

# CONNECTIONS

Program Policies

# LEARNING OBJECTIVES

- ▶ To learn Connections' Missions and Values
- ▶ To gain an understanding of what programs are offered by Connections
- ▶ To become informed of the Service Recipient Rights
- ▶ To become Person-Centered in your work
- ▶ To gain a general understanding of the Program Policies of Connections
- ▶ To understand the expectations of staff in regards to situations involving the program participants

# MISSIONS AND VALUES

## ▶ **Mission Statement**

- ▶ Connections actively supports people with disabilities in achieving personal satisfaction through advocacy and empowerment using a person-centered approach.

## ▶ **Values**

- ▶ We value:
  - ▶ Each person as an individual who deserves quality services.
  - ▶ Honesty, trust and respect in all that we do.
  - ▶ The opportunity to support those in need with compassion, understanding and sensitivity.
  - ▶ The team work necessary from all those involved in providing services of the highest quality.
  - ▶ The community we serve for the support and assistance necessary to serve with excellence.
  - ▶ Growth and Innovation in the services provided so that we can meet the changing needs of our community.

# PROGRAMMING STRUCTURE

SEE POLICY MANUAL FOR MORE DETAILED DESCRIPTION OF PROGRAMS

## ▶ Day Services

- ▶ Day services (includes Enclave, Supported Employment, Direct-Hire, and Adult Day Program) are supported by a team of coordinators who directly supervise the direct support professionals. The coordinators report directly to our Director of Day Services. The Director of Day Services reports directly to the Executive Director.

## ▶ Adult/Child Foster Care Services

- ▶ Adult Foster Care Services are supported by a team of supervisors, who are directly responsible for the supervision of all direct support professionals. Those supervisors are supported by a program coordinator and our program coordinators report directly to our Director of Residential Services. The Director of Residential Services reports directly to the Executive Director.

## ▶ Semi-Independent Living Services

- ▶ SILS is supported a coordinator who directly supervises the direct support professionals. The coordinator reports directly to our Director of Residential Services. The Director of Residential Services reports directly to the Executive Director.

## ▶ ARMHS

- ▶ ARMHS' administrative duties are overseen by Connections' Executive Director. The Clinical Supervisor/MHP provides direct supervision to the Treatment Director. The MHP also provides clinical supervision to the MHRW. The Treatment Director provides operational supervision to the program and to the MHRW.

# SERVICE RECIPIENT RIGHTS

- ▶ Take part in planning and evaluating the services that will be provided to me.
- ▶ Have services and supports provided to me in way that respects me and considers my preferences, (including personal items in my bedroom).
- ▶ Refuse or stop services and be informed about what will happen if I refuse or stop services.
- ▶ Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
- ▶ Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
- ▶ Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
- ▶ Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
- ▶ Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.

# SERVICE RECIPIENT RIGHTS – CONT.

- ▶ To have staff that is trained and qualified to meet my needs and support.
- ▶ Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
- ▶ Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule
- ▶ Be free from abuse, neglect or financial exploitation by the program or its staff.
- ▶ Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
- ▶ Receive services in a clean and safe location.
- ▶ Be treated with courtesy and respect, have access to and respectful treatment of my personal possessions at any time.
- ▶ Be allowed to reasonably follow my cultural and ethnic practices and religion.

# SERVICE RECIPIENT RIGHTS - CONT

- ▶ Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
- ▶ Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
- ▶ Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
- ▶ Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
- ▶ Give or not give written informed consent to take part in any research or experimental treatment.
- ▶ Choose my own friends and spend time with them.
- ▶ Have personal privacy, including the right to use a lock on my bedroom door.
- ▶ Take part in activities that I choose.

