



PROGRAM POLICIES & PROCEDURES

Updated 01/01/2026

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1 ADMISSION POLICY AND PROCEDURES**1.00 Purpose:**

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including Merrick's admission criteria and processes. If position titles listed in this policy change before the next policy review, the responsibilities associated with that position will be reassigned by the Executive Director.

2.00 Application:

This policy applies to each person initiating service and each client of Merrick, Inc., (hereinafter "Company").

3.00 Policy Statement:

Services may be provided by the Company as a registered and licensed program according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the person's service-related and protection-related rights identified in MN Statutes, section 245D.04. The Company may provide services to persons with disabilities, including, but not limited to, intellectual or developmental disabilities, brain injury, mental illness, age-related impairments, or physical, sensory, and medical conditions when the Company is able to meet the person's needs. The company may deny admission based on the following criteria:

- 3.10 Prescribed medical marijuana.
- 3.20 Prescribed injectable medications.
- 3.30 Prescribed oxygen that cannot be managed within the client's assigned support ratio as listed below:
 - 3.301 The client cannot manage the physical handling of the tank;
 - 3.302 The client cannot manage the flow or amount of oxygen being administered;
 - 3.303 The client refuses to use it as prescribed;
 - 3.304 The oxygen tank cannot be secured and used during transportation.
- 3.40 Other medical needs that cannot be managed within the client's assigned support ratio or Support Plan Addendum (SPA).
- 3.50 Criminal history that poses an imminent risk of harm to self or others.

Documentation from the admission/service initiation, assessments, and service planning processes related to the Company's service provision for each client and as stated within this policy will be maintained in their record.

4.00 Procedures:**4.10 Admission criteria:**

- 4.11 Certain criteria will be used by the Company to determine whether the company is able to provide services to meet the needs of the person as specified in their *Support Plan (SP)*. In addition to registration and licensed ability, the criteria includes:
 - 4.111 Person has a DSMIII diagnosis documented by a licensed psychologist, psychiatrist, physician, or other qualified professional.
 - 4.112 Person must have been screened and authorized for services in accordance with Minnesota Statutes, section 245D.03, subdivision 1.
 - 4.113 Persons 18 years of age or older will be considered for services regardless of race, color, creed, gender, national origin, religion, HIV/HBV status, affectional preference, public assistance status, or marital status.

- 4.114 Persons will not be denied services based exclusively on the basis of the type of residential services they are receiving, on the basis of the severity of disability, lack of communication skills, independent living skills, behavioral disorders, or past history to make progress.
- 4.115 Reasonable accommodations shall be made as required under the Americans with Disabilities Act.
- 4.12 When a person and/or legal representative requests services from the Company, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and the Company's lack of capacity to meet those needs.
- 4.13 The Company must not refuse to admit a person solely upon the type of residential services the person is receiving or solely on the person's:
 - 4.131 Severity of disability.
 - 4.132 Orthopedic or neurological handicaps.
 - 4.133 Sight or hearing impairments.
 - 4.134 Lack of communication skills.
 - 4.135 Physical disabilities.
 - 4.136 Toilet habits.
 - 4.137 Behavioral disorders.
 - 4.138 Past failures to make progress.
- 4.14 The Company may offer a trial enrollment for a specified period when either of the following occurs.
 - 4.141 The Interdisciplinary Team (IDT) cannot identify the person's specific support needs due to a new environment and needs the assessment period to identify those needs.
 - 4.142 The person's support needs are not consistent with the company's assessment upon enrollment and needs the assessment period to come to agreement on those support needs.
- 4.15 Documentation regarding the basis for the refusal will be completed using the Admission Refusal Notice and must be provided to the person and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Program Director (PD) or designee.
- 4.16 In the event that a person meets the criteria for admission and the program does not have an opening that meets their service needs, the person will be placed on a waiting list and will be notified when an appropriate opening becomes available.
- 4.17 The Program Director(s) or designee will approve all admissions, trial admissions, or denials and document in writing.
- 4.20 Admission process and requirements:
 - 4.21 In the event of an emergency service initiation, the Company must ensure that employee training on the client's needs occurs within 72 hours of the employee first having unsupervised contact with the client. The Company must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's record.
 - 4.22 Prior to, or upon the initiation of services, the PD or designee will develop, document, and implement the Individual Abuse Prevention Plan according to MN Statutes, section 245A.65, subdivision 2.

4.23 The PD or designee will ensure that during the admission process the following will occur:

- 4.231 Each client and/or legal representative is provided with a written list of the Client Rights that identifies their rights according to MN Statutes, 245D.04, subdivisions 2 and 3.
 - 4.2311 An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
 - 4.2312 Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the client and/or legal representative.
 - 4.2313 Clients will be advised of the Company's Program Abuse Prevention Plan within 24 hours of service admission unless they would benefit more from a later explanation that will be completed within 72 hours.
 - 4.2314 An explanation of and provision of a copy of the Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults will be provided to the client and/or legal representative and case manager within 24 hours of admission unless they would benefit more from a later explanation completed within 72 hours.
- 4.232 An explanation and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures will be provided to the client and/or legal representative and case manager:
 - 4.2332 Policy and Procedure on Grievances
 - 4.2322 Policy and Procedure on Temporary Service Suspension
 - 4.2323 Policy and Procedure on Data Privacy
 - 4.2324 Policy and Procedure on Emergency Use of Manual Restraint
 - 4.2325 Policy and Procedure on Service Termination
 - 4.2326 Policy and Procedure on Reporting Maltreatment of Vulnerable Adults and Internal Review Policy
 - 4.2327 Policy and Procedure on Reporting Maltreatment of Minors and Internal Review
 - 4.2328 Policy and Procedure on Program Support Ratios and Service Rates
- 4.233 Within five (5) business days of service initiation, and annually thereafter, the Company will obtain written authorization from the client and/or legal representative for the following:
 - 4.2331 Authorization for Medication and Treatment Administration
 - 4.2333 Authorization to Act in an Emergency
 - 4.2334 Standard Release of Information
 - 4.2335 Specific Release of Information
 - 4.2336 Safekeeping of Funds and Personal Property
 - 4.2337 The Admission Form and Data Sheet (signed by the client and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team and others as identified by the client and/or legal representative).
- 4.24 During the admission meeting, the support team and other people as identified by the client and/or legal representative team will discuss:
 - 4.241 The Company's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the SP and/or SPA.
 - 4.242 Desired frequency of progress reports and progress review meetings (minimum annually).
 - 4.243 *Initial funds and personal property authorization* and the PD or designee will survey, document, and implement the preferences of the client and/or legal representative and case

manager for the frequency of receiving statements that itemizes receipt and disbursements of funds or other property. Changes will be documented and implemented when requested.

4.244 If a client's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, the Company will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning, and will be reviewed upon annual service renewal, and kept on file as long as it is valid.

4.30 Admission process follow up and timelines:

4.31 The PD or designee will ensure that the client's other providers, medical and mental health care professionals, and vendors are notified of the Company's change in address and phone number.

4.32 The PD or designee will ensure that the client's record is assembled according to company standards.

4.33 Within 15 calendar days of service initiation, the PD or designee will complete a preliminary SPA that is based upon SP. At this time, the client's name and date of admission will be added to the Admission and Discharge Register maintained by the PD or designee.

4.34 The following will be completed for clients admitted after January 1, 2014 who require a Positive Support Transition Plan for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D:

4.341 The Positive Support Transition Plan must be developed and implemented within 30 calendar days of service initiation.

4.342 No later than 11 months after implementation date, the plan must be phased out.

4.35 Before the initial planning meeting, the PD or designee will complete the Self-Management Assessment regarding the client's ability to self-manage in health and medical needs, personal safety, and symptoms or behavior. This assessment will be based on the client's status within the last 12 months at the time of service initiation.

4.36 Before providing 45 calendar days of service provision, or within 60 calendar days of service initiation, whichever is shorter, the support team and other people as identified by the client and/or legal representative must meet and use the SP, relevant assessments, and any person-centered planning documents to complete the following:

4.361 The scope of services to be provided to support the client's daily needs and activities.

4.362 Outcomes and necessary supports to accomplish the outcomes.

4.363 The client's preference for how services and supports are provided including how the Company will support them to have make choices about their schedule.

4.364 Whether the current service setting is the most integrated setting available and appropriate for the client.

4.365 Opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences.

4.366 Opportunities for access, participation, and inclusion in preferred community activities.

4.367 Opportunities to develop and strengthen personal relationships with others of the client's choice in the community.

4.368 Opportunities to work at competitively paying jobs in the community.

- 4.369 How services for this client will be coordinated across 245D licensed providers and members of the support team to ensure continuity of care and coordination of services for the client.
- 4.37 Within 10 working days of the initial planning meeting, the PD or designee will develop a service plan that documents outcomes and supports for the client based upon the assessments completed at the initial planning meeting.
- 4.38 Within 20 working days of the initial planning meeting, the PD or designee will submit to and obtain dated signatures from the client and/or legal representative and case manager to document completion and approval of the assessment and SPA.
- 4.39 If, within 10 working days of this submission, the legal representative or case manager has not signed and returned the assessments or has not proposed written modifications, the submission is deemed approved and the documents become effective and remain in effect until the legal representative or case manager submits a written request to revise the documents.
- 4.40 At the initial planning meeting, and annually thereafter, the client and/or legal representative, case manager, and other people as identified by the client are to discuss how technology might be used to meet their desired outcomes and summarize in the *SP* and/or SPA. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision is finalized.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

2 ALZHEIMER'S OR RELATED DISORDERS POLICY**1.00 PURPOSE:**

The purpose of this policy is to establish guidelines for training provided by Merrick, Inc., (hereinafter "Company") to its employees assigned to support clients diagnosed with Alzheimer's or related disorders as required in Minnesota Statutes, section 245A.04, subdivision 12.

2.00 APPLICATION:

This policy applies to all clients enrolled and employees assigned to support clients diagnosed with Alzheimer's or related disorders.

