

Amani Health Care Services

Data Privacy Policy

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

Emergency Use of Manual Restraints Policy

Program Name: Amani Health Care Services, 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

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:

- Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
- 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;
- Respect the person’s need for physical space and/or privacy.

III. 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

Amani Health Care Services is prohibited from using the following:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion or any aversive or deprivation procedure.
6. As a substitute for adequate staffing
7. For a behavioral or therapeutic program to reduce or eliminate behavior
8. Punishment
9. For staff convenience
10. Prone restraint, metal handcuffs, or leg hobbles
11. As a substitute for adequate staffing
12. For a behavioral or therapeutic program to reduce or eliminate behavior
13. For staff convenience
14. Prone restraint, metal handcuffs, or leg hobbles
15. Faradic shock
16. Speaking to a person in a manner that ridicules, demeans, threatens, or is abusive
17. Physical intimidation or a show of force
18. Containing, restricting, isolating, secluding or otherwise removing a person from normal activities when it medically contraindicated or without monitoring the person served.

19. Denying or restricting a person's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the person's functioning. When the temporary removal of the equipment or device is necessary to prevent injury to the person or others or serious damage to the equipment or device, the equipment or device must be returned to the person as soon as imminent risk of injury or serious damaged has passed.
20. Painful techniques, including intentional infliction of pain or injury, intentional infliction of fear of pain or injury, dehumanization, and degradation.
21. Hyper extending or twisting a person's body parts
22. Tripping or pushing a person
23. Requiring a person to assume and maintain a specified physical position or posture
24. Forced exercise
25. Totally or partially restricting a person's senses
26. Presenting intense sounds, lights, or other sensory stimuli
27. Noxious smell, taste, substance, or spray, including water mist
28. Depriving a person of, or restricting access to normal goods and services, or requiring a person to earn normal good and services
29. Token reinforcement programs or level programs that include a response cost or negative punishment component
30. Using a person receiving services to discipline another person receiving services
31. Using an action or procedure which is medically or psychologically contraindicated
32. Using an action or procedure that might restrict or obstruct a person's airway or impair breathing, including techniques whereby individuals use their hands or body to place pressure one person's head, neck, back, chest, abdomen, or joints.
33. Interfering with a person legal rights, except as allowed by MN statutes, section 245D.04 subdivision 3, paragraph (c).

V. Detailed instructions on allowed Manual Restraint Procedures

- A. This program allows the following manual restraint procedures to be used on an emergency basis when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- **Physical escort /walking**

If a person served has escalating behaviors and it is necessary to move the person, staff may follow stages 1 and 2 of physical escort/walking.

Stage 1: A staff person will walk by the side of the person while remaining slightly behind the person. Staff will place their hand that is closest to the person, on the person's forearm, just below the elbow while applying firm, but gentle pressure. While walking with the person, staff will remain near the person so that the placement of the hand on the person's forearm is effective.

Stage 2: If stage 1 is not effective, staff may use both of their hands to move the person while walking. Staff will move their hand currently on the person's forearm to the person's small of their back and apply firm, but gentle pressure. Staff's other arm, that is farthest away from the person, will reach across and be placed on the person's forearm, below the elbow, on their forearm, while applying firm, but gentle pressure. In this position, staff will remain near to the person while walking with them to another area.

- **Arm restraint/One staff person standing and sitting**

If a person served has escalating behaviors that can be managed through the use of a one arm restraint, staff will attempt to do so prior to using the two arm restraint. A standing restraint will be attempted first; however, if the person needs to sit, staff may use the arm restraint/one staff person sitting procedure.

Arm restraint/one staff person standing -1 arm: Staff may use physical escort/walking, stage 2 to move into the 1 arm restraint/staff person standing or it may be used separately. Staff will direct one arm of the person served forward to cross in front of the person's body by applying slight pressure above or below their elbow. The same side arm will be used by staff and person (i.e. staff's right arm will direct the right arm of the person forward). With their other arm, farthest away from the person, staff will lightly grip the person's crossed arm, slightly above the wrist, to grip the person's forearm. Staff will ensure that their palms are facing down.

Arm restraint/one staff person standing- 2 arm: Staff will direct one arm of the person served forward to cross in front of the person's body by applying slight pressure above or below their elbow. The same side arm will be used by staff and the person (i.e. staff's right arm will direct the right arm of the person forward). With their other arm, farthest away from the person, staff will slightly grip the person's crossed arm and their waist, to grip the person's forearm. Staff will ensure that their palms are facing down. If the person continued to escalate in behaviors and it is necessary to restraint both of the person's arms, staff will release their arm that is gripping the person's arm above wrist. Staff will quickly bring their arm up and around to "pin" the person's free arm against their side. Staff will the re-grip the arm above the wrist that is crossed in front of the person so that one arm is crossed in front of the person and the other pressed against the person's side.

