/Title of Person for reporting manual restrain incidents:

Troy McQuown, CFO of Home at Heart Care, Inc.

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061, MR part 9544.0110

Family Medical Leave Act Policy

HOME AT HEART CARE, INC., a Minnesota corporation ("Company") is committed to complying with the Family and Medical Leave Act ("FMLA"). Company posts the mandatory FMLA Notice on employee rights and responsibilities under the FMLA at Company's main office and upon hire provides new employees with notices required by the U.S. Department of Labor ("DOL"), including without limitation a copy of this Policy ("Policy").

The purpose of this Policy is to identify the eligibility and leave requirements under the FMLA.

General Provisions

Under this Policy, Company will grant up to twelve (12) weeks of unpaid leave (or up to twenty-six (26) weeks of unpaid military caregiver leave to care for a covered servicemember with a serious injury or illness) during a 12-month period to eligible employees.

Eligibility

To qualify to take family or medical leave under this Policy, the employee must meet all of the following conditions:

A. The employee must have worked for Company for twelve (12) months or fifty-two (52) weeks. The twelve (12) months or fifty-two (52) weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven (7) years. Separate periods of employment will be counted if the break in service exceeds seven (7) years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating Company's intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
B. The employee must have worked at least one thousand two hundred fifty (1,250) hours during the 12-month period immediately before the date when the leave is requested to commence. The principles established under the Fair Labor Standards Act ("FLSA") determine the number of hours worked by an employee. The FLSA does not include time spent on paid or unpaid leave as hours worked. Consequently, these hours of leave will not be counted in determining the one thousand two hundred fifty (1,250) hours eligibility test for an employee under FMLA.
C. The employee must work at a location where fifty (50) or more employees are employed by Company within seventy-five (75) miles of that location. The distance is to be calculated by using available transportation by the most direct route.

Type of Leave Covered

To qualify as FMLA leave under this Policy, the employee must be taking leave for one of the reasons listed below:

A. The birth of a child and in order to care for that child.
B. The placement of a child for adoption or foster care and to care for the newly placed child.
C. To care for a spouse, child or parent with a serious health condition (described below).
D. The serious health condition of the employee, as follows:

1. An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.
2. A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.
3. This Policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three (3) consecutive days of incapacity with the first visit to the health care provider within seven (7) days of the onset of the incapacity and a second visit within thirty (30) days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least two (2) times per year.
4. If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this Policy, Company may designate all or some portion of related leave taken as leave under this Policy, to the extent that the earlier leave meets the necessary qualifications.

E. Qualifying exigency leave for employees with one or more family members who are members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty. An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to twelve (12) weeks of leave for reasons related to or affected by the family member's call-up or service.
    1. The qualifying exigency must be one of the following:
        a. short-notice deployment,
        b. military events and activities,
        c. child care and school activities,
        d. financial and legal arrangements,
        e. counseling,
        f. rest and recuperation (limited to fifteen (15) calendar days beginning on the date the military member commences each instance of rest and recuperation leave),
        g. post-deployment activities,
        h. parental care, and
        i. additional activities that arise out of active duty, provided that Company and employee agree, including agreement on timing and duration of the leave.

    2. The following definitions and provisions shall apply with respect to this Policy:
        a. (i) "Covered active duty" means: (1) For members of a regular component of the Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; (2) for members of *reserve* components of the Armed Forces (members of the U.S. National Guard and Reserves), duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in a contingency operation as defined in section 101(a)(13)(B) of Title 10 of the United States Code.
        b. Qualifying exigency leave may commence as soon as the applicable individual receives the call-up notice. (Son or daughter for this type of FMLA leave is

defined the same as for child for other types of FMLA leave, except that the person does not have to be a minor.) This type of leave is counted toward the employee's 12-week maximum of FMLA leave in a 12-month period.

F. Military caregiver leave (also known as "covered servicemember leave") to care for an injured or ill servicemember or veteran. An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to twenty-six (26) weeks in a single 12-month period to care for that servicemember (as described below).

1. Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.
2. In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered servicemember.
3. The following definitions and provisions shall apply with respect to covered servicemember leave:
    a. A "son or daughter of a covered servicemember" means the covered servicemember's biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood *in loco parentis*, and who is of any age.
    b. A "parent of a covered servicemember" means a covered servicemember's biological, adoptive, step or foster father or mother, or any other individual who stood *in loco parentis* to the covered servicemember. This term does not include parents "in law."
    c. Under the FMLA, a "spouse" has the meaning under 29 CFR §§ 825.102 and 825.122(b).
    d. The "next of kin of a covered servicemember" is the nearest blood relative, other than the covered servicemember's spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember's only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered

servicemember's next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember's next of kin. Company may require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to 29 CFR § 825.122(j).

e. The term "covered servicemember" means: (1) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or (2) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.
f. The term "serious injury or illness means: (1) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and (2) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.
g. Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

Amount of Leave

An eligible employee can take up to twelve (12) weeks for the FMLA circumstances within Section C(1) through Section C(5) above under this Policy during any 12-month period. Company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this Policy. Each time an employee takes leave, Company will compute the amount of leave the employee has taken under this Policy in the last twelve (12) months and subtract it from the twelve (12) weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to twenty-six (26) weeks for the FMLA circumstance within Section C(6) above (military caregiver leave) during a single 12-month period. For military caregiver leave, Company will measure the 12-month period measured forward from the first date any military caregiver

leave is taken. FMLA leave taken for other FMLA circumstances will be deducted from the total of twenty-six (26) weeks available.

If a married couple both work for Company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the two employees may only take a combined total of twelve (12) weeks of leave. If a married couple both work for Company and each wishes to take leave to care for a covered injured or ill servicemember, the married couple may only take a combined total of twenty-six (26) weeks of leave.

Employee Status and Benefits During Leave

While an employee is on leave, Company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work (subject to receipt of the payments set forth below).

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, Company may, at Company's discretion, require the employee to reimburse Company the amount Company paid for the employee's health insurance premium during the leave period.

While on unpaid leave, the employee must continue to make the employee's required portion of the applicable health care premium, either in person or by mail. The payment must be received in Company's main office by the first day of each month. If the payment is more than thirty (30) days late, the employee's health care coverage may be dropped for the duration of the leave. Company will provide fifteen (15) days' notice prior to the employee's loss of coverage.

If the employee contributes to a life insurance or disability plan, while the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums. If the employee does not continue these payments, Company may discontinue coverage during the leave (at Company's sole and absolute discretion). If Company maintains coverage, Company may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

Employee Status after Leave

An employee who takes leave under this Policy may be asked to provide a fitness for duty ("FFD") clearance from the health care provider. This requirement will be included in Company's response to employee's FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions; however, the employee may not necessarily provide services to the same client(s) as prior to taking the leave. Company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

Use of Paid and Unpaid Leave

An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use all accrued and unused paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave.

Disability leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. An employee who is taking leave for the adoption or foster care of a child must use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) (as long as the reason for the absence is covered by Company's sick leave policy, if any) prior to being eligible for unpaid leave.

Intermittent Leave or a Reduced Work Schedule

An eligible employee may take FMLA leave in twelve (12) consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of twelve (12) workweeks (or twenty-six (26) workweeks to care for an injured or ill servicemember over a 12-month period).

Company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, Company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one (1) year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with Company before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

Certification for the Employee's Serious Health Condition

Company may require certification for the employee's serious health condition. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical

certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition (https://www.dol.gov/whd/forms/WH-380-E.pdf).

