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## Welcome to Accra 245D Respite, Personal Supports, Adult Companion, Homemaking and Night Supervision Services!

We are so happy that you joined Accra! It is an honor for us to provide the 245D Basic services that you need.

245D Basic support services provide the level of assistance, supervision and care that is necessary to ensure the health and welfare of the person and do not include services that are specifically directed toward the training, treatment, habilitation, or rehabilitation of the person.

The services are funded through a waiver and licensed by the Minnesota Department of Human Services. Through this program, you agree to interview, hire, train, and schedule employees. The employees are responsible for providing the services and supports as identified in the Coordinated Services and Supports Plan Addendum.

The information contained in this handbook will help you become established in the program, provide information and samples for hiring and ensuring payment to your employees, and provide additional resources to assist you with other responsibilities. The materials included in this handbook are for informational purposes only; they do not create any terms or conditions of employment between Accra and the client.

Please keep this handbook available as a reference. It provides resources and contact information that will be needed as you hire and train staff. We will provide updates to the policies and procedures as they become available and whenever there is a change to rules and regulations. Please feel free to contact us with any questions or concerns.



## Mission, Vision, and Values

**Accra's mission** is to improve lives by providing individualized homecare services and support to people living at home.

**Accra's vision** is to build the ecosystem that delivers personalized care in the home to better meet the needs of those served by the current health care system.

### **Accra's Values are:**

High Standards, Collaboration, and Passion.

We demonstrate High Standards by being:

- Ethical
- Honest
- Accountable
- Respectful
- Empathic
- Responsive

We demonstrate Collaboration by being:

- Effective Communicators
- Reliable and Flexible
- Inclusive
- Relationship Focused
- Resourceful
- Accepting of Feedback

We demonstrate Passion by:

- Participating in Community
- Continuously Learning
- Showing Appreciation
- Exceeding Expectations
- Valuing Differences
- Being Innovative



## Notice of Nondiscrimination

### **Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement:**

#### **Discrimination is Against the Law**

Accra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Accra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Accra provides (at all locations):

- Free supports and services to people with disabilities to communicate effectively with us.
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Verbal interpretation in other languages

If you need these services, please contact your local Accra office or Accra staff. If you believe that Accra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Accra Privacy Official by:

Mail: 12600 Whitewater Drive  
Suite 100  
Minnetonka, MN 55343

Phone: 866-935-3515

Fax: 952-935-7112

Email: [EmployeeCare@accracare.org](mailto:EmployeeCare@accracare.org)

If you need help filing a grievance, the Accra Privacy Official is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Electronically through their portal:



12600 Whitewater Drive, Suite 100, Minnetonka, MN 55343, (P) 952-935-3515 (F) 952-935-7112,  
[www.accracare.org](http://www.accracare.org)

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Phone:

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available: <http://www.hhs.gov/ocr/office/file/index.html>.



## 245D Service Participation

Respite, Personal Supports, Homemaker and Night Supervision services are licensed by the state of Minnesota Statutes Chapter 245D – Home and Community-Based Services Standards. The standards establish the minimum requirements for participation in the program. The staff at Accra will work with you to ensure that we meet the requirements of the rule, and most importantly, that you are receiving the supports needed to meet the needs of the person receiving the services. Some of the responsibilities are outlined below.

### Responsible Party and/or Client Responsibilities

1. Participate in the development of the Community Services and Supports Plan Addendum.
2. Through these programs, the client or responsible party has the responsibility for recruiting, hiring, and training employees. There are resources included in the Resource section of this handbook to assist you in that process if needed.
3. You are responsible for developing and maintaining the schedule for your employees.
4. You are responsible for providing training to the employee that will meet the needs of the client and ensure the health and safety of the participant. The employees will need to complete a certain number of hours of training annually. We have resources available if you require specialized training. (See College of Direct Supports)
5. You are required to complete an annual performance review with the employee. In addition, Accra will work with you to determine the best method of ensuring that your employees are performing their job tasks effectively.

### Accra Responsibilities

1. The service coordinator will develop the CSSP Addendum with your input.
2. We will provide you with the paperwork required to enable you to hire employees.
3. Issue paychecks to employees.
4. Provide you with a report that identifies the number of service hours available to you.
5. Work with you to ensure that the employees are completing their job tasks as outlined in the CSSP addendum and in the job description.

During the intake process, the Accra service coordinator will assist you in completing the required paperwork. This includes, but is not limited to:

- 245D Admission form
- 245D Information Cover Sheet
- 245D Basic Services Agreement



- 245D Consent to release and exchange Information
- 245D Fraud Sign-off form
- 245D Service Recipient Rights Form
- 245D Acknowledgement form
- 245D Coordinated Service and Support Plan (CSSP) Addendum
- For Adults: Development of the Individual Abuse and Prevention Plan (IAPP)

Acknowledgement of Policies:

- Person-Centered Philosophy
- Health Information Portability and Accountability Act (HIPAA)
- Safe Medication Assistance Policy
- Participant Service and Protection Rights
- Vulnerable Adult Policy
- Maltreatment of Minors
- Grievance Policy
- Fraud, Waste, and Abuse Policy
- Temporary Service Suspension Policy
- Service Termination Policy
- Incident Response, Reporting and Review Policy
- Data Privacy Policy
- Emergency Use of Manual Restraints
- Universal Precautions
- Drug and Alcohol Policy
- Sexual and Other Harassment Policy
- Cultural Competency

The service coordinator will review the information with you during the meeting. There are other references included in this handbook that you will need as you hire and train employees.

If you have any questions, please contact Accra at 952-935-3515 or 866-935-3515 and ask to speak to the 245D Service Coordinator who assisted with your intake.





## Frequently Asked Questions

For questions pertaining to any of the following please call 952-935-3515 or 1-866-935-3515 (toll free).

### **Accra Connect Team:**

Our Accra Connect team can answer most of your questions. When you call the Minnetonka office # (952) 935-3515, this is the team who is the first to answer the phone. They have been trained by all departments to be able to answer our most frequently asked questions. If they are not able to answer your question, they will ensure you are directed to the best team or person who can help you with your specific question or request.

- Timesheet questions: Payroll or [payroll@accracare.org](mailto:payroll@accracare.org)
- Terminating or providing disciplinary action for an employee: Human Resources or [employeecare@accracare.org](mailto:employeecare@accracare.org)
- Direct Deposit or Aline Card: Payroll
- Employee benefits and wage verification: Human Resources
- Confirming employee start date: Human Resources
- Background Studies and finger printing: Human Resources
- Grievances: Service Coordinator or Human Resources
- Spend-down questions: Billing Services



## Person-Centered Planning and Service Delivery Requirements

### Policy

Accra strives to provide person-centered services to all the individuals we support. **Person-centered** is an attitude, a belief, and a value. It is an attitude of respect. It is a belief that all people have the right to be included. It is about valuing people for their gifts instead of seeing their disability or limitations, and recognizing that all people have gifts. It is not about trying to fix people. It does not cost money or take more time to be person-centered. It is, however, something that you need to ask yourself. What do you believe about people? Do you believe that all people should be included? That all people have gifts? That all people are worthy of respect? These are questions we all need to ask ourselves often.

At Accra our person-centered philosophy is a part of everything we do: our mission, our strategic plan, training, and most importantly, it is in the work we do each day. Everyone at Accra should be able to give daily examples of what they do to be person-centered. The philosophy of person-centered is the expectation for all staff in how we treat the individuals we support and is also the expectation for how we treat each other.

### Procedure

As a service provider, Accra is required to provide services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the Coordinated Service and Support Plan (CSSP) and the Community Support Plan (CSP). Accra strives to provide all services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

Person-centered service planning and delivery that:

- Identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
- Uses that information to identify outcomes the person desires; and
- Respects each person's history, dignity, and cultural background;

Self-determination that supports and provides:

- Opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- The affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:



- Inclusion and participation in the person's community as desired by the person in a manner that allows the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
- A balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.

The following questions can be used by persons receiving services to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

**Sample of Person-Centered Planning and Service Delivery Questions for Initial Planning:**

- What are your goals?
- What are your preferences related to:
  - a. Time you wake up in the morning?
  - b. Time you go to bed?
  - c. What your favorite foods are?
  - d. What are foods you don't like?
  - e. Whom you prefer to have direct support services provided by?
  - f. Are there traditions that are important to you?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- What places in the community do you like to spend time at?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Who are the people you want to spend time with?
- Do you work in the community? Where?
- Do you volunteer in the community? Where?

**Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:**



- Do you feel your relationships are supported by staff?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you want to volunteer in the community?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with your Accra service coordinator.

**Additional Resources:**

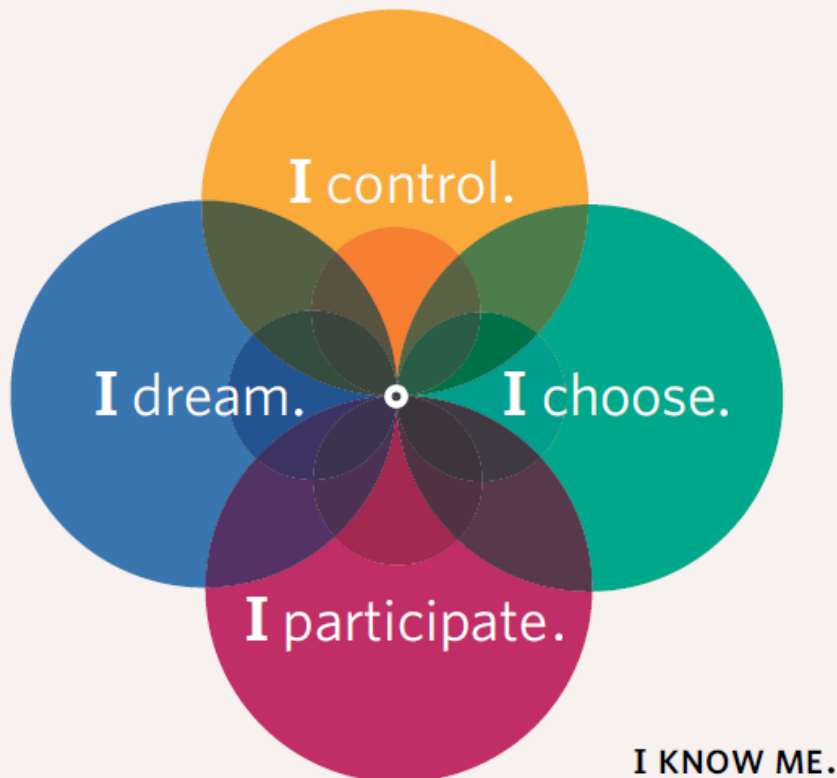
Accra has developed a guide titled “You and Your Personal Assistants” that can help you with the process of being your own employer.

## Person Centered Thinking – An Introduction

DHS-8803-ENG 7-11

# What does person-centered mean for me?

An introduction.



# I am in charge of my meetings, my choices and my own life.

- I decide what's important **to me**.
- You can help me know what's important **for me**.
- I can choose who helps me.
- It's OK to say what I really think and how I feel.
- I can change my mind.



**I CONTROL.**

# I have likes and wants. My ideas are important.

- I'm the expert about what I want my life to be.
- I have skills and strengths.
- Understanding my skills and strengths helps me make good choices and set goals.
- It's OK to try new things, take risks and learn from successes and failures.



**I DREAM.**

# I choose how I live, learn, work and play.

- I ask questions, explore options and tell people what I need and want.
- I can **live** in a place where I am comfortable.
- I can **learn** new things my whole life, along with everyone else.
- I can find **work** that matches my interests and skills.
- I can decide what **play** means to me and how to spend my time.

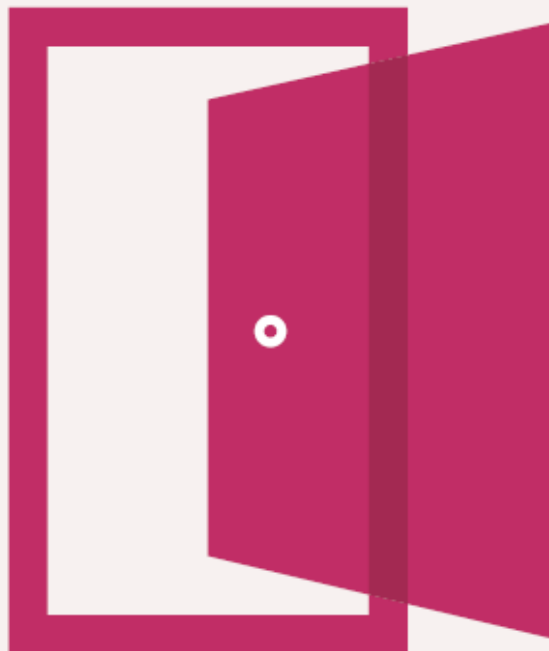


**I CHOOSE.**



# I can thrive in my community.

- I can go places and take part in activities and events.
- I make my community a better place.
- I can make friends and get to know my neighbors.
- I can be a part of the workforce and earn a living.



**I PARTICIPATE.**

# I am supported.

- I am treated with dignity and respect.
- People in my life listen to my wants and wishes.
- I am encouraged to explore my dreams.
- I am responsible for taking action to reach a goal.
- I know that reaching my goals may require planning and patience.



**I CREATE MY BEST LIFE.**



## Vulnerable Adult Policy

### Policy

It is the policy of Accra to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults.

### Procedures

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 Minnesota Adult Abuse Reporting Center by calling **844-880-1574** 24 hours a day or online at [mn.gov/dhs/reportadultabuse/](http://mn.gov/dhs/reportadultabuse/).

Or, you can report internally to the Service Coordinator or Program Director. If the Program Director is involved in the alleged or suspected maltreatment, you must report to the Compliance Manager.

### Internal Report

When an internal report is received, the Internal Review Team (IRT) is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center. If that person is involved in the suspected maltreatment, the Compliance Manager will assume responsibility for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center. The report must be forwarded immediately.

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 Minnesota Adult Abuse Reporting Center. 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 Accra's decision on whether or not to report externally, you may still make the external report to the Minnesota Adult Abuse Reporting Center yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to the Minnesota Adult Abuse Reporting Center.

### Internal Review

When Accra has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Accra 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 Accra 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 the Incident Review Team. If an individual from the Incident Review Team is involved in the alleged or suspected maltreatment, The Compliance Manager will be responsible for completing the internal review.

#### Documentation of the Internal Review

Accra must document completion of the internal review and make internal reviews accessible to the DHS commissioner immediately upon the commissioner's request.

#### Corrective Action Plan

Based on the results of the internal review, Accra must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by employees or Accra, if any.

#### Staff Training

Accra 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, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

Accra 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.

#### Definitions:

##### **Maltreatment**

"Maltreatment" means abuse as defined in subdivision 2, **neglect** as defined in subdivision 17, or **financial exploitation** as defined in subdivision 9.



## Abuse

"Abuse" means:

- a. An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:
  1. assault in the first through fifth degrees
  2. the use of drugs to injure or facilitate crime
  3. the solicitation, inducement, and promotion of prostitution
  4. criminal sexual conduct in the first through fifth degrees

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

- b. Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
  1. hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
  2. use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
  3. use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
  4. use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions
- c. Any sexual contact or penetration between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.
- d. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.
- e. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:



1. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
  2. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.
- f. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
- g. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
1. a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
  2. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

### **Financial exploitation**

"Financial exploitation" means:

- a. In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party:
  1. engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
  2. fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.
- b. In the absence of legal authority a person:
  1. willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
  2. obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;



3. acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
  4. forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.
- c. Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

### **Neglect**

- a. The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
  1. reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
  2. which is not the result of an accident or therapeutic conduct.
- b. The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.
- c. For purposes of this section, a vulnerable adult is not neglected for the sole reason that:
  1. the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:
    - i. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
    - ii. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
  2. the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of



- medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
3. the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
    - i. a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or
    - ii. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or
  4. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or
  5. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:
    - i. the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
    - ii. if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;
    - iii. the error is not part of a pattern of errors by the individual.





## Maltreatment of Minors Policy

### Policy

It is the policy of Accra Care to protect the children served by this program whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

### Procedures

#### A. Who should report child abuse and neglect

1. If you provide care to children served by Accra Care, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at Accra Care.
2. 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 make a report to an outside agency. Immediately means as soon as possible.

#### B. Where to report

1. If you know or suspect that a child is in immediate danger, you must call 911.
2. Reports regarding incidents of suspected abuse or neglect of children occurring within a family home or in the community should be made to the child protection unit of your county social services agency.
3. If you do not know who to report to or cannot locate the number for your county's child protection unit, call Accra Care at 952-935-3515 and ask for Client Services who will assist you.

#### C. What to report

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and attached at the end of this policy.
2. 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 this program, the report should include any actions taken by this program in response to the incident.
3. 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.

#### D. 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.

E. Retaliation prohibited

Accra, as employer of any mandated reporter, must 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.

F. Internal review

1. When Accra has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Accra 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.
2. 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 a need for additional staff training;
  - d. The reported event is similar to past events with the children or the services involved; and
  - e. There is a need for corrective action by the license holder to protect the health and safety of children in care.

G. Primary and secondary person or position to ensure internal reviews are completed: The internal review will be completed by the Designated Manager. If this individual is involved in the alleged or suspected maltreatment, the internal review will be completed by the Compliance Manager.

H. Documentation of the internal review

Accra Care must document completion of the internal review and provide documentation of the review to the DHS commissioner upon the commissioner's request.

I. Corrective action plan

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

J. Staff Training

Accra Care provides 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 program must ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

**Legal Authority: Minn. Stat. §§§§ 626.556; 245A.66; 245A.04; subd. 14, 245D.09; subd. 4 (5)**



## Service Recipient Rights

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

When receiving Basic 245D services and supports from Accra Care, I have the right to:

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



18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them, in the community.
23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.
25. Have access to my personal possessions at any time, including financial resources.



## Service Recipient Rights Form

Person's name: \_\_\_\_\_

This packet contains information regarding your rights while receiving services and supports from Accra Care, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

- I received the following information within five working days of when I started to receive services and every year after that.
  1. A copy of my rights under the law, Minnesota Statutes, section 245D.04.
  2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

Date services were started: \_\_\_\_\_ Date I received this information: \_\_\_\_\_

- This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

Has a restriction been placed upon one of my rights, to protect my health, safety and well-being?

- Yes (if yes, see rights restriction document)       No
- All current rights restrictions have been explained to me and I understand the program must document and implement any restriction, as required by law, to ensure I am able to regain my rights as soon as possible.