3.00 POLICY:

The Company will provide training in dementia care to any employee regularly scheduled to support clients diagnosed with Alzheimer's or related disorders.

4.00 PROCEDURES:

- 4.10 All Company employees regularly assigned to support clients diagnosed with Alzheimer's or related disorders will complete the following training:
 - 4.11 An explanation of Alzheimer's disease and related disorders;
 - 4.12 Assistance with activities of daily living;
 - 4.13 Problem solving with challenging behaviors; and
 - 4.14 Communication skills.
- 4.20 When requested by a client/guardian, the Company shall provide, in written or electronic form, a description of the dementia training curriculum, the categories of employees trained, and the frequency of training.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

3 CLIENT GRIEVANCE POLICY

1.00 Purpose

The purpose of this policy is to promote client rights by providing them and/or their legal representatives (hereinafter “reporter”) with a simple process to address grievances.

2.00 Application

This policy applies to each client from Merrick, Inc., or their legal representative, and any individual who is either employed by, volunteers, or has a service agreement with Merrick, Inc.

3.00 Policy Statement

Each client and/or legal representative will be encouraged and assisted to continuously share ideas and express concerns through informal discussions with employees and in support team meetings. Each concern will be addressed, and attempts will be made to reach a fair resolution in a reasonable manner.

Should a reporter feel a concern has not or cannot be resolved through informal discussion, it will become a grievance, defined as an unresolved statement of concern. All grievances will be documented and submitted to the Executive Director. Employees, clients and/or legal representatives will receive training regarding the grievance procedure. This policy will be provided, orally and in writing, to all clients and/or their legal representatives.

The Program Director (PD) or designee will ensure that during the service initiation process that there is orientation for the client and/or legal representative to the Company’s policy on addressing grievances. When requested by the client or their legal representative, at the Company’s sole discretion interpretative services may be provided throughout the grievance process for clients that do not communicate verbally or speak English. If desired, assistance from an outside agency (i.e., ARC, MnDLC, or MN Office of the Ombudsman) may be sought to assist with the grievance.

Clients and/or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

4.00 Procedure

4.10 Reporting grievances:

4.11 All concerns affecting a client’s health and safety will be responded to immediately by the recipient of the concern or Assistant Program Director (APD). Concerns not resolved to a reporter’s satisfaction may become a grievance using the process outlined in 4.20.

4.12 Any employee aware of a client’s unresolved concern can assist them to initiate the grievance policy by contacting their APD.

- 4.13 At least annually, each client will be informed of who is on their support team and can assist them in resolving concerns.
- 4.20 Making a grievance:
 - 4.21 A concern that is not addressed to the reporter's satisfaction will become a grievance.
 - 4.22 Employees receiving a client grievance will immediately inform the APD and follow this policy. The APD will document the grievance and may speak to relevant parties to better understand the situation. Assistance requested by a reporter will be provided. Additional information on outside agencies that can provide assistance to the reporter are listed at the end of this policy.
 - 4.23 When a concern is reported, the APD will initially respond in writing to the reporter that initiated the concern within 14 calendar days of receipt.
 - 4.24 The APD will first determine if the situation qualifies as a grievance. If not, this determination will be documented on a *Client Concern Summary* form and forwarded to both the reporter and the PD. If the reporter is pleased with the response given and does not request a reconsideration within 5 working days a satisfactory response will be documented on the form and placed in the client's file and the concern closed. If the reporter is not satisfied with the response, within 5 working days from the receipt the reporter can submit additional information for reconsideration directly to the PD. After reviewing the additional information, the PD will either initiate the grievance process or advise the reporter that the situation does not qualify as a grievance and the case closed. There is no procedural reconsideration of this determination.
 - 4.25 If a concern is determined to qualify as a grievance, the APD will then notify the Executive Director who will respond with a determination within 14 calendar days.

The Executive Director Contact Information is listed here;

Mike Greenbaum
5014 Stewart Avenue
White Bear Lake, MN 55110
(651) 789-6209 w
(651) 983-6630 c

- 1.27 All grievances will be resolved within 30 calendar days of receipt unless the Executive Director documents the reason for the delay and a plan for the resolution.
- 2.27 If the client and/or legal representative believe their rights have been violated, they retain the option of contacting the MAARC at any time in this process. In addition, reporters may contact advocacy agencies (listed at the end of this policy) and state they would like to file a formal grievance regarding their services, provider company, etc.

4.30 Grievance review:

4.31 As part of the resolution process, a grievance review will be completed by the Executive Director and documented by using the *Client Grievance Summary and Resolution Notice* form. The grievance review will include an evaluation of whether:

4.311 Related policies and procedures were followed.

4.312 The policies and procedures were adequate.

4.313 There is a need for additional employee training.

4.314 The grievance is similar to past grievances with the clients, employees, or services involved.

4.315 There is a need for corrective action by the company to protect the health and safety of clients.

4.32 Based upon the results of the grievance review the company will develop, document, and implement an action plan designed to correct any current lapses and/or potential future lapses in performance by employees or the company.

4.33 A copy of the *Client Grievance Summary and Resolution Notice* form will be provided to the client and/or legal representative.

4.40 Archival.

4.41 The *Client Grievance Summary and Resolution Notice* will be maintained in the client's record.

STATE AND COUNTY ADVOCACY AGENCIES

ARC MN	(651) 523-0823 (800) 582-5256	770 Transfer Road, Suite 26, St. Paul, MN 55114 www.thearcofminnesota.org mail@arcmn.org
ARC Greater Twin Cities	(952) 920-0855	2446 University Ave W, Suite 110, St. Paul, MN 55114 www.arcgreatertwincities.org info@arcgreatertwincities.org
Disability Law Center/Legal Aid Society	(612) 332-1441	430 1 st Ave North, Minneapolis, MN 55401 www.mndlc.org website@mylegalaid.org
MN DHS Department of Licensing	(651) 431-6500	444 Lafayette Road, St. Paul, MN 55115 www.mn.gov/dhs/general-public/licensing/ dhs.info@state.mn.us
MN Office of the Ombudsman for MH/DD	(651) 757-1800 (800) 657-3506	121 7 th Place East, Suite 420, Metro Square Building, St. Paul, MN 55101 www.ombudmhdd.state.mn.us ombudsman.mhdd@state.mn.us
MN Office of the Ombudsman for Long-Term Care	(651) 431-2555 (800) 657-3591	P.O. Box 64971, St. Paul, MN 55164 www.dhs.state.mn.us/main dhs.info@state.mn.us
Local County Social Service Agency: ask for either child protection or adult protection dependent upon the age of the person	Individual telephone number per county: See *	Individual addresses per county: See * Telephone book www.yellowpages.com https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG

MN AREA ON AGING:

	MN Area on Aging	Telephone Numbers	Address and Email Address: http://mn4a.org/aaas/
4.	Metropolitan Area Agency on Aging	Main: 651-641-8612 Fax: 651-641-8618	2365 N McKnight Road, Suite 3 North St. Paul, Minnesota 55109 Serves: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington counties

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

4 DATA PRIVACY POLICY**1.00 PURPOSE**

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

2.00 APPLICATION

This policy applies to each client from Merrick, Inc., and any individual who is either employed by, volunteers, or has a service agreement with Merrick, Inc.

3.00 POLICY STATEMENT

Merrick, Inc., encourages data privacy in all areas of practice and will implement measures to ensure that data privacy is upheld according to MN Government Data Practices Act, section 13.46. The Company will also follow guidelines for data privacy as set forth in the Health Insurance Portability and Accountability Act (HIPAA) to the extent the company performs a function or activity involving the use of protected health information and HIPAA's implementing regulations, Code of Federal Regulations, title 45, parts 160-164, and all applicable requirements. The Executive Director will exercise the responsibility and duties of the "responsible authority" for all program data, as defined in the Minnesota Data Practices, MN Statutes, Chapter 13. Data privacy will hold to the standard of "minimum necessary" which entails limiting protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

4.00 PROCEDURES**4.10 Private data**

4.11 Private data includes all information on persons that has been gathered by the Company or from other sources for program purposes as contained in an individual data file, including their presence and status in this Company.

4.12 Data is private if it is about clients and is classified as private by state or federal law. Only the following persons are permitted access to private data:

- 4.121 The individual who is the subject of the data or their legal representative.
- 4.122 Anyone to whom the individual gives signed consent to view the data.
- 4.123 Employees of the welfare system whose work assignments reasonably require access to the data. This includes employees in this Company.
- 4.124 Anyone the law says can view the data.
- 4.125 Data collected in the welfare system about clients is considered welfare data. Welfare data is private data on clients; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this Company and other licensed caregivers jointly providing services to the same client.

4.126 Once informed consent has been obtained from the client, or their legal representative, there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, coordinating, and implementing services.

4.13 Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before their death.

4.20 Providing Notice

4.21 At the time of service initiation, the client and their legal representative, if any, will be notified of this Company's data privacy policy. The Program Director or Program Plan Coordinator will document that this information was provided to the client and/or their legal representative in the client's record, and that a copy of this policy was provided to them and their legal representative.

4.30 Obtaining Informed Consent or Authorization for Release of Information

4.31 At the time informed consent is being obtained employees must tell the client or the legal representative the following:

- 4.311 Why the data is being collected.
- 4.312 How the agency intends to use the information.
- 4.313 Whether the individual may refuse or is legally required to furnish the information.
- 4.314 What known consequences may result from either providing or refusing to disclose the information, with whom the collecting agency is authorized by law to share the data, and what the person can do if they believe the information is incorrect or incomplete.
- 4.315 How the individual can see and get copies of the data collected about them, and any other rights that the person may have regarding the specific type of information collected.

