

**LIVE WELL MN LLC, DBA (DOING BUSINESS AS)**

**LIVE WELL MN HOME HEALTHCARE**

**PROGRAM POLICIES & PROCEDURES**

**Client and Employee Handbook**

Welcome to a LIVE WELL MN LLC, we pride ourselves for providing personalized, reliable, and compassionate health and human services. We thank you for choosing and trusting us!

To better understand our programs, policies, and procedures, please review and acknowledge our customized client and employee handbook which highlights key items that will be important to you and to us as we start this process.

If you have any questions, please contact our program coordinator/manager Mr. Isaak at 6128004088 or 6124605094. Below is our contact information if you have any questions or would like to communicate with us in any other format/way.

**CONTACT US**

**Direct:** 612-800-4088

**Office:** 612-460-5094

**Fax:** 855-952-1989

[www.livewellmn.org](http://www.livewellmn.org)

[info@livewellmn.org](mailto:info@livewellmn.org)

[livewellminnesota@gmail.com](mailto:livewellminnesota@gmail.com)

**MAIN OFFICE**

**7108 Chicago Ave #2**

**Minneapolis, MN 55423**

**LIVE WELL MN L.L.C.  
Admission Criteria Policy**

**I. Policy**

It is the policy of this DHS licensed provider (LIVE WELL MN LLC) to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section 245D.04 and this licensed program's knowledge, skill, and ability to meet the service and support needs of persons served by this program.

**II. Procedures**

**A. Pre-admission**

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

1. Identifies the criteria to be applied in determining whether the program can develop services to meet the needs specified in the person's coordinated service and support plan.

**B. Service initiation**

**1. Service recipient rights**

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

**2. Availability of program policies and procedures**

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

**IF YOUR PROGRAM ONLY PROVIDES BASIC SERVICES AND SUPPORTS, YOU MUST LIST AND PROVIDE THESE POLICIES:**

- Grievance policy and procedure.
- Service suspension policy and procedure.
- Service termination policy and procedure.
- Emergency use of manual restraints policy and procedure.

**FOR ALL OTHER SERVICES THESE POLICIES MUST ALSO BE LISTED AND PROVIDED**

- Data privacy.

**3. Handling property and funds**

The program will obtain written authorization from the person or the person's legal representative and the case manager whenever the program will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, the program will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. The program will document the preference. The program will document changes to these preferences when they are requested.

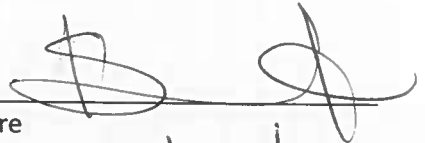
**C. Refusal to admit a person**

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

Policy reviewed and authorized by:

Isaac Booble, owner/manager

Print name & title



Signature

Date of last policy review: 10/30/22

Date of last policy revision: 10/30/22

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

**LIVE WELL MN L.L.C.  
Data Privacy Policy**

**I. Policy**

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

**II. Procedures**

**A. Private Data**

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

**B. Providing Notice**

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

**C. Obtaining Informed Consent or Authorization for Release of Information**

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
  - a. why the data is being collected;
  - b. how the agency intends to use the information;
  - c. whether the individual may refuse or is legally required to furnish the information;

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- d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
  - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):
- a. be written in plain language;
  - b. be dated;
  - c. designate the particular agencies or person(s) who will get the information;
  - d. specify the information which will be released;
  - e. indicate the specific agencies or person who will release the information;
  - f. specify the purposes for which the information will be used immediately and in the future;
  - g. contain a reasonable expiration date of no more than one year; and
  - h. specify the consequences for the person by signing the consent form, including:  
"Consequences: I know that state and federal privacy laws protect my records. I know:
    - Why I am being asked to release this information.
    - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
    - If I do not consent, the information will not be released unless the law otherwise allows it.
    - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
    - The person(s) or agency(ies) who get my information may be able to pass it on to others.
    - If my information is passed on to others by this program, it may no longer be protected by this authorization.
    - This consent will end one year from the date I sign it, unless the law allows for a longer period."
  - i. Maintain all informed consent documents in the consumer's individual record.
- D. Staff Access to Private Data
1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
  2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
  3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
  4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.
- E. Individual access to private data.
- Individuals or their legal representatives have a right to access and review the individual record.