Company may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. Company will not use the employee's direct supervisor for this contact. Before Company makes this direct contact with the health care provider, the employee will be a given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, Company will obtain the employee's permission for clarification of individually identifiable health information.

Company has the right to ask for a second opinion if it has reason to doubt the certification. Company will pay for the employee to get a certification from a second doctor, which Company will select. Company may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, Company requires the opinion of a third doctor. Company and the employee will mutually select the third doctor, and Company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits hereunder pending the second and/or third opinion.

Certification for the Family Member's Serious Health Condition

Company may require certification for the family member's serious health condition. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition (https://www.dol.gov/whd/forms/WH-380-E.pdf).

Company may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. Company will not use the employee's direct supervisor for this contact. Before Company makes this direct contact with the health care provider, the employee will be a given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, Company will obtain the employee's family member's permission for clarification of individually identifiable health information.

Company has the right to ask for a second opinion if it has reason to doubt the certification. Company will pay for the employee's family member to get a certification from a second doctor, which Company will select. Company may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, Company requires the opinion of a third doctor. Company and the employee will mutually select the third doctor, and Company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

Certification of Qualifying Exigency for Military Family Leave

Company may require certification of the qualifying exigency for military family leave. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable

explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave (https://www.dol.gov/whd/forms/WH-384.pdf).

Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

Company may require certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember (https://www.dol.gov/whd/forms/WH-385.pdf).

Recertification

Company may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every thirty (30) days and only when circumstances have changed significantly, or if Company receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, Company may request recertification for the serious health condition of the employee or the employee's family member every six (6) months in connection with an FMLA absence. Company may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

Procedure for Requesting FMLA Leave

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the Human Resources Department. Within five (5) business days after the employee has provided this notice, the Human Resources Department will complete and provide the employee with the DOL Notice of Eligibility and Rights & Responsibilities (https://www.dol.gov/whd/forms/WH-381.pdf).

When the need for the leave is foreseeable, the employee must provide Company with at least thirty (30) days' notice, to be given to the Human Resources Department. When an employee becomes aware of a need for FMLA leave less than thirty (30) days in advance, the employee must provide notice of the need for the leave to the Human Resources Department either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with Company's usual and customary notice and procedural requirements for requesting paid time off, absent unusual circumstances.

Designation of FMLA Leave

Within five (5) business days after the employee has submitted the appropriate certification form, the Human Resources Department will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice (https://www.dol.gov/whd/forms/WH-382.pdf).

Intent to Return to Work from FMLA Leave

On a basis that does not discriminate against employees on FMLA leave, Company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

Q. FAILURE TO RETURN FROM LEAVE

An employee who fails to return from leave on an agreed upon return date without communication that further FMLA leave is necessary, will be presumed to have terminated such employee's employment.

Grievance and Complaint Policy[6]

It is the policy ("Policy") of Home at Heart Care, Inc. ("Home at Heart") to ensure that people served by Home at Heart have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served by Home at Heart and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

PROCEDURES:

A. Service Initiation:

A person receiving services and their case manager (when applicable) 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 Home at Heart staff person that they feel comfortable with about their complaint or problem;
      b. clearly inform the Home at Heart staff person that they are filing a formal grievance and not just an informal complaint or problem; and
      c. may request Home at Heart 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 at Home at Heart. That person is Troy McQuown, CEO, P.O. Box 183, 221 3rd Ave. S.W., Clearbrook, MN 56634, 218-776-3508 or toll-free at 866-810-9441.
   3. Home at Heart will maintain a log to document any grievances or complaints received and the resolution process.

C. Response by Home at Heart:
   1. Upon request, Home at Heart staff will provide assistance with the complaint process to the Client 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 Client or authorized representative's concerns are resolved.
   2. Home at Heart will respond promptly to grievances that affect the health and safety of our client.
   3. All other complaints will be responded to within fourteen (14) calendar days after the receipt of the complaint.
   4. All complaints will be resolved within thirty (30) calendar days after the receipt of the complaint.
   5. If the complaint is not resolved within thirty (30) calendar days after receipt of the complaint, Home at Heart will document the reason for the delay and a plan for resolution.
   6. Once a complaint is received, Home at Heart is required to complete a complaint review. The complaint review will include an evaluation of whether:
      a. related policy and procedures were followed;

[6]Information in this section is derived from https://mn.gov/dhs/assets/245d-grievance-policy-sample-document_tcm1053-301611.doc (last visited January 21, 2025).

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 Home at Heart to protect the health and safety of persons receiving services.

7. Based on this review, Home at Heart will 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. Home at Heart 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

Incident Response, Reporting and Review Policy[7]

It is the policy of Home at Heart 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 clients.

“Incident" means an occurrence which involves a client and requires Home at Heart to make a response that is not part of Home at Heart’s ordinary provision of services to that client, and includes:

A. Serious injury of a client;
   1. Fractures;
   2. Dislocations;
   3. Evidence of internal injuries;
   4. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
   5. Lacerations involving injuries to tendons or organs and those for which complications are present;
   6. Extensive second degree or third degree burns and other burns for which complications are present;
   7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
   8. Irreversible mobility or avulsion of teeth;
   9. Injuries to the eyeball;
   10. Ingestion of foreign substances and objects that are harmful;
   11. Near drowning;
   12. Heat exhaustion or sunstroke;
   13. Attempted suicide; and
   14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

B. A client’s death.

C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a client that requires Home at Heart to call 911, physician or advanced practice registered nurse treatment, or hospitalization.

D. Any mental health crisis that requires Home at Heart to call 911 or 988, the mental health crisis Lifeline.

E. An act or situation involving a client that requires Home at Heart to call 911, law enforcement, or the fire department.

[7]Information in this section is derived from https://mn.gov/dhs/assets/245d-incident-response-reporting-review-policy-sample-document_tcm1053-297274.doc (last visited January 21, 2025).

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

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

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).

I. Any emergency use of manual restraint.

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

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 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 client requires Home at Heart to call 911, seek physician treatment, or hospitalization.
      2. When staff believes that a client 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 Home at Heart or the client is taken to a physician or hospital for treatment.

D. Mental health crisis
When staff believes that a client is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team as instructed by law enforcement.

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 non-emergency number for law enforcement.
3. For non-emergency incidents requiring the fire department, staff will call the non-emergency number for the fire department.
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 client is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
1. If the client has a specific plan outlined in his/her care plan 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 client 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 clients 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 Troy McQuown who will contact people as needed to assist in the search.
5. When the client is found staff will return the client to the service site, or make necessary arrangements for the client to be returned to the service site.

G. Conduct of the client
When a client is exhibiting conduct against another client receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a client's opportunities to participate in or receive service or support; places the client in actual and reasonable fear of harm; places the client in actual and reasonable fear of damage to property of the client; or substantially disrupts the orderly operation of Home at Heart, staff will take the following steps:
1. Summon additional staff, if available. If injury to a client has occurred or there is eminent possibility of injury to a client, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see Emergency Use of Manual Restraints Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum (including without limitation any applicable Abuse Prevention Plan) for the client.

3. After the situation is brought under control, question the client(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 client is involved in sexual activity with another client receiving services and that sexual activity involves force or coercion, staff will take the following steps:
1. Instruct the client in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the client's interaction. Verbally direct each client to separate area.
2. If the client does not respond to a verbal redirection, intervene to protect the client from force or coercion, following the Emergency Use of Manual Restraints Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the clients 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 client(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
Follow the Emergency Use of Manual Restraints Policy.