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

Office of the Ombudsman for Mental Health  
and Developmental Disabilities  
121 7th Place E, Suite 420  
Metro Square Building  
St. Paul, MN 55101  
Phone: (651) 757-1800 or 1(800) 657-3506  
Fax: (651) 797-1950  
Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

Minnesota Disability Law Center  
430 1st Ave N, Suite 300  
Minneapolis, MN 55401  
Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)  
Website: <http://www.mndlc.org/>

- I want \_\_\_\_\_ (name of my authorized representative/legal representative/family member) to help me exercise my rights. The program has this person's contact information in my record.

By signing this document, I am agreeing that I have read and understand the boxes I checked above.

\_\_\_\_\_  
Person/Legal representative

\_\_\_\_\_  
Date



## Rights Restrictions

### Can My Rights Be Restricted?

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

### What Is Accra Care Required to Do If My Rights Will Be Restricted?

Before Accra Care may restrict your rights in any way Accra Care must document the following information:

1. The justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction;
2. The objective measures set as conditions for ending the restriction (meaning the Accra Care must clearly identify when everyone will know the restriction is no longer needed and it has to end);
3. A schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. Signed and dated approval for the restriction from you or your legal representative, if any.

### Can Accra Care Restrict All of My Rights?

Accra Care cannot restrict any right they chose. The only rights Accra Care may restrict, after documenting the need, include:

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

### What If I Don't Give My Approval?

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

### What If I Want to End My Approval?



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



## Rights Restrictions Form

Person name: \_\_\_\_\_

Program name and location: Accra Care, a 245 D Provider

Date of initial implementation of restriction: \_\_\_\_\_

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

1. Identify the protection-related rights to be restricted (check the applicable right):

A person's protection-related right to:

- associate with other persons of the person's choice
- personal privacy
- engage in chosen activities

2. Identify how the restriction of rights is justified based on an assessment of the person's vulnerability related to exercising the right without restriction (meaning why the restriction is needed and how this was determined):

3. Identify how the right will be restricted (in the least restrictive manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner):

4. Identify the objective measures set as conditions for ending the restriction (meaning how and when everyone will know the person's rights must be restored):





5. Identify the schedule for reviewing the need for the restriction based on the conditions for ending the restriction (it must occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager):

Date to be reviewed:	Restriction was lessened or lifted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, justify why and whether changes to the person's service outcomes or supports are needed to restore the person's rights (attach dated documentation).
Date to be reviewed:	Restriction was lessened or lifted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, justify why and whether changes to the person's service outcomes or supports are needed to restore the person's rights (attach dated documentation).
Date to be reviewed:	Restriction was lessened or lifted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, justify why and whether changes to the person's service outcomes or supports are needed to restore the person's rights (attach dated documentation).
Date to be reviewed:	Restriction was lessened or lifted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, justify why and whether changes to the person's service outcomes or supports are needed to restore the person's rights (attach dated documentation).

**Approval of rights restriction:**

I participated in the discussion of why this restriction of my rights is needed to ensure my health, safety, and well-being. My approval of this restriction of my rights is limited to the restriction as identified in this document. I understand that I may withdraw my approval at any time. If I withdraw my approval I understand that my rights must be immediately and fully restored.

\_\_\_\_\_  
Person/Legal representative

\_\_\_\_\_  
Date

**Withdrawal of approval of rights restriction:**

I withdraw my approval for my rights to be restricted. All restrictions must end and my rights must be fully restored immediately.

\_\_\_\_\_  
Person/Legal representative

\_\_\_\_\_  
Date



## Data Privacy Policy

### Policy

Accra Care 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, paragraph (a) and access to their records under section 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards.

### Procedures

#### A. Private Data

1. Private data includes all information on persons that has been gathered by Accra Care 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 Accra'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 Accra Care 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 client's individual record.

D. Staff Access to Private Data

1. This policy applies to all Accra Care staff, volunteers, and persons or agencies under contract with Accra Care (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 Accra Care 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 licenser have access to the records of persons served by the program under section 245D.095, subd. 4.

G. 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.

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



# HIPAA Notice of Privacy Practices



1011 1st St. S. #315, Hopkins, MN 55343  
www.accracare.org; 800-935-3515  
Privacy Official: Susan Morgan, RN, BSN  
email: susanmorgan@accracare.org

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ See page 2 for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ See page 3 for more information on these choices and how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ See pages 3 and 4 for more information on these uses and disclosures



**Your Rights**

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.



### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Uses and Disclosures

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

***Example:** We use health information about you to manage your treatment and services.*

**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

***Example:** We give information about you to your health insurance plan so it will pay for your services.*

*continued on next page*





**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.



### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*July 1, 2016*

**This Notice of Privacy Practices applies to the following organizations.**

*This Notice applies to all persons served by Accra*

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You may also contact: David Hancox, Chief Administrative Officer at 866-935-3515  
[davidhancox@accracare.org](mailto:davidhancox@accracare.org)



## Fraud, Waste and Abuse Policy

Evidence of fraud will be submitted to the Surveillance and Integrity Review (SIRS) Unit of DHS. Fraud of Medicaid funding is a felony.

### Fraud, Waste and Abuse Defined:

**Fraud:** an intentional act of deception, misrepresentation or concealment in order to gain something of value. Examples include:

- Billing for services that were never rendered;
- Billing for services at a higher rate than is actually justified; and
- Deliberately misrepresenting services, resulting in unnecessary cost to the Medicare program, improper payments to providers or overpayments.

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

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

- Charging in excess for service of supplies; and
- Providing medically unnecessary services; and
- Billing for items or services that should not be paid for by Medicare.

**Fraud, Waste and Abuse Compliance Plan:** The following applies to detect, prevent and correct fraud, waste, and abuse as required by applicable state and federal laws and regulations:

#### Standards of Conduct:

- Fraud will not be tolerated;
- Providing false information on a timesheet is fraud;
- Billing for services not provided is fraud;
- Giving or receiving any type of kick back is fraud; and
- Failure to refund or return overpayments is fraud.

#### Compliance Plan (measures to detect, prevent and correct fraud, waste and abuse):

- Random audits of timesheets for overuse and fraud;
- Background checks on Board of Directors, managing employees, and all workers to determine whether any have been convicted of health care fraud;
- Home visits to monitor use of services;



- Open-door policy to report possible misuse of Medicare or Plan funds; and
- Random audits of billing claims (billing code must reflect the services provided).

**Training (addresses detection, preventing and correcting fraud, waste and abuse):**

- Policy and Procedures which address fraud and the reporting of fraud, waste and abuse;
- Employee contract which addresses fraud and abuse;
- Responsible Party contract which addresses detection, prevention and correcting fraud, waste and abuse; and
- Time sheets which address issues of fraud and abuse.

**Disciplinary Actions:**

- Employees who commit fraud may be terminated;
- Services could be terminated for a client who commits fraud; and
- Committing fraud may result in jail time, probation, deportation, fines, or exclusion from services or work in this field or a job requiring a background study.

**Reporting Fraud:**

- Any employee and/or manager can file a claim of fraud, abuse or waste to Accra Care;
- Claims will be addressed by a member of the Accra Care management team within 5 business days from receiving the claim;
- The Accra Care Incident Review Committee reviews incidents of fraud at least monthly; and
- Compliance concerns, suspected or actual misconduct involving Medicaid programs will be reported to SIRS.

**Responding to Detected Offenses and Corrective Action:**

- Offenses will be reported to SIRS;
- Over payment will be returned to the funding source; and
- Retraining to prevent similar offenses;
- Disciplinary action up to and including termination of the employee or the participant.

**Avoiding Fraud: The 245D Program is funded by Federal Medical Assistance. It is a crime to provide false information for Medical Assistance payments.**

**The 245D Employee:**

- Can only be paid for work done when the 245D employee is physically present and providing necessary care for the participant;
- Cannot be asked or told to split pay with the client or Responsible Party;



- Cannot work when the client is at in the hospital, at school, receiving in-patient care, in a nursing home, respite care facility, or is incarcerated; and
- Cannot submit a time sheet for hours not worked.

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

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

**Illegal Payment Schemes:**

- Both the Employee and the Responsible Party shall be held accountable for signing a fraudulent time sheet
- The following conduct is not acceptable and is fraudulent:
  - The Responsible Party signs a time sheet for a certain payroll period when the Employee did not actually work those hours. (As an example, the Employee and Responsible Party send in a time sheet showing the Employee worked on Wednesday of the prior week. On that Wednesday, the Employee was out on vacation in another state and could not have actually worked on that day.)
  - The time sheet is signed before hours are actually worked.

**Identity Theft:** Using an identification that does not belong to that person to obtain payment and/or services.

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

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

**Reporting Fraud, Waste and Abuse:** Everyone has the right and responsibility to report actual and possible fraud, waste or abuse. You may report anonymously and retaliation is prohibited when you report a concern in good faith. Report issues or concerns to: Accra's Whistleblower hotline (1-855-612-4453); and/or



12600 Whitewater Drive, Suite 100, Minnetonka, MN 55343, (P) 952-935-3515 (F) 952-935-7112,  
[www.accracare.org](http://www.accracare.org)

**Additional Resources:** Federal government websites are sources of information regarding detection, correction and prevention of fraud, waste and abuse:

Accra  
12600 Whitewater Drive  
Suite 100  
Minnetonka, MN 55343  
952-935-3515

DHS SIRS  
651-431-2650  
1-800-657-3750

DHS Office of Inspector General: <http://mn.gov/dhs/general-public/office-of-inspector-general/report-fraud/index.jsp>

Centers for Medicare & Medicaid Services (CMS): [https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report\\_fraud\\_and\\_suspected\\_fraud.html](https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html)

**FAILURE TO FOLLOW THE FRAUD, WASTE, AND ABUSE POLICY CAN RESULT IN IMMEDIATE TERMINATION**

Annually Participants/Responsible Parties and Employees are required to go through training on Fraud Waste and Abuse and sign off that they received the training and agree to follow the policies.



## Employee Protection (Whistleblower) Policy

The purpose of this Whistleblower Policy is to create an ethical and open work environment, to ensure that Accra has a governance and accountability structure that supports its mission, and to encourage and enable employees of Accra to raise legitimate concerns about the occurrence of illegal or unethical actions within Accra instead of turning to outside parties for resolution.

This policy is intended to apply to employees who report activities they consider to be illegal, unethical, or dishonest to one or more of the individuals specified in this policy. Whistleblowers should not feel responsible for formally investigating the activity or for determining fault or corrective measures. Instead, as discussed below, appropriate management officials are charged with these responsibilities.

Examples of illegal, unethical, or dishonest activities include, but are not limited to, such things as:

- Violations of federal, state or local laws
- Activities that potentially violate health care reform laws
- Theft or inappropriate removal or possession of property
- Unethical, immoral, or criminal conduct in or outside of the workplace
- Falsification of timekeeping records
- Violation of OSHA or other regulatory standards
- Sexual or other unlawful or unwelcome harassment
- Unauthorized disclosure of business “secrets” or confidential information

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact his/her immediate supervisor or Human Resources. Human Resources will be responsible for investigating any concerns, as well as determining the proper course of corrective action. If an employee in Human Resources is the subject of the whistleblower complaint, another member of senior management will become responsible.

Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. Accra will not retaliate, nor permit retaliation against a whistleblower who brings forward a legitimate concern under this policy. Any whistleblower who believes he/she is being retaliated against must contact Human Resources immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

Employees must exercise sound judgment to avoid baseless allegations. Employees who intentionally or recklessly file a false or baseless report of wrongdoing will be subject to discipline up to and including termination. Employees with any questions regarding this policy should contact their supervisor, or Human Resources. Accra also has a Whistle Blower number.



**Whistle Blower Hotline number - 1-855-612-4453**





## Policy on Deficit Reduction Act of 2005

January 24, 2017

### I. Purpose and Policy Statement

Accra has a longstanding practice of fair and truthful dealing with its clients, families, health professionals, payers and other business associates. Accra is also committed to complying with all applicable laws and regulations and ensuring that billing to federal and state sponsored programs is accurate and conforms to applicable law. These Policies and Procedures are adopted to comply with the Employee Education about False Claims Recovery provisions of the Deficit Reduction Act of 2005 (hereinafter referred to as the “Deficit Reduction Act”). Section 6032 of the Deficit Reduction Act requires that any entity receiving or making annual Medicaid payments exceeding \$5 million establish and disseminate to all of its employees (including management) and contractors written policies that set forth the entity’s policies and procedures for preventing and detecting fraud, waste, and abuse in federal health care programs and that describe the federal and state false claims laws and related provisions. This policy summarizes Accra’s existing policies and procedures for detecting and preventing fraud, waste, and abuse, including how to report concerns internally, and provides an overview of applicable federal and state laws as required by the Deficit Reduction Act.

### II. Scope

This Policy applies to all staff and employees, officers, directors, agents and contractors.

### III. Federal False Claims Act

The False Claims Act, 31 U.S.C. §§ 3729-3733 (hereinafter referred to as the “False Claims Act”) provides, in pertinent part:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; . . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person...



(b) For purposes of this section, the terms “knowing” and “knowingly” mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information can be found liable under the False Claims Act. 31 U.S.C. § 3729(b).

The False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the False Claims Act provides that private parties may bring an action on behalf of the United States. 31 U.S.C. § 3730(b). These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from a False Claims Act settlement. Section 3730(d)(1) of the False Claims Act provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the False Claims Act action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

The False Claims Act provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act. 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back



pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

**IV. Federal Administrative Remedies for False Claims and Statements**

The Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812 (hereinafter referred to as "PFCRA"), sets forth administrative remedies for making false statements and claims. The penalties under PFCRA are imposed by administrative agencies and are in addition to other remedies that may be prescribed by law, including the False Claims Act. PFCRA imposes liability on persons, including entities, in the following circumstances:

(1) Any person who makes, presents, or submits, or causes to be made, presented, or submitted, a claim that the person knows or has reason to know—

(A) is false, fictitious, or fraudulent;

(B) includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent;

(C) includes or is supported by any written statement that—

(i) omits a material fact;

(ii) is false, fictitious, or fraudulent as a result of such omission; and

(iii) is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; or

(D) is for payment for the provision of property or services which the person has not provided as claimed, shall be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than \$5,000 for each such claim. [Except as otherwise provided in PFCRA], such person shall also be subject to an assessment, in lieu of damages sustained by the United States because of such claim, of not more than twice the amount of such claim, or the portion of such claim, which is determined under this chapter to be in violation of the preceding sentence.

(2) Any person who makes, presents, or submits, or causes to be made, presented, or submitted, a written statement that—

(A) the person knows or has reason to know—

(i) asserts a material fact which is false, fictitious, or fraudulent; or

(ii) (I) omits a material fact; and

(II) is false, fictitious, or fraudulent as a result of such omission;

(B) in the case of a statement described in clause (ii) of subparagraph (A), is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; and



(C) contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the contents of the statement, shall be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than \$5,000 for each such statement.

“Knows or has reason to know” under PFCRA does not require proof of specific intent to defraud and means that a person, including an entity, with respect to a statement or claim:

- (1) has actual knowledge that the claim or statement is false, fictitious, or fraudulent;
- (2) acts in deliberate ignorance of the truth or falsity of the claim or statement; or
- (3) acts in reckless disregard of the truth or falsity of the claim or statement.

## V. State Laws Imposing Civil or Criminal Penalties for False Claims and Statements

### A. Minnesota False Claims Act

The Minnesota False Claims Act, Minn. Stat. §§ 15C.01-.16 (hereinafter referred to as the “MFCA”) is similar to the federal False Claims Act and assists federal and state government in combating fraud and recovering losses due to fraud in government programs, contracts and purchases. MFCA imposes liability on persons, including entities, for the following acts:

- (1) knowingly presents, or causes to be presented, to an officer or employee of the state or a political subdivision a false or fraudulent claim for payment or approval;
- (2) knowingly makes or uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the state or a political subdivision;
- (3) knowingly conspires to either present a false or fraudulent claim to the state or a political subdivision for payment or approval or makes, uses, or causes to be made or used a false record or statement to obtain payment or approval of a false or fraudulent claim;
- (4) has possession, custody, or control of public property or money used, or to be used, by the state or a political subdivision and knowingly delivers or causes to be delivered to the state or a political subdivision less money or property than the amount for which the person receives a receipt;



(5) is authorized to prepare or deliver a receipt for money or property used, or to be used, by the state or a political subdivision and knowingly prepares or delivers a receipt that falsely represents the money or property;

(6) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state or a political subdivision who lawfully may not sell or pledge the property; or

(7) knowingly makes or uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state or a political subdivision.

A person or entity is not liable under MFCA for acting negligently, inadvertently or mistakenly. Rather, a person must act “knowingly,” which is defined as 1) having “actual knowledge of the information;” acting “in deliberate ignorance of the truth or falsity of the information;” or 3) acting “in reckless disregard of the truth or falsity of the information.” No proof of specific intent is required.

A violation of MFCA may result in civil penalties of between \$5,500 and \$11,000 per false or fraudulent claim, plus three times the amount of damages the state sustains as a result of the act, plus the costs and attorneys’ fees the state incurs in bringing legal action. A person or entity may not be liable if it is informed by the original source of the information that one or more false or fraudulent claims have been made against the state and the person or entity repays the amount of actual damages to the state within 45 days after being so informed.

Similar to the federal False Claims Act, MFCA provides that private parties may sustain an action on behalf of the state. Depending on whether the state intervenes in the private action, a successful private party may be entitled to between 15 percent and 30 percent of any recovery plus an award of costs and reasonable attorneys’ and consultants’ fees. However, if the defendant prevails in a private action and the court finds the claim was clearly frivolous, vexatious or brought in substantial part for harassment, then the court may award the defendant costs and reasonable attorneys’ fees against the private party for bringing the action. MFCA also provides protections to employees disclosing information to the state, a political subdivision or a law enforcement agency. Employers are prohibited from discharging, demoting, suspending, threatening, harassing, denying promotion to, or otherwise discriminating against employees in the terms or conditions of employment because of lawful acts done by the employee on his or another person’s behalf in disclosing information to the state in furtherance of action under



MFCA, including investigations and providing testimony. Remedies include reinstatement, twice the amount of lost compensation, interest and special damages.

## **B. State Whistleblower Protection**

In addition to the protections described above, Minn. Stat. § 181.932 provides additional protection to employees from adverse employment action in certain circumstances. Employers are prohibited from discharging, disciplining, threatening, or otherwise discriminating against or penalizing an employee regarding compensation, terms, conditions, locations, or privileges of employment because the employee:

- (1) In good faith, reports violations or suspected violations of federal or state laws or rules;
- (2) Participates in investigations, hearings or inquiries;
- (3) Refuses to perform an action reasonably believed to be in violation of state or federal laws or rules;
- (4) Reports, in good faith, below standard health care services situations; or
- (5) Is a public employee and communicates scientific or technical study findings that the employee, in good faith, believes are truthful and accurate.