4.32 A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):

- 4.321 Written in plain language;
- 4.322 Dated;
- 4.323 Designates the particular agencies or person(s) who will get the information;
- 4.324 Specifies the information which will be released;
- 4.325 Indicates the specific agencies or person who will release the information;
- 4.326 Specifies the purposes for which the information will be used immediately and in the future;
- 4.327 Contains a reasonable expiration date of no more than one year; and
- 4.328 Specifies the consequences for the person by signing the consent form, including:
 - Why I am being asked to release this information.
 - I do not have to consent to the release of this information, but not doing so may affect this Company's ability to provide needed services to me.
 - If I do not consent, the information will not be released unless the law otherwise allows it.
 - I may stop this consent with a written notice at any time, but this written notice will not affect information this Company has already released.
 - The person(s) or agency(ies) who get my information may be able to pass it on to others.
 - If my information is passed on to others by this Company, it may no longer be protected by this authorization.

- This consent will end one year from the date I sign it, unless the law allows for a longer period."

4.329 Maintain all informed consent documents in the client's record.

4.40 Employee Access to Private Data

4.41 This policy applies to all program employees, volunteers, and persons or agencies under contract with this Company (paid or unpaid).

4.42 Employees do not automatically have access to private data about the clients served by this Company or about other employees or agency personnel. Employees must have a specific work function need for the information. Private data about clients is available only to those program employees whose work assignments reasonably require access to the data or who are authorized by law to have access to the data.

4.43 Any written or verbal exchanges about a client's private information by employees with other employees or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the client whose private data is being shared.

4.44 As a general rule, doubts about the correctness of sharing information should be referred to the client's Program Director.

4.50 Client access to private data

4.51 Clients or their legal representatives have a right to access and review the client record.

4.52 An employee will be present during the review and will make an entry in the client's progress notes as to the client who accessed the record, date and time of review, and list any copies made from the record.

4.53 A client may challenge the accuracy or completeness of information contained in the record. Employees will refer the client to the grievance policy for lodging a complaint.

4.54 Clients may request copies of pages in their record.

4.55 No client, legal representative, employee, or anyone else may permanently remove or destroy any portion of the client's record.

4.60 Case manager access to private data

4.61 A client's case manager and the foster care licensor have access to the records of clients served by the Company under section 245D.095, subd. 4.

4.70 Emergencies

4.71 Information will be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the client or other individuals or persons. The Program Director and/or Program Plan Coordinator will ensure the documentation of the nature of the emergency; the type of information disclosed; to whom the information was disclosed; how the information was used to respond to the emergency; and when and how the client and/or legal representative was informed of the disclosed information.

- 4.80 Requesting Information from Other Licensed Caregivers or Primary Health Care Providers
- 4.81 Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose of the request.
- 4.82 Clearly identify the recipient of information. If information is to be sent to the Company's health care consultant or other employees at the Company, include Attention: (name of person to receive the information), and the name and address of the Company.
- 4.83 Assure informed consent to share the requested private data with the person or entity has been obtained from the client or their legal representative.
- 4.84 Keep the document in the client's record.
- 4.90 The Program Director and/or Program Plan Coordinator will ensure that all information for clients is secure and protected from loss, tampering, or unauthorized disclosures. This includes information stored by computer for which a unique password and user identification is required.
- 4.100 All employees will receive training at orientation and annually thereafter on this policy and their responsibilities related to complying with data privacy practices.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

5 EMERGENCY USE OF MANUAL RESTRAINTS POLICY**1.00 PURPOSE:**

The purpose of this policy is to promote the rights of clients served by this Company and to protect their health and safety during the emergency use of manual restraints. “Emergency Use of Manual Restraint” (EUMR) means using a manual restraint when a client poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a client’s refusal to receive or participate in treatment or programming on their own, does not constitute an emergency.

2.00 APPLICATION:

This policy applies to each client of Merrick, Inc., and any individual who is either employed by, volunteers, or has a service agreement with Merrick, Inc.

3.00 POLICY STATEMENT:

Merrick, Inc., will comply to the fullest extent possible with rules and regulations governing EUMR.

4.00 PROCEDURES:**4.10 Positive support strategies and techniques required.**

4.11 The following positive support strategies and techniques must be used to the extent possible in an attempt to de-escalate a client’s behavior before it poses an imminent risk of physical harm to self or others:

- Follow individualized strategies in a client’s Support Plan (SP) and Support Plan addendum (SPA);
- Shift the focus by verbally redirecting the client to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate behavior;
- Offer choices, including activities that are relaxing and enjoyable to the client;
- Use positive verbal guidance and feedback;
- Actively listen to the client and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate the client;
- Speak calmly with reassuring words and consider volume, tone, and non-verbal communication;
- Simplify a routine or discontinue until the client is calm and agrees to participate;
- Respect the client’s need for physical space and/or privacy; or
- Have a preferred employee help the client attempt to de-escalate their behavior.

4.12 The Company will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each client served when required in order to:

- 4.121 Eliminate the use of prohibited procedures as identified in 4.30 of this policy;
- 4.122 Avoid the EUMR as identified in 1.00 of this policy;
- 4.123 Prevent the client from physically harming self or others; or

4.124 Phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

4.20 Permitted actions and procedures.

4.21 Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this Company. When used on a continuous basis, it must be addressed in a client's SPA. Any use of manual restraint as a permitted action or procedure must comply with the restrictions stated in section 4.50 of this policy - "Conditions for Emergency Use of Manual Restraint".

4.22 Physical contact or instructional techniques must be using the least restrictive alternative possible to meet the needs of the client and may be used to:

- 4.221 Calm or comfort a client by holding the person with no resistance from that person;
- 4.222 Protect a client known to be at risk or injury due to frequent falls as a result of a medical condition;
- 4.223 Facilitate the client's completion of a task or response when the client does not resist or their resistance is minimal in intensity and duration;
- 4.224 Block or redirect a client's limbs or body without holding them or limiting their movement to interrupt their behavior that may result in injury to self or others with less than 60 seconds of physical contact by an employee; or
- 4.225 Redirect a client's behavior when the behavior does not pose a serious threat to the client or others and the behavior is effectively redirected with less than 60 seconds of contact by an employee.

4.23 Restraint may be used as an intervention procedure to:

- 4.231 Allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a client;
- 4.232 Assist in the safe evacuation or redirection of a client in the event of an emergency and the client is at imminent risk of harm; or
- 4.233 Position a client with physical disabilities in a manner specified in their SPA.

4.30 Prohibited Procedures

4.31 Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic approach to reduce or eliminate behavior, as punishment, or for employee convenience, is prohibited by the Company:

- Chemical restraint;
- Manual restraint;
- Mechanical restraint;
- Time out or seclusion;
- Prone restraint;
- Faradic shock;
- Speaking to a client in a manner that ridicules, demeans, threatens or is abusive;
- Using physical intimidation/show of force;
- Denying or restricting a client's access to equipment and devices such as wheelchairs, walkers, hearing aids and communication boards that facilitate their functioning;
- Using painful techniques;
- Hyperextending or twisting a client's body parts;
- Tripping or pushing a client;

- Using punishment of any kind;
- Requiring a client to assume and maintain a specified physical position or posture;
- Using forced exercise;
- Totally or partially restricting a client's senses;
- Presenting intense sounds, lights other sensory stimuli;
- Using a noxious smell, taste, substance or spray;
- Requiring a client to earn normal goods and services;
- Using token programs that include response cost;
- Using a client to discipline another client; or
- Using any action or procedure that is medically or psychologically contraindicated.

4.311 Chemical restraint: "Chemical restraint" means the administration of a drug or medication to control a client's behavior or restrict their freedom of movement and is not a standard treatment or dosage for the client's medical or psychological condition.

4.312 Manual restraint: "Manual restraint" means physical intervention intended to hold a client immobile or limit their voluntary movement by using body contact as the only source of physical restraint (emergency use of manual restraint is permitted when specific criteria as defined by 245D are met).

4.313 Mechanical restraint: Except for worn devices that trigger electronic alarms to warn employees that a client is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, "Mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the client's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits their voluntary movements or holds them immobile as an intervention precipitated by their behavior. The term applies to the use of mechanical restraints used to prevent injury with client who engage in self-injurious behavior, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury.

4.314 Time out: "Time out" means the involuntary removal of a client for a period of time to a designated area from which the client is not prevented from leaving. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior; nor does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.

4.315 Seclusion: "Seclusion" means: (1) removing a client involuntarily to a room from which exit is prohibited by an employee or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the client from leaving the room; or (2) otherwise involuntarily removing or separating a client from an area, activity, situation, or social contact with others and blocking or preventing their return.

4.40 Manual Restraints Allowed in Emergencies

4.41 This Company allows the following manual restraint procedures to be used on an emergency basis when a client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

4.411 Physical escort when the client is resistive;

4.412 One arm, one employee standing;

4.413 One arm, one employee standing with the free arm managed;

4.414 Two arm, one employee standing;

- 4.415 One arm or two arm, one employee standing with one employee assisting from one side;
- 4.416 One arm or two arm, one employee standing with two employees assisting, one from each side; and
- 4.417 Use of employee's hand (s), arm(s) or body contact to hold a client's hand(s), arm(s) or body immobile when that intervention is the least intrusive or physical space does not permit implementation of procedures 4.411 – 4.416.

4.42 The Company will not allow the use of a manual restraint procedure with a client when it has been determined by their physician or mental health provider to be medically or psychologically contraindicated.

- 4.421 This Company will complete an assessment of whether the allowed procedures are contraindicated for each client as part of the service planning required under section 245D.071, subdivision 2, for clients of basic support services; or the assessment and initial service planning required under section 245D.071, subdivision 3, for clients of intensive support services. Results of the assessment will be documented in the client's SPA.

4.50 Conditions for EUMR

4.51 EUMR must meet the following conditions:

- 4.511 Immediate intervention must be needed to protect the client or others from imminent risk of physical harm;
- 4.512 The type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
- 4.513 The EUMR must end when the threat of harm ends.

4.52 The following conditions, on their own, are not conditions for EUMR:

- 4.521 The client is engaging in property destruction that does not cause imminent risk of physical harm;
- 4.522 The client is engaging in verbal aggression with employees or others; or
- 4.523 A client's refusal to receive or participate in treatment or programming.