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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 licensur have access to the records of person's served by the program under section 245D.095, subd. 4.

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

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

Policy reviewed and authorized by:

Isaak Rooble, owner/oc, Dem      [Signature]  
Print name & title      Signature

Date of last policy review: 10/30/22      Date of last policy revision: 10/30/22

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

**LIVE WELL MN L.L.C.  
Drug and Alcohol Prohibition Policy**

**I. Policy**

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

**II. Procedures**

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

Policy reviewed and authorized by:

Isaak Rooble, Dpsm/owner

Print name & title

Signature 

Date of last policy review: 10/30/22

Date of last policy revision: 10/30/22

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

**LIVE WELL MN L.L.C.**

**Emergency Use of Manual Restraint (EUMR) Not Allowed Policy**

**I. Policy**

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

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

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

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

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

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

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



### III. Permitted actions and procedures

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

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

Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

### IV. Prohibited Procedures

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

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

### V. Manual Restraints Not Allowed in Emergencies

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

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

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

## VI. Reporting Emergency Use of Manual Restraint

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

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

**ISAAK O. ROOBLE, OWNER.** [Typically this is done by staff responsible for program coordination, evaluation and oversight.]

MN Department of Human Services Office of Inspector General Licensing Division POLICY

Policy reviewed and authorized by:

Isack Raabe, DCPM, manager

Print name & title

Signature

Date of last policy review: 10/30/22

Date of last policy revision: 10/30/22

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061, MR part 9544.0110

## LIVE WELL MN L.L.C. Grievance Policy

### I. Policy

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

### II. Procedures

#### A. Service Initiation

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

#### B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
  - a. should talk to a staff person that they feel comfortable with about their complaint or problem;
  - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
  - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
  - That person is: **ISAAC O. ROOBLE, OWNER.**
  - They may be reached at: **7108 CHICAGO AVENUE, MINNEAPOLIS MN 55423;**  
**PH: 952-303-5273**

#### C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
  - a. the name, address, and telephone number of outside agencies to assist the person; and
  - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
  - a. related policy and procedures were followed;
  - b. related policy and procedures were adequate;

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- c. there is a need for additional staff training;
  - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
  - e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
- a. identifies the nature of the complaint and the date it was received;
  - b. includes the results of the complaint review; and
  - c. identifies the complaint resolution, including any corrective action.
- D. The complaint summary and resolution notice must be maintained in the person's record.

Policy reviewed and authorized by:

Isaac Rooble, owner/dc/dm

Print name & title

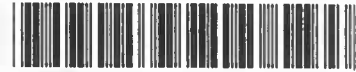


Signature

Date of last policy review: 10/30/22

Date of last policy revision: 10/30/22

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



# Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services, except family child care. The form for family child care providers can be found in eDocs #7634C.

## What to report

- Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03, and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

## Who must report

- If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

## Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division’s Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at **HENNEPIN COUNTY FAMILY SERVICES 612-348-3552** or local law enforcement at **RICHFIELD POLICE DEPT. 612-861-9800**.

## When to report

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

## Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

## Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a

and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

## **Retaliation prohibited**

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
  - an employee for making a report in good faith; or
  - a child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties

## Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

## Provide policy to parents

For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

*The following sections only apply to license holders that serve children. This does not include family child foster care per Minnesota Statutes 245A.66, subd. 1.*

## Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
  - related policies and procedures were followed;
  - the policies and procedures were adequate;
  - there is a need for additional staff training;
  - the reported event is similar to past events with the children or the services involved; and
  - there is a need for corrective action by the license holder to protect the health and safety of children in care.

## Primary and secondary person or position to ensure reviews completed

The internal review will be completed by **ISAAK O. ROOBLE, OWNER**. If this individual is involved in the alleged or suspected maltreatment, **NOOR AMIN HAJI-MUNYE** will be responsible for completing the internal review.

## Documentation of internal review

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

## Corrective action plan

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



## Definitions

Found in Minnesota Statutes, section 260E.03

### **Egregious harm** (Minnesota Statutes, section 260E.03, subd. 5)

"Egregious harm" means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction.

