Vulnerable Adult Training

Purpose:

All employees have been hired to provide care and supervision to vulnerable clients. We must provide an environment that protects them from physical, emotional or financial harm. Through this training we will review:

- Who is a Vulnerable Adult
- What is abuse and neglect
- And what it means to be a Mandated Reporter

This is a vital part of your job, making it one of the most important trainings you will receive.

Who is a Vulnerable Adult?

A Vulnerable Adult or VA, is a person 18 years of age or older who:

- Lives in a licensed facility or
- Receives services from a licensed facility

This person may be unable or unlikely to report abuse or neglect without assistance because of a physical, emotional or mental impairment.

The **Vulnerable Adult Act,** mandated by state legislature, provides protection to people who are not able to report maltreatment and abuse.

What constitutes maltreatment?

There are three types of maltreatment:

- Abuse
- Neglect
- Financial Exploitation

Abuse can be physical, verbal or sexual and is something that intentionally has an adverse effect on the individual and harms them mentally or physically.

- Physical abuse can be hitting, punching, slapping or biting
- Verbal abuse can be humiliating, harassing, threatening oral or written language
- Sexual abuse can be sexual contact or penetration

Neglect is the failure or omission by a caregiver to supply a vulnerable adult with care or service reasonable and necessary to obtain or maintain the person's physical, mental health or safety and is not the result of an accident or therapeutic conduct. This includes, but not limited to:

- Food
- Clothing
- Shelter
- Healthcare
- Supervision

Financial Exploitation involves a person, without legal authority, who uses the vulnerable adult's resources for a different purpose other than the benefit to the vulnerable adult.

- Misuse of resources intended for the vulnerable adult
- Unauthorized expenditure of the client's funds

Who is a Mandated Reporter?

Anyone who is involved in the care of a vulnerable adult or child is a mandated reporter. This includes **all** employees of our company. A mandated reporter is required by law to make a report immediately when neglect or abuse is suspected or witnessed. Example of mandated reporters are:

- Doctors
- Nurses
- All healthcare professionals
- Day program staff
- Law Enforcement
- Clergy
- Teacher
- Social Workers

How does a mandated reporter make a report?

Reports can be made either internally (reports made within the company) or externally (reports made outside the company).

Internal Reports

Per our company policy, employees are required to make a report to their immediate supervisor immediately after suspecting or witnessing abuse or neglect. If they are unable to reach their

supervisor, they must report to the Compliance Manager or the CEO by calling the corporate office at 888-995-4742. The report will include factual information such as:

- Name and address of the vulnerable adult
- Date and time
- Details about the alleged incident
- Information about suspected perpetrator
- Any other pertinent information

Once an employee has made an internal report to the immediate supervisor, Compliance Manager or CEO, the employee has met their reporting obligation.

Supervisors will fill out an Incident Report Form and forward it to the Compliance Manager through Global Forms by logging onto intranet.joecointl.com select Forms, Compliance, Incident Report.

The Compliance Manager will follow up with any information or additional questions.

If the report is determined to be a reportable incident, the report will be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC). Once reported to MAARC, an external investigation will take place concurrent with the company's internal investigation.

Reports kept on file with the Compliance are kept highly confidential.

External Reports

Employees have the right to make an external report if they wish to do so. In the state of Minnesota employees can contact a centralized Common Entry Point at:

Phone: 844-880-1574 (available 24 hours/ 7 days a week)

Website: mn.gov/dhs/reportadultabuse/

911 MUST BE CALLED IN THE CASE WHERE A CLIENT IS IN IMMEDIATE DANGER

Any employee suspected of being involved in the maltreatment will be removed immediately from the schedule without pay.

The following are examples of the vulnerable adult's report outcomes:

- Substantiated- Report was found to be true
- Inconclusive- Not enough evidence to prove if the allegation is true or false
- False- Incident either did not happen or was falsely reported

Good Faith Reporting

Any mandated reporter making a report in "good faith" will have immunity from any civil or criminal liability.

A mandated reported who negligently or intentionally fails to report is liable for damages caused by the failure.

A person or facility who intentionally makes a false report shall be liable in a civil suit for any actual damages suffered by the reported facility, person(s) and for punitive damages up to $10,000 and attorney fees.

A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.