Disclosure of the reporting person's entity is governed by the Minnesota Data Practices Act, Minn. Stat. ch. 13. Section 181.932 does not protect an employee from statements that are false or made in reckless disregard of the truth.

## **C. Medical Assistance Fraud**

Minn. Stat. § 609.466 provides:

Any person who, with the intent to defraud, presents a claim for reimbursement, a cost report or a rate application, relating to the payment of medical assistance funds pursuant to chapter 256B, to the state agency, which is false in whole or in part, is guilty of an attempt to commit theft of public funds and may be sentenced accordingly.

## **D. Vulnerable Adult Protections**

Minnesota law provides protections for vulnerable adults against financial exploitation and maltreatment. Minn. Stat. § 609.2335 imposes criminal penalties of imprisonment and/or a fine on persons committing the crime of financial exploitation. In summary, acts constituting financial exploitation include:

- (1) In breach of a fiduciary duty recognized by law, a person:
  - (i) fails to use a vulnerable adult's property or financial resources to provide food, clothing, shelter, healthcare, therapeutic conduct or supervision;
  - (ii) uses, manages or takes either temporarily or permanently the vulnerable adult's property or financial resources, whether held in the name of the vulnerable adult or a third party, for the benefit of someone other than the vulnerable adult; or
  - (iii) deprives the vulnerable adult, either temporarily or permanently, his property or financial resources, whether held in the name of the vulnerable adult or a third party, for the benefit of someone other than the vulnerable adult; or
  
- (2) Without legal authority, a person:
  - (i) acquires possession or control of the vulnerable adult's interest in property or financial resources, whether held in the name of the vulnerable adult or a third party, through duress, undue influence, or harassment;
  - (ii) forces or entices a vulnerable adult against his will to perform services for the profit or advantage of another; or
  - (iii) forms a relationship with fiduciary obligation to a vulnerable adult through undue influence, harassment, duress, force, compulsion, coercion or other enticement.

Minn. Stat. § 626.557 requires reporting of maltreatment of vulnerable adults. Professionals and their delegates engaged in the care of vulnerable adults and employees providing personal care assistance and home health care services are mandatory reporters. Mandatory reporters who have reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has suffered an injury that is not reasonably explained must immediately report the information to the county or its designee. Persons making a report in good faith are immune from civil or criminal liability. Mandatory reporters who negligently or intentionally fail to report are liable for damages caused by such failure.

#### **E. Treble Damages**

Minn. Stat. § 256B.121 provides:



Any vendor of medical care who willfully submits a cost report, rate application or claim for reimbursement for medical care which the vendor knows is a false representation and which results in the payment of public funds for which the vendor is ineligible shall, in addition to other provisions of Minnesota law, be subject to an action by the state of Minnesota or any of its subdivisions or agencies for civil damages. The damages awarded shall include three times the payments which result from the false representation, together with costs and disbursements, including reasonable attorneys' fees or their equivalent.

**VI. Accra's Whistleblower Policy**

Accra has adopted a policy concerning employee's whistleblower rights. See policy.

**VII. Accra's Fraud, Waste and Abuse Policy and Internal Reporting Procedure**

Accra has adopted the policies and procedures for detecting and preventing fraud, waste, and abuse. See policy. All employees and Responsible Parties are required to read and acknowledge by signature the Accra's Fraud, Waste, and Abuse Policy annually.





## Grievance Policy

### Purpose:

It is the policy of Accra Care to ensure that the people served and our employees have the right to respectful and responsive services. Accra is committed to providing a simple complaint process for the participants and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

### Policy:

Each client or Responsible Party will be encouraged and assisted to continuously share ideas and express concerns through informal discussions with Service Coordinators and in team meetings. Each concern or grievance will be addressed and attempts will be made to reach a fair resolution in a reasonable manner. Should a client or Responsible Party feel an issue or complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Clients and Responsible Parties will receive training and support regarding the grievance procedure. This policy shall be provided participants served by Accra Care.

Accra Care staff members will provide orientation to the grievance policy during the intake meeting. Throughout the grievance process, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (for example, MN Disability Law Center, MN Office of Ombudsman) may be sought to assist with the grievance. Clients or Responsible Parties may file a grievance without threat or feeling of reprisals, discharge, or the loss of future provision of appropriate services and support.

### Office of the Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E, Suite 420  
Metro Square Building  
St. Paul, MN 55101  
Phone: (651) 7567-1800 or 1(800) 657-3506  
Fax: (651) 797-1950  
Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

### Minnesota Disability Law Center

430 1st Ave N, Suite 300  
Minneapolis, MN 55401  
Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)  
Website: <http://www.mndlc.org/>

### Procedure:

- A. A copy of the grievance policy and procedure is provided to the Client or Responsible Party and county case manager at the intake meeting. The Service Coordinator reviews the policy during the meeting.



B. Filing a Grievance:

- a. If a Client or Responsible Party feels that there is an issue that cannot be resolved, the Client or Responsible Party should submit the grievance in writing to the Service Coordinator.
- b. The Service Coordinator will submit the grievance to the Internal Review Team and notify the Program Director and other Accra staff members as needed.
- c. The Internal Review Team will review the grievance and contact the necessary personnel.
- d. A response to the Client or Responsible Party will be completed within 3 days.
- e. If the Client or Responsible Party is not satisfied with the resolution of the grievance, the CEO will be contacted for further support in seeking out resolution to the formal grievance.
- f. If the Client or Responsible Party or legal representative does not believe that the grievance has been resolved they may bring the complaint to the highest level of authority in this program.

At Accra that person is John Dahm, CEO. He may be reached at:

12600 Whitewater Drive, Suite 100, Minnetonka, MN 55343  
952-935-3515 or 866-935-3515 (Toll Free)

- g. Service coordinators will provide assistance to the client or responsible party with the grievance process if needed including:
  - Providing the name, address, and phone number of outside agencies who may assist the person (Arc MN, Disability Law Center, MN Ombudsman, etc.)
  - Continuing to work with the client to resolve the issue
- h. If the Client or Responsible Party believes that their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services.
- i. Accra will take action to promptly address any issues that may affect the health and safety of the participant.

C. Informal Complaints:

- a. When a complaint that is not filed as a formal grievance is received, the Service Coordinator will submit a report to the Internal Review Team.
- b. The Service Coordinator will respond to the Client or Responsible Party to notify them of the action taken in response to the issue.
- c. All complaints will be addressed within 30 days and a note will be recorded in CRM as to the reason that the issue has not been addressed or resolved.
- d. If the complaint has not been addressed and resolved within 30 days, a plan to resolve the issue will be included in CRM.

D. Review:



- a. Accra will document and track all formal grievances and informal complaints received and the resolutions to those grievances through CRM.
- b. The internal review team will conduct an evaluation of all formal grievances that will include whether:
  - Related policies and procedures were followed;
  - Related policies and procedures were adequate;
  - There is a need for additional staff training;
  - The complaint is similar to past complaints; and
  - There is a need for corrective action to be taken to protect the health and safety of the participant.
- c. Based on the review, Accra will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future occurrences.
- d. Accra will provide a written summary of the grievance and Accra's proposed resolution to the grievance to the client and the county case manager that:
  - Identifies the nature of the grievance and the date it was received;
  - Includes the results of the review; and
  - Identifies the complaint resolution, including the corrective action plan.
- e. The summary and resolution notice will be maintained in the participant's file.

## Temporary Service Suspension Policy

### Policy

It is the policy of Accra Care to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

### Procedures

- A. Accra Care 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. Accra Care has not been paid for services.
  
- B. Prior to giving notice of temporary service suspension, Accra Care must document actions taken to minimize or eliminate the need for service suspension.
  1. Action taken by Accra Care 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 Accra Care was unable to consult with the person's team or request interventions services, Accra Care 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. Accra Care 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, Accra Care 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 Accra Care 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, Accra Care must document the specific reasons why a contrary decision was made.

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



## Service Termination Policy

### Policy

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

### Procedures

- A. Accra Care 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 Accra Care 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. Accra Care has not been paid for services;
  5. Accra Care 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 Accra Care 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 Accra Care is unable to consult with the person's team or request interventions services, Accra Care 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. Accra Care 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 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, Accra Care 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.

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

## Emergency Use of Manual Restraints Policy

### I. Policy

It is the policy of Accra Care to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints. “Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

Accra Care advocates for and endorses the use of positive approaches for supporting behavioral change. This policy is based on the fundamental regard for the integrity and dignity of each person. When an individual displays behavioral challenges, it is important to identify and address the function the behavior serves so underlying needs can be met. A critical part of this process is identifying the communicative intent of the behavior and teaching individuals alternative ways to communicate the same message.

### II. Positive support strategies and techniques required

Accra Care believes in the use of positive behavioral support strategies and techniques and encourages all staff to use the following strategies to de-escalate an individual’s behaviors 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.





### III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by Accra Care. 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 or 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. Briefly 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.
  - 5. 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.
  - 3. Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.
- 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 that do not, in and of themselves, constitute the use of a mechanical restraint.
- D. Positive verbal correction that is specifically focused on the behavior being addressed.
- E. Temporary withholding or removal of objects being used to hurt self or others.

### IV. Prohibited Procedures

- A. The use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, **are prohibited** by Accra Care:
1. Chemical restraint;
  2. Mechanical restraint;
  3. Manual restraint;
  4. Time out;
  5. Seclusion; or
  6. Any aversive or deprivation procedure.
- B. Definitions of Prohibited Procedures:
1. **Chemical restraint** - Chemical restraint means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychiatric condition.
  2. **Mechanical restraint** - Mechanical restraint means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior.
    - a. **Mechanical restraint** does not include devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement.
    - b. **Mechanical restraint** does not include adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.
    - c. **Mechanical restraint** does not include use of a seat belt under Minnesota Statutes, section 169.686; or use of a child passenger restraint system as required by Minnesota Statutes, section 245A.018, subdivision 1.
  3. **Manual restraint** - Manual restraint means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.
  4. **Time out** - Time out means the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving.

- a. **Time out** does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior.
  - b. **Time out** does not mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.
5. **Seclusion** - Seclusion means removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.
  - a. **Time out** and **Seclusion** are often confused. The key distinction between the two procedures is whether the person has the ability to exit when he/she has been involuntarily removed. Seclusion does not allow the person to exit that area while time out does.
6. **Aversive procedure** - Aversive procedure means the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior. "Aversive stimulus" is defined as an object, event, or situation that is presented immediately following a behavior in an attempt to suppress the behavior. Typically, an aversive stimulus is unpleasant and penalizes or confines.
7. **Deprivation procedure** - Deprivation procedure means the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

## **V. Manual Restraint is Not Allowed in Emergencies**



- A. Accra Care 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:

As an alternative to manual restraint Accra Care staff may use the following:

- Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
- Continue to utilize the positive support strategies listed above;
- 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;
- Use an object such as a cushion to block the person's blows if they are trying to be aggressive towards you;
- Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

- B. Accra Care **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.

**Accra Care does not allow the use of manual restraint in an emergency (Sections VI to XII of this policy are included as reference only of the requirements of 245D.)**

#### VI. Conditions for Emergency Use of Manual Restraint

- A. Emergency use of manual restraint must meet the following conditions:
1. Immediate intervention must be needed to protect the person or others from imminent risk of physical harm;

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

## **VII. Restrictions When Implementing Emergency Use of Manual Restraint**

Emergency use of manual restraint must not:

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

## **VIII. Monitoring Emergency Use of Manual Restraint**

- A. The program must monitor a person's health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:



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

#### **IX. Reporting Emergency Use of Manual Restraint**

- A. Within 24 hours of an emergency use of manual restraint, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section 245D.06, subdivision 1. When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.
- B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the program's designated coordinator the following information about the emergency use:
1. Who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved?
  2. A description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
  3. A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implement. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;



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

**X. Internal Review of Emergency Use of Manual Restraint**

- A. Within 5 business days after the date of the emergency use of a manual restraint, Accra Care must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
- B. The internal review must include an evaluation of whether:
  1. The person's service and support strategies need to be revised;
  2. Related policies and procedures were followed;
  3. The policies and procedures were adequate;
  4. There is need for additional staff training;
  5. The reported event is similar to past events with the persons, staff, or the services involved; and



6. There is a need for corrective action by the program to protect the health and safety of persons.
- C. Based on the results of the internal review, Accra Care must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the program.
- D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.
  1. Accra Care has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

**245D Designated Manager can be reached at: 952-935-3515 or 1-866-935-3515**

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

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

**245D Designated Manager can be reached at: 952-935-3515 or 1-866-935-3515**

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

- A. Within 5 working days after the completion of the expanded support team review, Accra Care must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:
  1. Report of the emergency use of a manual restraint;





2. The internal review and corrective action plan; and
3. The expanded support team review written summary.

### XIII. After an Emergency or Crisis Situation

- A. When an individual goes through an emergency or crisis situation, it is important to support the individual as well as yourself after the event. This stage for the individual can be referred to as Tension Reduction. At this stage, the individual is regaining control. They may have gone through a very frightening or traumatic experience, and may not even remember it all. The individual may feel confused, remorseful, sad, etc. Often the event is more frightening for them than it is for the staff involved in the event.
- B. At this stage, the employee should provide therapeutic rapport or communication. Many times, the individual is seeking to communicate. Some things that you can do to support the individual is to ask them to take a few deep breaths. This can serve two purposes, deep breathing helps a person relax, and if they follow your direction, they are showing that they have regained control. Talk with the person. Ask how they are, if they are willing to discuss the incident ask how they might act differently next time. It is time to give back their self-esteem, and give back control.
- C. You can also use the following:
  - C – control:** The person needs to be in control emotionally, physically, and verbally. Make sure the person is able to carry on a conversation with you.
  - O – orient:** Make sure you are oriented to the facts. Don't be judgmental. Listen to the client.
  - P – patterns:** Are there patterns in the person's behavior, e.g., day of the week, time of the day, in response to the same activity or person.
  - I – investigate:** Investigate options or alternatives to the inappropriate behavior. What could have been done differently. Ask the individual how they could have handled it differently.
  - N – negotiate:** Negotiate together. You both want to win. Shake on it, write an agreement that the individual understands.
  - G – give:** Give the individual verbal support. Give them back their dignity, give them back control.

### XIV. Employee Self-Care

- A. As staff involved in emergency or crisis situations, it is important that you take care of yourself after an incident. Learn to recognize the signs of stress or trauma, resulting from emergency situations, and develop tools, or actions, to best address these feelings. Those



who recover most quickly are those who take specific actions to manage their responses and feelings.

- B. Common reactions to emergency or crisis situations include:
  - 1. Strong emotions including shock, fear, anger, grief, confusion or horror.
  - 2. Feelings of helplessness, disbelief, powerlessness or aloneness.
  - 3. Intrusive or upsetting thoughts or memories of the event.
  - 4. Difficulties sleeping.
  - 5. Problems with concentration, learning and decision-making.
  - 6. Extreme mood swings, irritability, restlessness, or outbursts of anger.
  - 7. Headaches, stomachaches, rashes, or other allergic reactions.
  - 8. Increased concern about the safety of loved ones or your own safety.
  
- C. Self-care strategies or coping techniques:
  - 1. Stay away from mood-altering substances, including drugs and alcohol.
  - 2. Eat well-balanced meals.
  - 3. Exercise – even a little bit.
  - 4. Engage in activities that are meaningful to you.
  - 5. Get plenty of rest so that you feel rested and relaxed.
  - 6. Practice stress reduction techniques like deep breathing or meditation.
  - 7. Ask others directly for what you need and want.
  - 8. Do something to help others – give blood, donate food, volunteer.
  
- D. Caring for people can be emotionally overwhelming or stressful, at times, especially after emergency or crisis situations. Our challenge is to maintain our resilience so that we can keep doing our work with care, energy, and compassion.



## Incident Response, Reporting and Review Policy

### Policy

It is the policy of Accra 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.

If this is an employee injury, see the Work Comp Policy and report the injury to the Work Comp Coordinator at 952-935-3515 or 866-935-3515.

"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; and
  - 13. Attempted suicide
  - 14. All other injuries 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 Accra staff to call 911, physician treatment, or hospitalization.
- D. Any mental health crisis that requires an employee to call 911, a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.
- E. An act or situation involving a person that requires an employee to call 911, law enforcement, or the fire department.
- F. A person's unauthorized or unexplained absence.
- 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;
  - 4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
  - 1. "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.
  - 2. "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- I. Any emergency use of manual restraint.
- J. A report of alleged or suspected child or vulnerable adult maltreatment.
- K. A report of fraud.

### Response Procedures

- A. Serious injury
  - 1. In the event of a serious injury, provide emergency first aid following instructions received during training or as directed.
  - 2. Summon assistance, if available, to assist in providing emergency first aid or seeking emergency medical care.
  - 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death



1. If alone, immediately call 911 and follow directives given to you by the emergency responder.
  2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
  3. Contact the responsible party as soon as possible for directions.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
1. Assess if the situation requires a call to 911, seek physician treatment, or hospitalization.
  2. If it is a life-threatening medical emergency, call 911 immediately.
  3. Provide emergency first aid as trained or directed until further emergency medical care arrives or the person is taken to a physician or hospital for treatment.
- D. Mental health crisis
- If the employee believes that a person is experiencing a mental health crisis, call 911 or a specific mental health worker if the individual has one.
- E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, call 911.
  2. For non-emergency incidents requiring law enforcement, call the local non-emergency law enforcement number.
  3. For non-emergency incidents requiring the fire department, call the local non-emergency fire department number.
  4. Provide all information requested and follow instructions 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, 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 area that the person was last seen will be completed by the employee and others that might be available.
  3. If after no more than 15 minutes, the search of the home and neighborhood is unsuccessful, contact law enforcement authorities and the responsible party.
- G. Conduct of the person
- When a person is exhibiting conduct against another person that is so severe, pervasive, or objectively offensive that it places either in actual and reasonable fear of harm; or that there is actual and reasonable fear of damage to property, take the following steps:
1. Summon help, if available. Move other people out of the way.



2. Block attempts to damage property or injure the client or other people. Keeping all parties safe.
  3. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
  4. After the situation is brought under control, ensure that there are no injuries and observe for signs of injury. Provide medical treatment and seek outside medical treatment as needed.
- H. Sexual activity involving force or coercion  
If the client is involved in sexual activity with another person and that sexual activity involves force or coercion, take the following steps:
1. Instruct the client in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally. Verbally direct each person to separate areas.
  2. If they do not respond to verbal redirection, intervene to protect the client from force or coercion, using the least amount of physical intervention possible.
  3. Summon help if necessary and feasible.
  4. Contact law enforcement as soon as possible and follow their instructions.
  5. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
  6. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
  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 Policy.
- K. Fraud  
Follow the Fraud, Waste and Abuse Policy.

