

Amani Health Care 245D Policies

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Admission Criteria Policy

Program name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section [245D.04](#). Amani Health Care Services may provide services to persons with disabilities including but not limited to developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when Amani Health Care Services is able to meet to support the needs of persons served.

II. Procedures

A. Pre-admission

Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:

1. Criteria to be applied in determining whether the program can develop services to meet the needs specified in the person's coordinated service and support plan. The criteria will include:
 1. Whether staff can meet the specific needs of the individual
 2. The individual will socially interact in a positive manner with the staff

B. Service initiation

1. Service recipient rights

Upon service initiation the Amani Health Care Services will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. Amani Health Care Services will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.

2. Availability of program policies and procedures

Amani Health Care Services will inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:

For basic services and support Amani Health Care Services will provide the following policies:

- Grievance policy and procedure.
- Service suspension policy and procedure.
- Service termination policy and procedure.
- Emergency use of manual restraints policy and procedure.
- Vulnerable Adults Maltreatment Reporting and Internal Review Policy
- Maltreatment of Minors Reporting and Internal Review Policy
- Drug and Alcohol Prevention Policy

For other services the following policies will be listed and provided in addition to the above policies:

1. Admission Policy
 2. Emergency Response , Reporting and Review Policy
 3. Incident, Response, Reporting and Review Policy
 4. Safe Medication Assistance and Administration Policy
 5. Safe Transportation Policy
 6. Universal Precautions and Sanitary Practices Policy
 7. Data Privacy Policy
3. Handling property and funds
Amani Health Care Services will obtain written authorization from the person or the person's legal representative and the case manager whenever Amani Health Care Services will assist a person with the safekeeping of funds . Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, Amani Health Care Services will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds. Amani Health Care Services will document the preference and changes to those preferences when they are requested.
4. Authorizations may be need for: (i) Medication and treatment administration
(ii) Release of information

C. Refusal to admit a person

1. Amani Health Care will refusal to admit a person to the program based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.
2. Amani Health Care Services will not refuse to admit a person based solely on:
 - a. the type of residential services the person is in
 - b. person's severity of disability;
 - c. orthopedic or neurological handicaps;
 - d. sight or hearing impairments;
 - e. lack of communication skills;
 - f. physical disabilities;
 - g. toilet habits;
 - h. behavioral disorders; or
 - i. Past failure to make progress.
3. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO
Print name & title

Simon
Signature

Date of last policy review: 12/31/18 Date of last policy revision: _____

Legal Authority: MS §§ 245D.11, subd. 4; 245D.04, subd.2, (4) to (7), and 3, (8)

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:

SIMON NYAMARI, MCO

Print Name & Title



Signature

Date of last policy review: 12/31/18 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

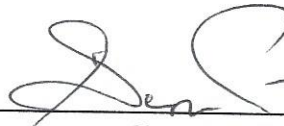
- A. This program must permit each person to remain in the program and must not terminate services unless:
 1. The termination is necessary for the person's welfare and the person's needs cannot be met in the facility;
 2. The safety of the person or others in the program is endangered and positive support 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:

SIMON NYAMARI, MCO
Print Name & Title


Signature

Date of last policy review: 12/31/18 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 during the emergency non use of manual restraints.

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

II. Positive support strategies and techniques required

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

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

IV. Prohibited Procedures

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

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

V. Manual Restraints Not Allowed in Emergencies

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

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;

- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person's immediate environment that they may use to harm self or others
- Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.
- Refer to the attached list of alternative measures that includes a description of each of the alternative measures trained staff are allowed to use and instructions for the safe and correct implementation of those alternative measures.

- 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.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO

Print name & title

Simon

Signature

Date of last policy review: 11/12/17

Date of last policy revision: 12/31/18

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

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:

SIMON NYAMARI, MCO
Print name & title

[Signature]
Signature

Date of last policy review: 12/31/18 Date of last policy revision: _____

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

Drug and Alcohol Prohibition Policy

Program Name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services 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.