Minnesota Statutes, section 260C.007, Subd. 14:

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
2. the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
3. conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
4. conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
5. conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
6. conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345.

### **Maltreatment** (Minnesota Statutes, section 260E.03, subd. 12)

"Maltreatment" means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

### **Mental injury** (Minnesota Statutes, section 260E.03, subd. 13)

"Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

## **Neglect** (Minnesota Statutes, section 260E.03, subd. 15)

- A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
1. failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
  2. failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
  3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
  4. failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
  5. prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
  6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
  7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
  8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.
- B. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.
- C. This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

## **Physical abuse** (Minnesota Statutes, section 260E.03, subd. 18)

- A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.
- B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.
- C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
1. throwing, kicking, burning, biting, or cutting a child;
  2. striking a child with a closed fist;
  3. shaking a child under age three;
  4. striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
  5. unreasonable interference with a child's breathing;
  6. threatening a child with a weapon, as defined in section 609.02, subdivision 6;

7. striking a child under age one on the face or head;
8. striking a child who is at least age one but under age four on the face or head, which results in an injury;
9. purposely giving a child:
  - i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
  - ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
10. unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
11. in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58.

## **Sexual abuse** (Minnesota Statutes, section 260E.03, subd. 20)

"Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

## **Substantial child endangerment** (Minnesota Statutes, section 260E.03, subd. 22)

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

1. egregious harm under subdivision 5;
2. abandonment under section 260C.301, subdivision 2;
3. neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
5. manslaughter in the first or second degree under section 609.20 or 609.205;
6. assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
7. solicitation, inducement, and promotion of prostitution under section 609.322;
8. criminal sexual conduct under sections 609.342 to 609.3451;
9. solicitation of children to engage in sexual conduct under section 609.352;
10. malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
11. use of a minor in sexual performance under section 617.246; or
12. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

## **Threatened injury** (Minnesota Statutes, section 260E.03, subd. 23)

- A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
- B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
  - 1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
  - 2. been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
  - 3. committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
  - 4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.
- C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services.

## LIVE WELL MN L.L.C.

### Service Termination Policy

#### I. Policy

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

#### II. Procedures

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

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

2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.
- C. The notice of service termination must meet the following requirements:
1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
  2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an

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ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.

3. The written notice of a proposed service termination must include all of the following elements:
    - a. The reason for the action;
    - b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when the program ceasing operation;
    - c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
    - d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
  4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
    - a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
    - b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
  5. This notice may be given in conjunction with a notice of temporary service suspension.
- D. During the service termination notice period, the program must:
1. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
  2. Provide information requested by the person or case manager; and
  3. Maintain information about the service termination, including the written notice of intended service termination, in the person's record.

Policy reviewed and authorized by:

Isaac Rooble, owner/oc, dm [Signature]  
Print Name & Title Signature

Date of last policy review: 10/30/22 Date of last policy revision: 10/30/22

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

LIVE WELL MN L.L.C.

Universal Precautions and Sanitary Practices Policy

I. Policy

It is the policy of this DHS licensed provider (program) to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. Procedures

A. Universal precautions, sanitary practices, and prevention

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

1. Use of proper hand washing procedure
2. Use of gloves in contact with infectious materials.
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 (Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health)(<http://www.health.state.mn.us>)

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to **ISAAK O. ROOBLE, OWNER.**
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Policy reviewed and authorized by:

Isaak Rooble, Dclom/manager

Print name & title

Signature

Date of last policy review: 10/30/22

Date of last policy revision: 10/30/22

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

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

**LIVE WELL MN L.L.C.**  
**Emergency Response, Reporting & Review Policy**

**I. Policy**

It is the policy of this DHS licensed provider (program) to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

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

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

**II. Response Procedures**

**A. Safety procedures**

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

*Insert a description of the actions staff will take in the event of an actual fire. Staff actions may include:*

**Community Residential Settings and Day Services Facilities must ensure the following is included:**

- *how to report a fire or other emergency;*
- *procedures to notify, relocate, and evacuate occupants, including use of adaptive procedures or equipment to assist with the safe evacuation of persons with physical or sensory disabilities; and*
- *instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems*

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

**When evacuating outside, the designated meeting place is [insert the name of the designated meeting place].**

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

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

Provide emergency first aid as required until emergency personnel arrive.