4.60 Restrictions When Implementing EUMR

4.61 EUMR must not:

- 4.611 Be implemented with a client in a manner that constitutes abuse or neglect;
- 4.612 Be implemented in a manner that violates a client's rights and protection;
- 4.613 Be implemented in a manner that is contraindicated for any of the client's known medical or psychological limitations;
- 4.614 Restrict a client's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
- 4.615 Restrict a client's normal access to any protection required by state licensing standards and federal regulations governing this Company;
- 4.616 Deny a client visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
- 4.617 Be used as a substitute for adequate staffing, for the convenience of employees, as punishment, or as a consequence if the client refuses to participate in the treatment or services provided by this Company;
- 4.618 Use prone restraint. "Prone restraint" means use of manual restraint that places a client in a face-down position. It does not include brief physical holding of a client who,

during an EUMR, rolls into a prone position, and they are restored to a standing, sitting, or side-lying position as quickly as possible; or

4.619 Apply back or chest pressure while a client is in a prone (meaning face-down) or supine (meaning a face-up) position, or a side-lying position.

4.70 Monitoring EUMR

4.71 The Company must monitor a client's health and safety during an EUMR to ensure the following:

4.711 Only manual restraints allowed in this policy are implemented;

4.712 Manual restraints that have been determined to be contraindicated for a client are not implemented with that client;

4.713 Allowed manual restraints are implemented only by employees trained in their use;

4.714 The restraint is being implemented properly as required; and

4.715 The mental, physical, and emotional condition of the client who is being manually restrained is being assessed and intervention is provided when necessary to maintain the client's health and safety and prevent injury to the client, employee involved, or others involved.

4.72 When possible, an employee who is not implementing the EUMR must monitor the procedure.

4.73 A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving EUMR.

4.80 Reporting EUMR

4.81 Within 24 hours of an EUMR, the legal representative and the case manager must receive verbal notification of the occurrence as required under the incident response and reporting requirements in the 245D HCBS Standards, section 245D.06, subdivision 1.

When the EUMR involves more than one client, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other client or employee unless the Company has the consent of the client or employee.

4.82 Within 3 calendar days after an EUMR, the employee who implemented the EUMR must report verbally or in writing to an Assistant Program Director, Program Director, or designee who will document the following information:

4.821 Who was involved in the incident leading up to the EUMR including the names of employees and clients who were involved;

4.822 A description of the physical and social environment, including who was present before and during the incident leading up to the EUMR;

4.823 A description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the EUMR was implemented. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;

4.824 A description of the mental, physical, and emotional condition of the client who was manually restrained, leading up to, during, and following the EUMR;

4.825 A description of the mental, physical, and emotional condition of the other clients involved leading up to, during, and following the EUMR;

4.826 Whether there was any injury to the client who was restrained before or as a result of the EUMR;

- 4.827 Whether there was any injury to other clients and employees, before or as a result of the EUMR; and
- 4.828 Whether there was a debriefing with the employees and, if not contraindicated, with the client who was restrained and other clients and employees who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.
- 4.83 A copy of this report must be maintained in the client's record. The record must be uniform and legible.
- 4.84 Each single incident of EUMR must be reported separately. A single incident is when the following conditions have been met:
 - 4.841 After implementing the EUMR employees attempt to release the client at the moment an employee believes the client's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
 - 4.842 Upon the attempt to release the restraint, the client's behavior immediately re-escalates; and employees must immediately re-implement the manual restraint in order to maintain safety.
- 4.90 Internal Review of Emergency Use of Manual Restraint
- 4.91 Within 5 business days after the date of an EUMR the Company must complete and document an internal review of the report made by the employee who implemented the manual restraint.
- 4.92 The internal review must include an evaluation of whether:
 - 4.921 The client's service and support strategies need to be revised;
 - 4.922 Related policies and procedures were followed;
 - 4.923 The policies and procedures were adequate;
 - 4.924 There is need for additional employee training;
 - 4.925 The reported event is similar to past events with the clients, employees, or the services involved; and
 - 4.926 There is a need for corrective action by the Company to protect the health and safety of clients.
- 4.93 Based on the results of the internal review, the Company must develop, document, and implement a corrective action plan for the Company designed to correct current lapses and prevent future lapses in performance by employees or the Company.
- 4.94 The corrective action plan, if any, must be implemented within 30 days of the internal review being completed by an Assistant Program Director or Program Director.
- 4.95 An Assistant Program Director or Program Director is responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary.

4.100 Expanded Support Team Review of Emergency Use of Manual Restraint

- 4.101 Within 5 working days after the completion of the internal review, the Company must discuss the incident with the expanded support team to:
 - 4.1011 Define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and

- 4.1012 Identify the perceived function the behavior served.
- 4.1013 Determine whether the client's SPA needs to be revised to positively and effectively help them maintain stability and/or reduce or eliminate future occurrences of manual restraint.
- 4.102 The Company must maintain a written summary of the expanded support team's discussion and decisions in the client's record.
- 4.103 An Assistant Program Director or designee, is responsible for conducting the expanded support team review and for ensuring that the client's SPA is revised, when determined necessary.

4.200 External Review and Reporting of Emergency Use of Manual Restraint

- 4.201 Within 5 working days after the completion of the expanded support team review, the Company must submit the following to the Department of Human Services using the online [Behavior Intervention Reporting](#) Form or BIRF (DHS form 5148) which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:
 - 4.2011 Report of the EUMR;
 - 4.2012 The internal review and corrective action plan; and
 - 4.2013 Written summary of the expanded support team review.
- 4.202 A full copy of the completed BIRF will be sent to each member of the expanded support team upon their request.

4.300 Employee Training

- 4.301 Before employees may implement manual restraints on an emergency basis the program must provide the training required in this section. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the employee's date of hire.
- 4.302 Orientation and annual training as required in Minnesota Statutes, section 245D.09. Documentation of the training received and date of first unsupervised direct contact and employee's competency must be maintained in their training record.
- 4.303 Before having unsupervised direct contact with clients by the Company, the Company must provide instruction on prohibited procedures that address the following:
 - 4.3031 What constitutes the use of chemical restraint, seclusion, time out, manual restraint and mechanical restraint;
 - 4.3032 Employee responsibilities related to ensuring prohibited procedures are not used;
 - 4.3033 Why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
 - 4.3034 Why prohibited procedures are not safe; and
 - 4.3035 The safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
- 4.304 Within 60 days of hire the Company must provide instruction on the following topics, before an employee is permitted to implement an EUMR:
 - 4.3041 Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
 - 4.3042 De-escalation methods, positive support strategies, and how to avoid power struggles;

- 4.3043 Simulated experiences of administering and receiving manual restraint procedures allowed by the Company on an emergency basis;
- 4.3044 How to properly identify thresholds for implementing and ceasing restrictive procedures;
- 4.3045 How to recognize, monitor, and respond to the client's physical signs of distress, including positional asphyxia;
- 4.3046 The physiological and psychological impact on the client and employee when restrictive procedures are used; and
- 4.3047 The communicative intent of behaviors.

Policy reviewed and authorized on 01/01/2026 by:

A handwritten signature in blue ink, appearing to read "M G".

Mike Greenbaum, Executive Director

6 GUIDING PRINCIPLES OF MERRICK PROGRAM SERVICES

Services at Merrick, Inc., are guided by our core beliefs of: Self-Determination ~ being responsible for one's choices and actions; Economic Fairness ~ balanced action between parties; and Civic Responsibility ~ action that contributes to the common good.

Through person-centered planning, a self-discovery process, informed choice, and self-advocacy activities clients at Merrick, Inc., are finding their place in the world and leading more self-determined lives by:

- Engaging in meaningful life enrichment and therapeutic activities;
- Working in desired and meaningful jobs;
- Being actively engaged in their communities;
- Building relationships; and
- Enhancing personal skills.

Merrick, Inc., offers 5 full days of service, with non-medical transportation, and attendance is voluntary. There are many choices of services and schedules that are based on personal preference, informed choice, and sometimes are limited by funding situations. These services include:

In-Person Support

- Day Support Services. Provides individualized in-center and community based training and support services that help clients maintain essential and personally enriching life skills so they can access and participate in activities they prefer in the community which include; community inclusion; direct and indirect therapies including horticulture, music, recreation, and yoga therapy; arts and crafts; sensory activities; positive behavior support planning; augmented communication including assistive technology and American Sign Language; and enriched staff to client ratios to support needs including self-care, mobility, visual or hearing impairments, and/or history of intense maladaptive behaviors, (e.g. development, physical aggression, property destruction, self-injurious behavior, or co-diagnosis of mental illness).
- Prevocational Services. Provides center-based work skills training and support services that focus on strengthening clients' fundamental work skills and achieving individualized work skill goals through meaningful work experiences and vocational training, and advance clients who choose competitively paid employment. This service offers clients the opportunity to work on contracts completed at our building in Vadnais Heights, or employer-based options for placement of clients and work crews at the business location. Another area of focus is life enrichment activities – creating opportunities for clients to articulate their needs and desires, build relationships, participate in social opportunities, develop leadership skills, and reach personal goals.
- DTH Services. Provides licensed supports, work and life enriching and satisfying activities that are offered in Day Support and Prevocational Services listed above. To be eligible for DT&H services a person must reside in an ICF/DD and have their health and safety in the community addressed in their plan of care.
- Employment Services. Provides the following activities to clients interested in exploring employment interests; developing skills to secure competitive, meaningful and sustained employment; and ongoing support for success:
 1. Assessment that takes them through a process that will help them and us learn what they value in life and work. What jobs they would like to consider, what skills they have, and what barriers exist.
 2. Opportunity for clients to visit different job sites to better ensure they can make an informed choice.
 3. Career Developmental Plan that for each client they support that focuses on their work and soft skills that need improvement to have success in their employment of choice.

