

# ATRIO HOME HEALTH CARE LLC

## *POLICY AND PROCEDURE*

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## Drug and Alcohol Prohibition Policy

**Program Name:**            ATRIO HOME HEALTH CARE LLC

### **I.        Policy**

It is the policy of this DHS licensed provider (program) to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

### **II.      Procedures**

- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.
- D. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify the office manager no later than five (5) days after the conviction.
- F. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

## Temporary Service Suspension Policy

**Program Name:** ATRIO HOME HEALTH CARE LLC

### I. Policy

It is the policy of this DHS licensed provider (program) to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

### II. Procedures

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

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

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

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

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

- a. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
- b. 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 an ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
- c. Notice of temporary service suspension must be given on the first day of the service suspension.
- d. The written notice service suspension must include the following elements:
  - e. The reason for the action;
  - f. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
  - g. Why these measures failed to prevent the suspension.
- h. During the temporary suspension period the program must:
  - i. Provide information requested by the person or case manager;
  - i. 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
  - j. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.

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

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

## Service Termination Policy

**Program Name:** ATRIO HOME HEALTH CARE LLC

### I. Policy

It is the policy of this DHS licensed provider (program) to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

### II. Procedures

- A. This program must permit each person to remain in the program and must not terminate services unless:
  - 1. The termination is necessary for the person's welfare and the person's needs cannot be met in the facility;
  - 2. The safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
  - 3. The health of the person or others in the program would otherwise be endangered;
  - 4. The program has not been paid for services;
  - 5. The program ceases to operate; or
  - 6. The person has been terminated by the lead agency from waiver eligibility.
  
- B. Prior to giving notice of service termination this program must document the actions taken to minimize or eliminate the need for termination.
  - 1. Action taken by the license holder must include, at a minimum:
    - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
    - b. A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

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

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

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

1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
3. The written notice of a proposed service termination must include all of the following elements:
  - a. The reason for the action;
  - b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when the program ceasing operation;
  - c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
  - d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
  - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
  - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
5. This notice may be given in conjunction with a notice of temporary service suspension.

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

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

## Data Privacy Policy

**Program name:** ATRIO HOME HEALTH CARE LLC

### I. Policy

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

### II. Procedures

#### A. Private Data

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

#### B. Providing Notice

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

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
  - a. why the data is being collected;
    - 1) how the agency intends to use the information;
    - 2) whether the individual may refuse or is legally required to furnish the information;
    - 3) 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;
    - 4) 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.
  - b. 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](#)):
    - 1) be written in plain language;
    - 2) be dated;
    - 3) designate the particular agencies or person(s) who will get the information;
    - 4) specify the information which will be released;
    - 5) indicate the specific agencies or person who will release the information;
    - 6) specify the purposes for which the information will be used immediately and in the future;
    - 7) contain a reasonable expiration date of no more than one year; and
    - 8) specify the consequences for the person by signing the consent form, including:

"Consequences: I know that state and federal privacy laws protect my records. I know:

      - Why I am being asked to release this information.
      - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
      - If I do not consent, the information will not be released unless the law otherwise allows it.
      - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
      - The person(s) or agency(ies) who get my information may be able to pass it on to others.
      - If my information is passed on to others by this program, it may no longer be protected by this authorization.
      - This consent will end one year from the date I sign it, unless the law allows for a longer period."
  - i. Maintain all informed consent documents in the consumer's individual record.

B. Staff Access to Private Data

1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).



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

C. Individual access to private data.

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

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

F. Case manager access to private data.

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

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

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

## Emergency Use of Manual Restraint (EUMR) Policy

**Program Name:** ATRIO HOME HEALTH CARE LLC

### **I. Policy**

It is the policy of this DHS licensed provider (program) to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

### **II. Positive support strategies and techniques required**

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

(positive support strategies and techniques to be used by the program.)

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

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

1. eliminate the use of prohibited procedures as identified in section III of this policy;

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

#### **I. Permitted actions and procedures**

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

- A. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
  1. calm or comfort a person by holding that persons with no resistance from that person;
  2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
  3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
  4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
  5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
  1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
  2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
  3. position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.  
Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

#### **IV. Prohibited Procedures**

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

1. chemical restraint;

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

**V. Manual Restraints Not Allowed in Emergencies**

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

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

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

**VI. Reporting Emergency Use of Manual Restraint**

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

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

Office Manager

## Grievance Policy

**Program Name:** ATRIO HOME HEALTH CARE LLC

### I. Policy

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

### II. Procedures

#### A. Service Initiation

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

#### B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
  - a. should talk to a staff person that they feel comfortable with about their complaint or problem;
  - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
  - c. may request staff assistance in filing a grievance.
2. If the person or persons authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
  - That person is the managing director.
  - They may be reached at 2147 University Ave W Ste 203, St Paul MN or 651-235-9520

#### C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
  - a. the name, address, and telephone number of outside agencies to assist the person; and
  - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.