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



***Insert a description of the actions staff will take in the event of severe weather. Staff actions may include:***

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

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

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

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

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

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

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

***Insert a description of the actions staff will take in the event of a power failure. Staff actions may include:***

Report power failures to [insert name of power company] at [insert telephone number of power company].

Use emergency supplies (flashlights, battery-operated radio) which are located [insert location].

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

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

4. **Emergency shelter.** Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter>. Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.

***Insert a description of when and how staff will assist people to move to an emergency shelter. Staff actions may include:***

Follow directions of local emergency personnel to locate the closest emergency shelter.

If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.

At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.

Remain calm and keep everyone informed of why events are occurring.

Use of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

- 5. Emergency evacuation.** Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

***Insert a description of when and how staff will assist people during an emergency evacuation. Staff actions may include:***

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

Inform people why they are leaving the program and what is being done to keep them safe.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

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

***Insert a description of when and how staff will assist people during an emergency evacuation. Staff actions may include:***

Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, remove from the program medication and medical supplies, medical and programs books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.

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

III. Reporting Procedures

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

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

IV. Review Procedures

This program will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by [insert a staff name or position title]. Isaac Rooble, owner, Dulom
2. The review will be completed within 5 [insert the number of days] days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

V. Record Keeping Procedures

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained [ \_\_\_\_\_ ] insert location where reports will be maintained].

Policy reviewed and authorized by:

Isaac Rooble, owner, Dulom \_\_\_\_\_  
Print name & title Signature

Date of last policy review: 10/30/22 Date of last policy revision: 10/30/22

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

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

**LIVE WELL MN L.L.C.**  
**HEALTH SERVICE COORDINATION AND CARE POLICY**

**I. POLICY**

It is the policy of of this DHS licensed provider (program) to meet the health service needs of each person being served as defined and assigned in each person's coordinated service and support plan (CSSP) or CSSP addendum.

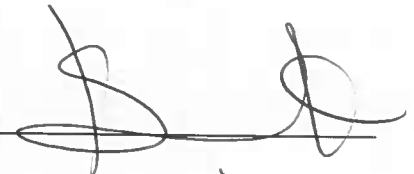
**II. PROCEDURES**

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

Policy reviewed and authorized by:

Isak Raabe, owner, DC/DM  
Print name & title

Signature



Date of last policy review: 10/30/22

Date of last policy revision: 10/30/22

**LIVE WELL MN L.L.C.**

**Incident Response, Reporting and Review Policy**

Program Name: LIVE WELL MN LLC

**I. Policy**

It is the policy of this DHS licensed provider (program) to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

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

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

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

## II. Response Procedures

- A. Serious injury
  - 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
  - 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
  - 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
  - 1. If staff are 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.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
  - 1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
  - 2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
  - 3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.
- D. Mental health crisis

When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at the county of service such as Hennepin, Dakota, Rice and/or Ramsey.

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### E. Requiring 911, law enforcement, or fire department

1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call 911
3. For non-emergency incidents requiring the fire department, staff will call 911
4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

### F. Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify Isaak Rooble, DC and DCM/Owner who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

### G. Conduct of the person

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

1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

### H. Sexual activity involving force or coercion

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

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

## MN Department of Human Services Office of Inspector General Licensing Division 245D HCBS POLICY

4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

### III. Reporting Procedures

A. Completing a report

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

B. Reporting incidents to team members

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

C. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division [if the program is an ICF/DD the report must be made to



## MN Department of Human Services Office of Inspector General Licensing Division 245D HCBS POLICY

Department of Health, Office of Health Facility Complaints instead of DHS Licensing] and the Office of Ombudsman for Mental Health and Developmental Disabilities.

2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
  3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- D. Additional reporting requirements for maltreatment
1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
  2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- E. Additional reporting requirements for emergency use of manual restraint (EUMR)  
Follow the EUMR Policy.