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

Reporting, Reviewing and Record Keeping

Incident reports will be completed as soon possible after the occurrence. The written report will include the description of incident, persons involved and the action taken. Home at Heart will review the incident to determine if any corrective action is needed. Incident reports will be maintained in the client's record.

Maltreatment of Vulnerable Adult Mandatory Reporting Policy[8]

MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING POLICY

It is the policy of Home at Heart Care, Inc. ("Home at Heart") to protect the adults served by Home at Heart who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

Who Should Report Suspected Maltreatment of a Vulnerable Adult:
If you are a mandated reporter, and you know or suspect maltreatment of a vulnerable adult, you must report it immediately (within 24 hours).

Where to Report:

- Call the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Or, report internally to your immediate supervisor. If this person is involved in the alleged or suspected maltreatment, you must report to Troy McQuown.

Internal Report:

- When an internal report is received, Troy McQuown is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
- If that person is involved in the suspected maltreatment, Sue Siltman will assume responsibility for deciding if the report must be forwarded to the MAARC. The report must be forwarded within 24 hours.
- If you have reported internally, you should receive, within two (2) working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with Home at Heart's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

Internal Review:

- When Home at Heart has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Home at Heart must complete an internal review within thirty (30) calendar days.
- The internal review must include an evaluation of whether:
  (i) related policies and procedures were followed;
  (ii) the policies and procedures were adequate;
  (iii) there is a need for additional staff training;
  (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and
  (v) there is a need for corrective action by Home at Heart to protect the health and safety of vulnerable adults.

[8]Information in this section is derived from https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7634B-ENG (last visited January 21, 2025).

Primary and Secondary Person or Position to Ensure Internal Reviews are Completed:
The internal review will be completed by Troy McQuown. If this individual is involved in the alleged or suspected maltreatment, Sue Siltman will be responsible for completing the internal review.

Documentation of Internal Review:
Home at Heart must document completion of the internal review and make internal reviews accessible to the commissioner of the Minnesota Department of Human Services immediately upon the commissioner's request.

Corrective Action Plan:
Based on the results of the internal review, Home at Heart must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or Home at Heart, if any.

Staff Training:
Home at Heart will ensure that each new mandated reporter receives an orientation within seventy-two (72) hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions specified under Minnesota Statutes, Sections 626.557 and 626.5572, the requirements of Minnesota Statutes, Section 245A.65, Home at Heart's program abuse prevention plan, and all internal Home at Heart policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. Home at Heart must document the provision of the above-required training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, Section 245A.04, subdivision 14.

For further information, visit www.mn.gov/adult-protection.

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

Legal Authority: MINNESOTA STATUTES, SECTION 626.5572
https://www.revisor.mn.gov/statutes/cite/626.5572

Maltreatment of Minors Mandated Reporting Policy[9]

It is the policy ("Policy") of Home at Heart Care, Inc. ("Home at Heart") to protect the children served by Home at Heart whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

What to Report:
Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

Who Must Report:

- If you work in a licensed facility, you are a "mandated reporter" and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment ny person

Where to Report:

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division's Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency or local law enforcement. See contact information for all our local counties at the end of this policy.

When to Report:

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility,the report should include any actions taken by the facility in response to the incident.

[9]Information in this section is derived from https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7634A-ENG (last visited February 1, 2024).

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

Retaliation prohibited

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
    - an employee for making a report in good faith; or
    - a child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

Staff Training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Provide Policy to Parents

For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

The following sections only apply to license holders that serve children. This does not include family child foster care per Minnesota Statutes 245A.66, subd. 1.

Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
    - related policies and procedures were followed;
    - the policies and procedures were adequate;
    - there is a need for additional staff training;
    - the reported event is similar to past events with the children or the services involved; and

- there is a need for corrective action by the license holder to protect the health and safety of children in care

Primary and secondary person or position to ensure reviews completed
The internal review will be completed by Troy McQuown. If this individual is involved in the alleged or suspected maltreatment, Lauren Smart or Linda Engen will be responsible for completing the internal review.

Documentation of internal review
The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

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

Definitions
Found in Minnesota Statutes, section 260E.03

Egregious harm (Minnesota Statutes, section 260E.03, subd. 5)
"Egregious harm" means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction.
Minnesota Statutes, section 260C.007, Subd. 14:
"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
2. the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
3. conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
4. conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
5. conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
6. conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;

8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code,title 18, section 1111(a) or 1112(a);
9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345.

Maltreatment (Minnesota Statutes, section 260E.03, subd. 12)
"Maltreatment" means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

Mental injury (Minnesota Statutes, section 260E.03, subd. 13)
"Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Neglect (Minnesota Statutes, section 260E.03, subd. 15)

A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
    1. 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. 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, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
8. emotional harm from a pattern of behavior that 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.

B. Nothing in this chapter 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.
C. This chapter 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.

Physical abuse (Minnesota Statutes, section 260E.03, subd. 18)

A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, 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 125A.0942 or 245.825.
B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that 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.
C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
    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 that result in any nonaccidental 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. striking a child who is at least age one but under age four on the face or head, which results in an injury;
9. purposely giving a child:
    i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
    ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
10. unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
11. 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.

Sexual abuse (Minnesota Statutes, section 260E.03, subd. 20)
"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, or by a person in a current or recent position of authority, to any act that 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), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, Subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Substantial child endangerment (Minnesota Statutes, section 260E.03, subd. 22)
"Substantial child endangerment" means that a person responsible for a child's care, 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 under subdivision 5;
2. abandonment under section 260C.301, subdivision 2;

3. neglect under subdivision 15, paragraph (a), 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;
4. murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
5. manslaughter in the first or second degree under section 609.20 or 609.205;
6. assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
7. solicitation, inducement, and promotion of prostitution under section 609.322;
8. criminal sexual conduct under sections 609.342 to 609.3451;
9. solicitation of children to engage in sexual conduct under section 609.352;
10. malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
11. use of a minor in sexual performance under section 617.246; or
12. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Threatened injury (Minnesota Statutes, section 260E.03, subd. 23)

A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
    1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
    2. been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
    3. committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
    4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, Subdivision 4, or a similar law of another jurisdiction.
C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

LOCAL COUNTY SOCIAL SERVICES AGENCIES AND LOCAL LAW ENFORCEMENT

County	**Social Services Agency / Law Enforcement**	**Telephone Number**
Becker County	Day: Becker County Human Services Evening/Wknd: Beltrami County First Link	Day: 218-847-5628 Evening/Wknd: 701- 235-3620
Beltrami County	Day: Beltrami County Social Services Evening/Wknd: Beltrami County Law Enforcement	Day: 218-333-4140 Evening/Wknd: 218-751-9111
Cass County	Day: Cass County Health & Human Services Evening/Wknd: Cass County Law Enforcement	Day: 218-547-1340 Evening/Wknd: 218-547-1424
Clearwater County	Day: Clearwater County Human Services Evening/Wknd: Clearwater County Sheriff's Department	Day: 218-694-6164 Evening/Wknd: 218-694-6226
Hubbard County	Day: Hubbard County Social Services Evening/Wknd: Hubbard County Law Enforcement	Day: 218-732-1451 Evening/Wknd: 218-732-3331
Lake of the Woods County	Day: Lake of the Woods County Social Services Evening/Wknd: Lake of the Woods County Law Enforcement	Day: 218-634-2642 Evening/Wknd: 218-634-1143
Mahnomen County	Day: Mahnomen County Social Services Evening/Wknd: Mahnomen County Sheriff's Department	Day: 218-935-2568 Evening/Wknd: 218-935-2255
Marshall County	Day: Marshall County Social Services Evening/Wknd: Marshall County Social Services	Day: 218- 745-5124 Evening/Wknd: 218- 745-5411