Questions

Any employee with questions regarding making a maltreatment report should ask their supervisor or call our corporate office and ask for the Compliance Manager by calling 888-995-4742

Minnesota Statute 626.557: Reporting of Maltreatment of Vulnerable Adults
Minnesota Statute 626.556: Reporting of Maltreatment of Minors

Purpose
Adults

1. To protect individuals who, because of physical or mental disability or dependence on home health services, are particularly vulnerable to abuse or neglect.
2. To assist in providing safe living environment for vulnerable individuals who are receiving services.
3. To identify within the client's home all potential areas that might contribute to vulnerability and include corrective measures in the care plan.
4. To provide protection to individuals reporting abuse or neglect within the parameters of the law.
5. To require the reporting of suspected maltreatment of vulnerable adults to the statewide common entry point and to provide the completed Internal Investigation information to them when requested.

Purpose
Minors

a. The public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.
1. To protect children and promote child safety;
2. To strengthen the family;
3. To make the home, school, and community safe for children by promoting responsible child care in all settings;
4. To provide, when necessary, a safe temporary or permanent home environment for physically or sexually abused or neglected children;

b. In addition, it is the policy of this state to;
1. To require the reporting of neglect or physical or sexual abuse of children in the home, school, and community settings;
2. To provide for the voluntary reporting of abuse or neglect of children;
3. To require an investigation when the report alleges sexual abuse or substantial child endangerment;
4. To provide a family assessment, if appropriate, when the report does not allege sexual abuse or substantial child endangerment;
5. To provide protective, family support, and family preservation services when needed in appropriate cases.

Policy

It is the policy of International Quality Homecare to protect clients who are vulnerable to neglect, abuse, or maltreatment due to physical or mental disability. It is our policy to comply fully with the State Statutes and to cooperate with the Department of Human Services or other investigative authorities, in the course, of any investigation regarding vulnerable persons. Staff members are aware of physical handicaps and weaknesses of the clients and are responsible for their safety and comfort at all times during the normal day. This includes assisting other staff members when acts of vulnerability occur that can only be handled with additional help and physical assistance.

All International Quality Homecare staff, including volunteers and temporary workers are mandated reporters. A mandated reporter is anyone who comes in contact with a vulnerable adult or child.

All clients receiving care (with the exception of homemaker only) are considered to be vulnerable adults. Vulnerability of homemaker only clients are determined on an individual basis. IQH staff will cooperate with the Department of Human Services in the implementation of state laws.

International Quality Homecare will develop an individual abuse prevention plan for each vulnerable adult and vulnerable minor receiving services. The plan will contain an individualized assessment of the person's susceptibility to abuse (including self-abuse), and a statement of the specific measures to be taken to minimize the risk of abuse to that person.

The individualized assessment of each client will include:

(1) The person's susceptibility to abuse by other individuals, including other vulnerable adults; and
(2) The person's risk of abusing other vulnerable adults; and
(3) Statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults.

Timing of Report

INTERNAL REPORTING PROCEDURE

1. A mandated reporter (any employee) who has reason to believe that a vulnerable individual is being or has been maltreated, or who has knowledge that a vulnerable individual has sustained a physical injury which is not reasonably explained **shall immediately report the *information verbally to the Compliance Manager and/or the Compliance Director at the corporate office**. If unable to reach either, contact should then be made to the Administrator. If unable to reach them, the **mandated reporter** will call MAARC the **(Minnesota Adult Abuse Maltreatment Center).** The MAARC toll-free phone number is **844-880-1574** to file a report.
2. The mandated reporter should then report the alleged maltreatment to his/her immediate supervisor.
3. The supervisor will complete an Incident Report located in the company Intranet under forms.
4. The report (verbal and written) must include:
   - The name and location of the person and the program
   - Nature and extent of the maltreatment.
   - Pertinent dates and times
   - Any history of known maltreatment
   - Name and address of the alleged perpetrator
   - Name and address of the reporter
   - Whether or not the reporter wishes to receive notification of the initial and final reports
   - Any other information that may be helpful
5. The report must be made immediately upon first knowledge of the incident to MAARC informing them of the information list above in #4. The supervisor/Compliance Manager

reviews the initial incident and ensures the incident has been reported. If maltreatment, abuse, or neglect is suspected an Internal Investigation is started. The Internal Investigation is completed by the Compliance Manager and the Investigative team.