5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
  6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
    - a. related policy and procedures were followed;
    - b. related policy and procedures were adequate;
    - c. there is a need for additional staff training;
    - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
    - e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
  7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
  8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
    - a. identifies the nature of the complaint and the date it was received;
    - b. includes the results of the complaint review; and
    - c. identifies the complaint resolution, including any corrective action.
- D. The complaint summary and resolution notice must be maintained in the person's record.

## RESPONDING TO, REPORTING AND REVIEWING PARTICIPANT INCIDENTS

Policy: To protect the health and safety and minimize risk of harm to participants ATRIO Home Health Care LLC will respond to, report and review participant incidents in a timely and effective manner.

Procedures for Responding to Participant Incidents:

A. Serious injury

- In the event of a serious injury, staff will provide emergency first aid to the participant following instructions received during first aid training.
- If necessary, staff will summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
- Staff will seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Death

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

C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition

- Staff will assess if the participant's condition requires calling 911, seeking physician treatment or hospitalization.
- When staff believes that a participant is experiencing a life threatening medical emergency they must immediately call 911.
- Staff will provide emergency first aid as trained or directed until further emergency medical care arrives or the participant is taken to a physician or hospital for treatment.

D. Mental health crisis

- When staff believes that a participant is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team in your county.

E. Incident requiring 911, law enforcement or fire department

- For incidents requiring law enforcement or the fire department, staff will call 911.
- For non-emergency incidents requiring law enforcement, staff will call:
  - Hennepin County 952-258-5321.
  - Ramsey County 651-767-0640
- For non-emergency incidents requiring the fire department, staff will call the local fire department.
- Staff will explain the need for assistance to the emergency personnel.
- Staff will answer all questions asked and follow instructions given by the emergency personnel responding to the call.

F. Participant is missing, has an Unauthorized or unexplained absence

- If the participant has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
- Staff will conduct an immediate and thorough search of the immediate area that the participant was last seen. When two staff persons are available, the immediate and surrounding areas will be searched by one staff person while the second staff person will remain at the location. Other participants will not be left unsupervised to conduct the search.
- If after no more than 15 minutes, the search of the immediate and surrounding area is unsuccessful, staff will contact law enforcement authorities.
- After contacting law enforcement, staff will notify the Program Director, who will determine if additional staff are needed to assist in the search.
- A current photo will be kept in each participant's file and made available to law enforcement.
- When the participant is found staff will return them to the program area, or make necessary arrangements for the participant to be returned to the program area.

G. Conduct of the participant

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

- Summon additional staff, if available. If injury to a participant has occurred or there is eminent possibility of injury to a participant, implement approved therapeutic intervention procedures following the policy on Emergency Use of Manual Restraints (see EUMR Policy).
- As applicable, staff will implement the Coordinated Service and Support Plan Addendum for the participant.
- After the situation is brought under control, question the participant(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 participant is involved in sexual activity with another participant receiving services and that sexual activity involves force or coercion, staff will take the following steps:

- Instruct the participant in a calm, matter-of-fact and non-judgmental manner to discontinue the activity. Do not react emotionally to the participant's interaction. Verbally direct each participant to a separate area.
- If the participant does not respond to a verbal redirection, intervene to protect the participant from force or coercion, following the Emergency Use of Manual Restraint Policy as needed.
- Summon additional staff if necessary and feasible.



- If the participants are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
  - Contact law enforcement as soon as possible and follow all instructions.
  - If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
- I. Emergency Use of Manual Restraint (EUMR)
- Follow the EUMR Policy.
- J. Maltreatment
- Follow the Mandated Reporting of Maltreatment and Internal Review Policy for Vulnerable Adults and Minors.

Procedure for Reporting and Reviewing Incidents:

- A. Unless it is known that the incident has been reported, whenever an Incident (as defined on *ATRIO Home Health Care LLC Reportable Incidents* document) occurs while services are being provided or upon discovery or receipt of information that an incident occurred the ATRIO Home Health Care LLC staff observing or learning of the incident will immediately complete an *Incident Report* form and give the report to the Program Director.
- B. Within 24 hours of the incident, the Program Director will send a copy of the *Incident Report* to the participant and/or their legal representative or emergency contact, case manager and other licensed providers as appropriate.
- C. The Program Director will file a copy of the *Incident Report* in the individual participant's file.
- D. Within 5 working days the Program Director will send a copy of the *Incident Report* to the ATRIO Home Health Care LLC program site Health and Safety Work Group Representative who will place it in the Health and Safety Work Group Incident Report file
- E. The Health and Safety Work Group will review the *Incident Report* and make recommendations for corrective action as needed. Recommendations for corrective action will be reported in writing to the appropriate Program Director.

Procedure for Reporting and Reviewing Serious Injury:

- A. Within 24 hours of serious injury of a participant (as defined on *ATRIO Home Health Care LLC Reportable Incidents* document) that occurs while services are being provided the staff observing or discovering the injury will complete the Ombudsman *Serious Injury Report* and give the report to the Program Director.
- B. Within 24 hours of the incident, the Program Director will send a copy of the *Serious Injury Report* to the participant and/or their legal representative or emergency contact and case manager.

