

# Personnel policies and procedures - ARMHS

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## 1. Non-Retaliation Policy

The Company's policy is that a staff member who communicates in good faith with the Department of Human Services, the Office of Ombudsman for Mental Health and Developmental Disabilities, the Department of Health, a health-related licensing board, a law enforcement agency, or a local agency investigating a complaint regarding a client's rights, health, or safety shall not have their retention, promotion, job assignment or pay adversely affected, unless the matter results in a negative finding (such as fraudulent billing) against the staff member, in which case it is reasonable that the staff member be terminated.

Legal reference ([Minnesota Statutes, section 245I.03, subd. 8](#))

## 2. No-sexual contact Policy

It is the Company policy that staff members shall under no circumstances engage in sexual contact with a client. Staff members shall read and be aware of the sexual contact definitions in statute and be able to ask any questions of the Company for clarifications at any time.

Sexual contact is [defined in Chapter 604](#), section section [609.344](#) or [609.345](#)

Sexual Contact includes any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, and committed with sexual or aggressive intent:

- (i) the intentional touching by the actor of the complainant's intimate parts, or
- (ii) the touching by the complainant of the actor's, the complainant's, or another's intimate parts effected by a person in a current or recent position of authority, or by coercion, or by inducement if the complainant is under 14 years of age or mentally impaired, or

(iii) the touching by another of the complainant's intimate parts effected by coercion or by a person in a current or recent position of authority, or

(iv) in any of the cases above, the touching of the clothing covering the immediate area of the intimate parts, or

(v) the intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

The relevant Minnesota statute language is attached to this policy and therefore incorporated by reference.

Legal reference ([Minnesota Statutes, section 245I.03, subd. 8](#))

[Minn Stat Section 609.344](#)

[Minn Stat Section 609.345](#)

### 3. Drug and Alcohol Policy

It is the policy of this DHS licensed provider to have a policy that prohibits license holders, staff members, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.

All staff members, subcontractors, and volunteers will be trained on this policy.

All staff members, subcontractors, and volunteers, 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.

Legal reference ([Minnesota Statutes, section 245I.03, subd. 8](#))

### 4. Disciplinary action, suspension, or dismissal policy

*\*Including license holder's response to a staff person who violates other program policies or who has a behavioral problem that interferes with providing treatment services to clients*

The Company provides supervisors and staff members a fair, clear, and useful tool for correcting and improving performance issues, including a process in handling cases of unacceptable conduct and behavioral problems that interfere with providing treatment services to clients.

## Progressive Steps for Performance Improvement

The following conditions must be in place before any disciplinary action can occur:

- The supervisor should be satisfied that the staff clearly understands the expectations of employment. These expectations are specifically delineated in the staff member's job description
- The supervisor should ensure the staff member has access to, and knowledge of, policies, procedures, professional development, and training opportunities; and a work environment conducive to carrying out assigned job duties and responsibilities; and
- The supervisor of the staff will fill out the disciplinary action forms

## Just Cause for Disciplinary Action

The bases for the discipline or **termination** of a staff are the following:

- Unsatisfactory job performance or gross inefficiency in job performance;
- Violation of Company policies and procedures; or
- **Unacceptable personal conduct** including **behavioral problem** that interferes with providing treatment services to clients

Certain actions by a staff member may fall under one or more categories. When just cause exists, any staff, regardless of position, may be subject to disciplinary action by the Company. These disciplinary actions may include the following:

- Oral or written warnings
- Suspension with pay
- Suspension without pay
- Termination

Depending upon the nature of the misconduct or the severity of the unsatisfactory job performance, a staff member may be subject to a final written warning or immediate termination from the Company without going through progressive disciplinary steps.

A staff member's direct supervisor has the responsibility for evaluating a staff member's job performance throughout the year and if the need arises, holding periodic coaching and development sessions to discuss ways to improve current job performance. Annually, during the annual staff evaluation, the supervisor and staff member will have meetings emphasizing strengths and areas needing improvement. The supervisor

should document any performance and/or disciplinary issues on the staff member's Performance Review and Evaluation Form and transition them into a corrective action plan, if necessary.

### Performance Management Options

The following performance management options will be applied according to whether the circumstances involve **unsatisfactory job performance** (or **gross inefficiency**) or **unacceptable personal conduct**. Please refer to the definitions section at the end of this policy for more information.

Performance Management Options	Applicable for Unsatisfactory Job Performance or Gross Inefficiency	Applicable for Unacceptable Personal Conduct
1. Oral Warning	Yes	Yes
2. First Written Warning	Yes	Yes
Corrective Action Plan*	Yes	No
3. Final Written Warning	Yes	Yes

1. Oral Warning – An Oral Warning will consist of a coaching session where the supervisor articulates, models, and reinforces expected performance and addresses (a) performance deficiencies, (b) behavior concerns, including

attendance and tardiness, and (c) violations of policies, standards of professional conduct, and safety practices. The intent of this disciplinary action is to focus on the staff member's development through a process that reflects a mutual commitment to the staff member's success and should occur within five (5) **working days** of the correlating event.