### Reporting Procedures

1. Completing an incident report
  1. Notify the responsible party of any incident as soon as possible.
  2. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the employee became aware of the occurrence. An incident report form is located in the home folder. Employees are to complete as much information as possible. Fax completed forms to Accra at 952-935-7112 or 844-935-7112.



3. Call Accra at 952-935-3515 and report the incident to Client Services.
  4. Client Services will enter the report into CRM and follow the process for notifying the Qualified Professional or Accra service coordinator.
  5. The Accra QP or service coordinator will report the incident to the appropriate individuals.
2. Reporting incidents to team members
    1. All incidents must be reported to the person's legal representative or designated emergency contact and county case manager/care coordinator (when there is one):
      - 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. Accra staff members will ensure that the incident is reported to the county case manager.
    3. Accra 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/care coordinator 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.
  3. Additional reporting requirements for deaths and serious injuries:
    1. Accra staff members will ensure that death or serious injury of a person is reported to both the Department of Human Services Licensing Division (for 245D services only) and the Office of Ombudsman for Mental Health and Developmental Disabilities.
    2. The report will 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. Accra 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.
  4. Additional reporting requirements for maltreatment
    1. When reporting maltreatment, Accra will inform the case manager/care coordinator (when there one) of the report unless there is reason to believe that the case manager/care coordinator is involved in the suspected maltreatment.
    2. The report to the case manager/care coordinator will disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
  5. Additional reporting requirements for emergency use of manual restraint (EUMR)  
Follow the EUMR Policy.



6. Additional reporting requirements for fraud - a report of fraud will be made to SIRS, follow the Fraud, Waste and Abuse policy.

### Reviewing Procedures

#### A. Conducting a review of incidents and emergencies

Accra will complete a review of all incidents.

1. The review will be completed by the QP or service coordinator and will be escalated to the program director and up to and including the CEO as needed.
2. The review will be completed within 48 hours of the incident by the QP or service coordinator.
3. The review will include:
  - a. Provide a written summary of the incident
  - b. Identify trends or patterns, if any, and
  - c. Determine if corrective action is needed.
4. When corrective action is needed, a staff member will be assigned to develop and implement the correction plan train within a specified time period.
5. The Accra Incident Review Committee will meet bi-monthly to review all incidents.

#### B. Conducting an internal review of deaths and serious injuries

Accra 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.) Deaths due to natural causes do not require an investigation.

1. The review will be completed by the QP, service coordinator, or assigned staff member and will be escalated to the program director and up to and including the CEO as needed.
2. The review will be completed within 48 hours 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.
4. Based on the results of the internal review, Accra will develop, document, and implement a performance improvement plan designed to correct current lapses and prevent future lapses in performance by staff or Accra, if any.





5. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in Accra'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.

### **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.

### **Defining Sexual Violence**

Sexual violence includes sexual assault and sexual abuse. Assault is a crime of violence, anger, power and control where sex is used as a weapon against the victim. It includes any unwanted sexual contact or attention achieved by force, threats, bribes, manipulation, pressure, tricks, or violence. It may be physical or non-physical and includes rape, attempted rape, incest and child molestation, and sexual harassment. It can also include exposure to sexual materials, and the use of inappropriate sexual remarks or language.

Sexual abuse is similar to sexual assault but is a pattern of sexually violent behavior that can range from inappropriate touching to rape. The difference between the two is that sexual assault constitutes a single episode whereas sexual abuse is ongoing.

People with developmental disabilities may not understand what is happening or have a way to communicate the assault to a trusted person. Others may realize they are being assaulted, but do not know that it is illegal and that they have a right to say no. Due to threats to their well-being, they may never tell anyone about the abuse, especially if committed by an authority figure whom they learn not to question. Even when a report is attempted, they may face barriers when making statements to police because they may not be viewed as credible due to having a disability

### **Effects of Sexual Violence on Someone with a Disability**

Sexual violence causes harmful psychological, physical and behavioral effects. The client may become pregnant, acquire sexually transmitted diseases, bruises, lacerations and other physical injuries. Psychosomatic symptoms often occur, such as stomachaches, headaches, seizures and problems with

sleeping. Common psychological consequences include depression, anxiety, panic attacks, low self-esteem, shame and guilt, irrational fear, and loss of trust. Behavioral difficulties include withdrawal, aggressiveness, self-injurious and sexually inappropriate behavior

### **Signs of potential Sexual Violence**

Physical: bruises or pain in genital areas, signs of physical abuse, headaches, stomachaches, sexually transmitted diseases.

Behavioral: depressions, substance abuse, withdrawal, avoids specific settings/people, sleep or appetite changes, crying spells, seizures, phobias, regression, guilt/shame feelings, self-destructive behavior, feelings of panic, sexually inappropriate behaviors, severe anxiety/worry, resists physical exam, learning difficulties, irritability, change in habits/mood.

### **Increased Risk Factors for persons with disabilities**

- Reliance on caregiver to access resources/services
- Lack of transportation/lack of access to transportation
- Communication challenges
- Financial dependency or reliance on caregiver for access to finances
- Fear of perceived consequences (retaliation by offender, loss of caregiver, loss of independence, etc.)
- Fear of not being believed
- Manipulated to feel blame
- Lack of knowledge regarding sexuality
- Lack of knowledge regarding rights
- Socialized to be compliant
- Inhibited from being self-directed

### **Strategies to Help Reduce Risk of Sexual Violence for Individuals with Developmental Disabilities**

- Ensure access to communication methods (phone, Internet, etc.) if help would be needed.
- Maintain access to assistive devices.
- Minimize financial dependency on one person; include more than one person in financial arrangements.



- Obtain and understand basic information on sexual violence, personal boundaries, personal safety and community resources.
- Inform caregivers and other service providers that sexual assault will be reported to law enforcement.
- Reduce isolation through multiple social connections (family, friends, neighbors, social networks, etc.) that occur unscheduled in person or via the phone or Internet.
- Have an individualized safety plan.

### **The Role of Consent**

Consent is crucial when any person engages in sexual activity, but it plays an even bigger, and potentially more complicated role when someone has a disability. Some disabilities may make it difficult to communicate consent to participate in sexual activity, and some perpetrator may take advantage of this. People with disabilities may also not be given the same education about sexuality and consent that people without disabilities receive. In addition, someone who has a developmental or intellectual disability may not have the ability to consent to sexual activity, as defined by the state laws.

In many instances, the person who has a disability may rely on the perpetrator for care or support, making it even more difficult to come forward.

### **Healthy Relationships / Bodily Autonomy**

As Direct Support Staff, we want to support individuals with disabilities to have healthy relationships with others, as well as complete autonomy over their own bodies. The number one thing to encourage is the concept of, “My Body, my choice.” Here are three tips that you can use when supporting someone around the area of relationships and bodily autonomy.

1. Support the person to understand boundaries within different types of relationships. Different types of relationships include friends, family, Direct Support Staff, and strangers. Interactions may look different with each of these groups and it is important to understand what types of feelings and touch are appropriate with each group.
2. Support the person to understand what “public” vs “private” spaces are and what behaviors are appropriate in each one. “Public” is when other people are there or might be there. It is a place where other people are free to move through or see in and out of. “Private” is when they are alone, and no one can come in or out of the space.



3. Support the person to understand that consent, or permission, needs to be given for any type of touch. Help them to understand that they should not feel uncomfortable about what is occurring. When discussing personal safety, review and practice being assertive and different ways to say “No”.

Legal Authority: MS. §§§ 245D.11, subd. 2; 245.91, subd. 6; 609.341, subd. 3 and 14  
Incident Report Form



### Incident Report Form

All incidents must be reported within 24 hours of the incident or within 24 hours of when the Accra staff became aware of the incident. Reports are to be made to Client Services at 952-935-3515 ex. 540 or [clientcare@accracare.org](mailto:clientcare@accracare.org). A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another person receiving services. Fax completed form to Accra at: 952-935-7112.

If this is an employee injury see the Work Comp Policy and call the Work Comp Coordinator at: 952-935-3515/866-935-3515 ex. 505.

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  am /  pm

Location of incident: \_\_\_\_\_

Client’s name: \_\_\_\_\_

Person reporting the incident: \_\_\_\_\_ Phone number: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Incident Type** (check all that apply):

- Death or serious Injury (Must also be reported using the forms from the Office of Ombudsman for Mental Health and Developmental Disabilities)
- Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physical treatment, or hospitalization  
Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team  
An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department
- Unauthorized or unexplained absence from a program
- Conduct by a person against another person 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
- Any sexual activity between persons that involves force or coercion



- Any emergency use of manual restraint (Also refer to Emergency Use of Manual Restraint Policy)
- A report of alleged or suspected child or vulnerable adult maltreatment (Also refer to Maltreatment of Minors or Vulnerable Adults Reporting Policy)
- Medication error (Attach Med Error report if applicable)
- Potential Fraud (Also refer to Fraud, Waste, and Abuse Policy)

**I. Description of incident (including the nature of any injuries):**

**II. Identify actions taken by employee(s) and treatment given:**

**III. Identify measures to be taken to remedy and prevent recurrence:**

**IV. Name of treating physician, medical facility and or hospital (include phone number, date care given, and time):**

**V. Physician’s diagnosis of injury, illness or cause of death if known:**

- When applicable, coordinated service and support plan addendum(s) were implemented as written for the person(s) involved.
- Applicable program policies and procedures were implemented as written. If no explain:

Staff person(s) who responded to the incident: \_\_\_\_\_

Name and signature of reporting staff: \_\_\_\_\_



## Workplace Injury Notice

**It is your responsibility to report all injuries to your supervisor immediately**

Full  
or  
part-  
time,

Accra has workers' compensation coverage in accordance with the provisions of Minnesota Workers Compensation Law. Coverage is provided under a policy from the Nonprofit Insurance Trust.

Person whom injuries are to be reported:

Work Comp Coordinator

Phone: 952-935-3515 / 866-935-3515

Extension #5505

Please call this number as soon as possible. If after normal business hours or on weekends, please leave a message and someone will contact you for follow up.

temporary or seasonal, new workers or minors who have work-related injury or disease are covered under Minnesota Workers Compensation.

If you are injured:

Report any injury to your supervisor as soon as possible, no matter how minor it appears. Provide all information so that a proper injury report can be filed. Get necessary medical treatment as soon as possible.

Under Minnesota Workers Compensation, you are entitled to:

- Compensation for lost wages.
- Rehabilitation services, assistance in returning to work, if necessary.
- Medical treatment expenses, including transportation.
- Death benefits for dependents.
- Compensation for loss of use of part of your body.

If you have any questions or problems concerning:

- Reporting claims, call 952-935-3515 x 5505
- Benefits payments, contact:

**Nonprofit Insurance Trust**

**Phone: (952) 469-5963**

## Basic First Aid and Responding to Emergencies

The following information is intended to be a brief overview of basic first aid and safety. Families may request that care providers participate in a certified Standard First Aid and CPR course. Your role in an emergency situation can save a life. Calling 911 is the most important thing that you can do. The sooner medical help arrives the better a person's chance of survival.

### 1. Recognize the emergency exists.

Emergencies can happen anywhere at any to anyone. Before you can provide help, you must recognize the situation as an emergency. You may realize an emergency has occurred only if something unusual attracts your attention. Examples may include:

- Unusual noises – screams, yell, moans, groans, calls for help, breaking glass, crashing, screeching tires or sudden loud voices.
- Unusual sights – a stalled vehicle, overturned pot, spilled medicine, downed electrical wires, fire or smoke.
- Unusual odors – an odor stronger than normal or unrecognizable.
- Unusual appearance – difficulty breathing, clutching chest or throat, slurred or confused speech, confusion, sweating for no apparent reason, unusual skin color.

### 2. Decide to act.

Get involved and give direction. Follow the Check, Call, Care rule.

- **CHECK** the scene. Is it safe for you to approach? CHECK the victim. Is this a life threatening situation?
- **CALL** 911 or your emergency number for help.
- Provide **CARE** until help arrives.

### When You Call 911:

1. Stay Calm
2. Answer all the operator's questions as best you can.
3. Don't hang up the phone until the operator tells you.
4. Follow the instructions that the operator gives you.
5. Wait for help

This overview is intended to assist you in providing care for minor injuries and for providing care until help arrives in an emergency.



## Illness or Injuries That May Require Basic First Aid

### Burns

Fire, sun, chemicals, heated objects, fluids and electricity can cause burns. They can be minor problems or life threatening emergencies. Distinguishing a minor burn from a more serious burn involves determining the degree of damage to the tissue of the body. If you are not sure how serious the burn is, seek emergency medical help.

- First degree burns are those in which only the outer layer of skin is burned. The skin is usually red and some swelling and pain may occur. Unless the burn involves large portions of the body, it can be treated at home.
- Second degree burns are those in which the first layer of skin has been burned through and the second layer of skin is also burned. In these burns, the skin reddens intensely and blisters will develop. Severe pain and swelling also occur. If a second degree burn is no larger than two or three inches in diameter, it can be treated at home. If the burn covers a larger area, seek medical attention. You may need a tetanus booster.
- Third degree burns are the most serious and involves all areas of the skin. Nerves, fat, muscle and sometimes bones may be affected. Areas may be charred black or appear a dry white. If nerve damage is substantial, there may be no pain at all. These burns should receive emergency medical attention.

### Follow these steps when treating minor burns at home:

1. If the skin is not broken, run cool water over the burn for several minutes.
2. Cover the burn with a sterile bandage or clean cloth.
3. Take aspirin or acetaminophen to relieve any pain or swelling.

### Seek emergency treatment immediately for major burns. Until an emergency unit arrives, follow these steps:

1. Remove the person from the source of the burn (fire, electrical current, etc.)
2. Remove all smoldering clothing to stop further burning.
3. If the person is breathing sufficiently, cover the burned area with a cool, moist, sterile bandage or clean cloth. Do not place any creams, ointments or ice on the burned area or break blisters.

### Choking

The Heimlich maneuver is the best known method of removing an object from the airway of a person who is choking. You can use it on yourself or someone else.

1. Stand behind the choking person and wrap your arms around his/her waist. Bend the person slightly forward.
2. Make a fist with one hand and place it slightly above the person's navel.

3. Grasp your fist with the other hand and press hard into the abdomen with a quick, upward thrust. Repeat this procedure until the object is expelled from the airway.

If you must perform this maneuver on yourself, position your own fist slightly above your navel. Grasp your fist with your other hand and thrust upward into your abdomen until the object is expelled.

### **Cuts and scrapes**

Small cuts and scrapes usually don't demand a visit to the emergency room, but proper care is necessary to keep infections or other complications from occurring.

### **When dealing with minor wounds, keep the following guidelines in mind:**

1. Stop the bleeding by applying pressure, wearing rubber gloves, and using a gauze pad or clean cloth. If the bleeding persists after several minutes of applying pressure, get immediate medical attention.
2. Keep the wound clean by washing the area with mild soap and water and removing any dirt. Dry the area gently with a clean cloth and cover the wound with a protective bandage. Change the bandage at least once a day. If the wound becomes tender to the touch and red or oozes fluid, see your doctor.
3. If the cut is more serious and the bleeding does not stop on its own or the cut is large, deep or rough on the edges, try to stop the bleeding. Wear rubber gloves and apply pressure directly to the injury using a sterilized gauze pad or clean cloth. Maintain pressure on the wound until the bleeding stops. Consult a physician. A tetanus booster may be required.

### **Nosebleed**

A nosebleed is sudden bleeding from one or both nostrils and may result from a variety of events: a bump to the nose, breathing dry air, allergies or for no apparent reason. To stop the flow from a common nosebleed, use these steps:

1. Have the person sit or stand upright to slow the flow of blood in the veins of the nose. Do not tip the head back.
2. Pinch the nose with your thumb and forefinger for 10 minutes without relieving pressure. The person should breathe through their mouth during this time.
3. If bleeding continues despite these efforts, consult a doctor or call 911.

### **REMEMBER UNIVERSAL PRECAUTIONS WHENEVER YOU ARE DEALING WITH BODILY FLUIDS**

### **Eye injuries – foreign bodies**

Foreign bodies such as dirt, sand, wood or metal chips may cause eye watering which may rid the eye of the foreign body. If the object remains in the eye, have the victim blink several times. If the object still remains in the eye, gently flush the eye with water.

### **Poisoning**

A poisoning may or may not be obvious. Sometimes the source of a poisoning can be easily identified – an open bottle of medication or a spilled bottle of household cleaner. Look for these signs if you suspect a poisoning emergency:

1. Burns or redness around the mouth or lips.
2. Breath smells like chemicals.
3. Burns, stains and odors on the person, his/her clothing, or on furniture, floor, rugs or other objects in the surrounding area.
4. Vomiting, difficulty breathing or other unexpected symptoms.

If you can find no indication of poisoning, do not treat the person for poisoning, but call 911 for help.

If you believe someone has been poisoned, take the following steps:

1. Ask the person what they swallowed or try to identify any open container near them. Immediately call your local poison control center for instructions. Keep the number by your telephone. Poison Control Hotline: 1-800-222-1222 or use the webPOISONCONTROL® online tool to get specific recommendations for unintentionally swallowed substances based on age, substance, and amount taken. Both options are free and confidential. Both options give you expert answers.
2. Provide reassurance.
3. Remain calm and give as much information to Poison Control as possible. They will direct you if any additional care can be provided in the home and will advise to call 911 or may call 911 for you.

### **Severe Bleeding**

To stop serious bleeding, follow these steps:

1. Lay the affected person down. If possible, the person's head should be slightly lower than the trunk of his/her body or the legs should be elevated. This position increases the blood flow to the brain. If possible, elevate the site of the bleeding to reduce the blood flow.
2. Do not attempt to clean the wound.
3. Apply steady, firm pressure directly to the wound using a sterile bandage, a clean cloth or your hand. Maintain pressure until the bleeding stops, then wrap the wound with a tight dressing and secure it with adhesive tape. Most bleeding can be controlled this way. Call for emergency help immediately.



4. If the bleeding continues and seeps through the bandage, add more absorbent material. Do not remove the first bandage.
5. If the bleeding does not stop, apply pressure to the major artery that delivers blood to the area of injury.
6. When the bleeding has stopped, immobilize the injured portion of the body. You can use another part of the body, such as a leg or torso, to immobilize the area. Leave the bandages in place and take the person for immediate medical attention or call for emergency help.

### **REMEMBER UNIVERSAL PRECAUTIONS WHENEVER YOU ARE DEALING WITH BODILY FLUIDS**

#### **Seizures**

If a person is having a seizure, follow the Client's seizure protocol. Call 911 for seizures lasting five minutes or longer, for seizures that start, stop and restart again, or if the employee suspects an injury was sustained during the course of the seizure.