# PERSON-CENTERED SERVICE PLANNING

- ▶ The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of this chapter. License holders providing intensive support services must also provide outcome-based services according to the requirements in section [245D.071](#).
- ▶ Services must be provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:
  - ▶ person-centered service planning and delivery that:



# PERSON-CENTERED SERVICE PLANNING

- ▶ identifies and supports what is important to the person including preferences for when, how, and by whom direct support service is provided;
- ▶ uses that information to identify outcomes the person desires; and
- ▶ respects each person's history, dignity, and cultural background;
- ▶ self-determination that supports and provides:
  - ▶ opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
  - ▶ the affirmation and protection of each person's civil and legal rights; and

# PERSON-CENTERED SERVICE PLANNING

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

# 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:
  - ▶ chemical restraint;
  - ▶ mechanical restraint;
  - ▶ manual restraint;
  - ▶ time out;
  - ▶ seclusion; or
  - ▶ any aversive or deprivation procedure.

# ALTERNATIVE MEASURES

**Connections approves of the following alternative measures:**

- **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.**

# INCIDENT RESPONSE & REPORTING

- ▶ All incidents must be reported by filling out a GER on Therap:
  - ▶ within 24 hours of the occurrence, or
  - ▶ within 24 hours of receipt of the information unless the incident has been reported by another license holder, using a GER on Therap.
  
- ▶ When the incident involves more than one participant:
  - ▶ a separate GER must be written for each participant.
  - ▶ **Identifying information** regarding the **other participant** be **MUST NOT** be included (INCLUDING initials).
    - ▶ For example: The incident involved participant 1 pinching participant 2. Two incident reports will be written and information that could identify participant 2 should not be included in the incident report for participant 1.

# MALTREATMENT: REPORTING AND INTERNAL REVIEW

- ▶ **ALL EMPLOYEES OF CONNECTIONS ARE MANDATED REPORTERS.**
- ▶ **Therefore, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately.**



Immediately means as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.

*A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.*

## Reports may be made in the following ways:

- ▶ You may make an **external** report to the Minnesota Adult Abuse Reporting Center at 1-844-880-1574
  - ▶ The report to the Reporting Center must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
- ▶ You may make an **internal** report to the respective Program Coordinator or Program Director .
  - ▶ If you have reported internally, you must receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the Reporting Center.

# MALTREATMENT: REPORTING AND INTERNAL REVIEW

## ▶ Examples of Maltreatment:

- ▶ Hitting, kicking, slapping, pinching, biting
- ▶ Criminal sexual conduct
- ▶ Use of disparaging, embarrassing, humiliating, harassing, or threatening language
- ▶ Use of aversive or deprivation procedures
- ▶ Financial exploitation or fraudulent activities of a vulnerable adults funds

# SAFETY PRACTICES

*THE SERVICE SITE SHALL BE SAFE AND HAZARD FREE*

- ▶ Toxic substances or dangerous items are inaccessible to participants **ONLY when a known risk is present** to protect the safety of a participant.
- ▶ Doors are locked from the inside to protect the safety of a participant, and to prevent a participant from leaving **only when a risk is known--**  
--not as a substitute for staff supervision or interactions with the person.
- ▶ Be prepared for emergencies and follow emergency response plans noted in detail in your Program Policy Manual
- ▶ Follow universal precautions and sanitary practices, **ESPECIALLY** including hand washing, to prevent infectious diseases



# GRIEVANCE PROCEDURE

## HOW TO ASSIST A PARTICIPANT IN FILING A GRIEVANCE

- ▶ *A grievance is a complaint that can be made about something one does not like about where one works or lives. It may have something to do with the rules or the people that one works or lives with.*
- ▶ *If a person wants to file a grievance, it can be done without being afraid of being criticized or threatened by staff.*
- ▶ If a participant has a problem or complaint the participant should follow these steps:
- ▶ **Step 1:** Talk to a staff person who you feel comfortable with about your complaint or problem. That person will help you to write down your complaint. That person will help you tell the supervisor about your complaint.
- ▶ **Step 2:** If the staff person and the supervisor were not able to help you solve your complaint or problem, you can talk your Program Coordinator or Program Director. They will help you within two days to solve your complaint.