- 4. Assistance in the hiring process, negotiation of employment, completion of orientation, and ongoing intermittent support to the specific needs of the employer and client.
- 5. Clients hired directly by the employer are permitted to use services to further develop work and soft skills needed to maintain their current job and/or consider other options.
- Vocational Rehabilitation Services (VRS). Funded by the Minnesota Department of Employment and Economic Development, VRS empowers people with disabilities to achieve their goals for competitive, integrated employment and career development. These services, which vary by individual needs, could include job counseling, job search assistance, training, and job placement services. VRS continues for as long as individuals are making progress toward employment goals and provides for follow-up services to maintain, regain or advance in employment consistent with the person's interests, strengths, resources, and priorities.
- Individualized Home Supports with or without training. Provides skill-building and instructional services to acquire, retain and improve the person's experience living in the community. These services include assistance with activities of daily living, coordination of communication activities such as mobility and pedestrian safety, independent use of transportation, safety and awareness, interpersonal communication skills and leisure, recreation, and socialization experience. These services can be delivered in a person's home or in the community.
- Positive Support Services. Includes Positive Support Specialist, Analyst, and Professional services that develop, implement, and monitor a person centered, individually designed proactive plan to address challenging behaviors. The objective of the positive behavior support plan is to teach alternative behaviors that can result in better interpersonal and community experiences that improve a client's quality of life. The company has a Positive Supports Advisory Committee that meets semi-annually to review any MAARC and EUMR reports filed since the last meeting, determine if any patterns or incidents require further review, and recommend changes to company policy and procedures to reduce future occurrences. The committee minutes are included as part of the Annual Internal Accountability Audit that is reported to the Board of Trustees.

Remote Support

Merrick may provide the services listed above remotely when it is initiated by the client and their support team, the resources needed to provide the requested service are available, and the: (i) client and their support team are able to provide the technology and resources needed to receive the service; (ii) services do not replace needs that must be met in person; (iii) services are provided on a time-limited basis to ensure a person's health and safety; and (iv) services are needed for less than a full day.

Client Satisfaction

Clients, and members of their support team, are offered a satisfaction survey at their annual service renewal meeting. Survey results are tabulated and shared with the Program Division. Any negative response is reported in the Designated Coordinator Review and prompts a follow-up with the respondent by the accountable Program Director, or their designee, that may result in revisions to the client's Support Plan.

Respect is an important part of how services are delivered and is reinforced through the following practices:

Personal Support

- Assistance with personal cares is offered as specified in the Support Plan (SP) and Support Plan Addendum (SPA). When assisting someone with these cares, Direct Support Professionals (DSPs) are trained to offer dignity and respect by first asking the client what help they would like and/or need. For those who cannot communicate needed help, DSPs will follow their individual plan and talk to the client to let them know what

they are doing with each step. They will make sure personal cares are completed ensuring privacy, encouraging clients to close doors, offering gender specific assistance when requested, teaching personal hygiene skills, and provide training on use of equipment as appropriate.

- Lifts/standers/etc. We have various mechanical and manual lifts and standers for those who cannot fully ambulate or transfer independently. DSPs receive training specific to each client's needs as indicated in their SPA.
- Meal assistance. Clients are offered the opportunity to be as independent as possible throughout their day and especially during breaks and lunch. They may take a break or eat their lunch at any time they choose and the supervision specified in their SPA can be provided. Clients can prepare their own lunches; have access to a microwave; use their own adaptive utensils, plates, and cups; request/agree to use a clothing protector; clean themselves, their table, and lunch dishes; and assistance will be offered only as requested or needed.

Independence

The Company encourages clients to be independent by using graduated assistance to first offer a visual prompt, followed by verbal, partial assistance, hand over hand, or full physical to complete tasks. All DSPs are trained to follow a client's SPA which does indicate the level of support needed in areas of vulnerability and is used to train employees.

Proactive Approaches and Crisis Intervention

When interacting with clients our DSPs are trained to be professional and follow specific interactional styles as written in a client's SPA. If a client needs a specific type of augmented communication or assistive technology, DSPs will learn their verbal and non-verbal communication techniques. They will speak directly to and not at clients, will ask and not direct, will remain positive, and offer information and praise in accordance with the Positive Supports Rule. DSPs will receive initial and annual training on use of positive supports and approved interventions in accordance with this rule.

Accessibility

Lockers or cubbies are available for clients to store their belongings during the program day. They will have access to their personal items at all times, unless restricted in their SPA and may request a locker and bring a lock to secure their possessions if they choose. Clients have private access to a free telephone in the Kenny room at the 3210 Labore Road location and in the client cafe at the 1239 Willow Lake Boulevard location or a private office for local calls and long-distance calls made are collect or paid for by the client.

Informed Choice

Prior to receiving services at Merrick, all clients are informed of the various opportunities Merrick has to offer; including but not limited to special minimum wage work options, independent employment supports making minimum wage or higher, and VRS. Once they choose their preferred service, Merrick collaborates with the person and their team to individualize a plan on how they will be supported while receiving services at Merrick. Once services begin, clients and their teams meet at least annually to complete Person-Centered Plans based on each person's individualized Support Plan. In accordance with MN statute 256B.4905, services are presented in a manner that allows the client and their support team to fully participate in making and informed decision that is understandable to them and discussions/decisions are documented in the client's Annual Support Plan. Person-Centered reviews are conducted with each client and their legal representative at least every 6 months providing another opportunity to make informed choices regarding service preferences, **work opportunities**, abilities, goals, and objectives. **All information provided to clients and their**

guardians is done in a manner that they understand. Discussions/decisions are documented in the client's file to be reviewed by the support staff to ensure preferences are being offered daily.

Daily Schedule

- Clients have individualized schedules or preferred routines/tasks/jobs that have been identified at IDT meetings via informed choice and are included in PCP assessments and SPA which all DSPs supporting the client must review.
- Clients have the opportunity verbalize choices/or use assistive technology to express their preferences and needs. Openings for centered-based and crews are posted in the Commons and are available to all clients who receive Prevocational or Employment Services.

Community Inclusion

- Community activities are scheduled and planned based on client needs and suggestions. A monthly calendar of activities is provided to clients to keep them informed of community events choices.
- Multiple binders with choices of accessible community activities are available.
- Scheduled rides are offered daily to give access to community activities.
- Public transportation can be arranged for those certified and wanting to manage their rides to and from the Company.

Policy reviewed and authorized on 01/01/2026 by:

A handwritten signature in blue ink, appearing to read "M. Greenbaum".

Mike Greenbaum, Executive Director

7 INCIDENT RESPONSE, REPORTING AND REVIEW POLICY**1.00 PURPOSE:**

The purpose of this policy is to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of clients.

2.00 APPLICATION:

This policy applies to each client enrolled at Merrick, Inc., and any individual who is either employed by, volunteers, or has a consulting agreement with Merrick, Inc.

3.00 POLICY STATEMENT:

Merrick, Inc., will comply to the fullest extent possible with rules and regulations governing incident response, reporting and review of incidents involving clients being served within the scope of our license.

4.00 PROCEDURES:**4.10 Definitions:**

- 4.11 "Incident" means an occurrence which involves a client and requires the Company to make a response that is not part of the ordinary provision of services to that person, and includes:
 - 4.12 Serious injury of a client; as determined by MN Statutes, section 245.91, subdivision 6, including:
 - 4.121 Fractures, dislocations, avulsion of teeth, injuries to the eyeball, irreversible mobility, or evidence of internal injuries;
 - 4.122 Head injuries with loss of consciousness; or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was pursued;
 - 4.123 Lacerations involving injuries to tendons or organs and those for which complications are present;
 - 4.124 Extensive second degree or third degree burns and other burns for which complications are present;
 - 4.125 Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 - 4.126 Ingestion of foreign substances and objects that are harmful;
 - 4.127 Near drowning;
 - 4.128 Heat exhaustion or sunstroke;
 - 4.129 Attempted Suicide; and
 - 4.120 Complications of medical treatment or previous injury.
 - 4.13 All other injuries that require a medical assessment by a healthcare professional or are considered serious after an assessment by a health care professional including, but not limited to, self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

- 4.14 A client's death.
- 4.15 Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the Company to call 911, physician treatment, or hospitalization.
- 4.16 Any mental health crisis that requires the Company to call 911 or a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.
- 4.17 An act or situation involving a person that requires the Company to call 911, law enforcement, or the fire department.
- 4.18 A client's unauthorized or unexplained absence from a Company.
- 4.19 Conduct by a client against another client that:
 - 4.191 Is so severe, pervasive, or objectively offensive that it substantially interferes with a client's opportunities to participate in or receive service or support;
 - 4.192 Places the client in actual and reasonable fear of harm;
 - 4.193 Places the client in actual and reasonable fear of damage to property of the person; or
 - 4.194 Substantially disrupts the orderly operation of the Company.
- 4.111 Any sexual activity between client involving force or coercion.
 - 4.1111 "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - 4.1112 "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- 4.112 Any emergency use of manual restraint.
- 4.113 A report of alleged or suspected vulnerable adult maltreatment under MN Statutes, section 626.557 or Chapter 260E.
- 4.20 Response Procedures:
 - 4.21 Serious injury
 - 4.211 In the event of a serious injury, employees will provide emergency first aid following instructions received during training.
 - 4.212 Summon additional employees, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 - 4.213 Follow Medical Emergency-Non 911 or Medical Emergency 911 plan located on phone card.
 - 4.22 Death
 - 4.221 If employees are alone, they will immediately call 911 and follow directives given to them by the emergency responder.