#### **Threat of Suicide**

If the Client is feeling suicidal or attempts to or threatens suicide, call 911. The employee may also call Crisis Prevention: 612-379-6363 or Suicide Prevention: 612-347-2222.

#### **Shock**

Shock can occur when a person has had a serious injury or illness. A variety of symptoms appear in a person experiencing shock.

1. The skin may appear pale or gray and it cool and clammy to the touch.
2. The heartbeat is weak and rapid. Breathing is slow and shallow and the blood pressure is reduced.
3. The eyes lack shine and seem to stare. Sometimes the pupils are dilated.
4. The person may be conscious or unconscious, if conscious, the person may faint or be very weak or confused. On the other hand, shock sometimes causes a person to become overly excited and anxious.

Even if a person seems normal after an injury, take precautions and treat the person for shock by following these steps:

1. Get the person to lie down on his/her back and elevate the feet higher than the person's head. Keep them from moving unnecessarily.
2. Keep the person warm and comfortable. Loosen tight clothing and cover them with a blanket. Do not give them anything to drink.
3. If the person is vomiting or bleeding from the mouth, place them on his/her side to prevent choking.



4. Treat any injuries appropriately. (For example bleeding or broken bones.)
5. Summon emergency medical assistance immediately.

## Weather Related Emergencies

### Heat Exhaustion

Heat exhaustion occurs when your heart and vascular system do not respond properly to high temperatures. The symptoms of heat exhaustion resemble shock and include faintness, rapid heartbeat, low blood pressure, an ashen appearance, cold clammy skin and nausea.

If you suspect heat exhaustion:

1. Get the person out of the sun and into a cool spot.
2. Lay the person down and elevate his/her feet slightly.
3. Loosen or remove most or all of the person's clothing.
4. Give the person cold (not iced) water to drink, with a teaspoon of salt added per quart.

### Heat Stroke

Heat stroke is a fever of 105 degrees Fahrenheit with hot, dry skin. Other signs include rapid heartbeat, rapid and shallow breathing, either elevated or lower blood pressure, and confusion or unconsciousness. Heat stroke is an emergency that needs immediate attention.

If you suspect heat stroke:

1. Get the person out of the sun and into a cool spot.
2. Cool the person by covering him/her with damp sheets or spraying with water.
3. Direct air onto the person with a fan or newspaper.
4. Monitor the person's temperature with a thermometer.
5. Stop cooling the person when his/her temperature returns to normal.

**BE AWARE THAT SOME MEDICATIONS MAY CAUSE SENSITIVITY TO THE SUN. ALWAYS USE SUNSCREEN.**

### Frostbite

Frostbite is distinguishable by the hard, pale and cold quality of the skin that has been exposed to the cold. As the area thaws, the flesh becomes red and painful. If the fingers, ears or other areas are frostbitten, get out of the cold. Warm their hands by tucking them into their armpits. If the nose, ears or face are frostbitten, warm the area by covering it with dry, gloved hands. Do not rub the affected area. If numbness remains during warming, seek professional medical care immediately. If unable to get immediate emergency assistance, warm severely frostbitten hands or feet in warm, not hot, water. (The water should be between 100 and 105 degrees Fahrenheit).



## Emergency Procedures

### Fire

1. When a fire is detected, call 911.
2. All individuals should leave the house or building via the designated emergency exit for their area, or the nearest safe exit. Staff are responsible for assisting vulnerable adults and minors.
3. Move away from the house or building to allow the fire trucks to enter.
4. Remain outside the house or building until the “all clear” is given.

### Tornado

1. When there is an applicable tornado warning or severe weather warning, all individuals will proceed to the lowest level and innermost rooms of the home or building, away from glass windows and doors.
2. Individuals should assume a protective position: Sit facing close to a solid wall and if possible, with arms overhead.
3. Weather reports should be monitored via television or radio. When the threat of danger passes, one designated person will make the decision to direct individuals back to their original activities.
4. If injury occurs, provide appropriate first aid and call 911, if warranted.

### Blizzard Conditions

Stay inside and stay tuned to the TV or radio for warnings. If you must go outside, be sure to have all exposed skin covered.

### Individual Emergency Procedures

Discuss the actions necessary in the event of an emergency with the responsible party. Include the location of emergency phone numbers, evacuation procedures and emergency supplies (radio, flashlights, first aid kits and medications).



## Communicable Disease Policy

### Policy:

As part of our commitment to providing a safe, healthy and productive workplace, Accra has adopted this Policy to help protect clients and Direct Support Staff from the spread of and exposure to communicable diseases. A communicable disease is an illness due to an infectious agent that is transmitted directly or indirectly from one person to another. Responsible Parties are responsible for understanding and enforcing this Policy.

### Scope and Purpose:

This policy covers Accra's response to those diseases that may be communicable in a work environment, including, but not limited to, Chickenpox, Ebola Virus, Swine Flu, COVID-19, Active TB (tuberculosis), Avian Flu, Measles, Chicken Pox, or MRSA Staph Infection (referred to collectively as "communicable illnesses").<sup>1</sup> However, these are just examples and this Policy covers any communicable illness that poses a credible threat of transmission in our workplace.

This policy is applicable to all Direct Support Staff.

### Definitions:

**Workplace:** For the purposes of this Policy Workplace means anywhere Accra authorized services are delivered to the client.

**Direct Support Staff:** Means Direct Support Professionals (DSPs), Personal Care Attendants (PCAs), Personal Support Staff, Home Makers (HMs), Respite Staff, Night Supervision Staff, and Adult Companion Staff.

<sup>1</sup> A communicable disease is defined as an illness due to an infectious agent that is transmitted directly or indirectly from one person to another. Additional examples of communicable diseases include, for example, Hepatitis B, Meningitis, Mumps, Rubella, SARS and the common cold. Also, please refer to the chart, below, for more information on methods of transmitting communicable illnesses



## Responsible Party Responsibilities:

Responsible Parties should be ready to answer questions from employees about the Policy. If anyone has a specific question about the Policy or a possible communicable illness, and the Responsible Party cannot answer the question, the person should contact Accra Human Resources.

The Responsible Party is expected to set a good example by washing their hands before eating and after using the restroom, regularly using hand sanitizer, seeking medical attention for scrapes and cuts, making sure any open wound is kept clean and covered, and encouraging this same behavior from all Direct Support Staff.

Accra strongly encourages all Responsible Parties, clients, and Direct Support Staff to protect themselves from getting the seasonal flu by getting the seasonal flu vaccine each year. For more information on the current seasonal flu vaccine, refer to <http://www.cdc.gov/vaccines/>. Even if a person has just a cold or seasonal flu, they should be strongly encouraged to stay at home until they are well enough to return to work and their condition is no longer contagious.

## Direct Support Staff Responsibilities:

This Policy informs Direct Support Staff of their responsibility to report to the Responsible Party and Accra Human Resources in the event the employee:

1. has had symptoms related to a communicable illness that increase the risk that the illness may be transmitted to another;
2. been diagnosed with a communicable disease that is not sufficiently controlled so that contact with the client poses a risk of transmission;
3. has been in close contact with a person diagnosed with or being screened for a communicable illness without appropriate protection so that the Direct Support Staff now presents a heightened risk of transmission of the communicable illness;
4. been in an area with widespread, sustained transmission of a communicable illness such as areas CDC designates Level 3 [<https://wwwnc.cdc.gov/travel/notices>], or other High Risk areas Accra identifies;
5. is or should be quarantined related to a communicable illness; or
6. cannot effectively cover a contagious skin condition or an HSV-1





breakout or lesion to ensure that they can completely prevent any skin-to-skin contact.

Information relating to a Direct Support Staff's health status will be maintained in a confidential manner as set forth in this Policy.

## Direct Support Staff Illness and Returning to Work:

Direct Support Staff must limit any exposure to other Direct Support Staff or clients contracting a communicable disease or illness. If a Direct Support Staff is not able to do so effectively and perform his or her work, Direct Support Staff must immediately notify their client's Responsible Party and Accra Human Resources. Direct Support Staff must not present themselves at work where they might expose other Direct Support Staff or clients to contracting a communicable disease or illness.

Direct Support Staff must follow all CDC and public health organizations guidance regarding how to limit exposure to risk of contracting a communicable disease or illness. Guidance often excludes healthcare workers.

Direct Support Staff with symptoms of the flu, cold or other communicable disease or illness must not come to work if that involves interaction with other Direct Support Staff or clients until the Direct Support Staff has been free of fever, signs of a fever, and any other symptoms of the flu, cold or other communicable disease or illness for at least 24 hours or as recommended by the CDC, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).

A doctor's note certifying fitness for duty (i.e. return to work authorization) may be required.

## Potential Exposures in the Workplace:

As we all know, communicable illnesses can vary greatly in their degree of seriousness, ease of transmission, and risk to others. As a result, Accra may change its response to potentially communicable illnesses as the situation warrants.

Accra will follow all applicable regulations or instructions issued by federal, state or local public health authorities, the CDC or other governmental agencies. Accra will generally



follow guidelines or recommendations issued by these sources, taking into account our own particular workplace circumstances.

To limit germs and resulting illnesses, we ask that Responsible Parties and Direct Support Staff support these best practices:

- Wash hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick, unless you are wearing appropriate protection.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue (or an elbow or shoulder if no tissue is available), then throw the tissue in the trash and wash or sanitize hands.
- Clean and disinfect frequently touched objects and surfaces.
- Never mask a fever with Tylenol or Advil in order to come to work.

## Human Resources Responsibilities:

When there is a reported or suspected case of a potential communicable illness diagnosis or exposure in the workplace, the Accra Human Resources Department or management will:

1. Coordinate with whoever is responsible for Environmental Health and Safety (Emergency Action Response Team), benefit carriers, and the legal department or outside counsel, as needed.
2. Work with the diagnosed or potentially exposed Direct Support Staff (“potential carrier”) to learn more about the Direct Support Staff’s symptoms or possible exposure; assist with accommodations, leave requests, and benefits coordination (if applicable) for the diagnosed/potential carrier; and follow up with medical providers to obtain certifications and return to work documentation, as needed.
3. Create a list of other employees potentially exposed to the potential carrier while that person may have been contagious, and assist those persons with information, accommodations, leave requests, benefits coordination and medical documentation, as needed.



4. Maintain all medical information confidentially to the extent possible and consistent with applicable law.

## Emergency Action Response Team Responsibilities:

When there is a report or suspected case of a potential communicable illness diagnosis or exposure in the workplace, the members of the Emergency Action Response Team will:

1. Create, update, and maintain documentation describing the report and possible exposure, and Accra's internal response plan.
2. Research the communicable illness to: (a) develop Accra's coordinated internal response plan; (b) be able to provide answers to potentially exposed Direct Support Staff, as well as their clients and Responsible Parties; and (c) make efforts to prevent the spread of the communicable illness and eradicate it from the premises.
3. Work with the Responsible Party to prevent the spread of the communicable illness and eradicate it from the premises by, among other things, providing necessary personal protective equipment, as needed, and encouraging the Responsible Party to thoroughly clean any potentially exposed surfaces that could lead to the spread of the illness, and informing those potentially exposed what they should do about it.
4. Determine if the issue should be reported to any state or federal occupational safety and health agency or to any public health officials and follow through with any reporting requirements.
5. Maintain all medical information confidentially to the extent possible and consistent with applicable law.
6. Determine if Accra should take any proactive steps to help prevent the spread of potentially communicable illnesses in the future and implement those steps.

## Potential Exposure (Travel or Otherwise):

Accra generally follows and recommends that Direct Support Staff follow travel advisories issued by the CDC, the State Department, Federal/State/Local health officials, and other government agencies. This means that travel may, or should, be curtailed in whole or in



part in the event of an outbreak of a communicable illness in a specific geographic area (a “Risk Area”).

1. Potential Exposure Due to Work-Related Travel

- a. If a Direct Support Staff is required to travel to a Risk Area for work, and the person becomes or believes he/she may be ill, the Direct Support Staff must inform his/her Responsible Party and Accra Human Resources Department immediately.
- b. If, as a result of work-related travel, the Direct Support Staff is neither ill nor symptomatic upon returning, but quarantine is required or recommended by a public health official or medical provider, Accra would require the Direct Support Staff to follow the recommendations. The Direct Support Staff will be placed on the appropriate type of leave (such as workers’ compensation) during the period of quarantine based on the relevant circumstances.
- c. If, as a result of work-related travel, the Direct Support Staff’s exposure is confirmed, compensation will be handled as a Confirmed Work-Related Exposure (outlined below).
- d. Accra does not permit work-related travel to Risk Areas identified as a level 3 by the CDC.

2. Confirmed Work-Related Exposure

- a. If a Direct Support Staff becomes or believes they may be ill as a result of a work- related exposure, the person must inform their Responsible Party and a member of the Accra HR Department immediately.
- b. A report of injury will be completed and submitted to Accra’s workers’ compensation carrier for a determination on work-relatedness and compensability. The Direct Support Staff will need to remain out of the workplace and Accra will compensate the employee as required by law or Company policy until a determination of compensability is made.
- c. If there is a confirmed work-related exposure and liability under workers’ compensation is accepted, wage loss benefits will be paid in accordance with workers’ compensation laws.
- d. If there is no confirmed work-related exposure and/or the claim is denied, compensation will be handled as a Personal



Exposure (outlined below).

3. Personal Exposure

- a. If a Direct Support Staff becomes or believes he/she may be ill due to exposure for a non-work-related reason (i.e., not for reasons outlined above), the employee must inform his/her Responsible Party and a member of Accra Human Resources Department immediately.
- b. If the Direct Support Staff becomes ill or symptomatic due to a non-work-related reason, the Direct Support Staff should review Accra's benefits and leaves of absence policies to determine if they are eligible for such benefits or leaves of absence (e.g., Family and Medical Leave Act Policy). Employees should contact Accra Human Resources for more information.
- c. If a Direct Support Staff is neither ill nor symptomatic, but quarantine is required or recommended by a public health official or medical provider for a non-work-related reason, and the Direct Support Staff will be provided with the option of using accrued PTO/vacation time, if available.

## Reasonable Accommodation:

If Accra receives notice that a Direct Support Staff is requesting a reasonable accommodation for a communicable disease, Accra will request that the accommodation request be made in writing. Accra will engage the Direct Support Staff in the interactive process, which may include requesting information from the Direct Support Staff and the Direct Support Staff's medical provider to determine whether reasonable accommodation can be made. In reviewing accommodation requests, Accra will consider, among other relevant factors, the health and safety of other persons with whom the Direct Support Staff regularly interacts in the workplace.

A Direct Support Staff may physically return to work when there is no longer risk of transmitting the communicable disease to others, and provided the Direct Support Staff is able to perform the essential functions of the job with or without a reasonable accommodation.



## **Quarantine:**

In the instance of quarantine, it is the Direct Support Staff's responsibility to provide Accra with written confirmation from a public health official of any quarantine period, as soon as practicable. While under quarantine, the Direct Support Staff may be advised not to report to work for a specified period of time. In such cases, Accra will require the Direct Support Staff to remain away from work until the specified quarantine period ends or the Direct Support Staff becomes free of the communicable disease as determined by the medical provider, whichever occurs first.

## **Confidentiality/Privacy:**

Except for circumstances in which Accra is legally required to report workplace occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. When it is required, the number of persons who will be informed of the Direct Support Staff's condition will be kept at the minimum needed not only to comply with legally-required reporting, but also to assure proper care of the Direct Support Staff and to detect situations where the potential for transmission may increase. Accra reserves the right to inform other Direct Support Staff that a co-worker (without disclosing the person's name) has been diagnosed with a communicable disease if the other Direct Support Staff might have been exposed to the disease so the Direct Support Staff may take measures to protect their own health.

## **Discrimination Free:**

Accra prohibits discrimination, harassment, and retaliation because of a Direct Support Staff's disability or medical condition, including a communicable disease.

## **Responsibility:**

In all cases of an absence due to the contraction (or potential contraction) of a communicable disease, the affected Direct Support Staff must notify their Responsible Party and Accra Human Resources immediately that the Direct Support Staff has contracted or has potentially contracted a communicable disease.

Anyone who discovers evidence of a communicable disease that could endanger the health of others in the workplace must report it immediately to Accra Human Resources. Accra will notify the appropriate



health department officials as deemed necessary or if such reporting is required by law.

### General Questions

Given the variety and nature of the communicable illnesses covered by this Policy, Accra may modify this Policy on a case-by-case basis. Accra’s response to possible exposures to communicable illnesses not discussed or specifically covered by this Policy will be determined on a case-by-case basis.

If you have any questions concerning this Policy, please contact the Accra Human Resources Department.

### Related Sites:

Centers for Disease Control and Prevention – [www.cdc.gov](http://www.cdc.gov) World Health Organization – [who.int](http://who.int)

How Some Contagious Diseases Can Be Spread in the Workplace	
Method of Transmission	
<b>Contact</b> (touching infected person’s skin, bodily fluid or a contaminated surface)	<b>Respiratory Transmission</b> (passing from the lungs, throat, or nose of one person to another through the air)
Chickenpox * Cold Sores Conjunctivitis Head Lice Impetigo Ringworm Scabies Influenza* Hepatitis B* Pertussis* Pneumonia* Ebola Virus Disease	Chickenpox * Common Cold COVID-19 Diphtheria Fifth Disease Bacterial Meningitis* Hand-Foot-Mouth Disease Impetigo Measles* Mumps* Rubella* Influenza*
* Vaccines are available for preventing these diseases	



## Universal Precautions and Sanitary Practices Policy

### Purpose

The purpose of this policy is to establish guidelines for universal precautions and sanitary practices to prevent the spread of communicable diseases for our employees and participants and to promote the health of employees and the individuals receiving services through sanitary practices.

### Policy

It is the policy of Accra to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases. Employees should always wear gloves when providing any personal care for their client, which may involve potential exposure to bodily fluids. Employees can purchase gloves for use with their client and may submit their receipt to Accra for reimbursement. When there is potential for transmission of a communicable disease, additional personal protective equipment may be needed, such as masks. If additional personal protective equipment is needed, please contact your SC (or QP) for guidance.

### 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 – see hand washing handout
2. Use of gloves in contact with infectious materials, including soiled laundry
3. Use of a gown or apron when clothing may become soiled with infectious materials
4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solution when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

#### B. Control of communicable diseases

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the Responsible Party.
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to the Responsible Party.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.