The supervisor is responsible for documenting the warning and maintaining the documentation in their internal personnel file. The supervisor should use the Disciplinary Action Form for all levels of the performance management process. A disciplinary action should occur when a **current unresolved incident of unsatisfactory job performance** exists.

2. First Written Warning – The supervisor initiates a written warning when there are ongoing performance problems, behavior concerns, more serious violations, and/or a recurrence of prior violations. At the First Written Warning phase, the supervisor advises the staff member of the seriousness of the matter. If there are no extenuating circumstances, the supervisor communicates with the staff member verbally and in writing within five (5) working days of the precipitating action or event. A corrective action plan\* may also be assigned at this time to address job performance concerns with immediate need for improvement.

The First Written Warning will also communicate to the staff member the corrective action expected and the corresponding timeframe.

This documentation becomes part of the staff member's personnel file maintained by the Company and should be signed by the staff member, or the Company should document the staff member's refusal to sign.

The corrective action plan must include at least weekly meetings between the staff member and the supervisor to discuss progress in implementing the plan. The Owner(s) of the Company, if they are not the supervisor(s), may also attend each weekly meeting to ensure plan goals are achievable and reasonable and that the staff member is given the opportunity to improve their job performance. The corrective action plan should allow reasonable time for the staff member to improve and meet the plan's goals and directives. A supervisor may propose an extension to the plan if appropriate.

At the end of the corrective action plan, the supervisor, and the Company Owner(s) head will determine whether the staff member has met the plan's goals. Based on the outcome of the corrective action plan, Company Owner(s)

and the supervisor will either end the corrective action plan or determine if an extended corrective action plan is warranted or take appropriate action.

A corrective action plan may not be appropriate and therefore not required when a staff member violates Company policies or procedures or engages in other unacceptable personal conduct.

3. Final Written Warning – The supervisor, with consent by Company Owner(s), issues a Final Written Warning when either of the following conditions exist:
  - Unacceptable egregious personal conduct; and/or
  - There is no improvement or resolution related to a staff member's performance deficiencies, behavior issues, or policy violations following a First Written Warning (This warning could be for the same violation as the First Written Warning.)
4. The supervisor is to inform the staff member of the Final Written Warning in writing within five (5) working days of the precipitating action or event unless there are extenuating circumstances. Both the staff member and supervisor must sign to acknowledge discussion and receipt of the Final Written Warning. The supervisor is responsible for documenting the warning and maintaining the documentation in their internal department file. The supervisor should use the Disciplinary Action Notice form for all levels of the performance management process. All Disciplinary Action Notices should be forwarded to Company Owner(s).

### Documentation

It is the responsibility of the supervisor to document actions taken to address a staff member's alleged performance deficiency, behavior, and/or violation, including any fact-finding activities, discussion with the staff member and other relevant parties, analyses and determination of findings, and follow-up actions. Supervisors should use the Disciplinary Action Notice form to track performance management steps.

### Disciplinary Actions

The following disciplinary actions will be applied according to whether the circumstances involve unsatisfactory job performance (or gross inefficiency) or unacceptable personal conduct. Please refer to the definitions section at the end of this document for more information.

**Disciplinary Suspension with Pay** – An staff member who has allegedly violated a Company policy or procedure, standard of professional conduct, or safety guideline may be suspended or placed on administrative leave with pay by the Company Owner(s) pending completion of an investigation.

As part of the investigation, the staff member's supervisor, and the Company Owner(s) must consider the following:

- Whether clear expectations have been communicated to the staff member;
- Whether necessary policies, processes, and procedures have been followed;
- Whether corrective action has been recommended;
- Whether training has been accessible to the staff member;
- Whether the supervisor has documented the processes, procedures, corrective action, and training;
- Whether the supervisor has documented the staff member's ongoing performance deficiencies, behavior issues, and/or violations;
- Whether the supervisor has provided performance feedback; and/or
- Whether the allegation could result in the Company Owner(s) taking action to terminate employment with the Company.

**Disciplinary Suspension without Pay** – If the Company Owner(s) determines that an staff member has committed a violation of Company policies or procedures, a standard of professional conduct or safety practice, or engaged in other unacceptable behavior that, under normal circumstances, could warrant termination of employment, they may suspend the staff member without pay for a period of time of their determination based on the staff member's violation and/or behavior.