- 4.222 If there is another person(s) with them they will, ask them to call 911, and follow directives given to them by the emergency responder.
- 4.23 Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
 - 4.231 Assess if the client requires the Company to call 911, seek physician treatment, or hospitalization.
 - 4.232 When an employee believes that a client is experiencing a life-threatening medical emergency they must follow Medical Emergency-911 plan written on phone card posted in the program area, or in the policy manual located in the wall pocket in the program area.
 - 4.233 Employees will provide emergency first aid as trained or directed until further emergency medical care arrives at the Company or the client is taken to a physician or hospital for treatment.
- 4.24 Mental health crisis
 - 4.241 When an employee believes that a client is experiencing a mental health crisis they must follow Behavior Emergency plan written on phone card posted in the program area, or from the policy manual located in the wall pocket in the program area.
- 4.25 Requiring 911, law enforcement, or fire department
 - 4.251 For incidents requiring law enforcement or the fire department, employees will call 911.
 - 4.252 For non-emergency incidents requiring law enforcement, employees will call the Vadnais Heights Police non-emergency number: 651.484.3366.
 - 4.253 For non-emergency incidents requiring the fire department, employees will call the Vadnais Heights Fire Department non-emergency number: 651.204-6030.
 - 4.254 Employees will explain to the need for assistance to the emergency personnel. They will answer all questions asked and follow instructions given by the emergency personnel responding to the call.
- 4.26 Unauthorized or unexplained absence. When a client is determined to be missing or has an unauthorized or unexplained absence, employees will take the following steps:
 - 4.261 If the client has a specific plan outlined in their Support Plan Addendum (SPA) to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
 - 4.262 If the client is missing from an onsite service area, employees will follow Onsite Missing Persons information written on Phone Card posted in the program area or from the policy manual located in the wall pocket in the program area.
 - 4.263 If the client is missing from an offsite service location, employees will follow the Offsite Missing person's information located in the offsite community book.
 - 4.264 A current photo will be kept in each client's file and made available to law enforcement.
 - 4.265 When the client is found employees will return the client to the service site or make necessary arrangements for them to be returned to the service site.
- 4.27 Conduct of the client. When a client is exhibiting conduct against another client that is so severe, pervasive, or objectively offensive that it substantially interferes with a client's opportunities to participate in or receive service or support; places the client in actual and reasonable fear of harm; places the client in actual and reasonable fear of damage to property of the client; or substantially disrupts the orderly operation of the Company, employees will take the following steps:
 - 4.271 Summon additional employees, if available. If injury to a client has occurred or there is eminent possibility of injury to a client, implement approved therapeutic intervention

procedures following the policy on emergency use of manual restraints (see EUMR Policy).

4.272 As applicable, implement the SPA for the client.

4.273 After the situation is brought under control, question the client(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

4.28 Sexual activity involving force or coercion. If a client is involved in sexual activity with another client and that sexual activity involves force or coercion, employees will take the following steps:

4.281 Instruct the client in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the client's interaction. Verbally direct each client to separate area.

4.282 If the client does not respond to a verbal redirection, intervene to protect them from force or coercion, following the EUMR Policy as needed.

4.283 Summon additional employees if necessary and feasible.

4.284 If the clients are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.

4.285 Do not allow them to bathe or shower until law enforcement has responded.

4.286 Contact law enforcement as soon as possible and follow all instructions. If the client(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

4.29 Emergency use of manual restraint (EUMR) and/or Maltreat of a Vulnerable Adult.

4.291 Follow the EUMR Policy.

4.292 Follow the Maltreatment of Vulnerable Adults Reporting and Internal Review Policy.

4.30 Reporting Procedures:

4.31 Completing a report. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the Company became aware of the occurrence. The written report will include:

4.311 The name of the client(s) involved in the incident;

4.312 The date, time, and location of the incident;

4.313 A description of the incident;

4.314 A description of the response to the incident and whether a client's SPA or program policies and procedures were implemented as applicable;

4.315 The name of the employee(s) who responded to the incident; and the results of the review of the incident (see section IV).

4.316 When the incident involves more than one client, this Company will not disclose personally identifiable information about any other client when making the report to the legal representative or designated emergency contact and case manager, unless this Company has consent of the client. The written report will not contain the name or initials of the other client(s) involved in the incident.

4.32 Reporting incidents to team members

4.321 All reportable incidents must be reported to client's legal representative or designated emergency contact and case manager:

a. within 24 hours of the incident occurring while services were provided;

b. within 24 hours of discovery or receipt of information that an incident occurred; or

c. as otherwise directed in a client's Support Plan (SP) or SPA

- 4.322 This Company will not report an incident when it knows that the incident has already been reported.
- 4.323 Any emergency use of manual restraint of a client must be verbally reported to the client's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the Company's emergency use of manual restraints policy.
- 4.33 Additional reporting requirements for deaths and serious injuries
 - 4.331 A report of the death or serious injury of a client must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities. A report is to be made using either the Office of the Ombudsman's *Death Report webform* or *Serious Injury webform* or the facsimile *Death Reporting Form* or *Serious Injury Form* along with the *Death or Serious Injury Report FAX Transmission Cover Sheet*.
 - 4.332 The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 - 4.333 This Company will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
 - 4.334 In the case of a death or the death of a client while Merrick, Inc., was providing service within the scope of its license, or if Merrick, Inc., was not providing service within the scope of its license and there is no other licensed caregiver., Merrick, Inc., will provide the client's next of kin with a copy of the Ombudsman's "Dear Newly Bereaved" Notification letter.
- 4.34 Additional reporting requirements for maltreatment
 - 4.341 When reporting maltreatment, this Company must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
 - 4.342 The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- 4.35 Additional reporting requirements for emergency use of manual restraint (EUMR)
 - 4.351 Follow the EUMR Policy.
- 4.40 Reviewing Procedures:
 - 4.41 Conducting a review of incidents and emergencies.
 - 4.411 This Company will complete a review of all incidents.
 - 4.412 Except for review of allegations of maltreatment, the review of incidents will be completed by a Program Director or Assistant Program Director. Allegations of maltreatment will be reviewed by a Program Director or by an individual designated by the Executive Director if a Program Director is unable or is not permitted to conduct that review.
 - 4.413 The review will be completed within:
 - a. 30 calendar days of a report made to the Minnesota Adult Abuse Reporting Center (MAARC);
 - b. 30 calendar days of any other incident that requires an internal review; or
 - c. 5 business days after the date of the emergency use of manual restraint.
 - 4.414 The review will ensure that the written report provides a written summary of the incident.
 - 4.415 The review will identify trends or patterns, if any, and determine if corrective action is needed.

- 4.416 When corrective action is needed, an employee will be assigned to take the corrective action within a specified time period.
- 4.42 The Company will conduct an internal review of all deaths and serious injuries, allegations of maltreatment, and emergency use of manual restraint that occurred while services were being provided if they were not reported as alleged or suspected maltreatment (refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Internal Review Policy when alleged or suspected maltreatment has been reported). The review will be completed by a Program Director or an individual designated by the Executive Director.

The review will be completed within 30 calendar days of the death or serious injury, within 30 calendar days of the date when it became known there was an allegation of maltreatment, or within 5 business days of an emergency use of manual restraint. The internal review must include an evaluation of whether:

- 4.421 Related policies and procedures were followed;
- 4.422 The policies and procedures were adequate;
- 4.423 There is need for additional employee training;
- 4.424 The reported event is similar to past events with the clients or the services involved to identify incident patterns; and
- 4.425 There is need for corrective action by the Company to protect the health and safety of the clients and to reduce future occurrences.
- 4.426 Based on the results of the internal review, the Company must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by employees or the Company, if any.
- 4.427 The internal review of all incidents of emergency use of manual restraints must also determine if there is a need to revise the person's SP.
- 4.428 The internal review must be made accessible to the Commissioner immediately upon the Commissioner's request for internal reviews regarding maltreatment.

4.50 Record Keeping Procedures:

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

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

8 MALTREATMENT OF VULNERABLE ADULTS REPORTING AND INTERNAL REVIEW**1.00 PURPOSE:**

The purpose of this policy is to detail the administration procedures used to enforce the requirements of Minnesota's Vulnerable Adult Act and Minnesota Statutes (MS), Section 245A.65.

2.00 APPLICATION:

This policy applies to each client enrolled at Merrick, Inc., and any individual who is either employed by, volunteers, or has a service agreement with Merrick, Inc.

3.00 POLICY STATEMENT:

Action shall be taken to reduce or eliminate the likelihood of maltreatment but does not preclude a client's right to risk in habilitation programming and to engage in the process of establishing typical patterns of activity. Merrick, Inc., will cooperate to the fullest extent possible with the Minnesota Adult Abuse Reporting Center (MAARC) and the Lead Administrative Agency in the process of minimizing risks, and with the reporting and investigating of suspected maltreatment.

4.00 PROCEDURES:**4.10 Reporting suspected maltreatment of a vulnerable adult (VA):**

4.11 As a mandated reporter, if an employee knows or or suspects that a VA has been maltreated, they 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.

4.20 Making an external or an internal report:

4.21 Employees may make an external report by calling the MAARC at 844-880-1574 or using the online reporting tool at mn.gov/dhs/reportadultabuse.

4.22 Internal Reports can be made to an Assistant Program Director or Program Director or designee.

4.23 If the employee in 4.22 is involved in the alleged or suspected maltreatment, the reporting employee must report to another designated internal reporter who is not involved in the alleged or suspected maltreatment.

4.30 Internal report:

4.31 When an internal report is received, the designated internal reporter is responsible for deciding if a report to MAARC is required and, if required, file the report. If that employee is involved in the suspected maltreatment, another designated internal reporter will assume responsibility for deciding if the report must be forwarded to MAARC.

4.32 The report to MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred was received. If the employee reported internally, they must receive, within two working days, a written notice that tells them whether or not their report was forwarded to MAARC. The written notice must be given to them in a manner that protects their confidentiality as a reporter. It shall inform them that if they are not satisfied with

the action taken by the facility on whether to report the incident to MAARC they may still make an external report to MAARC. It must also inform them that they are protected against retaliation by the Company if they make a good faith report to MAARC.

4.40 What to report:

- 4.41 Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572 and are attached to this policy.
- 4.42 An external or internal report should contain enough information to identify the VA, the caregiver, the nature and extent of the suspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment.

4.50 Failure to Report:

- 4.51 A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a VA is liable for damages caused by the failure to report.

4.60 Internal Review:

- 4.61 When the Company knows that an internal or external report of alleged or suspected maltreatment has been made, the Company must complete an internal review and take corrective action, if necessary, to protect the health and safety of the VA.
- 4.62 The internal review must include an evaluation of whether:
 - 4.621 related policies and procedures were followed;
 - 4.622 the policies and procedures were adequate;
 - 4.623 there is a need for additional employee training;
 - 4.624 the reported event is similar to past events with the VA or the services involved; and
 - 4.625 there is a need for corrective action by the Company to protect the health and safety of the VA.

