The following is a checklist to help guide your policy and procedure writing process that consists of key points from the 2013 Minnesota Statutes, Chapter 144A. Do not copy and paste the points as your agency’s policies and procedures. Copying and pasting the list will not satisfy the agency-specific policy and procedure requirements*.* **It is required you address each of the nine policies on the checklist and describe in detail the procedures your agency will follow.** We encourage you to use these guidelines for the rest of your agency’s policies and procedures.

Here are some important reminders:

1. Read the statutes carefully; include the statute title and number for each policy and procedure.
2. Include specific contact information as required.
3. Review your policies and procedures for correct grammar and punctuation prior to submitting.
4. Keep the format of each policy and procedure consistent with the rest.

Here is the link to the 2014 Minnesota Statutes Chapter 144A: <https://www.revisor.mn.gov/statutes/?id=144>A

**Reporting of maltreatment (626.556 and 626.557)**

1. What is the reason for the “Reporting of Maltreatment” public policy?
2. Who are the persons mandated to report at your facility? Define the term “Mandated Reporter.”

**List:**

1. An employer of any person required to make reports shall not retaliate against the person for reporting. If retaliation occurs, there is a penalty up to $10,000
2. Malicious and reckless reports are liable under civil suit
3. Failure to report and notify is a gross misdemeanor
4. Mandatory reporting to the medical examiner or coroner is required when a child has died as a result of neglect or abuse
5. The facility operator shall inform all mandated reporters employed by or otherwise associated with the facility of the duties required of mandated reporters and shall inform all mandatory reporters of the prohibition against retaliation for reports made in good faith
6. A mandated reporter shall immediately make an oral report to the common entry point
7. What is the contact information for the County Common Entry Points where your facility offers services? List only the CEPs your staff will need to contact.
8. What is your internal reporting of maltreatment procedure?

**List:**

1. A good faith reporter is immune from any civil or criminal liability
2. False reports shall be liable in civil suit.

**Requirements for instructors, training content, and competency evaluations for unlicensed personnel (144A.4795, Subd. 7)**

1. Training and competency evaluations of unlicensed personnel are conducted by a registered nurse (RN), or another instructor may provide the training in conjunction with the RN and includes the following:
2. Documentation requirements for all services provided;
3. Reports of changes in the client's condition to the supervisor designated by the home care provider;
4. Basic infection control, including blood-borne pathogens;
5. Maintenance of a clean and safe environment;
6. Appropriate and safe techniques in personal hygiene and grooming, including:
7. Hair care and bathing;
8. Care of teeth, gums, and oral prosthetic devices;
9. Care and use of hearing aids; and
10. Dressing and assisting with toileting;
11. Training on the prevention of falls for providers working with the elderly or individuals at risk of falls;
12. Standby assistance techniques and how to perform them;
13. Medication, exercise, and treatment reminders;
14. Basic nutrition, meal preparation, food safety, and assistance with eating;
15. Preparation of modified diets as ordered by a licensed health professional;
16. Communication skills that include preserving the dignity of the client and showing respect for the client and the client's preferences, cultural background, and family;
17. Awareness of confidentiality and privacy;
18. Understanding appropriate boundaries between staff and clients and the client's family;
19. Procedures to utilize in handling various emergency situations; and
20. Awareness of commonly used health technology equipment and assistive devices.
21. Observation, reporting, and documenting of client status;
22. Basic knowledge of body functioning and changes in body functioning, injuries, or other observed changes that must be reported to appropriate personnel;
23. Reading and recording temperature, pulse, and respirations of the client;
24. Recognizing physical, emotional, cognitive, and developmental needs of the client;
25. Safe transfer techniques and ambulation;
26. Range of motioning and positioning; and
27. Administering medications or treatments as required.