- C. Within 24 hours of the incident, the Program Director will complete a DHS *Death or Serious Injury Fax Transmission Cover Sheet* and fax the *Serious Injury Report* to the Department of Human Services Licensing Division and the Ombudsman for Mental Health and Developmental Disabilities
- D. The Program Director will file a copy of the *Death or Serious Injury Fax Transmission Cover Sheet* and *Serious Injury Report* in the individual participant's file.
- E. Within 5 working days the Program Director will send a copy of the *Serious Injury Report* to the ATRIO Home Health Care LLC program site Health and Safety Work Group Representative. The Health and Safety Work Group will review the report and complete ATRIO Home Health Care LLC *Internal Review of Death or Serious Injury* form.
- F. The program site Health and Safety Work Group representative will provide the Program Director with a copy of the *Internal Review of Death or Serious Injury* form. The Program Director will review the form, implement any recommended corrective actions and file a copy of the form in the individual participant's file.

Procedure for Reporting and Reviewing Participant Death:

- A. Within 24 hours of the death of a participant that occurs while services are being provided the staff observing or discovering the death will complete the Ombudsman *Death Report* and give the report to the Program Director.
- B. Within 24 hours of the incident, the Program Director will send a copy of the *Death Report* to the participant's legal representative or emergency contact and case manager. In addition, the Program Director will provide the participant's next of kin with a copy of the Ombudsman Office Notification Letter.
- C. Within 24 hours of the incident, the Program Director will complete a DHS *Death or Serious Injury Fax Transmission Cover Sheet* and fax the *Death Report* to the Department of Human Services Licensing Division and the Ombudsman for Mental Health and Developmental Disabilities.
- D. The Program Director will file a copy of the *Death or Serious Injury Fax Transmission Cover Sheet* and *Death Report* in the individual participant's file.
- E. Within 5 working days the Program Director will send a copy of the *Death Report* to the ATRIO Home Health Care LLC program site Health and Safety Work Group Representative. The Health and Safety Work Group will review the report and complete ATRIO Home Health Care LLC *Internal Review of Death or Serious Injury* form.
- F. The program site Health and Safety Work Group representative will provide the Program Director with a copy of the *Internal Review of Death or Serious Injury* form. The Program Director will review the form, implement any recommended corrective actions and file a copy of the form in the individual participant's file.

## MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING POLICY

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 the Office Manager. If the individual listed above is involved in the alleged or suspected maltreatment, report to the Managing Director.

### Internal report

■ When an internal report is received, the office manager 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, The Managing Director will assume responsibility for deciding if the report must be forwarded to MAARC. The report must be forwarded within 24 hours.

■ If you have reported internally, you should receive, within two 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 the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

### 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.

■ The internal review must include an evaluation of whether: (i) related policies and procedures were followed; (ii) the policies and procedures were adequate; (iii) there is a need for additional staff training; (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and (v) there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

Primary and secondary person or position to review The internal review will be completed by the office manager. If this individual is involved in the alleged or suspected maltreatment, the managing director 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 designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any. For further information, visit [www.mn.gov/adult-protection](http://www.mn.gov/adult-protection) .

## MALTREATMENT OF MINORS MANDATED REPORTING POLICY

### Who should report

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are mandated (required) to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

### Where to report

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services.
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at 651-431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at 651-266-4444 or local law enforcement at 911
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500.

### What to report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 260E) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor.

- A mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.
- Retaliation prohibited
- An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child who is the subject of the report.
- The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

#### 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:
  - 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 children or the services involved; and
  - V. 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 the office manager . If this individual is involved in the alleged or suspected maltreatment, the Managing Director 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 designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

#### Provide policy to parents

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be available upon request.

## PARTICIPANT FUNDS AND PROPERTY POLICY AND PROCEDURES

Policy: ATRIO Home Health Care LLC will ensure that participant funds and property are maintained in a safe, secure manner in compliance with applicable rules and regulations.

### Funds and Property Authorization Procedures:

- A. During the initial admissions meeting with the participant and/or their legal representative the Program Director will determine if ATRIO Home Health Care LLC will have responsibility for assisting the participant with safekeeping of their funds or property.
- B. If ATRIO Home Health Care LLC will provide assistance to the participant in safekeeping of their funds or property, within 5 working days of service initiation, the Program Director will review *ATRIO Home Health Care LLC Funds & Property Authorization* with the participant and/or their legal guardian, determine their preferences for frequency of receiving itemized statements and obtain required signatures on the form.
- C. On an annual basis the Program Director or Specialist assigned to the participant will review *ATRIO Home Health Care LLC Funds & Property Authorization* with the participant and/or their legal representative and obtain required signatures.
- D. The Program Director or Specialist assigned to the participant will assure a copy of the *Participant Funds & Property Authorization* is placed in the participant's individual program file.
- E. The Program Director or Specialist assigned to the participant will assure itemized financial statements are provided to required individuals at the frequency noted on the *Funds & Property Authorization*.

