

Policy Receipt and Signature Page

Orientation to the following policies was received within 24 hours of admission, or 72 hours for persons who would benefit from a later orientation:

_____ Maltreatment of Vulnerable Adults including:

- Telephone number of the Minnesota Adult Abuse Reporting Center (MAARC)

_____ Program Abuse Prevention Plan

I have been informed of and provided copies of the following policies and procedures affecting a person's rights under section 245D.04 within 5 days of service initiation:

_____ Grievance Policy

_____ Service Suspension

_____ Service Termination

_____ Emergency Use of Manual Restraint

_____ Data Privacy*

*Data Privacy required for intensive services

Name	Signature	Title	Date
		Person	
		Legal Representative	
		Case Manager	

Amani Health Care Services, LLC

MALTREATMENT OF VULNERABLE ADULTS REPORTING POLICY

As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately (within 24 hours).

Where to Report

- You can report to the state-wide common entry point, the Minnesota Adult Abuse Reporting Center, at 844-880-1574.
- Or, you can report internally to **Office Manager**. If the individual listed above is involved in the alleged or suspected maltreatment, you must report to **Managing Coordinating Officer**

Internal Report

- When an internal report is received **Office Manager** is responsible for deciding if the report must be forwarded to the state-wide common entry point. If that person is involved in the suspected maltreatment, **Managing Coordinating Officer** will assume responsibility for deciding if the report must be forwarded to the state-wide **common entry point**. The report must be forwarded within 24 hours.
- If you have reported internally, you will receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the state-wide common entry point. The notice will be given to you in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still make the external report to the state-wide common entry point yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to the state-wide common entry point.

Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of vulnerable adults. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional 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 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 shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

The license holder must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

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

Program Abuse Prevention Plan

Program:	Amani Health Care Services, LLC
Program Address:	1705 Southcross Dr W Ste 105, Burnsville, MN 55306
Date plan developed:	

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: _____
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?

- _____
- _____
3. Gender of persons the program plans to serve: _____
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?

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

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

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

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

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

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?

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

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?

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

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?

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

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

PHYSICAL PLANT ASSESSMENT:

1. Describe the condition and design of the facility as it relates to safety for the people receiving services:

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the condition and design of the facility in terms of safety for people receiving services?

3. Describe any areas of the facility that are difficult to supervise:

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the areas of the facility that are difficult to supervise?

ENVIRONMENTAL ASSESSMENT:

1. Describe the location of the facility including information about the neighborhood and community in which the facility is located:

2. What specific measures has the program taken to minimize the risk of abuse to people as related to the location of the facility, including factors about the neighborhood and community?

3. Describe the type of grounds and terrain that surround the facility:

4. What specific measures has the program taken to minimize the risk of abuse to people as related to the type of grounds and terrain that surround the facility?

5. Describe the type of internal programming provided at the program:

6. What specific measures has the program taken to minimize the risk of abuse to people through the type of internal programming provided at the program?

7. Describe the program's staffing pattern:

8. What specific measures has the program taken to minimize the risk of abuse to people through the program's staffing pattern?

Print name and title of
Governing Body or
Governing Body's Delegated Representative

Signature

Date

Review: Name _____ Signature _____ Date _____

The review occurred at least on an annual basis.

The review of the plan used the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. If necessary, the plan was revised to reflect the review results.

Review: Name _____ Signature _____ Date _____

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Review: Name _____ Signature _____ Date _____

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Legal Authority: Minn. Stat. § 245A.65, subd. 2

Grievance Policy

Program Name: Amani Health Care Services, LLC

I. Policy

It is the policy of 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.
 - That person is Managing Coordinating Officer, Simon Nyamari
 - They may be reached at :
Address: 1705 Southcross Dr W Ste 105, Burnsville, MN 55306
Telephone number: W (952) 683-1628 C (952) 564-9086 F (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:

Print name & title

Signature

Date of last policy review: _____ Date of last policy revision: _____

Legal Authority: Minn. Stat. § 245D.10, subd. 2 and 4
9.

Temporary Service Suspension Policy

Program Name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services 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 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:

Print Name & Title

Signature

Date of last policy review: _____ Date of last policy revision: _____

Service Termination Policy

Program Name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services, LLC 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:

Print Name & Title

Signature

Date of last policy review: _____ Date of last policy revision: _____

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

Emergency Non Use of Manual Restraint (EUMR) Policy

Program Name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services to promote the rights of persons served by this program and to protect their health and safety by not using emergency 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:

The positive support strategies and techniques to be used by the program may include but not limited to:

- 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.