6. **If the staff has not already done so, the supervisor will report the incident to MAARC (Minnesota Adult Abuse Maltreatment Center).** The MAARC toll-free phone number is **844-880-1574**. It is available 24/7 to accept reports from the general public and mandated reporters. A web-based reporting tool is available as well for mandated reporters to make a report at mn.gov/dhs/reportadultabuse/. **If the report involves the theft or financial exploitation of a client's money and/or property, law enforcement must be contacted as well.** It is the responsibility of IQH to ensure that the report reaches appropriate outside investigative authorities.
7. The person reporting should NOT discuss the incident with anyone else outside of their supervisor or the investigative team. This includes: The Compliance Director, The Compliance Manager, the Administrator, the Director of HR, If the person you are reporting happens to be one of these individuals, report to another one..
8. If maltreatment, abuse, or neglect is suspected, an investigation report is completed
9. If any incident is reported to MAARC and there is a reason to believe a crime has been committed, the International Quality Homecare will immediately report the incident to law enforcement.
   - ❑ If an incident is first reported to law enforcement, and involves maltreatment, the law enforcement agency will immediately send report to the MAARC.
10. If an ***employee is the suspected abuser***, the employee is removed from the home and will be removed from any other scheduled home care services during the investigation. **The employee will be informed not to have any contact with the vulnerable adult or minor to prevent retaliatory issues from occurring.**
11. The employee will be immediately notified that he or she is placed on temporary leave of absence while the incident is under investigation.
12. When probable maltreatment, abuse or neglect is indicated: the report will be processed as described in the internal reporting procedure. The Compliance Manager will submit a written report to the Director of Compliance and the President/CEO immediately to inform them of situation.
13. The subject of the report (alleged perpetrator) may compel disclosure of the name of the reporter only with the consent of the reporter or upon a written finding by a court that the report was false and there is evidence that the report was made in bad faith.
14. The reporter shall be informed when a report has been forwarded to the MAARC.
15. If a staff member suspects a client has been maltreated outside the agency or by another client, the report can be made internally directly to the supervisor. The supervisor will talk to Compliance who will pursue notification to MAARC..The person(s) responsible for conducting the internal investigation is the Compliance Department and/or the President/CEO or designee.
16. Considering the reporter has immunity from having his or her name revealed, the medical record should not reveal that a VA report has been made (document observations that lead to the report, but not that a report was made).

EXTERNAL REPORTING PROCEDURE

1. All internal reports shall be promptly reviewed by the Compliance department. The Compliance Manager will update the Compliance Director and the President/CEO on the report.

2. If the investigation team finds there is a reason to believe maltreatment has occurred or the client has sustained an injury which is not reasonably explained, it will be promptly reported to MAARC. There can not be any retaliation toward the employee or client for the reporting of abuse or neglect.
3. International Quality Homecare staff have the option of directly reporting an incident of maltreatment or neglect directly to MAARC. However, IQH has a policy that requires employees to internally report the incident to the Compliance department. This allows IQH to respond promptly to incidents in order to put in protective steps, if needed, which may include removing alleged perpetrator from the environment.
4. If an employee has reasonable cause to believe that a vulnerable individual has died as a direct or indirect result of maltreatment, he/she shall report that information to the appropriate law enforcement agency, in addition to other reporting responsibilities outlined in this policy (employees should report to their supervisor and/or the Compliance department).
5. International Quality Homecare personnel should use reasonable judgement in reporting, making sure the information is accurate and/or apparent, and not merely hearsay.

Minnesota Statute 626.557: Maltreatment of Vulnerable Adults

1. Retaliation prohibited.
   a. A facility or person shall not retaliate against any person who reports in good faith suspected maltreatment pursuant against a vulnerable adult with respect to whom a report is made, because of the report.
   b. Any facility or person which retaliates against person because of a report of suspected maltreatment is liable to that person for actual damages, punitive damages up to $10,000 and attorney fees.
   c. There shall be a rebuttal be presumption that any adverse action, as defined further in this statute, within 90 days of a report, is retaliatory. (See the statute for further explanation)

Minnesota Statute 626.566: Maltreatment of Minors

2. a. An employer of any person required to make reports shall not retaliate against the person for reporting in good faith, abuse or neglect of a child and/or vulnerable adult, because of a report.
   b. The employer of any person required to report who retaliates against the person because of a report of abuse or neglect is liable to that person for actual damages and, in addition, a penalty up to $10,000.
   c. There shall be a rebuttable presumption that any adverse action within 90 days of a report is retaliatory. See actual statute 626,566, subdivision 4a.

CONFIDENTIALITY

1. All stages of the reporting process are considered confidential information and are not to be discussed with any person not directly involved or affected by the issue. However, should any portion of the issue be brought to a court of law any or all of the information may become public
2. Any person making a report in good faith will have immunity from any civil or criminal liability that otherwise might result from this reporting or participating in the investigation.
3. A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.
4. Failure to report is a misdemeanor and exposes the non-reporter to potential civil damages.

5. Any person who intentionally makes a false report is guilty of a misdemeanor and shall be liable for any actual civil damages suffered by the reported facility, and for any punitive damages up to $10,000 and attorney fees.