## Termination

Termination of employment may occur for any of the following reasons:

- Failure, in the opinion of the Company Owner(s), to perform competently and/or in keeping with the administrative practices of the Company and the duties assigned.
- Work performance that fails to meet expectations.
- Neglect of duties or failure to serve in capacities as directed by the Company, including but not limited to written policies and procedures



- Failure to demonstrate progress in a corrective action plan within a reasonable amount of time.
- Conviction for a crime involving moral turpitude or a felony.
- Violation of federal or state law.
- Failure of a staff member to regularly attend scheduled meetings and appointments.
- Chronic absenteeism.
- **Insubordination**, unprofessional conduct, or failure to cooperate with other staff members to the extent that, in the opinion of the Company Owner(s), dissension interrupts the orderly performance of duties.
- Directly or indirectly intimidating, harassing, bullying, threatening, or coercing a staff member in any way.
- 

## Definitions

**Covered staff members** – All Company Staff members

**Current Unresolved Incident** – An act of unacceptable personal conduct, unsatisfactory job performance, or grossly inefficient job performance for which no disciplinary action has previously been taken by the Company

**Disciplinary Suspension with Pay** – The temporary removal of an staff member for disciplinary reasons or to investigate an allegation during which time they will receive pay

**Disciplinary Suspension without Pay** – The temporary removal of an staff member from work for disciplinary reasons during which time they will not receive pay

**Gross Inefficiency (Grossly Inefficient Job Performance)** – Failure to satisfactorily perform job requirements as set forth in the job description, corrective action plan, or as directed by a supervisor, department/division head, or the Company Owner(s). May also include incidents when an act or failure to act causes or results in:

- Death or serious bodily injury or conditions that increase the chance for death or serious bodily injury to others; or
- The loss of funds or property or damage to Company property that results in a serious adverse impact on the Company and/or work unit; or

- Maltreatment of a vulnerable adult or minor
- Fraudulent billing or lying

**Inactive Disciplinary Action** – A disciplinary action becomes inactive when it cannot be counted towards the number of prior disciplinary actions that must be received before further disciplinary action can be taken for unsatisfactory job performance when:

- The supervisor notes in the staff member's personnel file that the reasons for the disciplinary action have been resolved or corrected;
- The performance evaluation process documents a summary rating that reflects an acceptable level of performance overall and satisfactory performance in the area cited in the warning or other disciplinary action; or
- Twelve months have passed since the issuance of the warning or disciplinary action.

**Insubordination** – The willful failure or refusal to carry out a reasonable order from an authorized supervisor. Insubordination is unacceptable personal conduct for which any level of discipline, including dismissal, may be imposed without warning.

**Termination** – The involuntary dismissal of an staff member for disciplinary reasons, unsatisfactory job performance, or for failure to obtain or maintain necessary job-related credentials

**Unacceptable Personal Conduct** – An act that is:

- Conduct for which no reasonable person should expect to receive prior warning;
- Job-related conduct which constitutes a violation of state or federal law;
- Conviction for a felony or an offense involving moral turpitude that is detrimental to, or impacts, the staff member's service to the Company;
- The willful violation of known or written Company policies or procedures;
- Conduct unbecoming an staff member of the Company;
- Absence from work after all authorized leave and benefits have been exhausted; or
- Falsification of an employment application or other employment documentation.

**Unsatisfactory Job Performance** – Work-related performance that fails to satisfactorily meet job requirements as set forth in the relevant job description, corrective action plan, or as directed by a staff member's supervisor. When a staff member fails to satisfactorily meet their job requirements, there may be just cause for disciplinary action based on the assumption that clear expectations related to job performance have been communicated to the staff member.

A supervisor's determination of unsatisfactory job performance must be reasonable, proper, documented, factually supported, and endorsed by the Company Owner(s). In determining whether an staff member's performance is unsatisfactory, the supervisor should consider any appropriate factors, including, but not limited to, those referenced in the Company's Performance Review and Evaluation Form and the following:

- Quality of work
- Quantity of work
- Work habits (attention to detail, team/group dynamics, follow-through, time management, etc.)
- Promptness
- Timely performance of work
- Related analysis, decision, or judgment
- Accuracy of work
- Performance of the staff member's corrective action plan and/or the performance appraisal
- Absenteeism
- Ability to follow instructions, directions, or procedures
- Appropriateness of work
- Conducting classes for the entire noted time

**corrective action plan** – A formalized plan used to address unsatisfactory job performance and/or any additional training needs to help staff members succeed in their positions

**behavioral problem** - any action or pattern from a staff that interferes with providing treatment services to clients, including those with a medical or mental health basis or diagnosis. Company shall balance corrective action and connecting staff to external helpful resources against the needs to protect and serve the services to clients.

Company shall document specifically how the behavioral problem has interfered with providing services to clients.

## 5. Staff positions

Describe each staff person's position that includes the staff person's (1) responsibilities, (2) authority to execute the responsibilities, and (3) qualifications for the position.