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 Officer Manager or Managing Coordinating Officer in the absence of 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, MLO
Print name & title



Signature

Date of last policy review: 12/31/18

Date of last policy revision: _____

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

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.

Amani Health Care Services, LLC

MALTREATMENT OF MINORS MANDATED REPORTING POLICY

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 County** or local law enforcement at **Lakeville, Burnsville, Minneapolis or city of operation**.
- 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.

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

Emergency Response, Reporting & Review Policy

Program location

I. Policy

It is the policy of Amani Health Care Services to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

“Emergency” means any event that affects the ordinary daily operation of the program including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- That require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.

II. Response Procedures

A. Safety procedures

1. **Fires.** Additional information on safety in fires is available online at: <http://www.ready.gov/fires>. In the event of a fire emergency, staff will take the following actions:

Staff will respond immediately to all fire and smoke detector alarms or signs.

Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.

When evacuating outside, the designated meeting place is _____

Remain calm and keep everyone together. Do not reenter until the fire department determines it is safe to do so.

Call 911 for the fire department and provide them with relevant information.

Provide emergency first aid as required until emergency personnel arrive.

2. **Severe weather and natural disasters.** Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>. In the event of a severe weather emergency, staff will take the following actions:

Monitor weather conditions: Listen to local television or radio or a weather-radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.

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

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

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

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

3. **Power failures (electric outage or gas leak).** Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>. In the event of a power failure emergency, staff will take the following actions:

a). Staff will remain with the client or person served. If person served is not within the immediate area of the program, will be located and brought to the central place.

b). Report power failures to Dakota **Electric (651) 463-6201** and /or **Centerpoint Energy (612) 372-4727**. Make sure to check on the power or gas company that serves your county. In case of power outage, Office Manager should be informed to determine on what actions to take.

c). If gas is smelled or gas leak is suspected, staff will evacuate person served and gas company will be immediately notified.

d). No one will be permitted to use lighters, matches, or open flame during time of gas leak. All electrical and battery operated appliances and machinery will be turned off until the all clear is provided.

e). Use emergency supplies (flashlights, battery-operated radio) which are located in client's home.

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

Emergency shelter. Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter> . Some emergencies will be best met by seeking safety in an emergency

shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area. Use of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

- i). Pandemic event: Upon request staff will cooperate with state and local government disaster planning agencies to prepare for or react to emergencies presented by a pandemic outbreak.
- ii). Bomb threat: Upon receiving bomb threat staff should pull fire alarm, if available and call 911. Staff to ensure that everybody leaves building and assemble at safe place.
- iii). Follow directions of local emergency personnel to locate the closest emergency shelter.
- iv). If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.
- V). At the emergency shelter, notify personnel of any special needs required to use at the emergency shelter.
- vi). Remain calm and keep everyone informed of events as they occur or are occurring.

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

- a). Account for the well-being of all people receiving services.
- b). Inform people why they are leaving the program and what is being done to keep them safe.
- c). Follow directions received from administrative staff, police, fire, and other emergency personnel.
- d). If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

Temporary closure or relocation. Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program

administrative staff. Closure or relocation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

- i). Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.
- ii). Follow directions received from administrative staff, police, fire, and other emergency personnel.
- iii). If time allows, remove from the program medication and medical supplies, medical and programs books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.

III. Reporting Procedures

Emergency reports will be completed using the program's emergency report and review form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:

1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the emergency; and
6. The results of the review of the emergency (see section IV).

IV. Review Procedures

This program will complete a review of all emergencies.

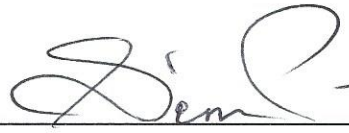
1. The review will be completed using the program's emergency report and review form by Office Manager.
2. The review will be completed within 5 days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

V. Record Keeping Procedures

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained in the main office- 1705 Southcross Dr W Ste 105, Burnsville, MN 55306

Policy reviewed and authorized by:

SIMON NYAMARI MED
Print name & title


Signature

Date of last policy review: 1/4/19 Date of last policy revision: _____

Legal Authority: Minn. Stat. §§§ [245D.11](#), subd. 2; [245D.02](#), subd. 8; [245D.22](#), subd 4-7.