Data management by CEP

Data maintained by the common entry point are confidential data on individuals or protected nonpublic data as defined in section 13.02. the common entry point shall maintain data for three calendar years after date of receipt and then destroy the data unless otherwise directed by federal requirements.

Data from vulnerable adult maltreatment reports determined to be false or have no disposition are maintained at least a period of three years. Data maintained under this section by the commissioners of health and human services must be maintained under the following schedule and then destroyed unless otherwise directed by federal requirements:

(1) data from reports determined to be false, maintained for three years after the finding was made;

(2) data from reports determined to be inconclusive, maintained for four years after the finding was made;

(3) data from reports determined to be substantiated, maintained for seven years after the finding was made; and

(4) data from reports which were not investigated by a lead agency and for which there is no final disposition, maintained for three years from the date of the report."

AGENCY RESPONSIBILITIES

1. To admit clients for whom care can be safely provided. Clients shall be discharged when they are in a safe environment or under the care of an appropriate caregiver or agency.
2. To do background investigations of all individuals providing direct services to clients. If an agency is licensed by the Department of Human Services and/or Department of Health, the Department of Human Services is responsible for conducting these studies.
3. To provide staff education regarding Vulnerable Adult and Minor Protection policy:
   a) Education shall be included in orientation to all new employees.
   b) Inservice training shall be provided to all employees as new information becomes available.
4. Complete report form and call report to MAARC.
5. Director of Compliance and/or President/CEO reviews all reports and makes sure resolution has been reached.

EXCEPTIONS TO THE REPORTING REQUIREMENT:

1. Where federal law prohibits disclosure without consent (42 C.F.R. Part 2 - Confidentiality of Alcohol and Substance Abuse Treatment Programs).

2. Abuse by other clients or self-abuse if there is no serious harm
   a) Accident
   b) Single mistake
   c) Refusal of consent to treatment, including nutrition and hydration
   d) Decision to rely on prayer and cultural/religious practices
   e) Pre-existing, consensual sexual relationship.

PREVENTION

1. All personnel are required to assess each client individually to determine the client's vulnerability to abuse or neglect and develop a specific plan to minimize the risk of abuse to that client.
2. Preventive measures include but are not limited to:
   a) There must be a reasonable expectation that the client's needs can be met in the client's place of residence.
   b) Care plan - specific measures outlined following initial and ongoing assessment.
      i) Periodic review - to update and revise care plan.
   c) Identify high-risk situations with interventions of teaching and referral to appropriate community agencies.
3. Staff selected to provide care to clients shall be screened and interviewed to assure they have proper qualifications, reliable references, and adequate training. Employee orientation and ongoing education will be designed to enhance the skills and knowledge necessary to provide safe, quality care to clients and to carry forth the policies dealing with vulnerable adults/children.
4. The following clients need to be assessed:
   a) Those who are physically frail or have severe functional limitations.
   b) Those who show evidence of decreased mental functioning.
   c) Those with identified environmental hazards/safety concerns.
   d) Those who lack family support.
   e) Those lacking basic food, clothing, shelter, health care, or supervision.

INDIVIDUAL CONSIDERATIONS

1. For the physically frail or clients with severe functional limitations:
   a. Nurse observation of the client's ability to meet basic needs. For example, observe transfers, meal preparation, etc.
   b. If there are questions regarding the client's abilities, consult with the physician, the health care team members, and the caregiver (with the client's permission).
   c. Request a physical therapy evaluation to assess rehabilitation potential.
   d. Establish what neighborhood and caregiver supports are available.
   e. When independent living is no longer appropriate, help the client and caregiver with problem solving.
   f. Arrange for paraprofessional help, based on the client's needs and existing supports.
   g. Instruct the client on use of the 9-1-1 emergency telephone system.
2. For working with clients with decreased or decreasing mental functioning:
   a. This assessment is important in determining whether it is safe for the client to live independently. Concerns from caregivers, friends, or health care providers are important areas to examine.

b. The assessment may have to take place over a period of time. For example, the nurse may monitor medication compliance and set up a reminder system for the caregiver or nurse to supervise.
c. The nurse/social worker may acquaint the caregiver with respite care or senior-sitting services if a client cannot be left alone in the house.
d. International Quality Homecare staff may monitor the client's eating habits by weighing the client to see if the client has lost weight. The staff may then arrange for home-delivered meals.
e. The Nurse should assess whether changes in mental functioning have happened recently. Has a medical examination been done? Could medical treatment be the cause?
f. When the client's mental functioning is limited, include the caregiver in the problem-solving process to decide what alternatives are available. If a caregiver isn't available or if the caregiver lacks interest, refer the case to Social Services.