County	Social Services Agency / Law Enforcement	Telephone Number
Norman County	Day: Norman County Social Services Evening/Wknd: Norman County Sheriff's Department	Day: 218-784-5400 Evening/Wknd: 218-784-7114
Pennington County	Day: Pennington County Social Services Evening/Wknd: Pennington County Sheriff's Department	Day: 218-681-2880 Evening/Wknd: 218-681-6161
Polk County	Day: Polk County Social Services Evening/Wknd: Polk County Law Enforcement	Day: 218-281-3127 Evening/Wknd: 218-281-0431
Red Lake County	Day: Red Lake County Social Services Evening/Wknd: Red Lake County Sheriff's Department	Day: 218-253-4131 Evening/Wknd: 218-253-2996
Roseau County	Day: Roseau County Social Services Evening/Wknd: Roseau County Law Enforcement Center	Day: 218-463-2411 Evening/Wknd: 218-463-1421 Law Enforcement

Home at Heart provides some services to recipients outside of the 13 counties mentioned above. Employees should contact their immediate supervisor, or their local County Sheriff's office if they are unsure of the appropriate county social services agency or law enforcement agency for making a report *or* if they are unsure whether an incident should be reported as maltreatment.

Medicare Parts C and D General Compliance Training[10]

Web-Based Training Course, January 2019

INTRODUCTION

INTRODUCTION PAGE 1

The Medicare Parts C and D General Compliance Training course is brought to you by the Medicare Learning Network®

INTRODUCTION PAGE 2

The Medicare Learning Network® (MLN) offers free educational materials for health care professionals on the Centers for Medicare & Medicaid Services (CMS) programs, policies, and initiatives. Get quick access to the information you need.

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https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts	Publications & Multimedia
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Events-and-Training.html	Events & Training
https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg	Newsletters & Social Media
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Continuing-Education.html	Continuing Education

INTRODUCTION PAGE 3

This training assists Medicare Parts C and D plan Sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) to satisfy their annual general compliance training requirements in the regulations and sub-regulatory guidance at:

- 42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi)(C)
- 42 CFR Section 423.504(b)(4)(vi)(C)
- Section 50.3 of the Compliance Program Guidelines (Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual)
- The "Downloads" section of the CMS Compliance Program Policy and Guidance webpage

Completing this training in and of itself does not ensure a Sponsor has an "effective Compliance Program." Sponsors and their FDRs are responsible for establishing and executing an effective compliance program according to the CMS regulations and program guidelines.

HYPERLINK URL	LINKED TEXT/IMAGE
https://www.ecfr.gov/cgi-bin/text-idx?SID=c66a16ad53319afd0580db00f12c5572&mc=true&node=pt42.3.422&rgn=div5#se42.3.422_1503	42 Code of Federal Regulations (CFR) Section 422.503
https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5cft780d3df38cc4183f2802223859ba&mc=true&r=PART&n=pt42.3.423	42 CFR Section 423.504
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf	Chapter 9 of the Medicare Prescription Drug Benefit Manual
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf	Chapter 21 of the Medicare Managed Care Manual
https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html	CMS Compliance Program Policy and Guidance webpage

[10]Information in this section is derived from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf (last visited January 21, 2025).

INTRODUCTION PAGE 4

Why Do I Need Training?

Every year, **billions** of dollars are improperly spent because of fraud, waste, and abuse (FWA). It affects everyone—**including you**. This training helps you detect, correct, and prevent FWA. **You** are part of the solution.

Compliance is everyone's responsibility! As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

INTRODUCTION PAGE 5

INTRODUCTION PAGE 5

Training Requirements: Plan Employees, Governing Body Members, and First-Tier, Downstream, or Related Entity (FDR) Employees

Certain training requirements apply to people involved in Medicare Parts C and D. All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in this course as "Sponsors") must receive training about compliance with CMS program rules.

You may need to complete FWA training within 90 days of your initial hire. More information on other Medicare Parts C and D compliance trainings and answers to common questions is available on the CMS website. Please contact your management team for more information.

Learn more about Medicare Part C

Medicare Part C, or Medicare Advantage (MA), is a health insurance option available to Medicare beneficiaries. Private, Medicare-approved insurance companies run MA programs. These companies arrange for, or directly provide, health care services to the beneficiaries who enroll in an MA plan.

MA plans must cover all services Medicare covers with the exception of hospice care. They provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Learn more about Medicare Part D

Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to Medicare beneficiaries enrolled in Part A and/or Part B who enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Medicare-approved insurance and other companies provide prescription drug coverage to individuals living in a plan's service area.

HYPERLINK URL	LINKED TEXT/IMAGE
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf	Medicare Parts C and D compliance trainings and answers to common questions

INTRODUCTION PAGE 6

INTRODUCTION PAGE 6

Navigating and Completing This Course

Visit the Resources page for disclaimers, a glossary, and frequently asked questions (FAQs). You may find this information useful as you proceed through this course.

Anyone who provides health or administrative services to Medicare enrollees must satisfy general compliance and FWA training requirements. You may use this course to satisfy the general compliance training requirements.

This course consists of one lesson and a Post-Assessment. Successfully completing the course requires completing the lesson and scoring 70 percent or higher on the Post-Assessment. After successfully completing the Post-Assessment, you'll get instructions to print your certificate. If you do not successfully complete the course, you can review the course material and retake the Post-Assessment.

This course uses cues at various times to provide additional information and functionality. For more information on using these cues, adjusting your screen resolution, and suggested browser settings, select "HELP".

You do not have to complete this course in one session; however, you must complete the lesson before exiting the course. You can complete the entire course in about 25 minutes. After you successfully complete this course, you receive instructions on how to print your certificate.

INTRODUCTION PAGE 7

Course Objectives

After completing this course, you should correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

Select the "MAIN MENU" button to return to the Main Menu. Then, select "Lesson: Compliance Program Training."

LESSON: COMPLIANCE PROGRAM TRAINING

LESSON PAGE 1

Introduction and Learning Objectives

This lesson outlines effective compliance programs. It should take about 15 minutes to complete.

After completing this lesson, you should correctly:

- Recognize how a compliance program operates
- Recognize how compliance program violations should be reported

LESSON PAGE 2

Compliance Program Requirement

The Centers for Medicare & Medicaid Services (CMS) requires Sponsors to implement and maintain an effective compliance program for its Medicare Parts C and D plans. An effective compliance program must:

- Articulate and demonstrate an organization's commitment to legal and ethical conduct
- Provide guidance on how to handle compliance questions and concerns
- Provide guidance on how to identify and report compliance violations

LESSON PAGE 3

What Is an Effective Compliance Program?

An effective compliance program fosters a culture of compliance within an organization and, at a minimum:

- Prevents, detects, and corrects non-compliance
- Is fully implemented and is tailored to an organization's unique operations and circumstances
- Has adequate resources
- Promotes the organization's Standards of Conduct
- Establishes clear lines of communication for reporting non-compliance

An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as fraud, waste, and abuse (FWA). It must, at a minimum, include the seven core compliance program requirements.