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>)

Incident Response, Reporting and Review Policy

Program Name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

"Incident" means an occurrence which involves a person and requires the program to make a response that is not part of the program's ordinary provision of services to that person, and includes:

- A. Serious injury of a person;
 - 1. Fractures;
 - 2. Dislocations;
 - 3. Evidence of internal injuries;
 - 4. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
 - 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
 - 6. Extensive second degree or third degree burns and other burns for which complications are present;
 - 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 - 8. Irreversible mobility or avulsion of teeth;
 - 9. Injuries to the eyeball;
 - 10. Ingestion of foreign substances and objects that are harmful;
 - 11. Near drowning;
 - 12. Heat exhaustion or sunstroke;
 - 13. Attempted suicide; and
 - 14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.
- B. A person's death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.

- E. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- F. A person's unauthorized or unexplained absence from a program.
- G. Conduct by a person receiving services against another person receiving services that:
 - 1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 - 2. Places the person in actual and reasonable fear of harm;
 - 3. Places the person in actual and reasonable fear of damage to property of the person; or
 - 4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
 - "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- H. Any emergency use of manual restraint.
- I. A report of alleged or suspected child or vulnerable adult maltreatment.

II. Response Procedures

- A. Serious injury
 - 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 - 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 - 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death of person served
 - 1. If staff is alone, immediately call 911 and follow directives given by the emergency responder.
 - 2. If there are two or more persons ask one to call 911, and follow directives given by the emergency responder.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
 - 1. Staff will assess if the person requires the program to call 911, seek physician treatment, or hospitalization.

2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
 3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.
- D. Mental health crisis
- When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at for Dakota County call (952) 891-7171, Hennepin County call (612) 596-1223 Ramsey County call (651) 266-7900 Anoka County call (763) 755-3801 Mental Health Crisis Team
- E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, staff will call 911 and notify Managing Coordinating Officer (MCO) at (952) 564-9086
 2. For non-emergency incidents requiring law enforcement, staff will call 911 and notify MCO
 3. For non-emergency incidents requiring the fire department, staff will call 911 and notify MCO
 4. Staff will explain to the need for assistance to the emergency personnel.
 5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence
- When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
 2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
 3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
 4. After contacting law enforcement, staff will notify Managing Coordinating Officer/Office Manager who will determine if additional staff are needed to assist in the search.
 5. A current photo will be kept in each person's file and made available to law enforcement.
 6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.
- G. Conduct of the person
- When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:
1. Summon additional staff, if available. If injury to a person has occurred or there is eminent

possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).

2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

H. Sexual activity involving force or coercion

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

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

I. Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. Reporting Procedures

A. Completing a report

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

Amani Health Care Services has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

B. Reporting incidents to team members

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

C. Additional reporting requirements for deaths and serious injuries

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

D. Additional reporting requirements for maltreatment

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

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

IV. Reviewing Procedures

A. Conducting a review of incidents and emergencies

Amani Health Care Services will complete a review of all incidents.

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

B. Conducting an internal review of deaths and serious injuries

This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by Office Manager/MCO
2. The review will be completed within 30 days of the death or serious injury.
3. The internal review must include an evaluation of whether:
 - a. related policies and procedures were followed;
 - b. the policies and procedures were adequate;
 - c. there is need for additional staff training;
 - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints

Follow the EUMR Policy.