### Procedures for Maintaining Participant Funds:

- A. The Service Coordinator or other staff designated by the Program Director is responsible for maintaining compliance with safekeeping of participant funds as indicated on the individual participant *Funds & Property Authorization*. This includes:
  - Complete itemized accounting of deposits/expenditures from the participants fund account on a monthly basis;
  - Assure there are receipts for all fund expenditures. Note that receipts are not always available ie: vending machines;
  - Provide the participant, their legal representative and case manager with a copy of the *Participant Funds Account Register* according to the schedule indicated.
- B. The Service Coordinator or other staff designated by the Program Director will assure the participant's funds are kept in a locked area separate from other participant funds and ATRIO Home Health Care LLC cash and funds.
- C. The Service Coordinator or other staff designated by the Program Director will place a copy of the annual calendar year itemized accounting of deposits/expenditures from participant funds in the individual participant's file.

## UNIVERSAL PRECAUTIONS AND SANITARY PRACTICES POLICY

Policy: In an effort to protect the health and safety of participants ATRIO Home Health Care LLC staff will follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

Universal Precautions and Sanitary Practices Procedures:

- A. All staff will receive annual training on Universal Precautions and Blood Borne Pathogens.
  
- B. When dealing with blood, bodily fluids, visibly contaminated by blood, semen, and vaginal secretions all staff are required to follow universal precautions and sanitary practices, including:
  - Use of proper hand washing procedure;
  - Use of gloves in contact with infectious materials;
  - Use of a gown or apron when clothing may become soiled with infectious materials;
  - Use of a mask and eye protection, if splashing is possible;
  - Use of gloves and disinfecting solution when cleaning a contaminated surface;
  - Proper disposal of sharps; and
  - Use of gloves and proper bagging procedures when handling and washing contaminated laundry.
  
- C. The Health & Safety Work Group Representative for each program site is responsible for assuring there is a clearly marked, well-stocked body fluid clean-up kit available at each program site.

Procedures for Communicable Diseases:

- A. Staff will report any signs of possible infections or symptoms of communicable diseases (refer to Appendix A – Reportable Infectious Diseases) that a participant is experiencing to a Program Director.
- B. When a participant has been exposed to a diagnosed communicable disease, the Program Director or designated staff will promptly report this information to other licensed providers and residential settings.
- C. Staff diagnosed with a communicable disease, may return to work upon direction of a healthcare professional.

## ADMISSIONS POLICY

Policy: ATRIO Home Health Care LLC promotes continuity of care by ensuring that admission and service initiation is consistent with a participant's rights under section [245D.04](#) and ATRIO Home Health Care LLC knowledge, skill, and ability to meet the service and support needs of participants served by ATRIO Home Health Care LLC .

### Pre-admission Procedures:

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

### Procedures for Service initiation:

- A. The Program Director will provide each participant or each participant's legal representative with a copy of the *Consumer Bill of Rights - Admission* and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the participant and the participant's legal representative, if any.
- B. The Program Director will place a signed copy of the *Consumer Bill of Rights- Admission* in the participant's individual program file.
- C. The Program Director will provide the participant and/or their legal representative with a copy and explanation of the following policies and procedures within 5 working days of service initiation:
  - Admissions Policy;
  - Data Privacy and HIPAA Policy and Procedures;
  - Grievance Policy and Procedures;
  - Temporary Service Suspension and Service Termination Policy and Procedure;
  - Mandated Reporting of Maltreatment and Internal Review Policy for Vulnerable Adults and Minors; and
  - Emergency Use of Manual Restraints Policy and Procedure.
- D. The Program Director will obtain signatures of the participant and/or their legal representative on the *Participant Orientation Training Verification* verifying orientation to policies and procedures.
- E. The Program Director will place the signed copy of the *Orientation Training Verification* in the participant's individual program file.
- F. Within five working days of service initiation, the Program Director will obtain written authorization on the *Funds and Property Authorization* form from the participant or the participant's legal representative and the case manager whenever ATRIO Home Health Care LLC will assist a participant with the safekeeping of funds or other property within five working days of service initiation.
- G. The Program Director will place a signed copy of the *Funds and Property Authorization* in the participant's individual program file.

### Procedures for Refusal to Admit a Participant:

- A. Refusal to admit a participant to the program must be based on an evaluation of the participant's assessed needs and ATRIO Home Health Care LLC lack of capacity to meet the needs of the participant.
- B. ATRIO Home Health Care LLC must not refuse to admit a participant based solely on:
  - The type of residential services the participant is receiving;
  - Participant's severity of disability;
  - Orthopedic or neurological handicaps;
  - Sight or hearing impairments;
  - Lack of communication skills;
  - Physical disabilities;
  - Toilet habits;
  - Behavioral disorders; or
  - Past failure to make progress.
- C. If requested, the Program Director must provide the participant or their legal representative and case manager with written documentation of the basis for refusal to admit to services.



## Rights of Person Served

When receiving services and supports from this program, The clients 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 this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
12. Be free from abuse, neglect or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, 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 the program , grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them at home or in the community.
23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.
25. Have access to my personal possessions at any time, including financial resources.