4. For information on communicable diseases please refer to the following website:  
<http://www.health.state.mn.us> (Reportable Infectious Diseases: Reportable Diseases A-Z)

### **Blood Exposure Information**

All staff are encouraged and expected to practice “Universal Precautions” (treating blood and other body fluids from everyone as potentially infectious.) Gloves are expected to be used by staff when coming in contact with bodily fluids (i.e., first aid, diapering, etc.) If glove supply needs replenishing talk to the Responsible Party or the Participant, it is their responsibility to make sure gloves are available.

- If a blood exposure should occur (exposure being a blood splash to eyes, nose, mouth, or non-intact skin):
- Wash the affected area immediately.
- First-Aid treatment if necessary.
- Report immediately to the Qualified Professional, with-in 24 hours.
- Follow-up may be necessary with a physician for proper assessment, treatment, and counseling.

If the status of the exposure is unknown, or if you are bitten and the bite breaks the skin, this should be treated as an exposure as well.

### **What Is Exposure?**

Blood contact with mucous membranes:

- Eyes
- Nose
- Mouth

Blood contact with broken skin or piercing mucous membranes or the skin barrier through such events as:

- Needle sticks
- Bites
- Cuts
- Abrasions

### **Wearing Gloves**

When do I wear gloves?

Universal Precautions will be observed by all staff in order to prevent contact with blood or other potentially infectious material.

**Staff is expected to:**



- A. Wear single use, disposable gloves.
- B. Wear gloves when:
  - 1. There is contact with blood, open wounds or sores.
  - 2. Administering first aid and when any form of body fluid might be involved.
  - 3. Applying and changing bandages.
  - 4. Handling items or surfaces with soiled blood.
  - 5. Diapering

**Cleaning of blood or body fluid spill:**

- 1. Wear gloves
- 2. Wipe up spills with paper towels.
- 3. Clean area with hot, soapy water.
- 4. Disinfect using bleach solution.
- 5. Air-dry area.

## Basic Principles of Body Mechanics

Anytime you are required to move something, whether a person or a box of work materials, you need to THINK AND PLAN. THINK about the size of the load. Do you need help? THINK about the position of your feet, legs and back and THINK about using the correct muscle groups. PLAN the lift or carry so you move the object or person no further than absolutely necessary. Rearrange the room or work area if need be. Whenever possible, use equipment (wheeled office chairs or carts) to transport items instead of carrying them. Store materials on knee-to-shoulder level shelves in order to reduce lifting from floor or overhead positions.

The following rules of body mechanics serve as a guide to moving people and objects safely and efficiently. Practicing these principles will greatly decrease the risk of injuries associated with lifting and carrying.

Familiarize yourself with the principles of good body mechanics. Practice your body position in front of a mirror. Get a 10-pound box and practice lifting it, using the principles of good body mechanics.

1. If the object is large or heavy, avoid moving it alone. Use assistive lifting devices for large clients, carts or dollies for work materials.
2. Stretch and warm up before lifting or physically assisting clients.
3. Do not move an object any further than is absolutely necessary. Arrange the surface to which the object is to be moved as close as possible to the surface from which it is transferred.
4. Keep your arms and the object as close to your body as possible throughout the move.
5. Maintain the three natural curves in your back.
6. Bend at the knees and hips rather than at the waist. Do not twist at the waist while you are lifting. Pivot or move your feet.
7. Keep your feet flat on the floor and spread them about the width of your shoulders. Place one foot back giving you a firmer base of support. Your back foot should be used as a pivot base when transferring an object and should be closest to the direction you want to move. Pivot on this foot when you are turning.
8. Use your whole body when pushing, pulling or lifting – not just your back and arms.
9. Lift slowly and smoothly.
10. Use transfer belts with the individual as advised for the individual.
11. Exercise and practice good posture to keep your back healthy and strong.

## Proper Lifting Techniques

One of the biggest possible reasons for back injuries is improper client lifting techniques. Those in caregiving professions should learn and practice the techniques for moving clients as this can be a large part of your job. Learning to perform proper lifting will reduce injuries and increase client safety. When performed correctly, even caregivers who are smaller than their client, can move patients without injury.

### **General Considerations Prior To Lifting:**

- Know the weight of your client.
- Know your own limitations and be realistic. If you cannot safely move the client on your own, get help. Or if the client has an assistive lifting device (sliding board, transfer belt, hoist lift, etc.), be sure to use it after being trained on how to use it properly.
- Have a plan of action. Whether you're working alone or with another caregiver, know how you plan on moving the client, what steps you'll be taking, and what you'll do if Plan A doesn't work.
- Communicate, both with the other caregiver and with the patient. When everyone is on the same page, injuries are minimized and all efforts are more efficient.

### **Proper Technique for General Movement:**

- Consider your alignment. By keeping your head and neck aligned with your spine you minimize the risk for sprains and strains.
- Bend and lift with the knees, not at the waist. Bending at the waist puts unnecessary stress on your lower spine.
- Avoid twisting your body, especially while bending, for the same reasons as above.
- Hold the client close to your body while lifting and transferring them. The closer you hold them the easier it is to maintain your natural center of gravity and remain steady on your feet. By extending your arms, you engage weaker muscles and increase the risk of slips, falls, and possibly dropping your client.
- Maintain a stance that is shoulder-width apart whenever possible, thus helping to maintain your balance and distribute your client's weight evenly.

### **Proper Technique for Moving A Client From A Bed To A Wheelchair:**

- Identify the client's strongest side and position the wheelchair on that side.
- Lock the wheelchair's wheels to secure its position.
- Raise the bed (if they have a bed that adjusts) until it's slightly higher than the wheelchair.
- Do NOT pull the client into a seated position. Instead, either use the bed's electric controls to raise the head of the bed or help them "log roll" (first onto their side facing the wheelchair and then pushing them up, first to their elbow, then their hand, until they are seated fully upright).



You may help them by supporting their back and helping them swing their legs over the side of the bed.

- Keeping your legs shoulder-width apart, your back straight, and your knees bent, lift the client until they are in the standing position, otherwise known as the sit to stand lift.
- Pivot the client until they have their back to the wheelchair. Do this slowly and with conscious, continued effort – you want to guide them not push or pull, as sudden movements can unsettle their balance – and yours.
- While maintaining your stance, keeping your back and neck aligned, and bending at the knees and not the waist, slowly lower the client into the wheelchair.
- This same technique can be used to help a client from a sitting to a standing position, simply eliminate the steps with the wheelchair. It can also be used to assist a client from a sitting to standing position from a normal chair or while using the bathroom.

With a little practice and the knowledge mentioned above, moving a client can be an easily accomplished, safe task.

<http://elearning.loyno.edu/rn-bsn/resource/proper-patient-lifting-techniques-for-nurses>

## Handwashing Guide

# Be A Germ-Buster

## WASH YOUR HANDS





## Transportation for Community Activities

### **Policy:**

It is Accra's policy to promote safe transportation for participants. It is the responsibility of the client or responsible party to ensure that the vehicle used to transport the client is maintained in good condition; that the employee ensures that the client is using a seatbelt; that the driver obeys all traffic and operation laws; and, that the employee is aware of safe transferring techniques is needed.

Accra will provide services that facilitate the optimum growth and development of each individual receiving service. Facilitation includes support for the client and encouragement for them to participate in activities in the community. It is understood that normal life activities take participants outside the home and can be included in the services provided by the employee. Accra is not responsible for providing transportation for persons receiving services. It is the responsibility of the client or responsible party to arrange for safe transportation to community events.

### **Procedure:**

Vehicle operation:

1. The client or responsible party is responsible for arranging for transportation.
2. If the employee is to provide the transportation, the responsible party must ensure that the employee's vehicle is maintained in good condition.
3. The client or responsible party will provide training to ensure safe transportation of the client including use of transfers if needed and providing assistance with use of seatbelts or child seats.
4. Employees must have their driver's licenses with them at all times.
5. When the vehicle is in motion, the driver and passengers must wear seatbelts.
6. Employees are not allowed to use a cell phone while driving. If it is necessary to make or answer a call, pull over to the side of the road, or another safe location, to place the call.
7. Employees must ensure that they have emergency information with them including the name and phone number of the responsible party to contact in case of emergency.
8. Costs related to the events in the community are to be covered by the client or responsible party for the client and the employee. Accra does not reimburse for expenses related to community activities or events.
9. Mileage reimbursement is not provided. The employee will be paid for the hours worked in the community.



## Safe Medication Assistance Policy

### Policy

It is the policy of Accra Care to provide safe medication assistance:

- When assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum;
- By staff who have successfully completed Basic medication assistance training before actually providing medication assistance. Accra Care 245D Staff are not trained and authorized to provide Medication Setup or Medication Administration.
- In a manner that enables a 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.

For the purposes of this policy, medication assistance includes:

1. Bringing the individual and opening container of previously set up medications.
2. Emptying previously set up container of medication into individual's hand.
3. Bringing individual liquids or food to accompany the medication.
4. Providing reminders, in person or remotely, to take regularly scheduled medications.
5. Providing as needed Medication (PRN), provided the medications are pre-dosed and set-up by the Responsible Party.  
\*\*\*\* Giving Pre-Dosed and labeled Medication through G-tubes, pens, or rectally is **NOT** allowed under Accra's Safe Medication Assistance Policy. \*\*\*\*

**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 to ensure that a person takes their medications and treatments as prescribed. Accra Care 245D Staff are not trained to provide Medication Administration.
- C. "Medication assistance" means to enable 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. Accra Care 245D Staff are not trained to provide Medication Setup.
- 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."

### Procedure

#### A. Medication assistance

When an Accra Care staff is responsible for medication assistance staff may:

1. Bringing the individual and opening container of previously set up medications.
2. Emptying previously set up container of medication into individual's hand.
3. Bringing individual liquids or food to accompany the medication.
4. Providing reminders, in person or remotely, to take regularly scheduled medications.
5. Providing as needed Medication (PRN), provided the medications are pre-dosed and set-up by the Responsible Party.  
\*\*\*\* Giving Pre-Dosed and labeled Medication through G-tubes, pens, or rectally is **NOT** allowed under Accra's Safe Medication Assistance Policy. \*\*\*\*

#### B. Reviewing and Reporting Medication and Treatment Issue

When an Accra Care Staff is responsible for medication assistance they must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the Coordinated Service and Support Plan or the Coordinated Service and Support Plan Addendum:

1. A person's refusal or failure to take or receive medication or treatment as prescribed.
2. Any concerns about a person's self-administration of medication or treatment.

#### C. Staff Training

1. Accra Care 245D staff are trained, as part of the 245D hiring process, and authorized to provide Medication Assistance.

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)



## Employment and Hiring Practices

To hire new employees, please contact Accra and request a 245D employee application packet.

Phone: **952-935-3515** or **866-935-3515** (toll free)

Email: [clientcare@accracare.org](mailto:clientcare@accracare.org)

### Child Labor Laws

Employees must be 16 years old or older. Employers must abide by the labor laws for employees who are 16 to 17 years old. The client or representative is to review the Child Labor Laws with each employee that is under 18 years of age. The client or representative is responsible for the ongoing monitoring of the Child Labor Laws as they pertain to the employee. Employees under the age of 18 cannot work overnight, pass or assist with medications, or drive participants.

*Please refer to the Child Labor Law poster included in this folder.*

### Employee Orientation and Training

Employees who provide personal supports, respite, homemaking, or night supervision services are required to complete specific training prior to having contact with the participant. After the employee has cleared the Background Study, Accra will send a packet of training materials to the employee. When Accra has received the documentation that the training has been completed, Accra will notify you that the employee may begin work. During the first day of work, you will need to provide orientation to the specific tasks and responsibilities that the employee will need to complete to meet the participant's needs. Please make sure to review the CSSP addendum and the IAPP with the employee. Additional training is available to you and your employees through the College of Direct Supports. An informational sheet is included in this booklet. Please contact HR if you have additional questions.

Employees are required to complete training annually. Accra will send out the training materials to your employees. Please ensure that they complete the training and return the information to Accra.

In addition, you will need to complete a performance review with your employees annually. This can be completed when the employees are completing the annual training.

### Change in Status

Please inform Accra of any change in status to the employee including name, address, phone, email, etc. The updated information can be submitted by mail, or fax it to 952-935-7112 or 844-935-7112 (Toll-Free) or email it to Human Resources: [employeeecare@accracare.org](mailto:employeeecare@accracare.org)

**Ending Employment/Termination of Employment:** Employees are not guaranteed ongoing employment. Accra may terminate employment at will and without notice; and employees may resign at



will and without notice; however, client care must be arranged in cases in which employees choose to resign mid-shift.

Consideration for re-employment with Accra shall be conditional on whether a two-week notice was given and leaving was in good standing. A final check will be sent within the payroll cycle, when all correct completed time sheets are received.

When an employee voluntarily resigns their position, we ask that the notice be put in writing using the *Resignation or Termination Form* included in this manual and sent to Human Resources or by emailing [employeecare@accracare.org](mailto:employeecare@accracare.org). If there are performance or attendance issues, the representative should discuss these issues with Accra's service coordinator or Human Resources Department prior to termination. In all cases, the Responsible Party and/or the employee should notify Human Resources when employment has ended, by completing the Resignation or Termination Form found in this manual along with the signed last timesheet.



## Employee Training Requirements

Purpose: The purpose of this information is to outline the expectations of the 245D staff with regards to qualifications, training, and education.

### Initial 245D Employee Training:

All potential 245D employees are required to complete, as part of the hiring process, the 245D Employee Orientation/Training Packet. This training packet is sent directly to the potential 245D employee, after they pass the required state background check. Employees will receive a \$100 training bonus, if they are still employed sixty days after their first 245D shift.

**245D Home Folder and Policies available from Responsible Party or on [www.accracare.org](http://www.accracare.org), under Employee Resources, located under the Employees Tab.**

Initial 245D Training Packet includes trainings on following topics.

### Reviewed with Responsible Party:

- Orientation to individual service recipient needs.
- Individual Abuse Prevention Plan (IAPP)
- Coordinated Service and Support Plan (CSSP) Addendum

### Competency Test completed with Accra 245D Policy Manual:

- Employee Responsibilities/Job Description
- Emergency Use of Manual Restraints Policy
- Maltreatment of Vulnerable Adults
- Maltreatment of Minors
- Incident Response and Reporting
- Basic First Aid and Responding to Emergencies
- Safe Medication Assistance
- Drug and Alcohol Policy
- Grievance Policy
- Service Recipient Rights
- Temporary Service Suspension Policy
- Service Termination Policy
- Data Privacy
- Universal Precautions and Sanitary Practices



- Fraud, Waste and Abuse Policy
- Person-Centered Planning and Service Delivery
- Cultural Competency

## Annual 245D Employee Training:

(Completed in spring of each year)

### Reviewed with Responsible Party:

- Individual Abuse Prevention Plan (IAPP)
- Coordinated Service and Support Plan (CSSP) Addendum
- Annual Performance Review
- Updated 245D Employee Responsibilities / Job Description (if updated)

### Written Test completed with Accra 245D Policy Manual:

- Employee Responsibilities/Job Description
- Emergency Use of Manual Restraints Policy
- Maltreatment of Vulnerable Adults
- Maltreatment of Minors
- Incident Response and Reporting
- Basic First Aid and Responding to Emergencies
- Safe Medication Assistance
- Drug and Alcohol Policy
- Grievance Policy
- Service Recipient Rights
- Temporary Service Suspension Policy
- Service Termination Policy
- Data Privacy
- Universal Precautions and Sanitary Practices
- Fraud, Waste and Abuse Policy
- Person-Centered Planning and Service Delivery
- Cultural Competency

## Available Ongoing Employee Training:

Additional training is available online through the College of Direct Supports, please contact Accra's Human Resources Department for information on how to access this training.



## College of Direct Support

The College of Direct Support is a collection of Web-based courses designed for direct support staff, people with disabilities, their families and others who support people with disabilities. The course work connects learners with a nationally recognized curriculum that empowers people to lead more independent and self-directed lives.

Using the College of Direct support:

- Gives 24/7 access to comprehensive self-paced training modules
- Gives access to the Learning Management System (LMS) to track and measure performance of learners
- Has the ability to customize training modules
- Helps providers meet some of the 245D training requirements
- Offers support from DHS staff and the University of Minnesota
- Prepares direct support professionals for National Alliance for Direct Support Professionals (NADSP) credentialing

Training is available for your employees through the College of Direct Support. Please contact Accra HR staff members for more information and to receive instructions about enrolling your employees.

## Child Labor Standards

# A guide to Minnesota's Child Labor Standards Act

### MINORS UNDER 16 MAY NOT WORK

#### FEDERAL LAW (employers with annual sales or revenue of \$500,000 or more)

- During the school year:
  - later than 7 p.m.;
  - more than three hours a day; or
  - more than 18 hours a week.

#### STATE LAW (all employers)

- During the school year:
  - later than 9 p.m.;
  - more than three hours a day; or
  - more than 18 hours a week or after 9 p.m., with the exception of a newspaper carrier
- For more than 40 hours a week or more than eight hours per 24-hour period, except in agricultural operations
- During school hours on school days without an employment certificate issued by the appropriate school officials

### 16- AND 17-YEAR-OLDS MAY NOT WORK

#### STATE LAW (all employers)

- Later than 11 p.m. on evenings before school days or before 5 a.m. on school days. With written permission from a parent or guardian, these hours may be expanded to 11:30 p.m. and 4:30 a.m.

**Note:** If employers are covered by state and federal requirements, both laws must be followed.

### PENALTIES FOR VIOLATION OF CHILD LABOR STANDARDS ACT

An employer that fails to comply with provisions of the Minnesota Child Labor Standards Act will be subject to penalties under Minnesota Statutes §181A.12. Penalties range in amount from \$250 to \$5,000 for each violation.

### MINIMUM AGE

A minor younger than 14 years of age may not be employed, except:

- as a newspaper carrier, if at least 11 years of age;
- in agriculture, if at least 12 years of age and with parent or guardian consent;
- as an actor or model; or
- as a youth athletic program referee, if at least 11 years of age and with parent or guardian consent.



### PROOF OF AGE

A minor's proof of age must be maintained as part of the payroll records. Acceptable proof is one of the following: a copy of a birth certificate; a copy of a driver's license or permit; an age certificate issued by the school; or an I-9.



### PROHIBITED OCCUPATIONS FOR MINORS

Minors cannot work in the following capacities:

- serving liquor;
- working with hazardous materials such as explosives;
- operating power-driven machinery, including motor vehicles; and
- on or about construction sites.

A detailed list of prohibited work for minors can be found in Minnesota Rules 5200.0910 and 5200.0920.



Labor Standards • 443 Lafayette Road N. • St. Paul, MN 55155  
 651-284-5075 • 800-342-5354 • 651-284-5099 (Spanish) • [www.dli.mn.gov](http://www.dli.mn.gov)

Notice: This flyer is a brief summary of Minnesota law. It is intended as a guide and is not to be considered a substitute for Minnesota Statutes regarding child labor laws.