3. For addressing environmental hazards/safety concerns present in the home environment:
   a. Conduct a thorough assessment of the client's living areas using visual inspection and document findings.
   b. Educate the client to the hazards or potential problem areas that are present in his/her home environment.
   c. Refer safety concerns, such as basic housing repair or weatherization needs to the proper community resources.
   d. Talk with caregivers about needed repairs and safety precautions for the elderly who are not able to do the repairs (not low income).
   e. Encourage clients to report hazards to landlords or housing inspectors.
4. For addressing the lack of caregiver support and identifying alternatives in the community to broaden the client's support base:
   a. Arrange for a volunteer/friendly visitor.
   b. Link the client up with community senior groups, congregate dining,
   c. Retired Volunteer Senior Program, Home Delivered Meals.
   d. Arrange for volunteer transportation.
   e. Check the client's religious preferences and see what resources are available through local churches.
   f. The Registered Nurse/Therapist can monitor on a health supervision basis.
   g. Refer the client to Social Services for supervision and/or money management services.
   h. Assist the client in sorting through whether he/she is able to continue in his/her present living situation. Recommend possible alternatives.
   i. When a caregiver is available, see if he/she is aware of the client's needs and encourage the caregiver to give whatever support he/she can.
   j. Arrange for paraprofessional services for Home Health Aide/Homemaker when appropriate.
5. For adults lacking basic food, clothing, shelter, health care, or supervision:
   a. Have the client screened for public assistance.
   b. Refer the client to food shelves and Free Store for immediate food and clothing needs.
   c. Refer the client to Social Services Intake through the client's county to meet emergency shelter needs.

d. Refer the client to appropriate community resources or to Social Services Intake (county) to meet emergency health care needs if no financial resources are available.

ASSESSMENT: In completing an Assessment, the following items should be considered:

A) Assessment of physical environment
1. Doors accessible and in good repair.
2. Bed - clean, in good condition.
3. Furniture - chairs, table, equipment appropriate to individual needs.
4. Electrical items - lamps, cords, lights, switches (proper working order).
5. Faucets in working order.
6. Bathroom - toilet bowl and utensils clean and in good working order.
7. Kitchen - refrigerator proper temp and foods fresh; garbage control; sink drain working, range clean and in good working order.
8. Temperature of room - comfortable for client.
9. Fire safety - evacuation plan and functioning extinguisher (check review period).

B) Assessment of individual
10. Client's susceptibility to abuse by other individuals, including other vulnerable adults
11. The client's risk of abusing other vulnerable adults
12. Physical evidence of welts, bruises, untreated sores or injuries.
13. Injuries inadequately treated or untreated.
14. Evidence of poor overall care.
15. Given inappropriate food, drink or medication.
16. Inadequate supervision.
17. Behaviors which may be indicative of abuse or neglect, such as: excessive fear, crying, apathy, anxiety, behavioral extremes, depression.

C) Assessment of psychosocial - cultural
18. Family history of abuse or neglect.
19. High stress levels within the past year.
20. Family lacks knowledge and understanding of norms and needs of vulnerable individual.
21. Violation of rights of vulnerable individual including misuse of funds.
22. Family lacks social support network such as neighbors, friends, and relatives.
23. Cultural values stigmatize person with handicap, mental illness or other not defined as their "norm."
24. Family refers to vulnerable individual in abusive or derogatory manner.

INDIVIDUAL ABUSE PREVENTION PLAN

1. International Quality Homecare is required to develop an individual abuse prevention plan for each vulnerable individual that is receiving care.
2. Assessment will be completed, as noted above
3. An individual abuse prevention plan will be established for all identified areas of risk and will include:
   a) Assessment of the risk for maltreatment
   b) Assessment of risk for client to abuse other vulnerable adults

c) Care planning includes developing an individualized plan for each client to guide the clinical management of the client's care and statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adult.
d) The assessment and following abuse prevention plan will be documented in the client record.
e) Staff caring for the client will be instructed on the how to carry out the plan.
f) Periodic evaluations will be done to ensure that the plan is carried out.

Maltreatment of Minors

Purpose:

All employees have been hired to provide care and supervision to vulnerable clients. We must provide an environment that protects them from physical, emotional or financial harm. Through this training we will review:

- Who is a Minor
- Who should report
- What is considered maltreatment
- And where and what to report

Who is a Minor?

A minor is a person under the age of 18.

Who should report child abuse or neglect?