# GRIEVANCE PROCEDURE

- ▶ **Step 3:** If the Program Coordinator or Program Director were unable to solve your complaint, you can talk to Connections Executive Director, Sheila Sartwell (701) 532-1145 ext. 14. She will talk to you within 2-5 days, and provide a written response to your complaint within 2 weeks explaining how your complaint will be solved.
- ▶ **Step 4:** If your complaint is still not solved in a way that you like or agree with, then you or your legal representative can send your complaint to the person with the highest level of authority within the program (e.g., Administrator, CEO, or Board of Directors) for a final review. A written response explaining how your complaint will be solved will be provided within 2 weeks.

# WHERE TO GET HELP WHEN YOU MAKE A COMPLAINT

THESE ARE RESOURCES YOU OR SOMEONE YOU AUTHORIZE CAN CALL FOR HELP TO FILE A COMPLAINT.

## Clay County Social Services

715 11<sup>th</sup> St. N. Moorhead, MN 56560

Child Protection: (218)299-5200

Adult Protection: (218)299-5200

[social.services@co.clay.mn.us](mailto:social.services@co.clay.mn.us)

## Department of Human Services (DHS)

PO Box 64976

St. Paul, MN 55614

651-431-2000

[dhs.info@state.mn.us](mailto:dhs.info@state.mn.us)

## Office of Ombudsman for Managed Health Care Programs

PO Box 64249

St. Paul, MN 55164

651-296-3848

## Disability Law Center (Legal Advocacy)

430 1<sup>st</sup> Ave N Ste 300

Minneapolis, MN 55401

612-332-1441

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

# ADMISSION CRITERIA

- ▶ Connections' policy is 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 Connections' knowledge, skill, and ability to meet the service and support needs of persons served by this program.
- ▶ Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:
  - ▶ Identification of 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.
  - ▶ A copy of the fact sheet the program received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served by the program when the fact sheet includes a risk level classification for the offender.

# REFUSAL TO ADMIT A PERSON

- ▶ 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.
- ▶ This licensed program must not refuse to admit a person based solely on:
  - ▶ the type of residential services the person is receiving
  - ▶ person's severity of disability;
  - ▶ orthopedic or neurological handicaps;
  - ▶ sight or hearing impairments;
  - ▶ lack of communication skills;
  - ▶ physical disabilities;
  - ▶ toilet habits;
  - ▶ behavioral disorders; or
  - ▶ past failure to make progress.
- ▶ Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

# SERVICE SUSPENSION

- ▶ Connections may suspend persons receiving services for the following reasons:
  - ▶ The person's conduct poses an imminent risk of physical harm to self or others and either:
    - ▶ positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
    - ▶ less restrictive measures would not resolve the issues leading to the suspension; OR
  - ▶ The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
  - ▶ The program has not been paid for services.
- ▶ “Suspension” means temporary discontinuation of service to a person, which includes temporary removal of the person from the service site.

# SERVICE TERMINATION

- ▶ Connections may terminate persons receiving services for the following reasons:
  - ▶ The termination is necessary for the person's welfare and the person's needs cannot be met in the facility;
  - ▶ 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;
  - ▶ The health of the person or others in the program would otherwise be endangered;
  - ▶ The program has not been paid for services;
  - ▶ The program ceases to operate; or
  - ▶ The person has been terminated by the lead agency from waiver eligibility.
- ▶ “Termination” means discharge from the program.