### Mental Health Professional

#### Responsibilities and authority to execute the responsibilities

A mental health professional has full authority to independently practice, within the scope of practice of their professional license, and accordingly to Company policies and procedures and relevant ARMHS rules and regulations

- A mental health professional must maintain a valid license with the mental health professional's governing health-related licensing board and must only provide services to a client within the scope of practice determined by the applicable health-related licensing board.
- As the ARMHS Supervisor, you will supervise a team of Mental Health Practitioners and complete diagnostic assessments
- Provide supervision/consultation for MHPs individually and in teams
- Review recipient files and ensure that charts are maintained in the prescribed manner
- Complete timely bi-weekly billing and pay sheet audits of assigned team to ensure accuracy
- Oversees treatment/intervention reflective of client needs, stated in terms of expected outcomes, including strategy

## Qualifications

The following individuals may provide services to a client as a mental health professional:

(1) a registered nurse who is licensed under sections [148.171](#) to [148.285](#) and is certified as a: (i) clinical nurse specialist in child or adolescent, family, or adult psychiatric and mental health nursing by a national certification organization; or (ii) nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization;

(2) a licensed independent clinical social worker as defined in section [148E.050](#), subdivision 5;

(3) a psychologist licensed by the Board of Psychology under sections [148.88](#) to [148.98](#);

(4) a physician licensed under chapter 147 if the physician is: (i) certified by the American Board of Psychiatry and Neurology; (ii) certified by the American Osteopathic Board of Neurology and Psychiatry; or (iii) eligible for board certification in psychiatry;

(5) a marriage and family therapist licensed under sections [148B.29](#) to [148B.392](#); or

(6) a licensed professional clinical counselor licensed under section [148B.5301](#).

## Mental Health Practitioner

Responsibilities and authority to execute the responsibilities

-A mental health practitioner under the treatment supervision of a mental health professional or certified rehabilitation specialist may provide an adult client with client education, rehabilitative mental health services, functional assessments, level of care assessments, and treatment plans.

-A mental health practitioner under the treatment supervision of a mental health professional may provide skill-building services to a child client and complete treatment plans for a child client.

-A mental health practitioner must not provide treatment supervision to other staff persons. A mental health practitioner may provide direction to mental health rehabilitation workers and mental health behavioral aides.

-A mental health practitioner who provides services to clients according to section [256B.0624](#) or [256B.0944](#) may perform crisis assessments and interventions for a client.

## Qualifications

(a) An individual who is qualified in at least one of the ways described in paragraph (b) to (d) may serve as a mental health practitioner.

(b) An individual is qualified as a mental health practitioner through relevant coursework if the individual completes at least 30 semester hours or 45 quarter hours in behavioral sciences or related fields and:

(1) has at least 2,000 hours of experience providing services to individuals with:

(i) a mental illness or a substance use disorder; or

(ii) a traumatic brain injury or a developmental disability, and completes the additional training described in section [245I.05, subdivision 3](#), paragraph (c), before providing direct contact services to a client;

(2) is fluent in the non-English language of the ethnic group to which at least 50 percent of the individual's clients belong, and completes the additional training described in section [245I.05, subdivision 3](#), paragraph (c), before providing direct contact services to a client;

(3) is working in a day treatment program under section [256B.0671, subdivision 3](#), or [256B.0943](#); or

(4) has completed a practicum or internship that (i) required direct interaction with adult clients or child clients, and (ii) was focused on behavioral sciences or related fields.

(c) An individual is qualified as a mental health practitioner through work experience if the individual:

(1) has at least 4,000 hours of experience in the delivery of services to individuals with:

(i) a mental illness or a substance use disorder; or

(ii) a traumatic brain injury or a developmental disability, and completes the additional training described in section [245I.05, subdivision 3](#), paragraph (c), before providing direct contact services to clients; or

(2) receives treatment supervision at least once per week until meeting the requirement in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing services to individuals with:

(i) a mental illness or a substance use disorder; or

(ii) a traumatic brain injury or a developmental disability, and completes the additional training described in section [245I.05, subdivision 3](#), paragraph (c), before providing direct contact services to clients.

(d) An individual is qualified as a mental health practitioner if the individual has a master's or other graduate degree in behavioral sciences or related fields.

## Clinical trainee

### Responsibilities and authority to execute responsibilities

(a) A clinical trainee under the treatment supervision of a mental health professional may provide a client with psychotherapy, client education, rehabilitative mental health services, diagnostic assessments, functional assessments, level of care assessments, and treatment plans.

(b) A clinical trainee must not provide treatment supervision to other staff persons. A clinical trainee may provide direction to mental health behavioral aides and mental health rehabilitation workers.

(c) A psychological clinical trainee under the treatment supervision of a psychologist may perform psychological testing of clients.

(d) A clinical trainee must not provide services to clients that violate any practice act of a health-related licensing board, including failure to obtain licensure if licensure is required.

## Qualifications.

(a) A clinical trainee is a staff person who:

(1) is enrolled in an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and who is participating in a



practicum or internship with the license holder through the individual's graduate program; or

(2) has completed an accredited graduate program of study to prepare the staff person for independent licensure as a mental health professional and who is in compliance with the requirements of the applicable health-related licensing board, including requirements for supervised practice.