### IV. Reviewing Procedures

- A. Conducting a review of incidents and emergencies  
This program will complete a review of all incidents.
1. The review will be completed by Isaak Rooble, DC/DCM
  2. The review will be completed within 5 business days of the incident.
  3. The review will ensure that the written report provides a written summary of the incident.
  4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
  5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.
- B. Conducting an internal review of deaths and serious injuries  
This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
1. The review will be completed by Isaak Rooble, DC/DCM
  2. The review will be completed within 5 business days of the death or serious injury.
  3. The internal review must include an evaluation of whether:
    - a. related policies and procedures were followed;
    - b. the policies and procedures were adequate;
    - c. there is need for additional staff training;
    - d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
    - e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
  5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
  6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.
- C. Conducting an internal review of maltreatment  
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

MN Department of Human Services Office of Inspector General Licensing Division 245D HCBS POLICY

- D. Conducting a review of emergency use of manual restraints  
Follow the EUMR Policy.

V. Record Keeping Procedures

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

Policy reviewed and authorized by:

Isaac Roalde, Owner/Director, [Signature]

Print name & title

Signature

Date of last policy review: 10/30/22 Date of last policy revision: 10/30/22

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

**LIVE WELL MN L.L.C.  
Safe Transportation Policy**

**I. Policy**

It is the policy of this DHS licensed provider (program) to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

**II. Procedures**

**A. This program will ensure the following regarding safe transportation:**

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

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

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

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

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

**E. Staff will be responsible for the supervision and safety of persons while being transported.**

1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.

- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
  - 1. Name and phone number of person(s) to call in case of emergency.
  - 2. First aid kit and first aid handbook.
  - 3. Proof of insurance card and vehicle registration.
  
- G. In the event of a severe weather emergency, staff will take the following actions:
  - 1. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
  - 2. Follow directions for the need to change plans and activities, or seek emergency shelter.
  - 3. Inform passengers why plans and activities have changed. Assist passengers remain calm.
  
- H. All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts, and obeying traffic signs while operating program vehicle.
  
- I. All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices will operating the program vehicle.

Policy reviewed and authorized by:

Isaac Baabde, Owner/Operator, K φ  
Print name & title Signature

Date of last policy review: 10/30/22 Date of last policy revision: 10/30/22

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

## **FRAUD AND ABUSE POLICY**

### **POLICY**

Agency is committed to providing care and service in compliance with all applicable rules and regulations. The agency will comply with the requirements and obligations related to Fraud and Abuse under state and federal laws. As part of the commitment, Agency has established and will maintain a Corporate Compliance Program that includes a Fraud and Abuse program.

Employees and contractors are expected to immediately report any potential false, inaccurate or questionable claims to their supervisors, the Fraud and Abuse Coordinator or the Compliance Officer according to this policy.

Agency is prohibited by law from retaliating in any way against any employee or contractor who reports a perceived problem, concern or fraud and abuse issue in good faith.

Examples of potential false claims **may** include the following; when they are done intentionally and knowingly:

1. Claiming reimbursement for services that have not been rendered
2. Characterizing the service differently than the service actually provided
3. Billing for services that are not medically necessary
4. Failing to provide medically necessary services/items
5. Forging or altering prescriptions and improperly obtaining prescriptions for controlled substances

### **PURPOSE**

- To provide guidance regarding the agency's responsibilities under the DRA, the State False Claims acts, and any contracts with payers
- To inform employees about the protections under the laws and contracts, and the roles of these laws to prevent and detect fraud, waste, and abuse in Federal and State Programs.

### **PROCEDURE**

Agency shall develop a comprehensive internal Fraud and Abuse Program, as part of its Compliance Program to prevent and detect program violations.

Employees and contractors must immediately report any false, inaccurate or questionable claims or actions as well as questions, concerns or potential Fraud or Abuse to:

- Immediate supervisor
- Agency Fraud and Abuse Coordinator and/or Agency Compliance Officer

All activity reported related to this policy will be investigated in accordance with the agency fraud and abuse program

## LIVE WELL MN LLC, dba, Live Well MN Home Healthcare

Agency will not discriminate or retaliate against any employee or contractor for reporting a potential fraudulent activity or for cooperating in any government or law enforcement authority's investigation or prosecution

If it is determined that the Agency submitted claims in error, Agency will make every effort to recover improper payments or funds misspent due to fraudulent or abusive actions by the agency or its contractors.