## False Claims Act Policy / Fraud, Abuse, and Waste Policy

A. Prevention and Detection of Fraud, Abuse, and Waste ATRIO Home Health Care LLC (AHC) has a longstanding practice of fair and truthful dealing with its participants, their families, the government, health professionals and other business associates. No AHC Associate shall engage in any act of fraud, abuse or waste, such as knowingly making false statements of material fact, in the preparation or submission of any claim for reimbursement under the Medicaid program. A AHC Associate is any AHC worker, Representative, Representative worker, contractor or other agent hired by AHC. Compliance with this Policy is a condition of employment or business relationship with AHC. Violation of this policy is grounds for immediate termination of employment or agency relationship

. The federal Deficit Reduction Act of 2005 ("DRA"), effective January 1, 2007, was enacted to bring entitlement spending under control by increasing the detection and prevention of fraud, waste and abuse. DRA requires Medicaid providers like AHC to implement formal written policies to combat such fraud, abuse and waste. DRA imposes liability on any person who knowingly, directly or indirectly, is involved in presenting a false or fraudulent claim to the U.S. government for payment. DRA also provides special protections for workers who report any such suspected or actual wrongdoing. This Appendix will describe AHC' anti-fraud policies and procedures and the specific federal and Minnesota laws relating to fraud, abuse and waste.

Fraud is an intentional misrepresentation that, when relied on by a payer or other person, deceives that person to his or her detriment. Abusive tactics are broader than fraud, and may include submitting deceptive or misleading claims to a government program like Medicaid, or using a false statement to support a claim. Waste may include other deceptive tactics, such as over-utilization of otherwise necessary services.

Waste: over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

Abuse: excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. "Abuse" refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss.

Types of fraud, abuse, or waste which may lead to liability are:

1. Knowingly filing a false or fraudulent claim for payments to Medicare, Medicaid or another governmentally funded health care program, such as billing for services not actually provided;
2. Knowingly making or using a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid or other governmental program, such as documenting clinical care not actually provided;
3. Conspiring to defraud Medicare, Medicaid or other governmentally funded health care program by attempting to have a false or fraudulent claim paid; or
4. Knowingly making or using, or causing to be made or used, a false record to conceal, avoid or decrease an obligation to pay or transmit money or property to the government.

Examples of the above include but are not limited to:

- a. Billing for services not actually provided;
- b. Making payments to a phantom vendor or phantom worker;
- c. Paying a vendor or worker for services not actually provided;
- d. Paying an invoice known to be false;

- e. Accepting or soliciting kickbacks or illegal inducements from vendors of services, or offering or paying kickbacks or illegal inducements to vendors of services;
- f. Paying, offering gifts, money, remuneration or free services to entice a Medicaid recipient to use a particular vendor;
- g. Using Medicaid reimbursement to pay a personal expense;
- h. Embezzling; and
- i. Ordering and charging for medical services not necessary for the participant.

“Knowingly” means that a person

- (i) has actual knowledge of the information,
- (ii) acts in deliberate ignorance of the truth or falsity of the information, or
- (iii) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

#### B. Mandatory Reporting Requirement.

If any AHHC Associate has reason to believe that anyone associated with AHHC has engaged in any fraud, abuse or waste, the Associate has a duty to report any such observations and concerns immediately to the Executive Director. AHHC shall not retaliate against anyone submitting a timely report pursuant to this policy. All reports shall be investigated under the supervision of the Executive Director. All Associates have a duty to cooperate with any investigation conducted by AHHC under this requirement, including but not limited to providing information upon request and meeting with AHHC’ legal, accounting or other authorized representatives, if directed to do so by the Executive Director. AHHC will take any necessary action to respond appropriately to any substantiated offense and to prevent any further offenses, including but not limited to terminating AHHC workers, Representative relationships and contractor or agency contracts. Offenses will be evaluated for voluntary self-disclosure under applicable federal laws, and when warranted, they will be referred to federal and state authorities. AHHC will cooperate with government officials investigating or prosecuting any individual referred by AHHC. C. Federal and State Laws.

**Minnesota Medical Assistance Fraud Laws.** In addition to the sanctions levied by federal law, Minnesota law contains criminal and civil penalties for Medical Assistance fraud. Under Minn. Stat. § 609.466, any person who, with the intent to defraud, presents a claim for reimbursement which is false in whole or in part is guilty of an attempt to commit theft of public funds and may be sentenced accordingly. Under Minn. Stat. § 256B.121, any vendor of medical care who willfully submits a claim for reimbursement that is known to be a false claim is also subject to a civil action by the State of Minnesota for three times the payments which result from the false representation, costs and attorneys’ fees.

**Minnesota Vulnerable Adult Law.** Subjecting a vulnerable adult to unnecessary and over-utilized services for the profit or advantage of another may also constitute financial exploitation under the Minnesota Vulnerable Adults Act, Minn. Stat. §§626.5572, subd. 9 and 609.2335.

**Whistleblower Protections under federal and Minnesota Law.** The federal False Claims Act, at 31 U.S.C. §3730(h), provides anti-retaliation protections for whistle-blowing workers. If an worker participates in the investigation for, initiation of, testimony for, or assistance in an action filed under the False Claims Act, the employer may not discharge, demote, suspend, threaten, harass or in any other manner discriminate against the worker in the terms and conditions of employment, in retaliation for the worker’s protected action.