Version 1218



## Accra and Related Companies

Accra, is one six nonprofits, each of which is governed by a Board of Directors, that together provide services and supports to individuals with disabilities and older adults in Minnesota. The six nonprofits and the services they provide are:

**Accra Care, Inc.** – provides PCA Choice and 245D Basic licensed services: Personal Support, Respite, Homemaker, Care Giver Living Expense, Night Supervision, and Companion Services for the disability waivers.

**Choices for Children, Inc.** – provides PCA Choice and basic Homemaker.

**Consumer Choice Services Inc. d/b/a Accra Consumer Choice** – provides Fiscal Support services for individuals on any of the waivers that use Consumer Directed Community Supports and for individuals on the Consumer Support Grant.

**Accra Home Health, Inc. and Accra Home Care, Inc.** – are Medicare certified, Comprehensive licensed home care agencies and provide Home Health Aide, Skilled Nursing, Customized Living, Homemaker, Occupational Therapy, and Physical Therapy.

**Service Management Group** – Provides management and professional services to the other Accra affiliated nonprofit organizations.

We work with clients on: Medical Assistance, waivers, health plans, Medicare, and private pay.

Employees are hired and paid by the company that the participant received services from.

If you have any questions about the different Accra companies or any of the services that we provide, please give us a call.





## Legislative Resources

Accra is involved in the legislative process on issues that are important to you, the people who receive services from Accra, as well as the direct support staff who work for you. Below is a list of resources on how you can get involved as well.

**Arc Minnesota:** <http://thearcofminnesota.org/> Click on Public Policy where you can find links to: who represents you, how to get information and action alerts, and how to share your story with legislators.

**Autism Society of Minnesota (AuSM):** <https://www.ausm.org/> Click on Services and find links to advocacy resources and legislation to support families and individuals living with autism.

**Minnesota Brain Injury Alliance:** <https://www.braininjurymn.org/> Click on Advocacy to find out how you can join their efforts to improve services for people living with brain injury and stroke.

**Minnesota Consortium for Citizen's with Disabilities (MN-CCD):** <https://www.mnccd.org/> Click on Policy to see their legislative agenda and how to get involved.

**Minnesota Governor's Council on Developmental Disabilities:** <http://mn.gov/mnddc/> Click on Partners in Policy Making for information on a free, statewide course on leadership and advocacy skills for people with disabilities and family members.

**Minnesota National Alliance on Mental Illness (NAMI):** <http://www.namihelps.org/> Click on Advocacy to find information on legislation related to mental health.

**District Finder:** For a direct link to find out who your legislators are:

<https://www.leg.state.mn.us/leg/districtfinder> Click on District Finder and type in your address, or call Accra and we will assist you.

**Secretary of State:** <http://www.sos.state.mn.us/> For caucus and voting information (how to register to vote, caucus locations and information on what a caucus is, the caucus and voting processes, who will be on the ballot, what level of government office they hold, etc.).

**Minnesota State Legislature:** <https://www.leg.state.mn.us/> Research and track bills, etc.

**MN Council on Disability (MCD):** <https://www.disability.state.mn.us/public-policy/> was created to advise the Governor, state agencies, State Legislature, and the public on disability issues. Their mission is to advocate for policies and programs in the public and private sectors that advance the rights of Minnesotans with disabilities.

In addition to resources for advocacy on legislative issues, each of these organizations provide many valuable resources for families and people with disabilities. Accra is also a resource, we have links to resources on our website: [www.accracare.org](http://www.accracare.org) or you can call our office and we will help you.



## Payroll and Timesheets

### Pay Periods

The work week is Sunday through Saturday. Accra provides a bi-weekly payroll. To request a copy of the payroll calendar, call 952-935-3515 or 866-935-3515 or download a copy of the calendar from [www.accracare.org](http://www.accracare.org).

### Direct Deposit

Accra paychecks are issued through ADP. Two options are available – direct deposit or Aline card. Employees may access their pay stub information on-line through ADP at [my.adp.com](http://my.adp.com). Contact the service coordinator or HR if a paper copy of the pay stub is required.

### Timesheets

All timesheets must be completed correctly, legibly and be signed by the client or representative and the employee at the time of services. Remember the following:

1. By signing the timesheet, the client or representative is confirming that the employee has actually worked the hours.
2. The timesheet cannot be signed before hours are worked.
3. An employee can only submit a timesheet that includes hours actually worked during the payroll period. Submission of a timesheet for hours not worked is fraud and evidence of fraud will be submitted to the Utilization and Surveillance Unit. The client or representative will be held accountable if they sign fraudulent timesheets.

### Time Sheet Submission

Being paid on time is important. We offer several options for employees to submit timesheets to the Payroll Department: Timesheets must be submitted after the last shift was worked for that pay period and by noon on Tuesday following the end of the pay period. (See Payroll calendar for specific dates.)

1. **Fax in timesheets** Our fax machines are on 24 hours a day and 7 days a week. Our fax number is 952-935-7112. **OR**
2. **Mail or Drop off timesheet OR**
3. **Email timesheet** [mytime@accracare.org](mailto:mytime@accracare.org) as a PDF Attachment. For instructions on how to submit timesheets from Apple or Android devices, visit our website [www.accracare.org](http://www.accracare.org) and click on the Resources Tab.

It is the employee's responsibility to submit their timesheet to Accra correctly and on time. Please see the Payroll calendar for dates when timesheets are due, note that some holidays will require a different day of the week for submitting timesheets.



Accra has an e-mail notification system, available at no charge, to verify timesheet(s) were received and the number of hours processed. To sign up simply call our payroll department at 952-935-3515, ext. 5500 or email them at [payroll@accracare.org](mailto:payroll@accracare.org) and provide them with the full name of the employee, the employee's ID number, and the email address.

Pay day is Monday (of the week following the timesheet due date). We cannot control the time that deposits are made by your bank. Call your bank for the time of deposit, as Accra does do not have that information.

### **Additional Timesheets**

When you run low on timesheets, the Responsible Party should contact Accra by phone or email for additional timesheets. Accra's policy is that we only send timecards to the Responsible Party as timecards are to stay in the participant's home.

**All payroll information is available online through ADP.** For employees to access their information you need to register by doing the following:

1. Open <https://my.adp.com> in Google Chrome, Microsoft Internet Explorer or Apple Safari
2. Click Register Now
3. Enter the Self-Service Registration Pass Code: [accracare-online](#)
4. Click Yes to set up an account with Accra Care
5. Enter the following information to validate your identity:
  - a) First name and last name as listed on your pay statement
  - b) Full SSN
6. Once you complete the registration process, record your User ID and password.

After you've created your ADP account, you can login to view your pay statements and W-2s. In addition, you can go to the Apple App Store or Google Play Store and download the mobile app to see your pay statements and W-2s on your phone/tablet via the mobile app, "ADP Mobile Solutions".

We recommend that all employees regularly go to <https://my.adp.com> to view their deductions. If there is something that appears to be an error, please contact the payroll department at 952-935-3515 or [payroll@accracare.org](mailto:payroll@accracare.org).



## Timesheet Instructions

1. Always use black or blue ink – no pencils, no white-out.
2. Enter the 'Pay Period End Date' using the format Mo/Day/Year (see payroll calendar for correct dates).
3. Each day in the pay period should be entered on the timesheet (Mo/Day/Year), and days not worked by the employee should be lined through.
4. Timesheets should be filled out at the end of each shift using these guidelines:
  - Time In including AM or PM/Time Out including AM or PM.
  - Total number of hours rounded to the nearest 15 minutes or quarter hour. (1 hour and 15 minutes= 1.25hrs, 30minutes is .5 hours, etc.).
  - For 245D time sheets, the total number of hours worked for each day should go in the correct "lane." Be sure to indicate correctly if you are working Personal Support, Respite, Homemaking or Night Supervision. The weekly total must also be under the correct service.
  - If you have a "split shift" in one day, you must indicate the separate times in and out for each separate shift worked that day. Draw a line through the time in and time out box to divide the box and document "split shifts." Then indicate the total number of hours for that day in the correct "lane."
  - If you are working two services in one day (e.g. Personal Support and Respite), you must document a "split shift."
  - If you are working Respite overnight, you need to "clock out" at 11:59pm on the first day and back "in" at 12:00am the next day.
5. The employee must sign in the lower left, date, and print their name on the lower middle and include their Employee ID Number.
6. The client or representative must sign and date in the lower right after the timecard has been completed by the employee. By signing the time sheet, the client or representative is verifying the hours worked. Do not sign prior to the employee completing their hours worked for the pay period.
7. Please do not make copies of time sheets. To request more time sheets, please call 952-935-3515 or email [clientcare@accracare.org](mailto:clientcare@accracare.org).



### Sample timesheet



Accra Care, Inc. a 245D Provider  
 1011 1st Street S #315, Hopkins MN 55343  
 Phone: 952-935-3515 Fax: 952-935-7112  
 Email: [mytime@accracare.org](mailto:mytime@accracare.org)

Complete only if consumer was hospitalized:					
Admit	Date	Time	Date	Time	
	5/18/2018	4pm	5/21/2018	10AM	
No hours can be claimed if consumer is in the hospital, nursing home, incarcerated or out of home placement					

Consumer: James Test      DOB: 1/1/1991      MHCP#: 1234567      Pay Period End Date: 5/26/2018  
 (Please Print)      012345

**WEEK ONE**

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Adult Companion Or Personal Support	Respite	** Homemaker	Night Supervision	
Sun	5/13/2018	3:30PM	5:45PM	2.25				
Mon	5/14/2018							
Tue	5/15/2018	4PM-11PM	11PM-11:59PM	7	1			
Wed	5/16/2018	12AM	8:30AM		8.5			
Thur	5/17/2018	2PM	4PM			2		
Fri	5/18/2018	Hospital						
Sat	5/19/2018	Hospital						
***Maximum Hours per week*** 40 hours for all consumers combined				Total	9.25	9.5	2	
				Adult Companion Or Personal Support	Respite	Homemaker	Night Supervision	

**WEEK TWO**

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	Adult Companion Or Personal Support	Respite	Homemaker	** Homemaker	Night Supervision
Sun	5/20/2018	Hospital						
Mon	5/21/2018	3PM	9PM	6				
Tue	5/22/2018	10AM	3:45PM	5.75				
Wed	5/23/2018	2PM	4PM				2	
Thur	5/24/2018	4PM-9:30PM	9:30PM-11:59PM	5.5	2.5			
Fri	5/25/2018	12AM-8AM	8AM-10AM	2	8			
Sat	5/26/2018							
***Maximum Hours per week*** 40 hours for all consumers combined				Total	19.25	10.5	2	
				Adult Companion Or Personal Support	Respite	Homemaker	Night Supervision	

\*Please make sure your hours are in the column that corresponds to the services you are providing to the consumer.

\*\*Basic Homemaker is not a 245D Service. For duties, see the CSSP Addendum.

\*\*By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide false information for Medical Assistance payment

<u>John Employee</u>	<u>5/26/2018</u>	<u>John Employee</u>	<u>100000</u>	<u>James Test</u>	<u>5/26/2018</u>
Employee Signature	Date	Employee Name (Printed)	EmpID (on Pay Stub)	Consumer or Responsible Party Signature	Date
Employee Phone #	<u>(218)555-1234</u>			Consumer or Responsible Party Phone #	<u>(320)555-1234</u>

\*\*\* Timesheets are due in the office by noon Tuesday following the end of the pay period.

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## Paid Time Off Policy

### Policy:

Effective July 1, 2018, Accra is offering Paid Time Off (PTO) to all employees working under the 245D license. All 245D licensed employees will earn one hour of PTO for every 30 hours of 245D services worked. Employees may begin taking PTO once they have it accrued.

Workers can carry over up to 80 hours of PTO from one State fiscal year to the next. The State's fiscal year is July 1 to June 30.

If a worker ends their employment with Accra, and has worked a minimum of 600 hours, they can request to be paid their accrued PTO. They can request accrued PTO up to a maximum of 80 hours by simply completing a PTO Request Form.

### Procedure:

You are responsible for determining if you have the hours available to take PTO by reviewing your online ADP Paystub.

You are required to get permission from the participant to use PTO. The participant is required to secure replacement care when a worker uses PTO.

You must complete the Accra PTO Request Form available on our website: [www.accracare.org](http://www.accracare.org). Click on "Employee Resources", under the Employees Tab, located along the top of the homepage. Have the form signed by the Responsible Party and turn it in with your timecard in the pay period when you are taking PTO.

### Frequently Asked Questions:

**Q.** Will PTO hours count towards overtime?

**A.** No, overtime is only calculated on actual hours worked.

**Q.** I am limited to 40 hours a week, if I take PTO do I have to reduce my hours that week?

**A.** No, PTO does not count towards the maximum of 40 hours in a work week.

**Q.** Can I use PTO hours when the participant is hospitalized?

**A.** Yes, if you have accrued PTO hours, and are not working due to the participant being hospitalized and cannot receive services, you can use PTO. You will need to fill out the PTO Request Form and check



the box that says, “the participant is hospitalized and I am requesting to use \_\_\_ hours of PTO.” Submit the PTO Request Form with your timecard for the pay period when the participant was hospitalized.

- Q.** If I provide services to more than one participant, who approves PTO requests?
- A.** You should obtain permission from each participant for whom you were scheduled to work during the period in which you want to take time off.
- Q.** Will hours used for PTO impact the number of hours the participant has available for services.
- A.** No, PTO hours are not taken from the participant’s total available hours.

**Procedure for Processing PTO Requests:**

The timesheet is processed by employee services like other timesheets, but in addition to proofing the timesheet for dates, times, and signatures, employee services verifies there is sufficient PTO accumulated to cover the requested hours.



## IRS Notice 2014-7

In January 2014, the IRS issued Notice 2014-7 stating that certain wages earned by employees providing services to individuals on a Medicaid Waiver can be excluded from federal income tax.

- This applies to employees living fulltime in the home with the Medicaid waiver person they provide services to.
- It may also apply to other Medicaid programs similar to waiver funded programs such as PCA Choice or Consumer Support Grant. However, the IRS makes the determination and not an agency, such as Accra.

For additional information visit the IRS website:

[http://www.irs.gov/irb/2014-4\\_IRB/ar06.html](http://www.irs.gov/irb/2014-4_IRB/ar06.html)

<http://www.irs.gov/Individuals/Certain-Medicaid-Waiver-Payments-May-Be-Excludable-From-Income>

### **Other 2014-7 Implications:**

- Claiming 2014-7 and reducing the Adjusted Gross Income (AGI) on tax form 1040 could have other implications if the employee receives benefits or insurance calculated on a person's AGI like TEFRA payments for MA or health insurance eligibility.
- 2014-7 does not apply to Paid Time Off wages.
- An employee may also file an amended tax return for previous tax years to benefit from 2014-7.
- MN Revenue applies 2014-7 to state income tax if an individual claims the exclusion.

### **Accra does not pursue this for employees and Accra staff are not tax professionals.**

- It is up to the employee/tax payer to verify their own tax exemptions.
- Employees should consult with their income tax preparer to determine whether, for example, the 2014-7 exclusion or the Earned Income Credit (EIC) is best for their situation.
- If an employee or tax preparer wants proof that the wages paid were waiver funded, Accra can provide this.





## Employee Responsibilities / Job Description

This Agreement is between Accra Care, Inc., herein after referred to as “Accra”, and \_\_\_\_\_, the “Employee”. I am completing this agreement as (check one)  Applicant, applying for employment  Current employee.

As an employee, I am responsible for providing assistance to the client in his/her home following a plan and working within the hours authorized. The Participant, and/or Responsible Party and/or Qualified Professional will train me in caring for the Participant. Accra is the Employer. The Responsible Party (RP) has the responsibility of daily supervision and scheduling. To be paid, I must be physically present and working with the Client or providing a service according to the plan.

Please INITIAL the boxes below to confirm your understanding of our policies and job requirements. I understand:

- 1. I will not be paid by Accra to work during the time when there are no hours remaining for the Participant, the Client is ineligible for service or has an unpaid spend-down that must be paid to Accra.
- 2. The Responsible Party has reviewed the following with me: Policy and Procedure Manual, Coordinated Service and Support Plan (CSSP) and/or Plan Addendum, Individual Abuse Prevention Plan (IAPP) and participant-specific information provided by the Responsible Party. Client specific information may include but is not limited to medications, safe lifting and transfers, seizure protocols, communication styles and any other area identified by the Responsible Party. The Responsible Party will provide employees with updates/changes that occur related to the Participant’s health or medication needs. I, the employee, agree to communicate any health or training concerns directly to the Responsible Party. The Policies and Procedures, CSSP or Plan Addendum, and IAPP should be available to the employee at all times. I understand that 16 years old is the minimum age required to work for Accra.
- 3. I agree to submit current copies of any degrees, licenses, or certifications that I hold.
- 4. I agree to complete orientation and annual training required by Accra and submit required documentation. Failure to complete or show competency could result in termination of my employment.
- 5. In the event of a medical emergency employees cannot transport a client to the hospital. CALL 911
- 6. I am employed to meet the health and safety needs of the Client and will report concerns to the Responsible Party and/or Accra. I will not engage in any verbal or physical misconduct. I will not be abusive or sexually harass the Client or anyone else.



- 7. I cannot violate the Vulnerable Adult Act or Maltreatment of Minors Act and will complete this training within 72 hours of providing direct contact services and annually thereafter. I will not engage in any unsafe practices. I am a mandated reporter of abuse and/or neglect. It must be reported to the Minnesota Adult Abuse Reporting Center and Accra or 911. Refer to the Vulnerable Adult and/or Maltreatment of Minors Policies.
- 8. To make certain the Client is properly cared for; I will call at least one hour in advance if I cannot arrive on time. I know my employment can be ended for not showing up, repeated tardiness or leaving my shift early. The employee has a legal responsibility to notify the Responsible Party if they are not returning to cover the next shift. The employee can be charged with abandoning the Participant.
- 9. I cannot be paid for time worked when the Client is out of the home, e.g., at school, receiving in-patient care, in a hospital, nursing home, jail or crisis respite care facility. If the Client is admitted to the hospital, I will notify Accra.
- 10. I cannot bring any outside work with me to the job, including personal projects, crafts, homework or video games.
- 11. I cannot bring my own children or anyone else to work. I cannot care for other individuals in the home that are not receiving services. Unless it is an emergency or work related; I cannot use my cell phone, text message, or access the internet for personal use.
- 12. I cannot possess, consume, or be under the influence of alcohol or illegal drugs, controlled substances or unauthorized drugs when reporting to work or while working. This includes unauthorized use of legal drugs or prescriptions. Smoking is not permitted while working with a participant.
- 13. Employees shall treat information about the Client as private. I cannot discuss Participants with anyone except Accra or Responsible Party. I will not take or display any photos or videos of the Client without written permission from the Client and/or Responsible Party.
- 14. Any communications or concerns directed to Accra's Administrative Office shall be done in a professional and respectful manner. Any form of verbal abuse will not be tolerated.
- 15. I will update Accra's Administrative Office, in writing, of any changes in my status which include: address, telephone numbers, name, dependents, changes in tax exemption, or changes to my employment status, and other pertinent or legally required information.
- 16. I am not guaranteed ongoing employment. Accra may terminate my employment at will and without notice; and I can quit at will and without notice; however, consideration for re-employment with Accra shall be conditional on me giving a two-week notice and leaving in good standing. A final check will be sent within the payroll cycle, or when all correct completed time sheets are received.