LESSON PAGE 4

Seven Core Compliance Program Requirements

CMS requires an effective compliance program to include seven core requirements:

1. **Written Policies, Procedures, and Standards of Conduct**
   These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.
2. **Compliance Officer, Compliance Committee, and High-Level Oversight**
   The Sponsor must designate a compliance officer and a compliance committee accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

   The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.
3. **Effective Training and Education**
   This covers the elements of the compliance plan as well as preventing, detecting, and reporting FWA. Tailor this training and education to the different employees and their responsibilities and job functions.

LESSON PAGE 5

Seven Core Compliance Program Requirements (continued)

4. **Effective Lines of Communication**
   Make effective lines of communication accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith compliance issues reporting at Sponsor and first-tier, downstream, or related entity (FDR) levels.
5. **Well-Publicized Disciplinary Standards**
   Sponsor must enforce standards through well-publicized disciplinary guidelines.
6. **Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks**
   Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

   NOTE: Sponsors must ensure FDRs performing delegated administrative or health care service functions concerning the Sponsor's Medicare Parts C and D program comply with Medicare Program requirements.
7. **Procedures and System for Prompt Response to Compliance Issues**
   The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

LESSON PAGE 6

Compliance Training: Sponsors and Their FDRs

CMS expects all Sponsors will apply their training requirements and "effective lines of communication" to their FDRs. Having "effective lines of communication" means employees of the Sponsor and the Sponsor's FDRs have several avenues to report compliance concerns.

LESSON PAGE 7

Ethics: Do the Right Thing!

As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It's about doing the right thing!

- Act fairly and honestly
- Adhere to high ethical standards in all you do
- Comply with all applicable laws, regulations, and CMS requirements
- Report suspected violations

LESSON PAGE 8

How Do You Know What Is Expected of You?

Now that you've read the general ethical guidelines on the previous page, how do you know what is expected of you in a specific situation?

Standards of Conduct (or Code of Conduct) state the organization's compliance expectations and their operational principles and values. Organizational Standards of Conduct vary. The organization should tailor the Standards of Conduct content to their individual organization's culture and business operations. Ask management where to locate your organization's Standards of Conduct.

Reporting Standards of Conduct violations and suspected non-compliance is **everyone's** responsibility.

An organization's Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report suspected non-compliance.

LESSON PAGE 9

What Is Non-Compliance?

Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization's ethical and business policies. CMS identified the following Medicare Parts C and D high risk areas:

- Agent/broker misrepresentation
- Appeals and grievance review (for example, coverage and organization determinations)
- Beneficiary notices
- Conflicts of interest
- Claims processing
- Credentialing and provider networks
- Documentation and Timeliness requirements
- Ethics
- FDR oversight and monitoring
- Health Insurance Portability and Accountability Act (HIPAA)
- Marketing and enrollment
- Pharmacy, formulary, and benefit administration
- Quality of care

For more information, refer to the Compliance Program Guidelines in the Medicare Prescription Drug Benefit Manual and Medicare Managed Care Manual.

Know the Consequences of Non-Compliance

Failure to follow Medicare Program requirements and CMS guidance can lead to serious consequences, including:

- Contract termination
- Criminal penalties
- Exclusion from participating in all Federal health care programs
- Civil monetary penalties

Additionally, your organization must have disciplinary standards for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:

- Mandatory training or re-training
- Disciplinary action
- Termination

Medicare Prescription Drug Benefit Manual
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf

Medicare Managed Care Manual
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf

LESSON PAGE 10

NON-COMPLIANCE AFFECTS EVERYBODY

Without programs to prevent, detect, and correct non-compliance, we all risk:

Harm to beneficiaries, such as:

- Delayed services
- Denial of benefits
- Difficulty in using providers of choice
- Other hurdles to care

Less money for everyone, due to:

- High insurance copayments
- Higher premiums
- Lower benefits for individuals and employers
- Lower Star ratings
- Lower profits

LESSON PAGE 11

How to Report Potential Non-Compliance

Employees of a Sponsor

- Call the Medicare Compliance Officer
- Make a report through your organization's website
- Call the Compliance Hotline

First-Tier, Downstream, or Related Entity (FDR) Employees

- Talk to a Manager or Supervisor
- Call your Ethics/Compliance Help Line
- Report to the Sponsor

Beneficiaries

- Call the Sponsor's Compliance Hotline or Customer Service
- Make a report through the Sponsor's website
- Call 1-800-Medicare

Don't Hesitate to Report Non-Compliance

When you report suspected non-compliance in good faith, the Sponsor can't retaliate against you.

Each Sponsor must offer reporting methods that are:

- Anonymous
- Confidential
- Non-retaliatory

LESSON PAGE 12

What Happens After Non-Compliance Is Detected?

Non-compliance must be investigated immediately and corrected promptly.

Internal monitoring should ensure:

- No recurrence of the same non-compliance
- Ongoing CMS requirements compliance
- Efficient and effective internal controls
- Protected enrollees

LESSON PAGE 13

What Are Internal Monitoring and Audits?

Internal monitoring activities include regular reviews confirming ongoing compliance and taking effective corrective actions.

Internal auditing is a formal review of compliance with a particular set of standards (for example, policies, procedures, laws, and regulations) used as base measures.

LESSON PAGE 14

Lesson Summary

Organizations must create and maintain compliance programs that, at a minimum, meet the seven core requirements. An effective compliance program fosters a culture of compliance.

To help ensure compliance, behave ethically and follow your organization's Standards of Conduct. Watch for common instances of non-compliance, and report suspected non-compliance.

Know the consequences of non-compliance, and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.

Compliance Is Everyone's Responsibility!

Prevent: Operate within your organization's ethical expectations to prevent non-compliance!

Detect & Report: Report detected potential non-compliance!

Correct: Correct non-compliance to protect beneficiaries and save money!

LESSON PAGE 15

Lesson Review

Now that you completed the lesson, let's do a quick knowledge check. The Post-Assessment course score is unaffected by answering the following questions.

LESSON PAGE 16

Knowledge Check

Select the correct answer.

You discover an unattended email address or fax machine in your office receiving beneficiary appeals requests. You suspect no one is processing the appeals. What should you do?

- ○ A. Contact law enforcement
- ○ B. Nothing
- ○ C. Contact your compliance department (via compliance hotline or other mechanism)
- ○ D. Wait to confirm someone is processing the appeals before taking further action
- ○ E. Contact your supervisor

CORRECT ANSWER
C

LESSON PAGE 17

Knowledge Check

Select the correct answer.

A sales agent, employed by the Sponsor's first-tier, downstream, or related entity (FDR), submitted an application for processing and requested two things: 1) to back-date the enrollment date by one month, and 2) to waive all monthly premiums for the beneficiary. What should you do?

- ○ A. Refuse to change the date or waive the premiums but decide not to mention the request to a supervisor or the compliance department
- ○ B. Make the requested changes because the sales agent determines the beneficiary's start date and monthly premiums
- ○ C. Tell the sales agent you will take care of it but then process the application properly (without the requested revisions)—you will not file a report because you don't want the sales agent to retaliate against you
- ○ D. Process the application properly (without the requested revisions)—inform your supervisor and the compliance officer about the sales agent's request
- ○ E. Contact law enforcement and the Centers for Medicare & Medicaid Services (CMS) to report the sales agent's behavior

CORRECT ANSWER
D

LESSON PAGE 18

Knowledge Check

Select the correct answer.