### RESPONSIBILITY AND ACCOUNTABILITY

**Employees and Contractors:** All agency employees and contractors are responsible for reporting any potential false, inaccurate or questionable claims or actions as well as questions, concerns of potential fraud or abuse

**Internal Fraud and Abuse team:** Group of individuals representing billing, clinical, quality improvement, medical records is responsible for ensuring that all reported suspected Fraud or Abuse are fully investigated and if appropriate, are reported to proper authorities

**Compliance Officer:** The Compliance Officer has oversight for the Fraud and Abuse Program, including but not limited to policies/procedures and communications. The Compliance Officer will communicate with the Management Team, Governing Body, and Professional Advisory Committee as needed but at least annually as part of the annual agency evaluation

References:

Deficit Reduction Act of 2005, (Pub.L. 109-171)

False Claims Act 31 USC sect. 3279-3733

Agency Non-Retaliation Policy

**The following is a summary of the Federal False Claims laws and whistleblower protections.**

#### The Federal False Claims Act

The Federal False Claims Act (FCA) helps the Federal government combat fraud and recovers losses resulting from fraud in Federal programs. A person or entity may violate the FCA by *knowingly*

- Submitting a false claim for payment
- Making or using a false record or statement to obtain payment for a false claim
- Conspiring to make a false claim or get one paid
- Making or using a false record to avoid payments owed to the Government

*Knowingly* means that a person

- Has actual knowledge of the information
- Acts in deliberate ignorance of the truth or falsity of the information
- Acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required

# LIVE WELL MN LLC, dba, Live Well MN Home Healthcare

## **Medicaid and Medicare Violations**

Violations of Medicare laws and the Medicare Fraud and Abuse Statute also constitute violations of the False Claims Act. Home Health Care agencies that seek and receive reimbursement for Medicare and Medicaid funds are Government contractors subject to the False Claims Act.

**Billing for services not rendered or misrepresenting the type of services rendered, can trigger liability under the False Claims Act.**

## **False Statements of Contract Compliance**

Violations of contract terms or of statutes and regulations that are often required by Government contracts and set forth in what might otherwise be termed "boilerplate" sections of contracts, may be sufficient to violate the False Claims Act. Knowing presentation of claim for payment can be deemed equivalent to a false certification of compliance with such laws, rules, and regulations. If federal funding is conditioned on compliance with these contract provisions, such misconduct gives rise to a viable False Claims Act case. **It should be remembered that claims may be false and the law violated, even though goods or services provided fulfill other contract specifications.**

The FCA imposes penalties of \$5,500 to \$11,000 per claim plus three times the amount of damages to the Government for FCA violations. Lawsuits must be filed by the later of either (1) three years after the violation was discovered by the federal official responsible for investigating violations (but no more than ten years after the violation was committed, or (2) six years after the violation was committed.

## ***False Claims Act Whistleblower Employee Protections***

In 1986, Congress added anti-retaliation protections to the False Claims Act. These provisions, which did not exist previously, are contained in 31 U.S.C. Sec. 3730(h):

Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of his employer or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole.

The protection against retaliation extends to whistleblowers whose allegations could legitimately support a False Claims Act case even if the case is never filed. The statute of limitations for Sec. 3730(h) claims is 6 years in most jurisdictions.

The whistleblower plaintiff is entitled to reinstatement with seniority, double back pay, interest, special damages sustained as a result of discriminatory treatment, and attorney's fees and costs. There is federal jurisdiction for these whistleblower claims. To establish a Sec. 3730(h) retaliatory discharge claim, the whistleblower must engage in conduct protected by the False Claims Act. Second, the courts require a showing that the defendant have some notice of the protected conduct that the whistleblower was either taking action in furtherance of a qui tam action or assisting in an investigation or actions brought by the Government. Finally, the whistleblower must show that the termination was in retaliation for the protected activities. A False Claims Act qui tam case can include whistleblower claims and other legal claims based

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upon other state and federal laws.