D. AHHC Fraud Prevention and Detection Policy. AHHC has adopted Policies and Procedures for Maintaining Program Integrity by Preventing Fraud, Abuse and Other Wasteful Financial Practices

These Policies and Procedures describe AHHC' internal efforts to maintain the integrity of our billing and reimbursement policies, as well as the process for reporting and investigation of fraud, waste and abuse. It is a condition of every Associate's employment or agency relationship with AHHC that both this Policy and the False Claims Policy be read, understood and complied with. Anyone with questions about this policy or who desires to report a suspected False Claims Act or other fraud-related violation should immediately contact the Executive Director. Anyone who feels retaliated against under the whistleblower and qui tam protections of the laws, as described above, should immediately contact the Executive Director or any member of the Board. AHHC reserves the right to amend or terminate this Policy as applicable laws or circumstances require.

Conduct on the Job (the 245D Employee, when at work):

- Shall provide care as specified in the Coordinated Services and Support Plan (CSSP) and Addendum, and shall follow written and oral directions from the Participant, Responsible Party and the 245D Designated Coordinator;
- Shall arrive on time and not leave work early;
- Shall not steal from or mistreat the Participant;
- Shall not consume alcohol or be under the influence of any illegal drugs; and
- Shall not use cell phones, text messages or engage in personal business.

The 245D Employee:

- Can only be paid for work done when the 245D employee is physically present and providing necessary care for the participant;
- Cannot be asked or told to split pay with the client or Responsible Party;
- Cannot work when the client is at in the hospital, at school, receiving in-patient care, in a nursing home, respite care facility, or is incarcerated; and
- Cannot submit a timesheet for hours not worked.

Identity Theft: Using an identification that does not belong to that person to obtain payment and/or services. False Claims Act: Prohibits any person from knowingly presenting or causing a fraudulent claim for payment.

Anti-Kickback Statute: Makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a Federal health care program

False Claims Act: Prohibits any person from knowingly presenting or causing a fraudulent claim for payment.

Anti-Kickback Statute: Makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a Federal health care program.

Reporting Fraud, Waste and Abuse: Everyone has the right and responsibility to report actual and possible fraud, waste or abuse. You may report anonymously and retaliation is prohibited when you report a concern in good faith.

## **Sexual or Other Harassment Policy**

ATRIO Home Health Care LLC is committed to providing a work environment that is free of discrimination and unlawful harassment. ATRIO Home Health Care LLC prohibits discrimination and harassment on the basis of race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, age, genetic information, or any other legally protected characteristic.

Any employee who engages in harassment; who permits employees under his/her supervision to engage in such harassment; or who retaliates or permits retaliation against an employee who reports such harassment is guilty of misconduct and shall be subject to immediate remedial action that may include discipline or termination of employment.

### **Employee Rights and Responsibilities:**

Employees are entitled to timely resolution of any complaints about harassing or inappropriate behavior. In addition, employees are protected from retaliation for making a complaint or exercising other rights protected by law.

It is an employee's responsibility and obligation to report harassing or inappropriate behavior, whether it is directed at them or it is something they have seen or heard that was directed at someone else. Any manager or supervisor who learns of or observes harassing or inappropriate behavior, or receives a complaint about this kind of behavior, should immediately report the behavior or complaint to Human Resources or the Chief Compliance Officer.

ATRIO Home Health Care LLC will investigate the situation and take timely and appropriate action to correct it. Every employee must cooperate fully during any fact-finding initiated by ATRIO Home Health Care LLC, providing honest and complete information. Employees cannot choose to "stay out of it" if they are asked for information that they have or have access to.

Failure to participate fully and honestly in the investigative process, or in any fact-finding process initiated by ATRIO Home Health Care LLC, is a serious violation of company policy and grounds for corrective action, which may include termination from employment.

What is Harassment? Harassment is offensive physical conduct, verbal comments, or written comments including online posts regarding or because of another person's protected category status if that conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment, unreasonably interferes with an individual's work performance or opportunities, or otherwise affects the terms and conditions of employment.

### **Definition of Sexual Harassment**

Sexual harassment is defined as unwelcomed sexual advances, requests for sexual favors, sexually motivated physical contact and other verbal or physical conduct of a sexual nature when:

1. Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting that individual; or
3. The conduct has the purpose or effect of unreasonably interfering with an individual's work performance; or
4. The conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.

#### Examples of Harassment

Examples of harassment include, but are not limited to:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Leering or making sexual gestures.
- Displaying or circulating sexually suggestive objects, pictures, cartoons, e-mails or posters.
- Displaying or circulating offensive objects, pictures, cartoons, e-mails or posters based on a legally protected characteristics such as race, religion or sexual orientation.
- Making or using derogatory comments, epithets, slurs, or jokes.
- Online posting of offensive or derogatory comments about an individual because of their membership in a protected class.
- Graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, or invitations.
- Unwelcome physical conduct including touching, assaulting, impeding or blocking movements, and threatening and intimidating behavior.