Arm restraint/one staff person sitting -1 arm and 2 arm: Using the procedures as stated above in the arm restraint/one staff person standing -- 1 arm and 2 arm, staff may transition from a standing to a sitting position if necessary. While restraining the person's arm(s), staff will verbally notify the person of what they are doing and will slowly back up and lower the person to the floor. Staff may be in a sitting or kneeling position behind the person. Should the person attempt to hit staff with their head or aggressively rock back and forth, staff will pull slightly back while maintaining their restraint. If possible, staff will brace their shoulder against the person's shoulder or duck their head to avoid being hit.

- B. The program will not allow the use of a manual restraint procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the service planning required under section 245D.070, subdivision 2, for recipients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for recipients of intensive support services.

VI. Conditions for Emergency Use of Manual Restraint

- A. Emergency use of manual restraint must meet the following conditions:
1. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
 2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
 3. the manual restraint must end when the threat of harm ends.
- B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
 2. the person is engaging in verbal aggression with staff or others; or
 3. a person's refusal to receive or participate in treatment or programming.

VII. Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:

1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
2. be implemented with an adult in a manner that constitutes abuse or neglect;
3. be implemented in a manner that violates a person's rights and protection;
4. be implemented in a manner that is medically or psychologically contraindicated for a person;
5. restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
6. restrict a person's normal access to any protection required by state licensing standards and federal regulations governing this program;
7. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
9. use prone restraint. "Prone restraint" means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or

10. apply back or chest pressure while a person is in a prone position, supine (meaning a face-up) position, or side-lying position,
11. be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

VIII. Monitoring Emergency Use of Manual Restraint

- A. The program must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
 1. only manual restraints allowed in this policy are implemented;
 2. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
 3. allowed manual restraints are implemented only by staff trained in their use;
 4. the restraint is being implemented properly as required; and
 5. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person's health and safety and prevent injury to the person, staff involved, or others involved.
- A. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.
- C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

IX. Reporting Emergency Use of Manual Restraint

- A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section [245D.06](#), subdivision 1.

When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.

- B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
 1. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
 2. a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
 3. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implement. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;

4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
 5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
 6. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
 7. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
 8. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- C. A copy of this report must be maintained in the person's service recipient record. The record must be uniform and legible.
- D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
 2. upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
 3. staff must immediately re-implement the manual restraint in order to maintain safety.

X. Internal Review of Emergency Use of Manual Restraint

- A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
- B. The internal review must include an evaluation of whether:
1. the person's service and support strategies need to be revised;
 2. related policies and procedures were followed;
 3. the policies and procedures were adequate;
 4. there is need for additional staff training;
 5. the reported event is similar to past events with the persons, staff, or the services involved; and
 6. there is a need for corrective action by the program to protect the health and safety of persons.
- C. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.
- D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

- E. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

Managing coordinating Officer is responsible for program coordination, evaluation and oversight under the 245D HCBS Standards in section [245D.081](#)].

XI. Expanded Support Team Review of Emergency Use of Manual Restraint

- A. Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:
1. Discuss the incident to:
 - a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
 - b. identify the perceived function the behavior served.
 2. Determine whether the person's coordinated service and support plan addendum needs to be revised to:
 - a. positively and effectively help the person maintain stability; and
 - b. reduce or eliminate future occurrences of manual restraint.
- B. The program must maintain a written summary of the expanded support team's discussion and decisions in the person's service recipient record.
- C. The program has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person's coordinated service and support plan addendum is revised, when determined necessary.

Managing coordinating Officer is responsible for program coordination, evaluation and oversight under the 245D HCBS Standards in section [245D.081](#)].

XII. External Review and Reporting of Emergency Use of Manual Restraint

Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities using the online reporting form(BIRF DHS-5148):

1. report of the emergency use of a manual restraint;
2. the internal review and corrective action plan; and
3. the expanded support team review written summary.

XIII. Staff Training

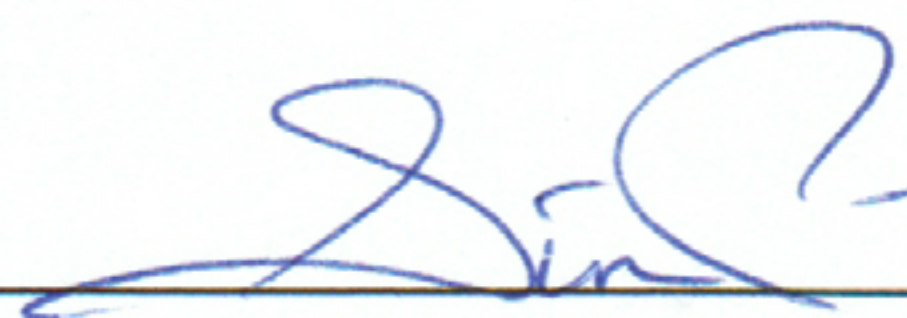
Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.