- 4.63 The internal review will be completed within 30 calendar days of the report to MAARC.

- 4.64 The internal review must be made accessible to the Commissioner immediately upon the Commissioner's request for internal reviews regarding maltreatment.

4.70 Primary and secondary person or position to ensure internal reviews are completed:

- 4.71 Internal Reviews of allegations of maltreatment can be conducted by an Assistant Program Director, a Program Director, or an individual designated by the Executive Director.
- 4.72 If an employee in a position listed above is involved in the alleged or suspected maltreatment, the internal review will be completed by another person designated by the Executive Director.

4.80 Documentation of the internal review:

- 4.81 The Company must document completion of the internal review and provide documentation of the review to the DHS upon the commissioner's request.

4.90 Corrective action plan:

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

4.100 Orientation for clients

4.101 The Company shall provide an orientation of the internal and external reporting procedures to all clients. The orientation shall include the telephone number for MAARC. A client's legal representative must be notified of the orientation.

4.102 The Company shall provide this orientation for each new client within 24 hours of admission, or for clients who would benefit more from a later orientation, the orientation may take place within 72 hours.

4.200 Employee training

4.201 The Company shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a VA and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirements and definitions under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the Company's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of clients.

4.202 The Company must document the provision of this training, monitor implementation by employees of, and ensure that the policy is readily accessible to employees, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

THIS REPORTING POLICY SHALL BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.**MINNESOTA STATUTES, SECTION 626.5572 DEFINITIONS****Subdivision 1. Scope.**

For the purpose of section 626.557, the following terms have the meanings given them, unless otherwise specified.

Subd. 2 Abuse.

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation (includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction) of, an attempt to violate, or aiding and abetting a violation of:

- (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;
- (2) the use of drugs to injure or facilitate crime as defined in section 609.235;
- (3) the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
- (4) criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
- (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.

(c) Any sexual contact or penetration as defined in section 609.341, between a facility employee or a person providing services in the facility and a resident, patient, or client of that facility.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

(e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

- (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
- (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

(f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

(g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

- (1) a person, including a facility employee, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
- (2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Subd. 9 Financial Exploitation.

"Financial exploitation" means:

- (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

- (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
- (2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

- (b) In the absence of legal authority a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

- (c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Subd. 15 Maltreatment.

"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

Subd. 17 Neglect.

"Neglect" means:

- (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.

- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

- (c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

- (1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

- (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

- (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
- (2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
- (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
 - (i) a person including a facility employee when a consensual sexual personal relationship existed prior to the caregiving relationship; or
 - (ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or
- (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or
- (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:
 - (i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
 - (ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;
 - (iii) the error is not part of a pattern of errors by the individual;
 - (iv) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility;
 - (v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and
 - (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.
- (d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.
- (e) If the findings of an investigation by a lead agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (c).

Human Rights Committee Review: 1/25/2026

Board Approved: 1/25/2026

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

9 MALTREATMENT OF MINORS REPORTING AND INTERNAL REVIEW POLICY

1.00 PURPOSE:

The purpose of this policy is to establish guidelines for the reporting and internal review of maltreatment of minors (children) served by Merrick, Inc., (the “Company”).

2.00 APPLICATION:

All Company employees are mandated reporters and must report externally all of the information they know regarding an incident of known or suspected maltreatment of a child, in order to meet their reporting requirements under law. All Company employees who encounter maltreatment of a minor will take immediate action to ensure the safety of the child. Employees will use the definitions of sexual abuse, physical abuse, or neglect provided in this policy.

3.00 POLICY:

Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department if the person knows, has reason to believe, or suspects a child is being maltreated. Employees of the Company cannot shift the responsibility of reporting maltreatment to an internal employee or position. In addition, if an employee knows or has reason to believe a child is being or has been maltreated within the preceding three years, the employee must immediately (as soon as possible but within 24 hours) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department. Employees will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults* regarding suspected or alleged maltreatment of individuals 18 years of age or older.

4:00 PROCEDURE:

- 4.10 Employees who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If an employee knows or suspects that a child is in immediate danger, they will call “911” or local law enforcement.
- 4.20 Employees will report the information to the agency responsible for licensing the facility. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction.
- 4.30 Employees who know or suspect that a child has been maltreated but is not in immediate danger will report to:
 - 4.30.1 The external local child welfare agency if an alleged perpetrator is a parent, guardian, family childcare provider, family foster care provider, or an unlicensed personal care provider.
 - 4.30.2 The Minnesota Department of Human Services, Licensing Division, 651-431-6600, if alleged maltreatment was committed by an employee at a childcare center, residential treatment center (children’s mental health), group home for children, minor parent program, shelter for children, chemical dependency treatment program for adolescents,

waivered services program for children, crisis respite program for children, or residential program for children with developmental disabilities.

- 4.30.3 Minnesota Department of Health, Office of Health Facility Complaints, 651-201-4200 or 800-369-7994, if alleged maltreatment occurred in a home health care setting, hospital, regional treatment center, nursing home, intermediate care facility for the developmentally disabled, or licensed and unlicensed care attendants.
- 4.40 Reports regarding incidents of maltreatment of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement using the phone numbers in this policy. Mandated Reporters Must immediately report if a child required to be enrolled in school has at least seven unexcused absences in the current school year and is at risk of educational neglect.
- 4.50 When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment, and the name and address of the reporter.
- 4.60 If the report of suspected maltreatment is within the Company, the report should also include any actions taken by the Company in response to the incident. If an employee attempts to report the suspected maltreatment internally, the person receiving the report will remind the employee of the requirement to report externally.
- 4.70 A verbal report of suspected maltreatment that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, excluding weekends and holidays.
- 4.80 When the Company has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Program Director is the primary employee responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Program Director is involved in the alleged or suspected maltreatment, the Assistant Program Director (APD) is the secondary individual responsible for ensuring that internal reviews are completed.
- 4.90 The *Internal Review* will be completed within 30 calendar days. The Program Director or APD will:
 1. Ensure an *Incident and Emergency Report* has been completed.
 2. Contact the lead investigative agency if additional information has been gathered.
 3. Coordinate any investigative efforts with the lead investigative agency by serving as the Company contact, ensuring that relevant employees cooperate, and that all relevant records are available.
 4. Complete an *Internal Review* which will include the following evaluations of whether:
 - a. Related policies and procedures were followed;
 - b. The policies and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The reported event is similar to past events with the child or the services involved; and
 - e. There is a need for corrective action by the license holder to protect the health and safety

of the children in care.

5. Compile together all documents regarding the report of maltreatment.

4.100 Based upon the results of the internal review, if needed the Company will develop, document, and implement an action plan designed to correct current lapses and prevent future lapses in performance by employees or the Company, if any.

4.110 Internal reviews must be made accessible to the Commissioner of DHS immediately upon their request for internal reviews regarding maltreatment.

4.120 Employees supporting minors will receive training on this policy, MN Statutes, section 142B.54 and chapter 260E and their responsibilities related to protecting children in care from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

EXTERNAL AGENCIES

COUNTY	DAY	EVENING/WEEKEND
ANOKA	(763) 422-7215	(651) 291-4680
CARVER	(952) 361-1600	(952) 442-7601
DAKOTA	(952) 891-7459	(952) 891-7171
HENNEPIN	(612) 348-3552	(612) 348-8526
RAMSEY	(651) 266-4500	(651) 291-6795
WASHINGTON	(651) 430-6457	(651) 291-6795

MINNESOTA STATUTES, CHAPTER 260E.03 DEFINITIONS

As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

Subd. 12. **Maltreatment.** "Maltreatment" means any of the following acts or omissions:

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

Subd. 5. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

- (1) conduct towards a child that constitutes a violation of sections [609.185](#) to [609.2114](#), [609.222](#) subdivision [2](#), [609.223](#), or any other similar law of any other state;

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

Subd. 15. **Neglect.** "Neglect" means the commission or omission of any of the acts specified under clauses

- (1) to (8), other than by accidental means:
 - (1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
 - (2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
 - (3) failure to provide for necessary supervision or childcare arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
 - (4) failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
 - (5) prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
 - (6) medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
 - (7) chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
 - (8) emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child, which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

Neglect shall not be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care. Nothing imposes upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Subd. 18. **Physical abuse.** "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury or the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:

- (1) throwing, kicking, burning, biting, or cutting a child;
- (2) striking a child with a closed fist;
- (3) shaking a child under age three;
- (4) striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
- (5) unreasonable interference with a child's breathing;
- (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;
- (7) striking a child under age one on the face or head;
- (8) striking a child who is at least age one but under age four on the face or head, which results in an injury;
- (9) purposely giving a child:
 - (i) poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
 - (ii) other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
- (10) unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
- (11) in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58

Subd. 20. **Sexual abuse.** "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children). Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b. Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

- (1) egregious harm under subdivision 5;
- (2) abandonment under section 260C.301, subdivision 2;
- (3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been

diagnosed by a physician and is due to parental neglect;

(4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

(5) manslaughter in the first or second degree under section 609.20 or 609.205;

(6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;

(7) solicitation, inducement, and promotion of prostitution under section 609.322;

(8) criminal sexual conduct under sections 609.342 to 609.3451;

(9) solicitation of children to engage in sexual conduct under section 609.352;

(10) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;

(11) use of a minor in sexual performance under section 617.246; or

(12) parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Subd. 23. **Threatened injury.** "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:

(1) subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;

(2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;

(3) committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or

(4) committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.