**Home care provider responsibilities of home care staff and orientation and annual training requirements (144A.4795 & 144A.4796):**

**List:**

1. All staff providing and supervising direct home care services must complete an orientation to home care licensing requirements and regulations before providing home care services to clients. The orientation need only be completed once for each staff person and is not transferable to another home care provider and contains the following:
2. Overview of Minnesota Statutes covering Home Care Program and Home Care Licensing 144A.43-144A.4798
3. Introduction and review of all the provider’s policies and procedures related to the provision of home care services;
4. Compliance with and reporting of the maltreatment of minors or vulnerable adults under sections [626.556](https://www.revisor.leg.state.mn.us/statutes/?id=626.556) and [626.557](https://www.revisor.leg.state.mn.us/statutes/?id=626.557);
5. Home care bill of rights under section [144A.44](https://www.revisor.leg.state.mn.us/statutes/?id=144A.44);
6. Handling of clients' complaints, reporting of complaints, and where to report complaints including information on the Office of Health Facility Complaints and the Common Entry Point;
7. Consumer advocacy services of the Office of Ombudsman for Long-Term Care, Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care Ombudsman at the Department of Human Services, county managed care advocates, or other relevant advocacy services; and
8. Review of the types of home care services the employee will be providing and the provider's scope of licensure.
9. Where will you keep record of the completed orientation for each employee?
10. Staff providing home care services must be oriented specifically to each individual client and the services provided. The orientation may be provided in person, orally, in writing, or electronically.
11. Will your facility provide services for persons with Alzheimer’s or related disorders? If so, the facility must provide training in:
12. Current explanation of Alzheimer’s disease and other related disorders
13. Effective approaches to use to problem-solve when working with a client’s challenging behaviors
14. How to communicate with clients who have Alzheimer’s or related disorders
15. How much training is required for staff that performs direct home care services?
	1. How many hours for each\_\_months of employment?
	2. How can the orientation be obtained?

**List what must be included in the annual training:**

1. Reporting of maltreatment of minors under section [626.556](https://www.revisor.leg.state.mn.us/statutes/?id=626.556) and maltreatment of vulnerable adults under section [626.557](https://www.revisor.leg.state.mn.us/statutes/?id=626.557), whichever is applicable to the services provided;
2. Review of the home care bill of rights in section [144A.44](https://www.revisor.leg.state.mn.us/statutes/?id=144A.44);
3. Review of infection control techniques used in the home and implementation of infection control standards including:
4. Review of hand-washing techniques;
5. The need for and use of protective gloves, gowns, and masks;
6. Appropriate disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
7. Disinfecting reusable equipment;
8. Disinfecting environmental surfaces;
9. Reporting of communicable diseases;
10. Review of the provider's policies and procedures relating to the provision of home care services and how to implement those policies and procedures.
11. A home care provider must retain documentation in the employee records of the staff that has satisfied the orientation and training requirements of this section.
	1. Where will your facility retain the documentation?

**Complaint and investigation process (144A.4791, Subd. 11)**

1. What is your facility’s policy and system for receiving, investigating, reporting, and attempting to resolve complaints from clients or clients’ representatives?
	1. What is the process by which clients may file a complaint or concern about home care services?
	2. What is the complaint process to accommodate any special needs of the client or client’s representative?
2. What is the policy for retaliation if a client expresses their concerns or complaints? (See Subd. 11 (c)(4)(d))
3. What is your process to conduct investigations of complaints made by the client or client’s representatives about the services in the client’s plan that are not being provided or other items covered in the client’s home care bill of rights?

**List:**

1. The home care provider must document:
	1. the complaint,
	2. name of the client,
	3. investigation, and
	4. resolution of each complaint filed.
2. The home care provider must maintain a record of all activities regarding complaints received, including:
	1. the date the complaint was received, and
	2. the home care provider's investigation and resolution of the complaint.
	3. This complaint record must be kept for each event for at least two years after the date of entry and must be available to the commissioner for review.
3. The required complaint system must provide for written notice to each client or client's representative that includes:
	1. the client's right to complain to the home care provider about the services received;
	2. What is the name or title of the person or persons with the home care provider to contact with complaints?
	3. What is the method of submitting a complaint to the home care provider? and

**Service Plan, implementation, and revisions to service plan (144A.4791, Subd. 9)**

 **List:**

1. A home care provider shall finalize a current written service plan no later than 14 days after the initiation of services to the client.
2. The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client’s representative documenting agreement on the services to be provided.
3. The service plan must be revised, if needed, based on client review or reassessment under subd. 7 and 8 (Basic individualized client review and monitoring and Comprehensive assessment, monitoring, and reassessment).
4. What is the facility’s process to provide information to the client about changes to the provider’s fee for services? How can the client contact the Office of the Ombudsman for Long-Term Care if they have further questions?