V. **Record Keeping Procedures**

- A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO
Print name & title

[Signature]
Signature

Date of last policy review: 1/4/19 Date of last policy revision: _____

Legal Authority: MS. §§§ [245D.11](#), subd. 2; [245.91](#),

Safe Medication Assistance and Administration Policy

Program name: Amani Health Care Services, LLC

I. Policy

- A. It is the policy of Amani Health Care services to provide safe medication setup, assistance and administration:
- when assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;
 - using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor; and
 - By staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration.
- B. For the purposes of this policy, medication assistance and administration includes, but is not limited to:
1. Providing medication-related services for a person;
 2. Medication setup;
 3. Medication administration;
 4. Medication storage and security;
 5. Medication documentation and charting;
 6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
 7. Coordination of medication refills;
 8. Handling changes to prescriptions and implementation of those changes;
 9. Communicating with the pharmacy; or
 10. Coordination and communication with the prescriber.

II. Definitions. For the purposes of this policy the following terms have the meaning given in section [245D.02](#) of the 245D Home and Community-based Services Standards:

- A. "Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.
- B. "Medication administration" means following the procedures in section III. of this policy to ensure that a person takes his or her medications and treatments as prescribed
- C. "Medication assistance" means medication assistance is provided in a manner that enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.
- D. "Medication setup" means arranging medications according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.

- E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- F. "Prescriber" means a person who is authorized under section [148.235](#); [151.01](#), subdivision 23; or [151.37](#) to prescribe drugs.
- G. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- H. "Prescription drug" has the meaning given in section [151.01](#), subdivision 16.
- I. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

III. Procedures

A. Medication setup

When the program is responsible for medication setup staff must document the following in the person's medication administration record:

1. Dates of set-up;
2. Name of medication;
3. Quantity of dose;
4. Times to be administered; and
5. Route of administration at time of set-up.
6. When the person receiving services will be away from home, the staff must document to whom the medications were given.

B. Medication assistance

When the program is responsible for medication assistance staff may:

1. Bring to the person and open a container of previously set up medications;
2. Empty the container into the person's hand;
3. Open and give the medications in the original container to the person;
4. Bring to the person liquids or food to accompany the medication; and
5. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
6. Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct the care for the person.

C. Medication administration

- a. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
- b. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;
- c. The possible consequences if the medication or treatment is not taken or administered as directed;
- d. Instruction on when and to whom to report the following:
 - 1) if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and
 - 2) The occurrence of possible adverse reactions to the medication or treatment.
- 1. Staff must complete the following when responsible for medication administration:
 - a. Check the person's medication administration record (MAR);
 - b. Prepare the medications as necessary;
 - c. Administer the medication or treatment the person according to the prescriber's order;
 - d. Document in the MAR:
 - 1) the administration of the medication or treatment or the reason for not administering the medication or treatment;
 - 2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
 - 3) notation of when a medication or treatment is started, administered, changed, or discontinued;
 - e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
 - f. Adverse reactions must be immediately reported to the prescriber or a nurse.

D. Injectable medications

The program may administer injectable medications according to a prescriber's order and written instructions when one of the following conditions has been met:

- 1. The program's registered nurse or licensed practical nurse will administer injections;
- 2. The program's supervising registered nurse with a physician's order delegates the administration of injections to staff and has provided the necessary training; or
- 3. There is an agreement signed by the program, the prescriber and the person or the person's legal representative identifying which injectable medication may be given, when, and how and that the prescriber must retain responsibility for the program administering the injection. A copy of the agreement must be maintained in the person's record.

Only licensed health professionals are allowed to administer psychotropic medications by injection.

E. Psychotropic medication use and monitoring

1. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
 - a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; and
 - b. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.
2. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
3. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

F. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

1. The program must obtain written authorization from the person or the person's legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.
2. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
3. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.

G. Refusal to authorize psychotropic medication

1. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.
2. After reporting the refusal to authorize to the prescriber in 24 hours, the program must follow and document all directives or orders given by the prescriber.
3. A court order must be obtained to override a refusal for psychotropic medication administration.
4. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with the program's service suspension and termination policy.