You work for a Sponsor. Last month, while reviewing a Centers for Medicare & Medicaid Services (CMS) monthly report, you identified multiple individuals not enrolled in the plan but for whom the Sponsor is paid. You spoke to your supervisor who said don't worry about it. This month, you identify the same enrollees on the report again. What should you do?

- ○ A. Decide not to worry about it as your supervisor instructed—you notified your supervisor last month and now it's his responsibility
- ○ B. Although you know about the Sponsor's non-retaliation policy, you are still nervous about reporting—to be safe, you submit a report through your compliance department's anonymous tip line to avoid identification
- ○ C. Wait until the next month to see if the same enrollees appear on the report again, figuring it may take a few months for CMS to reconcile its records—if they are, then you will say something to your supervisor again
- ○ D. Contact law enforcement and CMS to report the discrepancy
- ○ E. Ask your supervisor about the discrepancy again

CORRECT ANSWER
B

LESSON PAGE 19

Knowledge Check

Select the correct answer.

You are performing a regular inventory of the controlled substances in the pharmacy. You discover a minor inventory discrepancy. What should you do?

- ○ A. Call local law enforcement
- ○ B. Perform another review
- ○ C. Contact your compliance department (via compliance hotline or other mechanism)
- ○ D. Discuss your concerns with your supervisor
- ○ E. Follow your pharmacy's procedures

CORRECT ANSWER
E

LESSON PAGE 20

You've completed the lesson!

Now that you have learned about compliance programs, it's time to assess your knowledge. Select the "MAIN MENU" button to return to the course Main Menu. Then, select "Post-Assessment" to begin and complete the course.

POST-ASSESSMENT

POST-ASSESSMENT PAGE 1

Post-Assessment

This brief Post-Assessment asks 10 questions and should take about 10 minutes.

Choose an answer for each question by selecting the button next to your answer. You must select an answer before advancing to the next question. You can only move forward in the Post-Assessment, and you can only try each question once. You may change your answer for a question until you select the "SUBMIT ANSWER" button. After you submit your answer, feedback for the question and the "NEXT" button will appear. Select the "NEXT" button to continue. Do not select the "X" button in the right-hand corner of the window as this will cause you to exit the course without recording your progress.

You may print your score when you finish the Post-Assessment. After successfully completing the course, you can print a certificate. Successfully completing the course includes finishing all lessons, scoring 70 percent or higher on the Post-Assessment, and completing the course evaluation. Instructions on printing your certificate are available after you pass the Post-Assessment.

Select the "NEXT" button to begin the Post-Assessment.

POST-ASSESSMENT PAGE 2

Question 1 of 10

Select the correct answer.

Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.

- ○ A. True
- ○ B. False

Answer: True

POST-ASSESSMENT PAGE 3

Question 2 of 10

Select the correct answer.

Ways to report a compliance issue include:

- ○ A. Telephone hotlines
- ○ B. Report on the Sponsor's website
- ○ C. In-person reporting to the compliance department/supervisor
- ○ D. All of the above

Answer: D

POST-ASSESSMENT PAGE 4

Question 3 of 10

Select the correct answer.

What is the policy of non-retaliation?

- A. Allows the Sponsor to discipline employees who violate the Code of Conduct
- B. Prohibits management and supervisor from harassing employees for misconduct
- C. Protects employees who, in good faith, report suspected non-compliance
- D. Prevents fights between employees

Answer: C

POST-ASSESSMENT PAGE 5

Question 4 of 10

Select the correct answer.

These are examples of issues that can be reported to a Compliance Department: suspected fraud, waste, and abuse (FWA); potential health privacy violation, and unethical behavior/employee misconduct.

- A. True
- B. False

Answer: True

POST-ASSESSMENT PAGE 6

Question 5 of 10

Select the correct answer.

Once a corrective action plan begins addressing non-compliance or fraud, waste, and abuse (FWA) committed by a Sponsor's employee or first-tier, downstream, or related entity's (FDR's) employee, ongoing monitoring of the corrective actions is not necessary.

- A. True
- B. False

Answer: False

POST-ASSESSMENT PAGE 7

Question 6 of 10

Select the correct answer.

Medicare Parts C and D plan Sponsors are not required to have a compliance program.

- A. True
- B. False

Answer: False

POST-ASSESSMENT PAGE 8

Question 7 of 10

Select the correct answer.

At a minimum, an effective compliance program includes four core requirements.

- A. True
- B. False

Answer: False

POST-ASSESSMENT PAGE 9

Question 8 of 10

Select the correct answer.

Standards of Conduct are the same for every Medicare Parts C and D Sponsor.

- A. True
- B. False

Answer: True

POST-ASSESSMENT PAGE 10

Question 9 of 10

Select the correct answer.

Correcting non-compliance _____.

- A. Protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
- B. Ensures bonuses for all employees
- C. Both A. and B.

Answer: A

POST-ASSESSMENT PAGE 11

Question 10 of 10

Select the correct answer.

What are some of the consequences for non-compliance, fraudulent, or unethical behavior?

- A. Disciplinary action
- B. Termination of employment
- C. Exclusion from participating in all Federal health care programs
- D. All of the above

Answer: D

APPENDIX A: RESOURCES

RESOURCES PAGE 1 OF 1

Disclaimers

This Web-Based Training (WBT) course was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the course for your reference.

This course was prepared as a service to the public and is not intended to grant rights or impose obligations. This course may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Glossary - https://www.cms.gov/apps/glossary/

APPENDIX B: JOB AIDS

Job Aid A: Seven Core Compliance Program Requirements

The Centers for Medicare & Medicaid Services (CMS) requires that an effective compliance program must include seven core requirements:

1. **Written Policies, Procedures, and Standards of Conduct**
   These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.
2. **Compliance Officer, Compliance Committee, and High-Level Oversight**
   The Sponsor must designate a compliance officer and a compliance committee to be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

   The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.
3. **Effective Training and Education**
   This covers the elements of the compliance plan as well as prevention, detection, and reporting of fraud, waste, and abuse (FWA). This training and education should be tailored to the different responsibilities and job functions of employees.
4. **Effective Lines of Communication**
   Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at Sponsor and first-tier, downstream, or related entity (FDR) levels.
5. **Well-Publicized Disciplinary Standards**
   Sponsor must enforce standards through well-publicized disciplinary guidelines.
6. **Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks**
   Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

   NOTE: Sponsors must ensure FDRs performing delegated administrative or health care service functions concerning the Sponsor's Medicare Parts C and D program comply with Medicare Program requirements.
7. **Procedures and System for Prompt Response to Compliance Issues**
   The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice ("Notice") takes effect on January 1, 2014 and remains in effect until replaced by Home at Heart Care, Inc. (herein, "We" or "Us").

Our Pledge Regarding Protected Health Information

The privacy of Your protected health information is important to us. We understand that Your protected health information is personal and We are committed to protecting it. We create a record of the care and services You receive. We need this record to provide You with quality care and to comply with certain legal requirements. This notice will tell You about the ways We may use and share protected health information about You. We also describe Your rights and certain duties We have regarding the use and disclosure of protected health information.

Our Legal Duty
We are legally required to:

- Keep Your protected health information private.
- Give You this notice describing our legal duties, privacy practices, and Your rights regarding Your protected health information.
- Follow the terms of the current notice.