(b) A clinical trainee is responsible for notifying and applying to a health-related licensing board to ensure that the trainee meets the requirements of the health-related licensing board. As permitted by a health-related licensing board, treatment supervision under this chapter may be integrated into a plan to meet the supervisory requirements of the health-related licensing board but does not supersede those requirements.

## Certified rehabilitation specialist

### Responsibilities and authority to execute those responsibilities

(a) A certified rehabilitation specialist may provide an adult client with client education, rehabilitative mental health services, functional assessments, level of care assessments, and treatment plans.

(b) A certified rehabilitation specialist may provide treatment supervision to a mental health certified peer specialist, mental health practitioner, and mental health rehabilitation worker.

### Qualifications

A certified rehabilitation specialist must have:

(1) a master's degree from an accredited college or university in behavioral sciences or related fields;

(2) at least 4,000 hours of post-master's supervised experience providing mental health services to clients; and

(3) a valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

## Mental health certified peer specialist

### Responsibilities and authority to execute those responsibilities

A mental health certified peer specialist under the treatment supervision of a mental health professional or certified rehabilitation specialist must:

- (1) provide individualized peer support to each client;
- (2) promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports; and
- (3) support a client's maintenance of skills that the client has learned from other services.

## Qualifications

A mental health certified peer specialist must:

- (1) have been diagnosed with a mental illness;
- (2) be a current or former mental health services client; and
- (3) have a valid certification as a mental health certified peer specialist under section [256B.0615](#).

## Mental health rehabilitation worker

### Responsibilities and authority to execute those responsibilities

A mental health rehabilitation worker under the treatment supervision of a mental health professional or certified rehabilitation specialist may provide rehabilitative mental health services to an adult client according to the client's treatment plan.

### Qualifications

(a) A mental health rehabilitation worker must:

(1) have a high school diploma or equivalent; and

(2) meet one of the following qualification requirements:

(i) be fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong;

(ii) have an associate of arts degree;

(iii) have two years of full-time postsecondary education or a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields;

(iv) be a registered nurse;

(v) have, within the previous ten years, three years of personal life experience with mental illness;

(vi) have, within the previous ten years, three years of life experience as a primary caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder, or developmental disability; or

(vii) have, within the previous ten years, 2,000 hours of work experience providing health and human services to individuals.

(b) A mental health rehabilitation worker who is scheduled as an overnight staff person and works alone is exempt from the additional qualification requirements in paragraph (a), clause (2).

Legal reference ([Minnesota Statutes, section 245I.03, subd. 8](#)) [Minn stat 245I.04](#)

## 6. Maltreatment of Vulnerable Adults Policy

See attached Maltreatment of Vulnerable Adults policy incorporated to these policies by reference.

Legal reference ([Minnesota Statutes, section 245I.03, subd. 8](#)) and ([Minn. Stat. §245I.03](#))

## 7. Maltreatment of Minors Policy

See attached Maltreatment of Minors Mandated Reporting incorporated to these policies by reference.

Legal reference ([Minnesota Statutes, section 245I.03, subd. 8](#)) and ([Minn. Stat. §245I.03](#))

## 8. Volunteers

The Company does NOT use volunteers per Minnesota Statutes, section 245I.03, subd. 9. If Company chooses to use volunteers in the future, this section is a placeholder to describe the policies and procedures for using volunteers, including when the Company must submit a background study for a volunteer, and the specific tasks that a volunteer may perform.

## 9. Data Privacy

Company follows the “Data Privacy - Notice of Privacy Practices - HIPAA - MHRA” policy attached and incorporated by reference. Specifically this policy and notice

complies with all applicable state and federal law. The Company's use of electronic record keeping or electronic signatures does not alter a license holder's obligations to comply with applicable state and federal law.

A recipient or client must use the "FORM - Minnesota Standard Consent form to release health information" for all releases of the client's health record, to document valid permission from the client. This form is available electronically and immediately upon request.

Staff and clients have access to use the "FORM - Revocation of Authorization to Disclose Health Information" to promptly document a client's revocation of consent to disclose the client's health record. This form is available electronically and immediately upon request.

Legal Authority - ([Minnesota Statutes, section 245I.03, subd. 10](#))

## 10. Client Funds and Property

It is the policy of the Company that no staff member shall handle client funds or property as contemplated under section [245A.04, subdivision 13, paragraph \(c\), clause \(1\)](#)

## 11. Discharge

Company shall retain client records of a discharged client for a minimum of five years from the date of the client's discharge. In the event Company does not maintain the records internally, Company shall notify the commissioner of DHS of the location of the client records and the name of the individual responsible for storing and maintaining the client records.

## 12. Emergencies - Fire, inclement weather and report of missing person

## **I. Policy**

It is the policy of this DHS licensed provider (Company) to have written plans for emergencies caused by fire, inclement weather, blizzards, and tornadoes. The plans must be posted in a visible place and be on file in the Company.