- Any person may voluntarily report abuse and neglect
- Those that work with minors in a licensed facility are legally required or mandated to report
- If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years, you must immediately make a report to an outside agency.

What constitutes maltreatment?

- **Neglect**
- **Physical Abuse**
- **Mental Injury**
- **Sexual Abuse**

Neglect is the most common form of maltreatment. It is usually a failure of a child's caregiver to:

- Provide needed food, clothing, shelter, medical or mental health care, education or appropriate supervision
- Protect a child from conditions or actions that endanger the child
- Take steps to ensure that a child is educated as required by law.

The following also may be considered neglect:

- Exposing a child to certain drugs during pregnancy
- Causing emotional harm to a child.

Physical Abuse is when a caregiver causes any physical injury, or threatens harm or substantial injury, on a child other than by accident. Physical abuse can range from minor bruises to severe internal injuries and death.

Mental Injury is harm to a child's psychological capacity or emotional stability evidenced by an observable and substantial impairment of a child's functioning.

Sexual Abuse is when a child is a victim of a criminal sexual act or threatened act committed by:

- A person responsible for a child's care
- A person who has a significant relationship to a child
- A person in a position of authority.

Where do you report?

If you know or suspect that a child is in immediate danger (such as recent sexual assault or a serious physical assault) or a child is abandoned, call your local law enforcement agency right away by calling 911.

- All reports concerning suspected abuse or neglect of children occurring in a licensed facility such as group home for children should be made to the Department of Human Services, Division of Licensing at (651) 431-6600.
- For a home care setting, call the MN Dept of Health, Office of Health Facility Complaints at (651) 201-4201 or (800) 369- 7994.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social service agencies or local law enforcement. See County Social Services Contact List.

If your report does not involve possible abuse or neglect but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6600.

If you are unsure whether you should make a report, call your local child welfare agency and report your concern. The child welfare agency will consult with you about the concern.

What do you report?

A report to any of the above agencies should contain enough information to:

- Identify the child involved
- Identify any person responsible for the abuse or neglect (if known)
- The nature and extent of the maltreatment and/or possible licensing violations

For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include:

- Any actions taken by the facility in response to the incident

An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to Report

A mandated reporter who knows or as reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or reoccurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Retaliation Prohibited

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review and take corrective action, if necessary, to protect the health and the safety of children in care. The internal review must include an evaluation of whether:

i. Related policies and procedures were followed
ii. The policies and procedures were adequate
iii. There is a need for additional staff training
iv. the reported event is similar to past events with the children or the services involved

v. There is a need for corrective action by the license holder to protect the health and the safety of children in care.

Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

The internal review will be completed by Chris Gilmore- Compliance Manager. If this individual is involved in the alleged or suspected maltreatment, Dr. Aderonke Mordi- CEO/ President will be responsible for completing the internal review.

Combined Federal and State Home Care Bill of Rights

This document, provided by the Minnesota HomeCare Association, meets all federal and Minnesota state bill of rights requirements.

Statement of Rights

A client who receives home care services has these rights and the provider must provide for the following rights:

*Client means Patient
*Provider means Medicare Certified Home Health Agency (HHA)

1. **Written information** in plain language **about rights during the initial visit, and in advance of the provider furnishing care to the client. The written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities**, including what to do if rights are violated.

2. **Contact information of the provider's administrator, including the administrator's name, business address, and business phone number in order to receive complaints.**

3. **Verbal notice of the client's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary.**

4. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.

5. Be told before receiving services and the right to **participate in, be informed about, and consent or refuse care in advance of and during treatment, with respect to:**

    - Other choices that are available for addressing home care needs and the potential consequences of refusing these services.
    - **Completion of all assessments.**
    - **The care to be furnished, based on the comprehensive assessment.**
    - **Establishing and revising the care plan.**
    - **The disciplines that will furnish care.**
    - **The frequency of visits.**
    - **Expected outcomes of care, including client-identified goals, and anticipated risks and benefits.**

- **Any factors that could impact treatment effectiveness.**
- Any changes in the care to be furnished.

6. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in decisions about changes to service plan.

7. **Receive all services outlined in the plan of care.**

8. Refuse service or treatment.

9. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.

10. Be told, before services are initiated, what the provider charges for the services; to what extent payment may be expected from health insurance, public programs or other sources-including **Medicare and Medicaid, or any other Federally-funded or Federal aid program known by the provider**, if known; what charges the client may be responsible for paying, and **any changes** to payment **information as soon as possible, in advance of the next provider visit.**

11. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.

12. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance or other health programs, or public programs.

13. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information, **including an Outcome and Assessment Information Set (OASIS) privacy notice for all clients for whom the OASIS data is collected.**

14. Access the client's own records and written information from those records in accordance with the Minnesota Health Records Act, Minnesota Statutes, Section 144.291 to 144.298.

15. Be served by people who are properly trained and competent to perform their duties.

16. Be treated with courtesy and respect, and to have the client's property treated with respect.

17. Be free from verbal, **mental**, **sexual** and physical abuse, **including injuries of unknown source**, neglect, financial exploitation/**misappropriation of property**, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.

18. Reasonable, advance notice of changes in services or charges, **in advance of a specific service being furnished, if the provider believes that the service may be non-covered care, or in advance of the provider reducing or terminating on-going care.**

19. Know the provider's reason for termination of services.

20. **Be informed of the provider's policies and procedures for transfer and discharge, in a language that the client can understand, and is accessible to individuals with disabilities, within 4 business days of the initial evaluation visit. The provider may only transfer or discharge the client if:**

    - **The transfer or discharge is necessary for the client's welfare because the provider and the physician who is responsible for the plan of care agree that the provider can no longer meet the client's needs, based on the client's acuity. The provider must arrange a safe and appropriate transfer to other care entities when the needs of the client exceed the providers' capabilities;**
    - **The client or payer will no longer pay for the services provided;**
    - **The transfer or discharge is appropriate because the physician who is responsible for the plan of care and the provider agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and the provider and the physician who is responsible for the plan of care agree that the client no longer needs the services.**
    - **The client refuses services, or elects to be transferred or discharged;**
    - **The provider determines, under a policy set by the provider for the purpose of addressing discharge for cause that meets the requirements of this section, that the client (or other persons in the client's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the client or the ability of the provider to operate effectively is seriously impaired. The provider must do the following before it discharges a client for cause:**
        - **Advise the client, representative (if any), the physician(s) issuing orders for the plan of care, and the client's primary care practitioner or other health care professional who will be responsible for providing care and services to the client after discharge from the provider (if any) that a discharge for cause is being considered.**
        - **Make efforts to resolve the problem(s) presented by the client's behavior, the behavior of other persons in the client's home, or situation.**
        - **Provide the client and representative (if any), with contact information for other agencies or providers who may be able to provide care.**
        - **Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records;**
    - **The client dies; or**
    - **The provider agency ceases to operate.**

21. Notice of Termination
    A. When the client receives services in an Assisted Living community, at least 30 days' advance notice of the termination of a service by a provider, except in cases where:
        - The recipient of services engages in conduct that alters the conditions of employment as specified in the employment contract between the home care provider and the individual providing home care services, or creates an abusive or unsafe work environment for the individual providing home care services;
        - An emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the home care provider; or
        - The provider has not received payment for services, for which at least ten days' advance notice of the termination of a service shall be provided.
    B. When the client receives home care services in the community, at least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
        - The client engages in conduct that significantly alters the terms of the service plan with the home care provider.
        - The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services.
        - An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.

22. A coordinated transfer when there will be a change in the provider of services.

23. Complain to staff and others of the client's choice about services, **treatment or care** provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services. **The right to be advised of the** MN Adult Abuse Reporting Center (MAARC), **that its purpose is to receive complaints and the state toll free home health telephone hot line, its contact information, hours of operation for questions about local providers**.

24. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance.

25. Know the name and address and telephone numbers of the state or county agency to contact for additional information or assistance **and, if applicable, federally funded entities that serve the area where the client resides.**

26. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation, **and be free from any discrimination or reprisal for exercising his or her rights for voicing grievances to the provider or other outside entity.**

27. **Be informed of the right to access auxiliary aids and language services and how to access these services.**
28. Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to assure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to fines and license actions.

Providers must do all of the following:

- Encourage and assist in the fullest possible exercise of these rights.
- Provide the names and telephone numbers of individuals and organizations that provide advocacy and legal services for clients and residents seeking to assert their rights.
- Make every effort to assist clients or residents in obtaining information regarding whether Medicare, medical assistance, other health programs, or public programs will pay for services.
- Make reasonable accommodations for people who have communication disabilities, or those who speak a language other than English.
- Provide all information and notices in plain language and in terms the client or resident can understand.

No provider may require or request a client or resident to waive any of the rights listed in this section at any time or for any reasons, including as a condition of initiating services or entering into an assisted living contract.

Interpretation and enforcement of rights

These rights are established for the benefit of clients who receive home care services. All home care providers must comply with these rights. The commissioner shall enforce this. A home care provider may not request or require a client to surrender any of these rights as a condition of receiving services. This statement of rights does not replace or diminish other rights and liberties that may exist relative to clients receiving home care services, persons providing home care services, or licensed home care providers.