We Have the Right to:
Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

Make the changes in our privacy practices and the new terms of our notice effective for all protected health information that We keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:
Before We make an important change in our privacy practices, We will change this Notice and deliver a copy of the new Notice to You before such changes will be effective as to You.

Use and Disclosure of Your Protected Health Information
The following section describes different ways that We use and disclose protected health information. Not every use or disclosure will be listed. However, We have listed all of the different ways We are permitted to use and disclose protected health information. <u>We will not use or disclose Your protected health information for any purpose not listed below, without Your specific written authorization. Any specific written authorization You provide may be revoked at any time by writing to us at the address provided at the end of this Notice.</u>

A. **FOR TREATMENT:** We may use protected health information about You to provide You with medical treatment or services. We may disclose protected health information about You to doctors, nurses, technicians, medical students, therapists, pharmacists, case managers or other

people who are taking care of You. We may also share protected health information about You to Your other health care providers to assist them in treating You.

For example, Your protected health information may be provided to a new physician or health care provider (e.g., a specialist or laboratory) to whom You have been referred to ensure that the physician has the necessary information to diagnose or treat You. We may also provide Your personal physician, or health care providers that You use after using our services, with information regarding the services We have provided to You to assist such providers in treating You after You have discontinued receiving our services.

B. **FOR PAYMENT:** We may use and disclose Your protected health information for payment purposes. A bill may be sent to You or a third-party payer. The information on or accompanying the bill may include Your protected health information. This may include certain activities that a third-party payer (such as a governmental agency or health insurance plan) may undertake before it approves or pays for the health care services We recommend for You.

For example, We may need to give Your health insurance company information about services We have provided so they will pay us or reimburse You for the services. We may also tell Your health plan about services You are going to receive from us to determine whether the services are covered under Your plan.

C. **FOR HEALTH CARE OPERATIONS:** We may use and disclose Your protected health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials We need to serve You.

D. **ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing Your protected health information for treatment, payment, and health care operations, We may use and disclose protected health information for the following purposes:

1. ***Persons Involved in Your Health Care***: Unless You object, We may use and disclose protected health information to notify or help notify: a family member, close friend, Your personal representative or another person responsible for Your care or any other person(s) You identify as Your emergency contact(s). We will share information about Your location, general condition, or death. If You are present, We will get Your permission if possible before We share, or give You the opportunity to refuse permission. In case of emergency, and if You are not able to give or refuse permission, We will share only the protected health information that is directly necessary for your health care, according to our personal judgment. We will also use our professional judgment to make decisions in Your best interest about allowing someone to pick up medicine, medical supplies, x-ray or protected health information for You.

2. ***Disaster Relief***: We may share protected health information with a public or private organization or person who can legally assist in disaster relief efforts.

3. ***Research in Limited Circumstances***: We may use protected health information for research purposes in limited circumstances where the research has been approved by an institutional

review board that has reviewed the research proposal and established protocols to ensure the privacy of protected health information.

4. ***Funeral Director, Coroner, Medical Examiner***: To help them carry out their duties, as authorized by law, We may share the protected health information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization. Your protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

5. ***Specialized Government Functions***: Subject to certain requirements, We may disclose or use protected health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

6. ***Court Orders and Judicial and Administrative Proceedings***: We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, We may share Your protected health information with law enforcement officials. We may share limited information with a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may share the protected health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

7. ***Public Health Activities***: As required by law, We may disclose Your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect, if the public health authority is permitted by law to collect or receive the information. We may also disclose Your protected health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, biologic product deviations, to enable product recalls, repairs or replacements, to track products, to conduct post marketing surveillance, as required, or to conduct activities required by the Food and Drug Administration. We may also, when We are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. We may disclose Your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

8. ***Victims of Abuse, Neglect, or Domestic Violence***: We may use and disclose protected health information to appropriate authorities that are authorized by law to receive such information, if We reasonably believe that You are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share Your protected health information if it is necessary to prevent a serious threat to Your health or safety or the health or safety of others. We may share protected health information when necessary to help law enforcement officials capture a person who has admitted to being part of a

crime. In all such cases the disclosure will be made consistent with the requirements of applicable federal and state laws.

9. ***Workers Compensation***: We may disclose protected health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

10. ***Health Oversight Activities***: We may disclose protected health information to an agency providing health oversight for activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

11. ***Law Enforcement***: Under certain circumstances, We may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies. Consistent with applicable federal and state laws, We may disclose Your protected health information if We believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

12. ***Appointment Reminders***: We may use and disclose protected health information for purposes of sending You appointment postcards or otherwise reminding You of Your appointments.

13. ***Alternative and Additional Medical Services***: We may use and disclose protected health information to furnish You with information about health-related benefits and services that may be of interest to You, and to describe or recommend treatment alternatives.

Your Individual Rights
Following is a statement of Your rights with respect to Your protected health information and a brief description of how You may exercise these rights.

You Have a Right to:

A. Inspect or get copies of certain parts of Your protected health information so long as We maintain the protected health information. You may request that we provide copies in a format other than photocopies. We will use the format You request unless it is not practical for us to do so. You must make Your request in writing. You may get the form to request access by using the contact information listed at the end of this Notice. You may also request access by sending a letter to the contact person listed at the end of this Notice. If You request copies, We reserve the right to charge You $0.25 for each page, plus postage if You want the copies mailed to You. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure. Under federal law, however, You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, You may have a right to have this decision reviewed. Please contact our personnel identified below if You have questions about access to Your protected health information.

B. Receive a list of all the times We or our business associates shared Your protected health information for purposes other than treatment, payment, and health care operations and other specified exceptions. This right excludes disclosures We may have made to You if You authorized us to make the disclosure, to family members or friends involved in Your care, or for notification purposes, for national security or intelligence, to law enforcement under applicable law or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

C. Request that We place additional restrictions on our use or disclosure of Your protected health information. We are not required to agree to these additional restrictions, but if We do, We will abide by our agreement (except in the case of an emergency). Your request must state the specific restriction(s) requested and to whom You want the restriction(s) to apply. We are required to notify You if We are unable to agree to a requested restriction. Your physician is not required to agree to a restriction that You may request. If Your physician does not agree to the requested restriction, We may not use or disclose Your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss in advance with Your physician any restriction You wish to request. You must request the restriction in writing to the contact person listed below.

D. Request that We communicate with You about Your protected health information by different means or to different locations. Your request that We communicate Your protected health information to You by different means or at different locations must be made in writing to the contact person listed at the end of this Notice. We will accommodate reasonable requests. We may also condition this accommodation by asking You for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from You as to the basis for the request.

E. Request that We change certain parts of Your protected health information. We may deny Your request if We did not create the information You want changed or for certain other reasons. IF We deny Your request, We will provide You a written explanation. You may respond with a statement of disagreement that will be added to the information You wanted changed. If We accept Your request to change the information, We will make reasonable efforts to tell others, including people You name, of the change and to include the changes in any future sharing of that information. You must request the change in writing to the contact person listed below.

F. If You have received this Notice electronically, and wish to receive a paper copy, You have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this Notice.