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

IV. Prohibited Procedures

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

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

V. Manual Restraints Not Allowed in Emergencies

- A. This program does not allow the emergency use of manual restraint.

The staff will:

- 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 measures listed above are ineffective in order to achieve safety for the person and/or others.

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

VI. Reporting Emergency Use of Manual Restraint

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

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

Managing Coordinating Officer

Policy reviewed and authorized by:

Print name &title

Signature

Date of last policy review: _____

Date of last policy revision: _____

Legal Authority: MS §§ [245D.06](#), subd. 5 to subd, 8; [245D.061](#), MR part [9544.0110](#)

Data Privacy Policy

Program name: Amani Health Care Services, LLC

I. Policy

Amani Health Care Services 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.

Orientation to the person served and/or legal representative will be completed at service initiation and as needed thereafter to data privacy in all areas of the practice. Amani Health Care Services follows guidelines for data privacy as set forth in the Health Insurance Portability and Accountability Act (HIPAA) to the extent that the program performs a function or activity involving the use of protected health information.

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;
 - b. how the agency intends to use the information;
 - c. whether the individual may refuse or is legally required to furnish the information;
 - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
 - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information [45 C.F.R. section 164](#)):
 - a. be written in plain language;
 - b. be dated;
 - c. designate the particular agencies or person(s) who will get the information;
 - d. specify the information which will be released;
 - e. indicate the specific agencies or person who will release the information;
 - f. specify the purposes for which the information will be used immediately and in the future;
 - g. contain a reasonable expiration date of no more than one year; and
 - h. specify the consequences for the person by signing the consent form, including:

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

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

D. Staff Access to Private Data

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

2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
 3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
 4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.
- E. Individual access to private data.
- Individuals or their legal representatives have a right to access and review the individual record.
1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
 2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
 3. Individuals may request copies of pages in their record.
 4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.
- F. Case manager access to private data.
- A person's case manager and the foster care licensor have access to the records of person's served by the program under section 245D.095, subd. 4.
- C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
 2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
 3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
 4. Keep the document in the person's record.

Policy reviewed and authorized by:

Print name & title

Signature

Date of last policy review: _____

Date of last policy revision: _____

Legal Authority: MS § [245D.11](#), subd. 3

Amani Health Care Services, LLC

245D Policies and Procedures Training Quiz

As an employee of Amani Health Care Services, I understand that in the event that I need to access Policy and Procedure Manual, I can find the current version online at amanihcs.com. I also know that if there is ever a time that I am unsure of how to respond to a situation during my shift, I know I can refer to the policy and Procedure Manual to find the answer before I consult with my supervisor.

Name _____ Date _____

Supervisor _____ Program _____

Admission

1. **True or False** In the event of an emergency service initiation, the company must ensure that staff training on an individual's need occurs within 72 hours of direct staff first having unsupervised contact with the individual.

Temporary service Suspension Termination

2. All Positive support strategies will be clearly documented by whom?

Grievances

3. **True or False** Direct Support staff will immediately inform the Designated Coordinator and/or Designated Manager of any grievances.
4. If a person and/or legal representative feel that their formal complaint has not or cannot resolved by other staff. Who is the highest level of authority at Amani Health Care Services?

Data Privacy

5. Describe what the role for a direct support staff is to ensure an individual's data is private.

Emergency Non Use of Manual Restraint

6. List three of the seven positive support strategies staff should attempt to de-escalate a person's before it poses an imminent risk of physical harm to self or others.
- a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.

Amani Health Care Services, LLC

245D Policies and Procedures Training Quiz

Responding to and Reporting Incident

7. As a direct support Professional, I understand that it is my responsibility to ensure the _____ of persons served.
8. If I am unsure of what the definition of incidents is, I know that I can
- a) Check the policy and procedure manual
 - b) Complete an incident report based on what I believe is an incident
9. As an employee of Amani, I understand how to respond to incidents that may occur. I know I can find the procedure for responding to incidents in Policies and Procedures # _____

Emergencies

10. According to 245D, the definition of emergency is an event that affects the _____ of the program including but not limited to:
- _____
- _____
- _____
- _____
11. **True or False.** I understand that responding to emergencies the safety of the persons serves is my first responsibility.

Reviewing Incidents and Emergencies

12. After the health and safety of person(s) served are ensured, staff will
- _____
- _____

Amani Health Care Services, LLC
245D Policies and Procedures Training Quiz

Reporting and Review of Maltreatment of Vulnerable Adults

13. Define Maltreatment

14. Staff will take immediate _____ to ensure the safety of the person (s) served

15. What is the phone number of the county common entry point that you work in primarily?

Reporting and Review of Maltreatment of Minors

16. True or False. Staff can shift the responsibility of reporting maltreatment to an internal staff or position.

17. If staff knows or has reason to believe a child is being or has been neglected or physically or sexually abused with the proceeding _____ years, staff must immediately (within 24hrs) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff.