Resources

You may contact your licensed provider as indicated below:

Licensee Name: _____

Phone: _____

Email: _____

Address: _____

Name & Title of person to whom problems or complaints may be directed: _____

_____

To report suspected abuse, neglect or financial exploitation of vulnerable adult:
MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)
Phone: 1-844-880-1574
For more information:
Vulnerable adult protection and elder abuse: (https://mn.gov/dhs/adult-protection/)

For all other complaints that are not suspected abuse, neglect or financial exploitation of a vulnerable adult, please contact the Office of Health Facility Complaints at the Minnesota Department of Health:

MINNESOTA DEPARTMENT OF HEALTH
OFFICE OF HEALTH FACILITY COMPLAINTS
PO Box 64970
St. Paul, Minnesota 55164-0970
Phone: 651-201-4201 or 1-800-369-7994
Fax: 651-281-9796
health.ohfc-complaints@state.mn.us
Office of Health Facility Complaints:
https://www.health.state.mn.us/facilities/regulation/ohfc/index.html

STATE TOLL-FREE MEDICARE CERTIFIED HOME HEALTH AGENCY TELEPHONE HOTLINE
For complaints and questions about local HHAs
Business hours: M-F, 8:00 am - 4:30 pm - Message can be left 24/7
Minnesota Department of Health
Office of Health Facility Complaints
Phone: 651-201-4201 or 1-800-369-7994
Fax: 651-281-9796
health.ohfc-complaints@state.mn.us
Office of Health Facility Complaints:
https://www.health.state.mn.us/facilities/regulation/ohfc/index.html

To request advocacy services, please contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities:

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE
PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555
MBA.OOLTC@state.mn.us
Ombudsman for Long-Term Care (http://www.mnaging.org/Advocate/OLTC.aspx)

OFFICE OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
121 7th Place East
Metro Square Building
St. Paul, MN 55101-2117
1-800-657-3506 or 651-757-1800
Ombudsman.mhdd@state.mn.us
Ombudsman for Mental Health and Developmental Disabilities: (https://mn.gov/omhdd/)

Additional Resources:

MID-MINNESOTA LEGAL AID/MINNESOTA DISABILITY LAW CENTER
(Protection and Advocacy Systems)
430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780
1-800-292-4150
mndlc@mylegalaid.org
Legal Aid: (http://mylegalaid.org/)

MINNESOTA DEPARTMENT OF HUMAN SERVICES
(Medicaid Fraud and Abuse - payment issues)
Surveillance and Integrity Review Services
PO Box 64982
St Paul, MN 55164-0982
1-800-657-3750 or 651-431-2650
DHS.SIRS@state.mn.us

SENIOR LINKAGE LINE
(Aging and Disability Resource Center/Agency on Aging)
Minnesota Board on Aging
PO Box 64976
St. Paul, MN 55155
1-800-333-2433
senior.linkage@state.mn.us
Senior Linkage Line: (www.SeniorLinkageLine.com)

CENTERS FOR INDEPENDENT LIVING
Department of Employment and Economic Development – Living Independently:
https://mn.gov/deed/job-seekers/disabilities/independent/
See website for names, addresses and telephone numbers.

MEDICARE BENEFICIARY AND FAMILY CENTERED CARE QUALITY IMPROVEMENT ORGANIZATION
Livanta LLC - BFCC-QIO Program
10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1105
1-888-524-9900, TTY 1-888-985-8775

STRATIS HEALTH (Quality Improvement Organization)
2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525
Telephone: 952-854-3306, toll-free 1-877-STRATIS (787-2847)
Fax: 952-853-8503
info@stratishealth.org

For general inquiries, please contact:

Minnesota Department of Health
Health Regulation Division
85 E. 7th Place
PO Box 64970
St. Paul, MN 55164-0970
651-201-4101
health.fpc-web@health.state.mn.us
www.health.state.mn.us

These rights pertain to clients receiving home care from Medicare certified providers per Minnesota Statute, Section 144A.44, Subdivision 1 except language in bold print which represents additional consumer rights under federal law 42CFR 484.50, and from Medicare certified agencies that are also licensed home care providers who deliver care in the community and for assisted living clients as defined by 144G.

The home care provider shall provide the client or the client's representative a written notice of the rights before the date that services are first provided to that client. The provider shall make all reasonable efforts to provide notice of the rights to the client or the client's representative in a language the client or client's representative can understand.

Revised Dec 2019