H. Reviewing and reporting medication and treatment issues

1. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the program must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
2. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.
3. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
4. When assigned responsibility for medication assistance or medication administration, the program must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
 - a. Any reports made to the person's physician or prescriber required section III.D.2. of this policy;
 - b. a person's refusal or failure to take or receive medication or treatment as prescribed; or
 - c. Concerns about a person's self-administration of medication or treatment.

I. Staff Training

1. Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures
2. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
3. Staff may administer injectable medications only when the necessary training has been provided by a registered nurse.
4. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:
 - a. specialized or intensive medical or nursing supervision; and
 - b. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

J. Storage and disposal of medication

Schedule II controlled substances in the facility that are named in section 152.02, subdivision 3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication. Medications must be disposed of according to the Environmental Protection Agency recommendations.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO Simon
Print name & title Signature

☐ This policy was established in consultation with a registered nurse, nurse practitioner, physician assistant, or medical doctor as required in 245D.11, subdivision 2.

Date of last policy review: 1/4/19 Date of last policy revision: _____

Legal Authority: MS §§§§ 245D.11, subd. 2 (3), 245D.05, subdivisions 1a, 2, and 5 and 245D.51 and 245D.09, subdivision 4a, paragraph (d)

Safe Transportation Policy

Program name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

When it will be the responsibility of Amani Health Care Services, staff will assist in transporting, handling, and transferring persons served in a safe manner and according to their ***Community Service and Support Plan*** and/or ***Community Service and Support Plan Addendum***.

II. Procedures

A. Amani Health Care Services will ensure the following regarding safe transportation:

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

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

C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:

1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections [169.685](#) and [169.686](#) when transporting a child.

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

- E. Staff will be responsible for the supervision and safety of persons while being transported.
 - 1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
 - 2. Staff must be prepared to intervene in order to maintain safety if a person transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
 - 1. Name and phone number of person(s) to call in case of emergency.
 - 2. First aid kit and first aid handbook.
 - 3. Proof of insurance card and vehicle registration.
- G. In the event of a severe weather emergency, staff will take the following actions:
 - 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 - 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
 - 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
- H. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
- I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO
Print name & title

[Signature]
Signature

Date of last policy review: 1/4/19 Date of last policy revision: _____

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

Universal Precautions and Sanitary Practices Policy

Program name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases. Staff will be trained on universal precautions to prevent the spread of blood borne pathogens, sanitary practices, and general infection control procedures.

II. Procedures

A. Universal precautions, sanitary practices, and prevention

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

1. Use of proper hand washing procedure. Hand washing is the most important practice for preventing the spread of diseases and infections. Proper hand washing will be completed as part of regular work practice and routine, regardless of the presence of or absence of any recognized disease. Staffs are expected to assist or ensure persons receiving care get proper hand washing.
2. Use of gloves in contact with infectious materials. Gloves will be used as barrier between hands and any potential source of infection. Gloves must be worn when in contact with high risk bodily fluids or when it can be reasonably anticipated. Flesh gloves will be used for each situation and for each person served.
3. Use of a gown or apron when clothing may become soiled with infectious materials. If necessary, a fluid resistant gown may be provided for staff to wear as a barrier during clean up of high volume of contaminated fluid.
4. Use of a mask and eye protection, if splashing is possible. Eye protection may be made available whenever splashes or drops of high risk bodily fluids are anticipated. This can include, but not limited to, oral hygiene procedures and clean up of large amounts of high risk bodily fluids.
5. Use of gloves and disinfecting solution when cleaning a contaminated surface. When handling linen and clothing contaminated with high risk bodily fluids, staff will wear gloves at all times. Contaminated laundry will be cleaned in the washing machine and dried up in the dryer separate from non-contaminated laundry.
6. Proper disposal of sharps – staff are to use extreme precaution in handling contaminated needles and sharps. Contaminated needles will not be bent or recapped. All needles and sharps will be disposed off in an appropriate sharps container.
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

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

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to Managing Coordinating Officer (MCO)
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.

3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.
4. Staff will receive training on universal precautions procedures, infection control, and blood borne pathogen at orientation and annually thereafter.