Alcohol and Drug Use

18. When prescription or over the counter drugs affect staff behavior or performance, staff must inform the _____ and or _____
Reassignment light duty or temporary relief from duties may be required.

Death of a Person

19. **True or False.** Staff who cannot in good conscience help obtain or implement physician's order (Advance directive) should not report this Designated Coordinator and/or Designated manager.

Universal Services Coordination

20. _____ is the single most important practice for preventing the spread of disease and infection.

Amani Health Care Services, LLC

245D Policies and Procedures Training Quiz

Health service Coordination

21. List three of the events in which staff would notify the assigned nurse, nurse consultant, or health care professional.

- 1.
- 2.
- 3.

Safe Medication Assistance and Administration

22. Medication may be administered within _____ minutes before or after the prescribed time.

By signing below, I have read each policy and procedure and have understood what my responsibilities are to implement them.

Employee name (PRINT)

Employee Signature

Date

HIPAA CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT

Amani Health Care Services information system contains confidential records pertaining to our business operations, our clients, business associates, health care professionals and employees. Because this information is vital the operation of our agency in providing quality care and services to our patients, it must be protected. As such, in accordance with current HIPAA regulations and agency policies governing the access, use and disclosure of protected health or agency information, you have the responsibility to protect such data.

As an employee of Amani Care Services, you may have access to protected information. The purpose of this agreement is to provide you with information to assist you in understanding your duty and obligations relative to confidential information. Your signature on this document indicates that the information contained in here has been explained to you, you received a copy of this document and that you understand the rules set forth. YOU AGREE.

- 1) To Respect the privacy and confidentiality of any information you may have access to through our computer system or network that you will access or use only that information necessary to perform your job.
- 2) To refrain from communicating information about a patient in a manner that would allow others to overhear information or to discuss client information with anyone not permitted access to such information in accordance with the facility's established policy one patient wishes.
- 3) To disclose confidential patient business, financial or employee information ONLY to those authorized to receive it.
- 4) To safeguard and not to disclose your password or user ID to any authorization you have that allows you access to protected information. You accept responsibility for all entries and action recorded using your password or user ID.
- 5) Not to attempt to learn or use another employee's password or user ID to log onto our agency's computers.
- 6) To immediately report to HIPAA compliance officer of any suspicions that your password or user ID has been compromised.
- 7) Not to release or disclose the contents of patient or agency records or report except to fulfill your work assignment.
- 8) Not to remove or copy any protected information or reports from their storage location except to fulfill work assignment.
- 9) Not to sell, loan or alter, destroy any protected information or reports except as properly authorized by job assignment.
- 10) Not to leave your computer terminal or workstation unattended without logging out. Secure information so that it may not be disclosed to unauthorized persons.
- 11) Not to access or request any protected information that is not necessary to perform your assigned job function.

- 12) Not to permit others to access your computer or workstation using your password or user ID if they are not authorized personnel.
- 13) To permit your access to our agency's information system to be monitored.
- 14) Not to download or make copies of any software or applications without proper authorization or license.
- 15) Not to access or download any pornography or illegal materials or perform any illegal activity such as gambling while on agency's computer.
- 16) Not to use our agency's computer systems or network to send/forward harassing, insulting, defamatory, obscene, offending or threatening messages.
- 17) To report any suspected or known unauthorized access, use or disclosure of protected information.
- 18) To abide by the HIPAA policies and procedures set forth by the agency as well as current regulations governing privacy issues.
- 19) To restrict personal use of agency's computer system or network to meal or break periods and to follow the agency's established policies governing such personal use.

HIPAA CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT

I further understand that the duties and obligations set forth in the HIPAA CONFIDENTIALITY AND DISCLOSURE document provided to me by AMANI CARE SERVICES will continue after the termination, expiration and cancellation of this agreement to include my termination or employment. I also understand my password and user ID can be temporarily revoked if I fail to abide by the rules set forth.

Printed Employee Name

Date

Signature of Employee

Signature of HIPAA Compliance Officer

Date

Amani Employee Handbook Acknowledgement

I have read the information in the Employee Handbook. I agree that I will abide by the content and realize that violating any of rules, regulations and policies may result in immediate termination of my employment.

Employee Name: _____

Employee Signature: _____

Date: _____