#### Reporting Procedure

Employees who believe they have experienced or witnessed sexual or other unlawful harassment in the workplace, whether by employees or non-employees, should take the following steps:

- Take immediate action rather than ignoring the problem and waiting for it to go away;
- Tell the offending person, if they feel comfortable doing so, that his or her actions or comments are unwelcome, that the behavior is offensive and it must stop immediately;
- Report the incident as soon as possible to a supervisor, Human Resources, or the Chief Administration Officer; and
- Remember that ATRIO Home Health Care LLC will not tolerate any retaliation against you for reporting concerns about harassing behavior or conduct.

Employees who are witness to harassment or inappropriate behavior should:

- Take the incident(s) seriously;
- Refuse to condone or participate in the behavior;
- Encourage the victim to speak with his or her supervisor, Human Resources, or a Program Manager; and
- Express suspicions or concerns to the appropriate supervisor, Human Resources, or the Chief Administration Officer so that ATRIO Home Health Care LLC can be alerted to any possibly harassing situations.

Employees who may be engaging in harassing or inappropriate behavior must:

- Stop the behavior immediately;
- Listen to the person complaining about the behavior; and

- Learn from the experience and do not repeat it.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must immediately report the harassment to Human Resources or the Chief Administration Officer so it can be investigated in a timely manner.

All charges of harassment will be promptly investigated by ATRIO Home Health Care LLC . All complaints will be handled as

discreetly as possible, although ATRIO Home Health Care LLC cannot guarantee absolute confidentiality. Strict confidentiality is

not possible, since the alleged harasser is entitled to answer the charges, particularly if discipline or termination is a possible outcome. However, reasonable efforts will be made to respect the confidentiality of the individuals involved. Corrective action will be taken consistent with the results of

ATRIO Home Health Care LLC 's investigation. All employees are expected to cooperate with harassment investigations. An employee who refuses to participate in the investigation, provides untruthful statements to the investigator, or otherwise

obstructs the investigation process is subject to discipline, up to and including termination of Employment.

#### Retaliation

ATRIO Home Health Care LLC will not tolerate any retaliation against any employee who reports an incident of alleged harassment on inappropriate workplace behavior or provides information during an investigation, and will take measures to protect all such employees from retaliation. Engaging in retaliatory behavior is a violation of this policy, and is grounds for corrective action, up to and including termination of employment. Liability for Harassment Any employee who is found to have violated this policy is subject to disciplinary action, up to and including termination of employment. Employees may also be subject to personal legal liability for violation of this policy.

## Program Abuse Prevention Plan

Program:	ATRIO HOME HEALTH CARE LLC
Program Address:	2147 UNIVERSITY AVE W STE 203 St Paul Minnesota
Date plan developed:	10/1/2020

### **EACH PROGRAM MUST ENSURE THAT:**

- A. People receiving services are provided with an orientation to the program abuse prevention plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from a later orientation.
- B. The license holder's governing body or the governing body's delegated representative shall review the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review period. The governing body or the governing body's delegated representative shall revise the plan, if necessary, to reflect the review results.
- C. A copy of the program abuse prevention plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, people receiving services, and legal representatives.
- D. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan must document this determination.
- E. In addition to the program abuse prevention plan, an individual abuse prevention plan must be developed for each new person receiving services. A review of the individual abuse prevention plan must be done as part of the review of the program plan. The persons receiving services must participate in the development of the individual abuse prevention plan to the best of their abilities. All abuse prevention plans must be reviewed at least annually by the interdisciplinary team.

### **POPULATION ASSESSMENT:**

1. Age range of persons the program plans to serve: 10 years old and Above



2. What specific measures has the program taken to minimize the risk of abuse to people as related to the age of people receiving services?

- We have not identified any age related factors related to the potential for abuse and/or harm to the people being served. Employees are trained on the Maltreatment of Vulnerable Adults Act and will take steps to prevent any abuse, take corrective action, and will immediately report any maltreatment.

3. Gender of persons the program plans to serve: Male and Female

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the gender of people receiving services?

-Employees are provided training with regard to individual's right to privacy especially in regard to personal care and hygiene as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum. Employees will teach appropriate boundaries and/or act to ensure personal boundaries are respected by others. Employees will verbally direct or assist clients to remain appropriately dressed. Bathroom and stall doors remain closed. Staff persons are on the premises when clients are present. Employees are trained on the Maltreatment of Vulnerable Adults Act and will take steps to prevent any abuse, take corrective action, and will immediately report any maltreatment. Staff have been trained and can implement their responsibilities and duties as required in MN Statutes, Chapter 245D.

5. Describe the range of mental functioning of persons the program plans to serve:

We plan to serve and support individuals with a wide range of mental functioning from severe and profound mental functioning to moderate and mild mental functioning.

6. What specific measure has the program taken to minimize the risk of abuse to people as related to the mental functioning of people receiving services?