Policy reviewed and authorized by:

Simon Nyamari, MCO
Print name & title

[Signature]
Signature

Date of last policy review: 1/4/19 Date of last policy revision: _____

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

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

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:

SIMON NYAMARI, MCO
Print name & title

Simon
Signature

Date of last policy review: 1/4/19 Date of last policy revision: _____

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

Health Service Coordination and Care Policy

Program name: Amani Health Care Services, LLC

I. Policy

It is the policy of Amani Health Care Services, LLC to meet the health service needs of each person being served as defined and assigned in each person's coordinated service and support plan (CSSP) or CSSP addendum.

II. Procedures

- A. When discovered, the program will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the program in the person's CSSP or CSSP addendum.
- B. If the program has reason to know that the change has already been reported, it is not necessary to report.
- C. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, on the Health Needs Change Form
- D. A copy of the Health Needs Change Report Form to be used is attached to this policy.
- E. When assigned the responsibility for meeting the person's health service needs in the person's CSSP or the CSSP addendum, the program will maintain documentation on how the person's health needs will be met, including a description of the procedures to follow in order to:
 - 1. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;
 - 2. Monitor health conditions according to written instructions from a licensed health professional;
 - 3. Assist with or coordinate medical, dental and other health service appointments; or
 - 4. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Policy reviewed and authorized by:

SIMON NYAMARI, MCO

Print name & title

Simon

Signature

Date of last policy review: 1/4/19 Date of last policy revision: _____

Legal Authority: MS § § 245D.11, subd. 2 (2) and 245D.05, subd 1

Health Needs Record Form

Person name: _____

Program name: Amani Health Care Services, LLC

Completed by: _____ Date: _____

This program is responsible for meeting the health needs for the person as assigned in the coordinated service and support plan or the coordinated service and support plan addendum. It must be updated when changes occur in the coordinated service and support plan or coordinated service and support plan addendum.

Medication Administration and Assistance

Requirements for medication administration and assistance are found in Minnesota Statutes, sections [245D.05](#), subdivisions 1a, 1b, 2, and 4 and section [245.051](#). This program will meet any medication administration and assistance needs by: Check the boxes that apply

- ☐ Medication set-up
- ☐ Medication administration
- ☐ Medication Assistance for self-administration of medication
- ☐ Other:

Monitoring Health Conditions

This program must document the procedures for monitoring health conditions according to the written instructions of a licensed health professional and as assigned in the coordinated service and support plan or coordinated service and support addendum.

| Health Condition | Written Instructions for Monitoring the Health Condition from Licensed Health professional (Insert or attach to this form the written instruction) | Procedures the Program will Follow to Meet These Instructions |
|------------------|--|---|
| | | |
| | | |
| | | |

| Health Condition | Written Instructions for Monitoring the Health Condition from Licensed Health professional (Insert or attach to this form the written instruction) | Procedures the Program will Follow to Meet These Instructions |
|------------------|---|---|
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Health Service Appointments

This program is assigned in the coordinated service and support plan or the coordinated service and support plan addendum to assist with or coordinate medical, dental or other health service appointments.

| Type of Health Service Appointment | Procedures the Program will Follow to Assist or Coordinate Health Service Appointment |
|------------------------------------|---|
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| Type of Health Service Appointment | Procedures the Program will Follow to Assist or Coordinate Health Service Appointment |
|------------------------------------|---|
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MEDICAL EQUIPMENT, DEVICES, AIDS, TECHNOLOGY

This program is assigned in the coordinated service and support plan or coordinated service and support plan addendum to assist or administer the safe and correct use of any medical equipment, devices, adaptive aids or adaptive technology according to the written instructions of your licensed health professional.

| Type of Medical Equipment, Devices, Adaptive Aides, Adaptive Technology Used | Written Instructions from Licensed Health Professional (Insert or attach to this form the written instruction) | Procedures the Program will Follow to Meet These Instructions |
|--|---|---|
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