**List:**

1. The service plan must include:
	1. The description of the home care services to be provided, the fees for services, and the frequency of each service, according to the client's current review or assessment and client preferences;
	2. The identification of the staff or categories of staff who will provide the services;
	3. The schedule and methods of monitoring reviews or assessments of the client;
	4. The frequency of sessions of supervision of staff and type of personnel who will supervise staff; and
2. What is your agency’s contingency plan?:
3. What is the action to be taken by the home care provider and by the client or client's representative if the scheduled service cannot be provided?
4. What is the information and method for a client or client's representative to contact the home care provider?
5. Include the names and contact information of persons the client wishes to have notified in an emergency or if there is a significant adverse change in the client's condition, including identification of and information as to who has authority to sign for the client in an emergency
6. Specify the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the client under those chapters.

**Home care bill of rights (144A.4791, Subd. 1)**

1. What is you

1. r agency’s written notice of the rights under section 144A.44 and who do you need to give the written notice to? When do you have to give them the written notice?
2. What will your agency do if the client or client’s representative cannot understand the language the bill of rights is written in?
3. What is the process to prove the client received the home care bill of rights? What if the client or client’s representative could not receive the home care bill of rights? Where will this documentation be retained?
4. Include the example of your agencies home care bill of rights and be sure it includes the following:
	1. "If you have a complaint about the provider or the person providing your home care services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota Department of Health. You may also contact the Office of Ombudsman for Long-Term Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."
	2. What are the telephone number, Web site address, e-mail address, mailing address, and street address of the Office of Health Facility Complaints at the Minnesota Department of Health?
	3. What is the contact information for the Office of the Ombudsman for Long-Term Care, and the Office of the Ombudsman for Mental Health and Developmental Disabilities?
	4. What is the home care provider's name, address, e-mail, telephone number, and name or title of the person at the provider to whom problems or complaints may be directed?
	5. What is the statement that your agency will include indicating that the home care provider will not retaliate because of a complaint?

**Employee Health Status: Tuberculosis prevention and control (144A.4798 Subd. 1)**

1. What is your TB prevention and control program based on the most current guidelines issued by the CDC?
2. What will your agency do to screen the staff (both paid and non-paid) that provide home care services at the time of hire for active TB disease and latent TB infection?
3. What is your agency’s TB infection control plan and how will you implement it?

**Comprehensive assessment, monitoring, and reassessment (144A.4791, Subd. 8)**

1. What staff person must complete the individualized initial assessment?
2. If the services are provided by other licensed health professionals, who can complete the assessment?
3. When does the initial assessment need to be completed?
4. When does the client’s monitoring and reassessment need to be conducted and where?
5. How many days from the last date of the assessment can the ongoing client monitoring and reassessment be conducted as needed based on changes in the needs of the client?
6. How can the monitoring and reassessment be conducted? What can be used to meet the standards of the individual client’s needs?

**Provision of services: Supervision of staff providing delegated nursing or therapy home care tasks (144A.4797 Subd. 1 and 3)**

1. Who is the staff person available to staff for consultation on delegated nursing tasks and other items relating to the provision of services, therapies, or about the client?
2. What is the contact information of the staff person available for consultation? How can the person be readily available for staff at times when the staff is providing services?
3. What is your facility’s process for supervision of staff providing delegated nursing or therapy home care tasks?
	1. When must they be supervised?
	2. What will be supervised and how will the staff person relay provlems and solutions related to the staff person’s ability to perform the tasks?
	3. Who will supervise medication and treatment administration and what type of observation must be included?
	4. When does the direct supervision of staff performing delegated tasks need to be completed? Does this requirement also apply to staff that have not performed delegated tasks for one year or longer?
4. Where must the provider retain documentation of supervision activities?