- 17. Under the Minnesota Personnel Record Statute, I will have access to my personnel file and am able to receive copies of documents contained in my file. The full policy is available from Accra’s Administrative Office.
- 18. It is my responsibility to notify the Responsible Party and the HR department at Accra’s Administrative Office of any work related injury within 24 hours of the injury.
- 19. With the exception of respite, prior approval is required from Accra before working overtime. Overtime is more than 40 hours in a work week.
- 20. EACH DAY, I, not the Responsible Party, will write on my time sheet the time I start and stop work including a.m. and p.m. Late, incomplete, unsigned or illegible time sheets will be returned for correction and will result in a delay in pay. I am required to write my employee number and phone number on my time sheets.
- 21. Time sheets must be faxed, emailed, mailed or dropped off by the deadline for each pay period; Refer to Payroll Calendar.
- 22. I cannot be asked or told to split pay with the Client or Responsible Party. This is FRAUD.
- 23. I understand fraud will not be tolerated. Refer to Fraud Policy.
- 24. I will abide by Accra’s Policies and Procedures, which the Responsible Party fully reviewed with me.
- 25. I understand Federal fraud checks are conducted upon employment and monthly thereafter.
- 26. I understand that Accra will conduct required criminal background checks. I further understand that if I fail to pass any required background check or study, Accra may terminate my employment in its sole discretion

**COMPLETE #27 ONLY IF YOU ARE A NEW EMPLOYEE OR ARE RE-APPLYING FOR EMPLOYMENT**

- 27. **I UNDERSTAND I AM NOT ABLE TO START WORKING UNTIL THE RESPONSIBLE PARTY HAS BEEN NOTIFIED BY ACCRA’S CLIENT SERVICES DEPARTMENT. If I submit a timesheet for hours worked before my authorized start date, I will NOT be paid for those hours.**

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in this agreement. No oral statements or representations can change any provisions of this agreement. This document supersedes all prior agreements, understandings and representations. If I violate any of the above policies or other Accra policies and procedures, my employment may be terminated.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt \_\_\_\_\_



12600 Whitewater Drive, Suite 100, Minnetonka, MN 55343, (P) 952-935-3515 (F) 952-935-7112,  
[www.accracare.org](http://www.accracare.org)

City/State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address (we will email you a copy of this form) \_\_\_\_\_

Accra By: \_\_\_\_\_ Date: \_\_\_\_\_



## Drug and Alcohol Policy

### Policy:

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

### Procedure:

- 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, 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, will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify Employee Services at Accra Care at 952-935-3515 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.

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



## Cultural Competency Policy

### Policy:

It is the policy of Accra to support a workplace that recognizes and respects the unique gifts that each individual brings to Accra. All Accra 245D employees are trained, and expected, to consider the individual's specific culture when providing, or planning to provide, 245D services.

**Definition:** For the purposes of this policy, the following terms have the meaning given in sections 245D.02 of the 245D Home and Community-based Service Standards.

“Cultural Competence” or “Culturally Competent” means the ability and the will to respond to the unique needs of a person that arise from the person's culture and the ability to use the person's culture as a resource or tool to assist with the intervention and help meet the person's needs.

### Procedure

- A. Recognizing the importance of a person's culture.  
Every person's cultural background influences his or her beliefs, attitudes and behaviors. As part of their work, 245D Support Staff, should consider the cultural values, norms and beliefs that shape the person's understanding of how their services should be provided.
- B. Cultural areas to consider while planning, or providing, 245D Services:
  - **Communication:** What is the proper form of address for the person? When is physical contact – such as a handshake – acceptable? Should eye contact be avoided? What do certain gestures mean and which ones are, potentially, unacceptable to the person?
  - **Diet:** What are the person's food customs? Are there any culturally prohibited foods?
  - **Family:** How and when should you communicate with family members? Is a family member the dominant personality? Is a family member providing care for the person? How does that affect the employee's role?
  - **Space:** What are the cultural and/or religious customs regarding personal space and contact? What are the person's preferences regarding communication distance?



- **Social Customs:** What dates are important to the person and their family? Why are these dates important? What is the importance and use of rituals? How could social customs influence the employee's ability to perform their cares?
- **Health Traditions:** How does the person define Health and Illness?

Developing understanding and behaviors, that enable cultural awareness, sensitivity and competence are important because caregiving means different things to different people. Knowledge of common practices, viewpoints, and customs provides a foundation for a strong caregiver/client relationship.

C. **Training:**

Per Minnesota Chapter 9544 (Positive Support Rule), training on Cultural Competency is included in all 245D employee's initial, and annual trainings.



## Employee Misconduct

Employees are expected to display professional, person-centered behavior at all times while working with participants. All employees are expected to comply with Accra policies and procedures. If an Employee violates any of Accra's policies, standards, and regulations, the Employee may be immediately discharged without notice. The following are some, but not all, of the offenses that may result in disciplinary action including immediate dismissal:

1. Mistreatment of the participant, violation of the Participants' Bill of Rights, the Vulnerable Adult Act, the Maltreatment of Minors Act, or engaging in other unsafe practices;
2. Falsifying or omitting information in completing the employment application;
3. Falsifying information on a timesheet;
4. Stealing or dishonesty;
5. Immoral conduct, any criminal activity, or carrying concealed weapons without a permit;
6. Failure to be on the job at the scheduled start time, or departing early without authorization by the Responsible Party;
7. Excessive absenteeism and/or tardiness;
8. Taking or displaying photographs or videos of the client without permission from the responsible party or discussing or disclosing private information about the client with anyone except the responsible party or Accra Administration. (HIPAA violation);
9. Engaging in unwelcome verbal or physical conduct; verbal, physical, or sexual abuse or harassment towards the participant, responsible party, Accra administrative staff, or any other person;
10. Failure to comply with required training;
11. Leaving the client unattended during the work shift.





## Sexual or Other Harassment Policy

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

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

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

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

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

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

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

### **What is Harassment?**

Harassment is offensive physical conduct, verbal comments, or written comments including online posts regarding or because of another person's protected category status if that conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment, unreasonably interferes



with an individual's work performance or opportunities, or otherwise affects the terms and conditions of employment.

### **Definition of Sexual Harassment**

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

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

### **Examples of Harassment**

Examples of harassment include, but are not limited to:

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

### **Reporting Procedure**

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

- Take immediate action rather than ignoring the problem and waiting for it to go away;
- Tell the offending person, if they feel comfortable doing so, that his or her actions or comments are unwelcome, that the behavior is offensive and it must stop immediately;



- Report the incident as soon as possible to a supervisor, Human Resources, or the Chief Administration Officer; and
- Remember that Accra will not tolerate any retaliation against you for reporting concerns about harassing behavior or conduct.

Employees who are *witness* to harassment or inappropriate behavior should:

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

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

- Stop the behavior immediately;
- Listen to the person complaining about the behavior; and
- Learn from the experience and do not repeat it.

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

All charges of harassment will be promptly investigated by Accra. All complaints will be handled as discreetly as possible, although Accra cannot guarantee absolute confidentiality. Strict confidentiality is not possible, since the alleged harasser is entitled to answer the charges, particularly if discipline or termination is a possible outcome. However, reasonable efforts will be made to respect the confidentiality of the individuals involved. Corrective action will be taken consistent with the results of Accra's investigation.

All employees are expected to cooperate with harassment investigations. An employee who refuses to participate in the investigation, provides untruthful statements to the investigator, or otherwise obstructs the investigation process is subject to discipline, up to and including termination of employment.

### **Retaliation**

Accra will not tolerate any retaliation against any employee who reports an incident of alleged harassment on inappropriate workplace behavior or provides information during an investigation, and will take measures to protect all such employees from retaliation. Engaging in retaliatory behavior is a



violation of this policy, and is grounds for corrective action, up to and including termination of employment.

**Liability for Harassment**

Any employee who is found to have violated this policy is subject to disciplinary action, up to and including termination of employment. Employees may also be subject to personal legal liability for violation of this policy.

**Employees wanting more information about our harassment policy or complaint process should contact a supervisor, Human Resources, or the Chief Administration Officer.**

**Code of Ethics**



## Code of Ethics

Accra's Code of Ethics is built on our mission, vision, values, and board approved strategic approach. The Code of Ethics is a demonstration of our commitment to high ethical standards and serves as a guide for our Board and staff in their conduct when acting on behalf of Accra. The Code of Ethics contains broad principles reflecting the types of behavior that Accra expects of the Board and staff in their actions towards participants, employees, donors, peers, the public, and Accra as an organization.

**Accra's mission is:** Providing individualized services and supports to people with disabilities and older adults living at home in their community.

**Accra's vision is:** All people lead a meaningful life regardless of ability or age.

### Responsibility to the people we serve

- Adhere to the highest standards of ethical behavior in all dealings with the people we support and the people in their circle.
- Comply with applicable federal, state, and local laws, regulations and fiduciary responsibilities in an effort to create transparency in all our operations.
- Respect the individuals Accra supports and not use our professional relationship to further our own interests or for personal gain.
- Assure an environment of inclusiveness and a commitment to diversity at Accra, by not discriminating against or refusing services to any person on the basis of race, gender, creed, religion, national origin, age, public assistance status, marital status, sexual orientation, veteran status, physical or mental disability, or any other category protected by law.

### Confidentiality (see Confidentiality Policy)

- Respect the privacy of information obtained in the course of professional service and not disclose information to anyone except as mandated by law; to prevent a clear and present danger to the person; or if there is a written current release of information and then only to those indicated on the release.
- Respect confidentiality and the privacy of the individuals by not sharing information with colleagues who do not work with the individual or who's work does not require the information.
- Upon termination of service with Accra, maintain the same level of honor regarding confidentiality as during my employment or Board service.



### **Responsibility to Accra**

- Use the resources of Accra only for the purpose they were intended and not for personal gain.
- Develop, administer, and advocate for policies and procedures that foster fair, consistent, and equitable treatment for all.
- Regardless of personal interests, support decisions made by Accra that are both ethical and legal.
- Treat people with dignity, respect, and compassion to foster a trusting work environment free of harassment, intimidation, and unlawful discrimination.
- Identify conflicts of interest, and when a conflict arises, disclose the conflict to relevant stakeholders, and will take all other relevant actions.

### **Business Practices/ Marketing**

- Engage in responsible stewardship and practice fair and reasonable business practices.
- Staff members and Board members will not accept high value gifts, money or gratuities from businesses that may be construed as influencing business decisions.

### **Human Resources**

- Promote an atmosphere of on-going and continuous learning in order to remain current and to provide high quality services to persons served.

Ensure that all staff members have access to a safe, drug-free work environment



## Resignation or Termination Form

In case of resignation or termination of an employee this form must be completed and returned to the Accra Office. The Responsible Party or Employee may complete this form. The completed form will serve as a letter of resignation or termination. Please provide as much detail as possible.

Participant's Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Last day and shift employee worked: \_\_\_\_\_

**Please indicate how the employment ended by checking one of the following four boxes:**

- Employee quit with notice: length of notice \_\_\_\_\_
- Did the employee work during the time of notice given:  Yes  No
- Employee quit without notice
- Responsible Party ended the employment: **Please Explain Below**

**Please indicate the reason the employment ended by checking one of the following boxes:**

- |                                                                                 |                                                                                     |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Misrepresenting experience and/or qualifications       | <input type="checkbox"/> Violating agency policies: <b>Please explain:</b><br>_____ |
| <input type="checkbox"/> Employee dissatisfied with job                         | <input type="checkbox"/> Employee attending school/college                          |
| <input type="checkbox"/> Employee accepted other job                            | <input type="checkbox"/> Military Service                                           |
| <input type="checkbox"/> Violating workplace safety rules                       | <input type="checkbox"/> Failed to return from personal/medical leave               |
| <input type="checkbox"/> Tardiness/ High Absenteeism                            | <input type="checkbox"/> Resignation- moved out of area                             |
| <input type="checkbox"/> Conviction of a crime:                                 | <input type="checkbox"/> Resignation- no reason given                               |
| <input type="checkbox"/> Poor work performance: <b>Please Explain:</b><br>_____ | <input type="checkbox"/> There were no hours available                              |

Was there a specific situation which caused the resignation/termination? If so please explain: \_\_\_\_\_

If employment was terminated, was the employee given a verbal or written warning? If so, please explain how and when: \_\_\_\_\_

**If you have any further documentation, including conversations or any other relevant information, please submit on a separate page.**

\_\_\_\_\_  
Signature of Responsible Party or Employee

\_\_\_\_\_  
Date

Please return this form to Accra via email at [employeecare@accracare.org](mailto:employeecare@accracare.org) or via fax at 952-935-7112



## Ombudsman Brochure

### Information about the Office of Ombudsman for Mental Health and Developmental Disabilities

In 1987, the Legislature created the Office of Ombudsman for Mental Health and Developmental Disabilities, an independent state agency, to:

*"...promote the highest attainable standards of treatment, competence, efficiency, and justice... for persons receiving services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance..."*

### Death and Serious Injury Reporting

An agency, facility, or program is required to report to the Ombudsman Office the death or serious injury of a client within 24 hours of the incident.

Call: (651) 757-1800 or (800) 657-3506

Fax: (651) 797-1950

### Equal Opportunity Statement

The Ombudsman Office does not discriminate on the basis of age, sex, race, color, creed, religion, national origin, marital status or status with regard to public assistance, sexual orientation, membership in a local human rights commission or disability in employment or the provision of services.

This material can be given to you in different forms, like large print, Braille or on a tape, if you call 1-651-757-1800 and ask.

Regional Ombudsman staff provide assistance to clients living in the community as well as at the Regional Treatment Centers.

<b>Anoka:</b>	651-431-5201
Fax:	651-797-1964
<b>Brainerd:</b>	218-828-2366
Fax:	651-797-1965
<b>Duluth:</b>	218-279-2526
Toll Free:	877-766-5481
Fax:	651-797-1966
<b>East Metro:</b>	651-757-1810
Fax:	651-797-1953
<b>Fergus Falls:</b>	218-736-1895
Fax:	651-797-1955
<b>St. Peter:</b>	507-985-2052
Toll Free:	888-845-6116
Fax:	651-797-1959
<b>SW Metro &amp; East MN:</b>	651-757-1812
Fax:	651-797-1957
<b>West Central MN:</b>	320-231-5962
Fax:	651-797-1963
<b>West Metro:</b>	651-757-1811
Fax:	651-797-1951

### Office of Ombudsman for Mental Health and Developmental Disabilities

121 7th Place East  
 Metro Square Building, Suite 420  
 Saint Paul, Minnesota 55101-2117  
**Voice:** (651) 757-1800  
**Toll Free:** 1-800-657-3506  
**Fax:** (651) 797-1950  
**E-mail:** ombudsman.mhdd@state.mn.us  
**Website:** <http://mn.gov/omhdd>



STATE OF  
MINNESOTA

OFFICE OF  
OMBUDSMAN  
FOR MENTAL HEALTH  
AND  
DEVELOPMENTAL  
DISABILITIES

ASSISTING PERSONS  
RECEIVING SERVICES FOR:

MENTAL  
ILLNESS  
DEVELOPMENTAL  
DISABILITIES  
CHEMICAL  
DEPENDENCY  
EMOTIONAL  
DISTURBANCE

REVISED 8/2013





## Definitions

**Ombudsman** is an official who is designated to assist you to overcome the delay, injustice, or impersonal delivery of services.

**Client** is any person served by an agency, facility, or program, who is receiving services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance.

**Agency** means (1) the divisions, officials, or employees of the Department of Human Services, Department of Health, Department of Education, local school districts, or (2) county social services agencies "that are engaged in monitoring, providing, or regulating services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance."

**Facility or program** means a residential or non-residential program or an acute care inpatient facility that provides services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance. The latter includes psychiatric units in private hospitals.

## Why call an Ombudsman?

You may choose to call with:

- a concern or complaint about services.
- a question about rights.
- a grievance.
- access to appropriate services.
- an idea for making services better.
- a general question or need for information concerning services for persons with mental disabilities.

## How We Decide Who We Can Assist

Concerns or complaints can come from any source, and should involve the actions or inactions of an agency, facility, or program. Issues can be client-specific or a system-wide concern.

Priority is given to:

- Matters affecting the health, safety, or welfare of clients.
- Situations of abuse or neglect.
- A disregard of client rights.
- The deaths and serious injuries of clients.
- The quality of services provided.
- Policies and practices that diminish client dignity or independence.
- Laws or rules, their interpretation and their effect on services to clients.

## Actions We May Take

The Office tries to resolve concerns or complaints in a way that improves the quality of care clients receive.

Possible actions by the Office include:

- Mediate or advocate on behalf of a client.
- Consult with providers about policies, practices, and procedures.
- Gather and analyze information.
- Conduct reviews and/or investigations.
- Review Deaths and Serious Injuries.
- Examine records.
- Make site visits.
- Make recommendations, issue reports, and monitor results.

## Things to Try Before Calling an Ombudsman

A difference of opinion or misunderstanding is often resolved by simply taking the time to talk and listen. Here are some basic steps in trying to resolve the issue yourself.

- **Be Prepared** - have relevant information available before you call the agency or program. A short telephone call may save hours of time and headaches.
- **Be Pleasant** - treat others as you would like to be treated. Getting angry or rude will not resolve the problem and may confuse the real issues.
- **Keep Records** - take notes, ask for names and titles of those you speak to and keep all correspondence.
- **Ask Questions** - ask why the agency or program did what they did. Ask for the relevant rules, policies, or laws.
- **Read Everything Sent To You** - Many agency decisions may be appealed but there are deadlines and procedures to follow.

If you have followed these suggestions and are unable to resolve your problem, please give us a call. We may be able to assist you.

**When you make a complaint in good faith, Minnesota State Law protects you from retaliation.**