Employees are trained on the Maltreatment of Vulnerable Adults Act and will take steps to prevent any abuse, take corrective action, and will immediately report any maltreatment. Staff have been trained and can implement their responsibilities and duties as required in MN Statutes Chapter 245D. Program will regularly check in with people receiving services to also check and assess that everything is going smooth and sound via phone call or via a home visit.

7. Describe the range of physical and emotional health of persons the program plans to serve:

The range of individuals we support include those who require total physical care for all ADL's to clients who may only need a periodic verbal or physical prompt for some ADL's. Emotional health ranges from mild cognitive impairment with a range of related conditions

8. What specific measure has the program taken to minimize the risk of abuse to people as related to the physical and emotional health of people receiving services served?

Employees are provided training on their responsibilities to address each person's physical and emotional health as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum. Staff persons are on the premises when clients are present. Employees are trained on the Maltreatment of Vulnerable Adults Act and will take steps to prevent any abuse, take corrective action, and will immediately report any maltreatment.

9. Describe the range of adaptive/maladaptive behavior(s) of persons the program plans to serve:

We plan to serve and support individuals with a wide range of maladaptive behaviors that include mild to moderate self-injurious behavior, mild to moderate verbal aggression, mild to moderate physical aggression and a range of inappropriate interpersonal interactions.

10. What specific measures has the program taken to minimize the risk of abuse to people as related to the adaptive/maladaptive behavior(s) of the people receiving services served?

Employees are provided training on their responsibilities to address each person's maladaptive behaviors as well as how to promote and encourage adaptive behaviors as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum.

11. Describe the need for specialized programs of care for persons the program plans to serve:

We have not assessed the need for any specialized programs of care outside of what is addressed above. and/or what is addressed in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum.

12. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specialized programs of care for people receiving services?

Employees are provided training on their responsibilities to address each person's needs as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum.

13. Describe the need for specific staff training to meet individual service needs:

Employees are provided training on their responsibilities to address each person's needs as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum. Staff have been trained and can implement their responsibilities and duties as required in MN Statutes, Chapter 245D. Based upon the assessed areas already mentioned there is no additional staff training needs identified.

14. What specific measures has the program taken to minimize the risk of abuse to people as related to the need for specific staff training designed to meet individual service needs?

Employees are provided training on their responsibilities to address each person's needs as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum. Employees are trained on the Maltreatment of Vulnerable Adults Act and will take steps to prevent any abuse, take corrective action, and will immediately report any maltreatment. Employees are trained on their responsibilities as required by MN Statutes, Chapter 245D.

15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to people receiving services:

We investigate all immediately and report any cases of suspected abuse. We are not aware of any previous abuse that is relevant to minimizing the risk of abuse to the people we serve.

16. What specific measures has the program taken to minimize the risk of abuse to people as related to the knowledge of previous abuse?

Employees are provided training on their responsibilities to address each person's needs as outlined in each person's Individual Abuse Prevention Plan and CSSP and CSSP Addendum. Employees are trained on the Maltreatment of Vulnerable Adults Act and will take steps to prevent any abuse, take corrective action, and will immediately report any maltreatment. Employees are trained on their responsibilities as required by MN Statutes, Chapter 245D.

## Transportation Policy and Procedure for Basic Support Services

### Policy

AHHC is required by MN Statute 245D.06 to promote safe transportation and provisions for handling emergency situations when AHHCs staff are responsible for transporting individuals receiving services in basic support services.

#### - Transporting people in your personal vehicle or any other vehicle

- Check with your insurance company to see if your policy covers this type of use.
- You are responsible for the supervision and safety of your passengers.
- Be sure you are familiar with the people you are transporting.
- Read over their Coordinated Support Services Plan (CSSP) and CSSP Addendum and become familiar with the best approach to use to meet their needs.
- Both you and your passengers must wear a seatbelt as required by Minnesota law.
- You will need to provide assistants if the individual is unable to correctly fasten.
- Carry a first-aid kit
- Staff will need to be prepared for emergencies to ensure safety. In case of an emergency have the following with you:
  - Name and phone number of person(s) to call in case of emergency.
  - First aid kit
  - Proof of insurance card and vehicle registration.
- In the event of a severe weather emergency, staff will take the following actions:
  - Monitor weather conditions, listen to local television or radio or a weather radio for weather warnings and watches.
  - Follow directions for the need to change plans and activities, or seek emergency shelter. o Inform passengers why plans and activities have changed. Assist passengers remain calm.
  - Contact 911 or emergency services in the event of an injury needing assistance or in a life threatening situation
- All staff are required to follow all traffic safety laws while operating the vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs.
- Document each date you provide transportation and the total mileage on your Expense Reimbursement form. You will be reimbursed at a predetermined rate for mileage incurred providing transportation. Indicate if it was a community trip or a route.
- In the event of an accident or emergency:
  - Call 911 or emergency services in the event of an injury needing assistance or in a life threatening situation. o Contact the family of the individual involved.
  - AHHCs Human Resources Department (HR) at 651-454-2732 or toll free at 1-866-454-2732.
  - Complete an Incident Report and/or a First Report of Injury Report and submit it to AHHC Services by mail, fax, or call it in at the number above.
  - Your insurance company