## **II. Procedures**

### **A. The responsibilities each staff person will assume in case of emergency**

1. All staff shall react to emergencies according to the specific activity and location they find themselves in when the emergency presents. The Company Owner(s) shall have full authority to act as appropriate. Staff engaged in direct supervision shall first scan the room and identify the individuals with the most difficulty in transportation. Upon identification, direct supervisory staff shall take the necessary steps to provide adequate equipment to transport all clients. Staff not engaged in direct supervision shall be responsible for checking all other usable areas of the office or location for clients and other staff. Staff shall assist those participants that cannot evacuate themselves.

When staff and clients are in a community setting, they shall identify how to exit a building upon entering and stay in phone or email communication with the Company for instructions during inclement weather.

### **B. Identification of primary and secondary exits (if applicable)**

1. See attached diagram

### **C. Identification of building evacuation routes (if applicable)**

1. See attached diagram

### **D. Identification of an emergency shelter area within the Company office**

1. See attached diagram

### **E. Instructions for evacuating or rescuing participants**

1. In the event evacuation is required, clients that can transport themselves shall be instructed to immediately line up in a safe place near the door to the room. Upon assessment of the room, in its current state, staff shall gather and lead clients to the identified safe places in the most efficient and direct route practicable. The safe places shall be chosen by the Company Owner(s) depending on the degree of the emergency. Evacuation shall be achieved together as a group, if possible. While each emergency is different, staff shall take appropriate action to keep

everyone safe and leave nobody behind. The Company Owner(s) or most senior staff member present shall ensure through the use of a client roster that all clients in attendance are accounted for. The Company Owner(s) shall ensure that the fire area is closed, if it is safe to do so

**F. Instructions for calling the fire department and emergency phone numbers**

1. Staff is encouraged to call 911 upon presentation of a clear and present danger or emergency. Staff is given authority to make an emergency phone call to 911 without consultation with the Company Owner(s). Staff shall use the nearest phone, including their mobile phone to call 911.

**G. Instructions on location and use of fire extinguishers**

1. The location of the fire extinguishers are on the **attached diagram.**

A fire extinguisher shall be operated in the following manner:

PULL... Pull the pin. This will also break the tamper seal.

AIM... Aim low, pointing the extinguisher nozzle (or its horn or hose) at the base of the fire. NOTE: Do not touch the plastic discharge horn on CO2 extinguishers, it gets very cold and may damage skin.

SQUEEZE... Squeeze the handle to release the extinguishing agent.

SWEEP... Sweep from side to side at the base of the fire until it appears to be out. Watch the area. If the fire re-ignites, repeat steps 2 - 4.

**H. Blizzards and Tornadoes**

1. In the event of a blizzard, the Company Owner(s) shall determine whether it is safe for services to continue in person, or whether remote, telehealth services are appropriate. If staff are stuck at a location, they shall inform the Company Owner(s) and the Company Owner(s) shall use their judgment on whether to call emergency authorities (such as a stalled vehicle on the road). When a staff member cannot reach a Company Owner, or is in an emergency with clear and present danger in a blizzard, then they shall call 9-1-1.
2. In the event of a tornado watch, warning or tornado, Company Owner(s) shall monitor local weather reporting. For tornado watches, staff will find secure shelter and services may continue remotely, via telehealth, if Company Owner(s) determine it is safe to do so. For tornado warnings, staff and clients shall seek shelter in the building where they are present or close to in the community or office. The Company office emergency shelter area is labeled on attached diagram. Staff and clients shall shelter

away from windows and loose objects, generally in a hallway or basement if it is unclear where the local emergency shelter location is located. For locations that staff and clients frequent often for services, staff shall determine where the emergency shelter is located.

#### **I. Report of Missing Person**

1. A “Missing person” means “The status of a person after the Company has received a report of a missing person, has conducted a preliminary investigation, and determined that the person cannot be located”.
2. Staff members shall report to Company Owner(s) or most senior staff member available when they are unable to locate a client. Company Owner(s) and staff shall conduct a preliminary investigation, contacting the emergency contacts and family members on file, and other reasonable leads or contacts available. If the person cannot be located after reasonable inquiries, then the Company Owner or most senior staff member shall contact 911 to file a missing person report. Company shall share all details from the preliminary investigation with law enforcement.

## **13. Health, Safety and Behavioral Emergency Policy - ARMHS**

The Company has developed the below policies and procedures to ensure the health and safety of each staff person and client during the provision of services, including policies and procedures for services based in community settings.

\*Legal Authority (Minnesota Statutes, section 245I.03, subd. 4)

### **1. Behavioral Emergency Policy and Procedures**

#### Plan designed to prevent the client from inflicting self-harm and harming others

This policy covers behavioral emergencies such as panic episodes, anxiety episodes, agitation, bizarre behavior, hallucinations, delusions, yelling or screaming at others, lashing out, or throwing objects.