Questions and Complaints

If You have any questions about this Notice or if You think that We may have violated Your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of Your rights in Section 4 of this Notice by writing to us at the following address:

Home at Heart Care, Inc.
P.O. Box 183
Clearbrook, MN 56634

We will provide You with the address to file Your complaint with the U.S. Department of Health and Human Services, and/or the Minnesota Department of Human Services at the following address:

Office of Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
HHH Building, Room 509H
Washington, D.C. 20201
Tel: 866-627-7748
TTY: 866-788-4989

Attn: Privacy Official
Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155-3813
Tel. 651-296-5764

We will not retaliate or deny or reduce Your services in any way if You choose to file a complaint.

We reserve the right to make changes to this Notice of Privacy Practices. Such revisions or changes will be effective for information We already have about You as well as any information We receive in the future. The current Notice will be provided to You at the time We first provide services and include the effective date. We will provide You with a copy of all changes to this Notice so long as You are receiving services from us. All changes will be effective as to You after You have received Notice of such changes.

Uses and disclosures of Your protected health information not covered in this Notice of Privacy Practices will be made only with the written permission of You or Your authorized representative.

You may grant us such permission through execution and delivery of a written Home at Heart Care Individual Patient's Authorization Form ("Authorization"). If You provide us an Authorization to use or disclose Your protected health information, You may revoke the Authorization, in writing delivered to the contact person below, at any time. If You revoke such Authorization, We will no longer use or disclose Your protected health information for the reasons covered by the Authorization. You understand that We are unable to take back any disclosures We have already made under an Authorization before it is revoked, and We are required to retain our records of services We provide to You.

Notwithstanding anything in this Notice of Privacy Practices to the contrary, Home at Heart Care, Inc. will comply in all respects with the requirements of the Health Insurance Portability and Accountability Act (HIPAA); the Standards for Privacy and Security of Individually Identifiable Health Information promulgated at 45 CFR Parts 160 and 164; the Minnesota Data Privacy Act; and all other applicable similar federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance, and any and all amendments to any of the foregoing.

Service Recipient Rights, Home and Community-Based Services[11]

Home at Heart is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section 245D.04.

When receiving services and supports from Home at Heart, I have the right to:

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

[11] Information in this section derived from https://mn.gov/dhs/assets/245d-service-recipient-rights-packet-sample-document_tcm1053-302528.doc (last visited January 21, 2025).

19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from Home at Heart.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them at home or in the community.
23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.
25. Have access to my personal possessions at any time, including financial resources.

RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) MUST INCLUDE THESE ADDITIONAL RIGHTS:

26. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
27. Receive and send mail and emails and not have them opened by anyone else unless I ask.
28. Use of and have free access to common areas (this includes access to food at any time) and the freedom to come and go at will.
29. Choose who visits, when they visit and to have visits in private (including bedroom) with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09.
30. Have access to three nutritious meals, nutritious snacks between meals each day, and access to food and water at any time.
31. Choose how to furnish and decorate my bedroom or living unit.
32. A home that is clean, safe, and meets the requirements of a dwelling unit as defined in state fire code.

CAN MY RIGHTS BE RESTRICTED?

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

WHAT IS HOME AT HEART REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?

Before Home at Heart may restrict your rights in any way Home at Heart must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning Home at Heart must clearly identify when everyone will know the restriction is no longer needed and it has to end);

3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, Home at Heart must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

CAN HOME AT HEART RESTRICT ALL OF MY RIGHTS?

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

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

WHAT IF I DON'T GIVE MY APPROVAL?

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

WHAT IF I WANT TO END MY APPROVAL?

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

OUTSIDE AGENCIES

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health and Developmental Disabilities
121 7th Place E, Suite 420
Metro Square Building
St. Paul, MN 55101
Phone: (651) 7567-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center
430 1st Ave N, Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: http://www.mndlc.org/

https://www.revisor.mn.gov/statutes/cite/245D.04

Legal Authority: Minn. Stat. § 245D.04

Temporary Service Suspension and Termination Policy

(Clients Not Receiving Services under Minnesota Statutes Chapter 245D)

IF YOU ARE A CLIENT WHO DOES NOT RECEIVE ANY SERVICES FROM HOME AT HEART UNDER MINNESOTA STATUTES CHAPTER 245D, THE FOLLOWING PROVISIONS APPLY TO TEMPORARY SUSPENSION AND/OR TERMINATION OF YOUR SERVICES:

Home at Heart Care will provide at least ten (10) days advance notice of termination of services as required by the Minnesota Home Care Bill of Rights, provided that services may be terminated by Home at Heart Care effective immediately upon written notice: (a) for any reason set forth within the Minnesota Home Care Bill of Rights subd. 1(16), including without limitation, nonpayment of invoices for services rendered to a client, if an abusive or unsafe work environment exists for a Home at Heart Care employee or another client, an emergency for the caregiver exists, or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and cannot be safely met by Home at Heart Care; or (b) if you engage in any activities that constitute fraud as discussed in the Client Handbook. The Minnesota Home Care Bill of Rights is included in the Policy Booklet for reference.

Temporary Service Suspension and Termination Policy[12]

(Clients Also Receiving Services under Minnesota Statutes Chapter 245D)

IF YOU ARE A CLIENT WHO RECEIVES ANY SERVICES FROM HOME AT HEART UNDER MINNESOTA STATUTES CHAPTER 245D, THE FOLLOWING PROVISIONS APPLY TO TEMPORARY SUSPENSION AND/OR TERMINATION OF YOUR SERVICES:

It is the policy of Home at Heart to ensure our procedures for temporary service suspension and service termination promote continuity of care and service coordination for persons receiving services.

A. Home at Heart 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. Home at Heart has not been paid for services.

[12] Information in this section derived from https://mn.gov/dhs/assets/245d-temporary-service-suspension-policy-sample-document_tcm1053-333906.docx and https://mn.gov/dhs/assets/service-termination-policy_tcm1053-540911.docx (last visited January 21, 2025).

B. Prior to giving notice of temporary service suspension, Home at Heart will document actions taken to minimize or eliminate the need for service suspension.

1. Action taken by Home at Heart will 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 Home at Heart.
2. If, based on the best interests of the person, the circumstances at the time of the notice were such that Home at Heart is unable to consult with the person's team or request interventions services, Home at Heart 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. Home at Heart will 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, Home at Heart will also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
3. Notice of temporary service suspension must be given on the first day of the service suspension.
4. The written notice service suspension must include the following elements:
    a. The reason for the action;
    b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
    c. Why these measures failed to prevent the suspension.
5. During the temporary suspension period Home at Heart will:
    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 Home at Heart.
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, Home at Heart will document the specific reasons why a contrary decision was made.

SERVICE TERMINATION PROCEDURES

It is the policy of Home at Heart to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

A. Home at Heart will permit each person to remain with Home at Heart and will not terminate services unless:

    1. The termination is necessary for the person's welfare and the person's needs cannot be met by Home at Heart;
    2. The safety of the person or others in Home at Heart 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 at Home at Heart would otherwise be endangered;
    4. Home at Heart has not been paid for services;
    5. Home at Heart 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 Home at Heart will 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 Home at Heart.
        c. The request for intervention services will not be made for service termination notices issued because Home at Heart 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 Home at Heart is unable to consult with the person's team or request interventions services, Home at Heart will 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. Home at Heart will notify the person or the person's legal representative and the case manager in writing of the intended service termination.
2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
3. The written notice of a proposed service termination must include all of the following elements:
    a. The reason for the action;
    b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the Home at Heart 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 sixty (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, Home at Heart will:
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: Minn. Stat. § 245D.10, subd. 3