# UNIVERSAL PRECAUTIONS

- ▶ Wear gloves whenever handling body fluids. (saliva, blood, nose secretions, eye secretions, urine, BM, vomit, semen, vaginal secretions)
- ▶ Change gloves and wash hands after each contact with an individual's blood and/or body fluids.
- ▶ Wear a gown or apron when clothing could become soiled with body fluids.
- ▶ Wear a mask and eye protection if splashing is possible—when helping participants brush and floss teeth, for example.
  - ▶ **Hard Surface exposure to Blood and Body Fluid**
    - ▶ Wear gloves and remove excess fluids with paper towels and place in a plastic-lined wastebasket.
    - ▶ Promptly clean with a disinfectant solution such as 1:10 dilution of household bleach.
    - ▶ Dispose of gloves in a plastic-lined wastebasket.
      - ▶ **Contaminated Laundry**
        - ▶ Wear gloves when handling unwashed contaminated laundry.



# UNIVERSAL PRECAUTIONS

## Prevention of Infections

- ▶ Report any sign of infections or symptoms of communicable disease to RN consultant ASAP.
- ▶ If staff has draining lesions or wounds they must be evaluated by their physician before working with individuals.
- ▶ Staff with communicable bacterial infections may return to work after having received antibiotics for 24 hours or per physician's order.

# SAFE TRANSPORTATION

- ▶ Program vehicles (BUSES) used to provide transportation to the program participants will contain the following information and items:

- ▶ 

Name, address, phone number.	Program phone numbers	Parents and residential names and phone number
Medical information	Name and phone number of person(s) to call in case of emergency	First aid kit
Name of hospital, clinic, and doctor and phone number	Cellular phone Proof of insurance card	Current route list

- ▶ **TEXTING WHILE DRIVING IS STRICTLY PROHIBITED.**
- ▶ All drivers and staff will be familiar with individual vulnerabilities, medical issues, behaviors and any concerns regarding transportation via persons' Service Plans and Participant Information Sheets.

# DATA PRIVACY

- ▶ 1. 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.*
  - ▶ *If you don't need the information in order to do your job, you do not have access to it and if you do have access, you should not browse through it.*
- ▶ 2. 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** and **RESPECT THE DIGNITY** of the person whose private data is being shared.

# MEDICATION ADMINISTRATION

- ▶ Prior to administering medication to program participants, every staff person must complete the agency Medication Administration training taught by the Connections' Registered Nurse.
- ▶ The training will include successful performance of simulated administering of medication.
- ▶ Staff persons who administer medications will record medications and treatments given on the MAR, located on Therap, according to the time, route, and methods determined by the participant's physician.
- ▶ All PRN (to be given as needed) medications and treatments must be given according to physician's orders, and must be documented on the MAR.

# MEDICATION ADMINISTRATION

- ▶ All medications should remain locked until administration time
- ▶ Administer medications to ONE PERSON at a time.

## Medications to be given when participant is on leave

- ▶ Whenever an individual needs to receive medications when not under the direct care of the facility, the medications are packaged and labeled according to labeling guidelines.
- ▶ If the participant is going to be with friends or family during leave, and the participant is unable to administer their own medication, directives should be given to any persons unfamiliar with the participant's medication routine.

# MEDICATION ADMINISTRATION

## Self-Administration Medications

- ▶ The person's Team shall assess an individual's ability to self-administer medications and shall inform the individual's physician of their decision.
- ▶ An individualized program with measurable objectives shall be designed by the IDT to determine competency.
- ▶ The individual shall be supervised during the training program and shall be allowed to self-administer when he or she demonstrates competency.

# MEDICATION ADMINISTRATION

## Medication/Treatment Errors

- ▶ Shall be reported to the agency RN, the Program Supervisor and MD as soon as it is discovered.
- ▶ In the event of overdose or an individual receiving the incorrect medication, staff are to call Poison Control immediately and follow their directives
  - ▶ AFC: All administration errors shall be reported to the prescriber immediately
  - ▶ ESS: Notify the individual's residence, the supervisor, agency RN, or poison control as appropriate.

# HEALTH SERVICES COORDINATION

- ▶ 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.
- ▶ If the program has reason to know that the change has already been reported, it is not necessary to report.
- ▶ The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager.
- ▶ 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.