This plan designed to prevent the client from inflicting self-harm and harming others. All Company’s staff are authorized to implement behavioral emergency



procedures and will follow our behavioral health emergency protocols when responding to a client who is exhibiting behavior that is threatening the immediate safety of the client and/or others is as follows:

- (1) Staff will speak with the client immediately in a calm, de-escalating manner. The cause of the disturbance will be explored to see if there can be a settlement that will prevent the client from harming themselves or others.
- (2) Staff shall seek out mental health crisis response resources before engaging police unless the use of weapons or force is involved.

Staff will follow the following process in responding to a behavioral health emergency:

1. Attempt to de-escalate the situation directly with the recipient
2. If the situation cannot be immediately de-escalated, the worker will invite a supervisor or manager or other staff member to assist in the attempt to de-escalate
  - a. If the situation is immediately de-escalated after the second attempt by the other staff member, then contact on-call supervisor and document the incident. Complete an incident report.
  - b. If the situation is not immediately de-escalated after the second attempt, proceed with the below procedures
3. If this intervention does not de-escalate the situation, staff will attempt to contact the emergency contact listed in the recipient's file and inform the on call supervisor
4. If the situation cannot be de-escalated directly with the recipient or when contacting the emergency contact, the staff member will contact Crisis Services listed below based on location to seek additional support
5. If the situation has still not de-escalated after calling Crisis Services, staff will attempt to leave the recipient to themselves while also staying in a line of vision to assure the safety of the recipient and other residents
6. If the on-call supervisor was not yet involved, they should be contacted and informed of this incident once the situation has been resolved
7. Documentation of the incident should occur by the end of the shift. Complete an incident report for management's review and confirmation that policies and procedures were followed and corrective action or changes needed if necessary.

If the recipient's behavior cannot be de-escalated by the procedures outlined in this plan, program staff will call 911 as a last resort when all other steps have been exhausted or dismissed as reasonable options.

A staff member shall stay with the client until the emergency situation has been remedied. Emergency procedures will not be used to enforce the rules at the Company or for the convenience of staff. Emergency procedures will not be part of any client's

treatment plan, or used at any time for any reason except in response to specific current behaviors that threaten the safety of the client or others.

No seclusion, restraints, or restrictions will be practiced by Company's staff on recipients. No restraint equipment or chemical restraint shall be used. Although exceptions may be allowed by law under Minn Stat 245.8261, the Company does not use any seclusion, restraints or restrictions.

Behavioral emergency procedures must not be part of any client's treatment plan. A staff person may not use behavioral emergency procedures except in response to a client's current behavior that threatens the immediate safety of the client or others.

The facility log will be kept and it will be recorded whenever a recipient exhibits behavior that could be threatening to themselves or others. A copy of the report shall be placed in the recipient's file describing:

- Recipient's behavior
- Means used to limit the clients behavior
- The time the procedure started and ended
- Program staff authorized to work with the client
- The purpose for limiting client dysfunctional behavior

### **Crisis Resources**

[Contact information for emergency resources that a staff person must use when the license holder's behavioral emergency procedures are unsuccessful in controlling a client's behavior]

### **CRISIS Text Line – Text “MN” to 741741**

- National Suicide Prevention LifeLine - 1-800-273-TALK (8255)

#### **Area Mental Health Crisis Response**

Anoka: 763-755-3801, Carver/Scott: 952-442-7601

Dakota: 952-891-7171, Washington: 651-777-5222

Ramsey: adults - 651-266-7900, Sherburne: 800-635-8008

Hennepin: adults - 612-596-1223, Stearns: 800-635-8008, Olmsted:  
1-844-274-7472

- Urgent Care for Adult Mental Health (*Ramsey, Dakota and Washington counties*)

402 University Ave. E., St. Paul - Walk-ins Welcome - 651-266-7900, 24/7

Mobile Crisis Team and Crisis Phone Line

Monday - Friday 8:00 a.m. to 9:00 p.m.

Saturday - Sunday 11:00 a.m. to 3:00 p.m.

(Minnesota Statutes, section 245I.03, subd. 4)

## 2. Dealing with Health Emergencies that are Non-behavioral - including while in Community Setting

This policy covers medical emergencies such as cardiac arrest, seizures or loss of consciousness.

The individual who first responds to the call for help is responsible for coordinating emergency activities.

When a health emergency occurs the following steps are to be taken (adapt as necessary based on the location and the circumstances):

1. Stay with the person to the greatest extent possible. Do not move the person if possible until they have been assessed by medical personnel or someone with first aid training.
2. Call, shout or get help or ask someone to do this. Explain that there is an emergency and the nature of the problem.
3. Call 911 or have someone call 911. When the call is answered indicate if you need police, fire or ambulance or a combination. The 911 caller should identify him/herself, the office location and the room location where the incident has occurred. Follow the 911 operator's instructions.
4. Notify anyone nearby that 911 has been called so that they may assist to direct emergency response staff upon arrival. If reception is not available and there are other people present on site, delegate someone to direct emergency response staff.
5. Locate an individual with first aid training, if available.
6. Ensure immediate attention is provided to the client and organize first aid attention until emergency services arrive, if necessary.
7. Management staff should be advised of the situation at the first available opportunity (if they were not onsite or not involved in managing the emergency).
8. An Incident Report should be completed and left for the manager.
9. The license holder owner(s) or board members should coordinate appropriate post-incident measures, depending on the nature of the emergency and those involved. These steps may be appropriate immediately following the emergency:

- 9.1 Provide/organize immediate attention and support to all those involved in the emergency, including witnesses.
- 9.2 Provide brief information about the event to others on the site to allay fears and concerns.
- 9.3 Advise staff of support services available to them. Arrange for supports if they are needed.
- 9.4 Determine the debriefing needs of any client(s) involved in the incident and make arrangements.
- 9.5 Ensure that transportation is available for individuals who have experienced a traumatic incident and wish to go home.
- 9.6 Ensure support from family and friends is available. While it can be helpful to alert those at home that support is needed, consent of the staff member (or client) is required.
- 9.7 A debriefing session should take place within 48 hours of an incident to provide staff with a brief update of the situation and discuss any follow-up. A critical incident debriefing may also be arranged.

### 3. Suspected Drug Overdose

If staff suspects that a participant has taken a drug overdose, they should take the following actions:

1. Immediately notify another staff member of this suspicion (ideally the supervisor or Company owner or board member)
2. Clarify the kind of substance ingested
3. Clarify the amount of the substance ingested. If it is a liquid, find out the amount in fluid ounces. If it is a medication, find out the number of pills taken and the dosage amount of each pill
4. Clarify or estimate the time lapse since ingestion of the substance
5. Call for an ambulance and provide basic response information:
  - a. Gender and age of the person
  - b. Description of substance and amount taken (if known)
  - c. Current physical status (e.g. conscious or unconscious)
  - d. Location/Address
6. Document the time of the emergency response request
7. Arrange for staff to meet the emergency response unit at the front door, if appropriate under the circumstances, otherwise wait with the person
8. Make the person as comfortable as possible. Assign a staff to remain with the person and provide support. Your single responsibility at this point in time is to try to link the person to emergency ambulance services for further assessment and transportation

9. If staff are unsure of the validity of the reported overdose they should still respond in accordance with this protocol. They should not let their investigation slow down potential emergency response to the incident.
10. In the event that emergency response services are unable to assist the person in difficulty, staff should continue to monitor the suspected overdose and take further action as necessary.

## 14. Medicaid Fraud

Medicaid fraud is committed when a Company or staff is untruthful regarding services rendered to Medicaid recipients in order to obtain improper payment. The State or Federal authorities investigate and prosecute people who commit fraud against the Medicaid program. Medicaid fraud is a felony and conviction can lead to substantial penalties (including but not limited to: imprisonment up to ten years, or a fine up to \$1,000 or an amount equal to twice the amount of the assistance or benefits wrongfully obtained, or both).

Additionally, individuals convicted of Medicaid Fraud will be excluded for a minimum of five years from any employment with a program or facility receiving Medicaid funding.

Medicaid Fraud may result from not following these rules:

- Staff submitting progress notes or timesheets for work that was not actually done
- Staff forging signatures or documentation
- Lying in regard to when and how services were rendered
- Assisting a recipient in submitting documentation and billing for services that were not rendered

Suspected cases of fraud will be referred to local police authorities and State or Federal authorities for further investigation and possible prosecution.

***I certify that I have read and understand what constitutes Medicaid Fraud and agree to not commit fraud and understand the consequences of my actions. By signing below, I agree to the policy and procedure. I agree to comply and failure to do so may result in termination of my contract and/or termination from the Company, and civil damages, including reasonable Company administrative time and attorney's fees involved compliance and prosecuting your fraudulent activity.***

Legal Authority (Minnesota Statutes, section 245I.03, subd. 1)

# **Personnel Policies and Procedures**

## **ACKNOWLEDGMENT**

My signature and initials below indicate I reviewed this “Personnel policies and procedures - ARMHS” policy and the associated policies listed below.

### **Initials:**

\_\_\_\_\_ Policies in Regards to Client Rights  
\_\_\_\_\_ Grievance Policy and Procedure  
\_\_\_\_\_ Data Privacy - Notice of Privacy Practices - HIPAA - MHRA  
\_\_\_\_\_ Maltreatment of Minors Mandated Reporting  
\_\_\_\_\_ Maltreatment of Vulnerable Adults Mandated Reporting  
\_\_\_\_\_ HIPAA-Policies-and-Procedures-Internal-Compliance

New Staff Member Name: \_\_\_\_\_

New Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Policy reviewed and authorized by: [click here to enter name and title](#)

Policy Initiated on Date: [\[Date\]](#)

Policy revisions:

Date policy revision initiated*	Staff Name	Comments

\*The license holder must complete and document a review of policies and procedures every two years and update policies and procedures as necessary