- A. The program must provide staff with orientation and annual training as required in Minnesota Statutes, section [245D.09](#).
1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
 - a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
 - b. staff responsibilities related to ensuring prohibited procedures are not used;
 - c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - d. why prohibited procedures are not safe; and
 - e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section [245D.061](#) and this policy.
 2. Within 60 days of hire the program must provide instruction on the following topics:
 - a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - b. de-escalation methods, positive support strategies, and how to avoid power struggles;
 - c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
 - d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
 - e. how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;
 - f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
 - g. the communicative intent of behaviors; and
 - h. relationship building.
- B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire.
- C. The program must maintain documentation of the training received and of each staff person's competency in each staff person's personnel record.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO

Print name & title



Signature

Date of last policy review: 11/12/2017

Date of last policy revision: _____

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#)

Amani Health Care services

Service Termination Policy

I. Policy

It is the policy of this DHS licensed provider Amani health Care Services 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 unable to consult with the person's team or

request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

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

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

Policy reviewed and authorized by:

Sandra Nyman, MCO [Signature]

Print Name & Title

Signature

Date of last policy review: 6/12/17 Date of last policy revision: _____

Legal Authority: MS § [245D.10](#), subd. 3a

Amani Health Care Services, LLC

MALTREATMENT OF MINORS MANDATED REPORTING POLICY FOR DHS LICENSED PROGRAMS

Who Should Report Child Abuse and Neglect

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (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 Dakota or local law enforcement at Lakeville..
- 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 626.556) 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. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from

programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

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 with respect to whom the report is made. 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 Internal Reviews are Completed

The internal review will be completed by Office Manager . If this individual is involved in the alleged or suspected maltreatment, Managing Coordinating Officer will be responsible for completing the internal review.

Documentation of the 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.

Staff Training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). 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.

Amani Health Care Services, LLC

Service Suspension Policy

I. Policy

It is the policy of Amani Health Care Services to ensure that 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 unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

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

1. This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.

2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
 3. Notice of temporary service suspension must be given on the first day of the service suspension.
 4. The written notice service suspension must include the following elements:
 - a. The reason for the action;
 - b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - c. Why these measures failed to prevent the suspension.
 5. During the temporary suspension period the program must:
 - a. Provide information requested by the person or case manager;
 - b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 - c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.
- D. A person has the right to return to receiving services during or following a service suspension with the following conditions.
1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
 2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
 3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO

Print Name & Title

[Signature]

Signature

Date of last policy review: 6/12/17

Date of last policy revision: _____

Legal Authority: MS §[245D.10](#), subd. 3

Amani Health Care Services

Grievance Policy

I. Policy

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

II. Procedures

A. Service Initiation

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

B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
 - a. should talk to a staff person that they feel comfortable with about their complaint or problem;
 - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program, the Coordinating Manager, **Simon Nyamari**, who may be reached at :
Address: 1795 Kenwood Trail Suite 270, Lakeville, MN 55044
Telephone number (952) 683-1628.
Fax number (952) 683-1629
Email address: amanihcsllc@gmail.com

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.

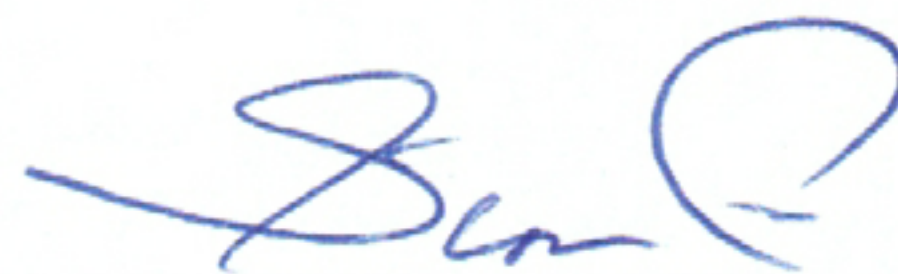
6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - a. related policy and procedures were followed;
 - b. related policy and procedures were adequate;
 - c. there is a need for additional staff training;
 - 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.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO

Print name & title



Signature

Date of last policy review: 11/12/17

Date of last policy revision: _____

Legal Authority: Minn. Stat. § [245D.10](#), subd. 2 and 4

Drug and Alcohol Prohibition Policy

Program Name: Amani Health Care Services, 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

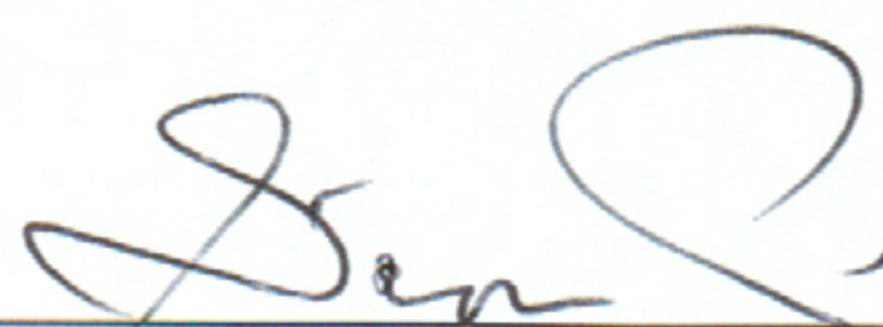
- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our 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.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO

Print name & title

Date of last policy review: _____



Signature

Date of last policy revision: _____

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

Company Administrative Chart