### **Federal Whistleblower Protection Laws**

Unlike the False Claims Act, which allows a whistleblower to file a lawsuit in federal court, many of the federal whistleblower laws do not permit a whistleblower to go directly to court, but instead are to be pursued "administratively." Congress designed many of these laws so that an individual, with or without an attorney, may make a simple complaint or "charge" of retaliatory discrimination to a federal government agency. If not resolved administratively, an administrative law judge may preside over the only evidentiary hearing that will take place. Some retaliation and whistleblower statutes are relatively "hollow," that is, they prohibit illegal employer retaliation, but do not allow the individual to pursue an administrative charge or file a lawsuit. In legalese, such laws are described as providing no "private cause of action."



# LIVE WELL MN HOME HEALTHCARE

## FRAUD AND ABUSE TRAINING

I have received Fraud and Abuse training. I have reviewed the policy on Fraud and Abuse.

I have been provided information on what is considered fraud and abuse.

I understand that acts of fraud and/or abuse may result in termination from my position.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

# Live Well MN LLC

## 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.livewellmn.org](http://www.livewellmn.org) under Employee Resources, located under the Education 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 Live Well MN LLC 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
- Date Privacy
- Universal Precautions and Sanitary Practices

# Live Well MN LLC

## Employee Training Requirements

- 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 Live Well MN LLC 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 Live Well MN LLC's Human Resources Department for information on how to access this training.

# **Live Well MN LLC**

## **Employee Training Requirements**

### **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 Live Well MN LLC HR staff members for more information and to receive instructions about enrolling your employees.

# LIVE WELL MN LLC

## Payroll and Timesheets

### **PAY PERIODS**

Live Well MN LLC provides a bi-weekly payroll. To request a copy of the payroll calendar, call 6124605094.

### **Direct Deposit**

Live Well MN LLC 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. Contact the service coordinator or HR if a paper copy of the pay stub is required.

### **TIMESHEETS**

Electronic Timesheets – Download Reviving Care App – Check Your Email for Details.

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 worked the hours.
2. The timesheet cannot be signed before hours are worked.
3. An employee can only submit a timesheet that includes hours 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 855-952-1989. OR
2. **Mail or drop off timesheet OR**
3. **Email timesheet [livewellminnesota@gmail.com](mailto:livewellminnesota@gmail.com) as a PDF Attachment. For instructions on how to submit timesheets from Apple or Android devices, visit our website [www.livewellmn.org](http://www.livewellmn.org) and click on the Resources Tab.**

It is the employee's responsibility to submit their timesheet to Live Well MN LLC 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.

# LIVE WELL MN LLC

## Payroll and Timesheets

Live Well MN LLC 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 6124605094 or email them at [livewellminnesota@gmail.com](mailto:livewellminnesota@gmail.com) and provide them with the full name of the employee, the employee's ID number, and the email address.

Pay day is Friday (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 Live Well MN LLC does not have that information.

### **Additional Timesheets**

When you run low on timesheets, the Responsible Party should contact Live Well MN LLC by phone or email for additional timesheets. Live Well MN LLC'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: Live Well MN LLC care-online
4. Click Yes to set up an account with Live Well MN LLC
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 6124605094 or [livewellminnesota@gmail.com](mailto:livewellminnesota@gmail.com)

**LIVE WELL MN L.L.C.**

**Program Policies & Procedure Acknowledgement  
 Receipt and Signature Page**

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

- \_\_\_\_\_ Maltreatment of Minors/Vulnerable Adults including:
- Telephone number of the Minnesota Adult Abuse Reporting Center (MAARC) - 844-880-1574 (Minors) – Call the County Child Protection
- \_\_\_\_\_ Program Abuse Prevention Plan

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

- ✓ Grievance Policy
- ✓ Date Privacy Policy
- ✓ Vulnerable Adult Policy
- ✓ Drug and Alcohol Policy
- ✓ Admission Criteria Policy
- ✓ Service Termination Policy
- ✓ Maltreatment of Minors Policy
- ✓ Fraud, Waste, and Abuse Policy
- ✓ Safe Medication Assistance Policy
- ✓ Temporary Service Suspension Policy
- ✓ Incident Response, Reporting and Review Policy
- ✓ Universal Precautions and Sanitary Practices Policy
- ✓ Emergency Use of Manual Restraints NOT allowed policy

Name	Signature	Title	Date
		Person	
		Legal Representative	
		Case Manager	
		Staff/Caregiver	