Subd. 13. **Mental injury.** "Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

10 MISSING PERSON PROCEDURES

A. ON-SITE PROCEDURES:

When a client attending Merrick, Inc., is determined to be missing, or has an unauthorized absence, the following steps are to be followed:

1. If the client has a specific plan outlined in their Support Plan Addendum (SPA) with strategies in the event of “elopement”, or “unauthorized absence”, that procedure should be implemented unless special circumstances warrant otherwise.
2. Direct Support Professionals (DSPs) will notify their Assistant Program Director (APD) who will coordinate an immediate and thorough search of the building and surrounding area where the client was last sighted. The APD will notify Dispatch, who will make building and phone pages requesting employees to report any sightings of the missing client.
3. If the client is not located on the premises within 15-minutes, Dispatch will coordinate with the APD to assign DSPs to conduct a search using 4 vehicles to drive through one of the 4 assigned quadrants.
4. If 45 minutes have passed without finding the client, the APD will notify the Program Director (PD) and provide the following information to Dispatch to use when contacting 911.
 - Name of caller and purpose of call;
 - Home address of client;
 - Description of client, including: name, age, gender, race, height, weight, color of hair, eye color, etc., (current photo is located in the client’s blue file and should be made available to authorities);
 - Identification of clothing worn;
 - Description of distinguishing characteristics, (i.e., limp, scars, or peculiarities);
 - Detail of last known whereabouts and timeframe;
 - Summarize relevant medical information; and
 - Description of functional abilities, survival skills, communication, tendencies, places to check.
5. The PD or designee will assume responsibility for coordinating efforts with all others involved, and instruct the APD assigned to the client to immediately contact:
 - The client’s case manager/or county emergency number; and
 - The client’s legal representative and residential caregiver.
6. The search effort will continue until the client’s whereabouts are determined, or the PD or legal guardian calls off the search.
7. If the client is not found within 1 hour of being missing, the PD will notify the Executive Director who will determine what other resources or actions will be deployed to assist in the search (i.e., contact media).
8. After the client is found, the PD will notify the APD, legal representative, client’s case manager, residential caregiver, the police, and MAARC of the results.
9. The DSP that supported the client when they went missing will assist the APD in completing an Incident/Accident Report form within required timeframe in accordance with Company policy.

B. OFF-SITE PROCEDURES:

When a client attending Merrick, Inc., is off-site and determined to be missing, or has an unauthorized absence, the following steps are to be followed:

1. The DSP last with the missing client is to contact the APD who will immediately contact the PD and Dispatch to help coordinate search efforts.
2. If the client has a specific plan outlined in their SPA with strategies in the event of “elopement”, or “unauthorized absence”, that procedure should be implemented unless special circumstances warrant otherwise.
3. The APD will coordinate an immediate and thorough search of the surrounding area where the client was last sighted and designate a dedicated phone number.
4. If the client is not located within 30-minutes, the APD will notify the PD and provide the following information for Dispatch to use when calling 911. Merrick, Inc., Dispatch will coordinate with the APD to assign DSPs to conduct a search within a 1-mile radius of the last known sighting of the client. If two DSPs are available, one must always stay with the remaining clients.
 - Name of caller and purpose of call;
 - Home address of client;
 - Description of client, including: name, age, gender, race, height, weight, color of hair, eye color, etc., (current photo is located in the client’s blue file and should be made available to authorities);
 - Identification of clothing worn;
 - Description of distinguishing characteristics, (i.e., limp, scars, or peculiarities);
 - Detail last known whereabouts and timeframe;
 - Summarize relevant medical information; and
 - Description of functional abilities, survival skills, communication, tendencies, places to check.
5. The PD or designee will assume responsibility for coordinating efforts with all others involved, and instruct the APD assigned to the client to immediately contact:
 - The client’s case manager/or county emergency number; and
 - The client’s legal representative and residential caregiver.
6. The search effort will continue until the client’s whereabouts are determined, or the PD or legal guardian calls off the search.
7. If the client is not found within 1 hour of being missing the PD will notify the Executive Director, who will determine what other resources or actions will be deployed to assist in the search i.e. (contact media)
8. After the client is found, the PD will notify the APD, legal representative, client’s case manager, residential caregiver, the police, and MAARC of the results.
9. The DSP that supported the client when they went missing will assist the APD in completing an Incident/Accident Report form within required timeframe in accordance with Company policy.

Policy reviewed and authorized on 01/01/2026 by:

A handwritten signature in blue ink, appearing to read "M G".

Mike Greenbaum, Executive Director

11 PERSON-CENTERED PLANNING POLICY

1.00 PURPOSE

The purpose of this policy is to ensure services and supports adhere to the principles covered within the following domains of a meaningful life: community membership; health, wellness; safety; one's own place to live; important long term relationships; control over supports; and employment earnings. Services and supports are to address these domains in a manner that encourages self-determination, focuses on preferences, respects cultural background, promotes skill development, and allows for a balance between risk and opportunity.

2.00 APPLICATION

This policy will direct our efforts to support clients in achieving personally defined outcomes in the most inclusive community setting desired; ensure delivery of life enriching services and supports in a manner that reflects personal preferences and talents; honor informed choice; and protect their health, safety and welfare.

3.00 POLICY STATEMENT

Services are provided in a manner that supports the client's preferences and daily needs with activities that accomplish the person's personal goals and services outcomes.

4.00 PROCEDURES

4.10 Person-centered service planning and delivery which:

- 4.11 Identifies and supports what is important to the client as well as what is important for the client, including preferences for when, how, and by whom direct support services are provided;
- 4.12 Uses that information to identify outcomes the person desires; and
- 4.13 Respects each client's history, dignity, and cultural background.

4.20 Self-determination which supports and provides:

- 4.21 Opportunities for the development and exercise of functional and age-appropriate skills, decision making and informed choice, personal advocacy, and communication; and
- 4.22 The affirmation and protection of each client's civil and legal rights.

4.30 Provided in the most integrated setting appropriate to the client with inclusive service delivery that supports, promotes, and allows:

- 4.31 Inclusion and participation in the client's community as desired and in a manner that enables them to have typical interactions interact with nondisabled persons; develop and strengthen personal relationships with others of the client's choice in the community; and become a valued community member;
- 4.32 Opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports;
- 4.33 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 client to engage in activities of their own choosing that may otherwise present a risk to the client's health, safety, or rights; and
- 4.34 Options to move from day services to competitive integrated employment services of their choosing.

4.40 Review of Person-Centered Process which:

- 4.41 Is reviewed at least every six months with the client, others identified by the person and/or their guardian and is approved by the Program Director; and
- 4.42 Identifies and addresses improvements to be made that are in accordance with 245D.07 and Rule 9544.0030.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

12 PET THERAPY POLICY**1.00 PURPOSE:**

Animal-assistance activities (hereinafter “pet therapy”) offers clients in our Company the opportunity to engage in positive animal interactions that may also offer additional benefits such as increasing their social interactions, improving their motor skills, and enhancing their physical/emotional well-being. It is the company’s desire to provide pet therapy for clients in a manner that is both safe and enjoyable.

2.00 APPLICATION:

This policy applies to all employees, clients, and therapy pet handlers.

3.00 POLICY STATEMENT:

Pet therapy is offered as an option for those clients that are interested in interacting with therapy animals. Only dogs and/or cats certified as a trained animal (no personal pets) will be permitted.

4.00 PROCEDURE:

- 4.10 Only the Program Director can approve the use of a trained animal in the program. The trained animal is not permitted in food storage or serving areas.
- 4.20 The Program Director will require the following documentation to be on file at the corporate office before the trained animal is permitted on-site:
 - Documentation of proof of current vaccinations;
 - Proof of liability coverage;
 - Most recent annual examination by a licensed veterinarian verifying the trained animal is free of any communicable diseases and parasites;
 - Certification that both the animal and the handler have successfully completed a therapeutic training program; and
 - An agreement outlining the purpose and cost of the pet therapy service.
- 4.30 The therapy animal will be under the direct and continuous control of the handler at all times.
- 4.40 When the therapy animal is onsite, clients will have the opportunity to engage at the level of their choosing. For specific therapy sessions, the schedule of the trained animal will be posted on the daily schedule and clients have a choice of whether or not to participate in the activity. Clients with a known fear of animals will be advised and offered the option to be supervised in a different area of the Company.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

13 PROGRAM ABUSE PREVENTION PLAN - 3210 LABORE ROAD**I POPULATION ASSESSMENT:**

1. Merrick, Inc., provides services to clients 18 years of age and older. Based on the 2025 demographics data, the youngest client served by this program is 25 and the oldest is 84.
2. The program will reduce the potential of abuse and/or harm to clients related to their age in the following manner:
 - Encourage age-appropriate interactions with others;
 - Follow age-related instructions within the Individual Abuse Prevention Plan; and
 - Respond to age-related abuse or harm trends that emerge from the analysis of incident reports.
3. Based on demographic data from 2025, 57% of our clients are men and 43% are women, and their ethnicity is as follows;
 - a. African 5%
 - b. Asian 3%
 - c. Latin 2%
 - d. Multi race .5%
 - e. White 67%
 - f. Unspecified 22%
 - g. Native .5%
4. The program will reduce the potential of abuse and/or harm to clients related to their gender in the following manner:
 - Encourage gender-appropriate interactions with others;
 - Follow gender-related instructions within the Individual Abuse Prevention Plan or Support Plan Addendum; and
 - Respond to any gender-related abuse and/or harm trends that emerge from the analysis of incident reports.
5. Range of cognitive functioning includes:
 - Clients with a diagnosis of a related-condition, indicating their needs are similar to persons with a diagnosis of a developmental disability.
 - Clients with a developmental disability including those with a diagnosis of:
 - Dementia and Alzheimer's Disease and related conditions;
 - Autism Spectrum Disorder;
 - Intellectual Disorder (Intellectual Disability) and related conditions such as epilepsy and cerebral palsy;
 - Traumatic Brain Injury; and
 - Mental Illness; depression, schizophrenia, intermittent explosive disorder, and bipolar.
 - Clients with limitations in cognitive functioning from benign to significant.
6. The program will reduce the potential of abuse and/or harm to clients related to their cognitive functioning in the following manner:
 - Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan. The plan is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their cognitive functioning.

- DSPs must be competent to perform assigned duties for clients to meet identified needs which, to varying degrees, are impacted by their cognitive functioning.
- Internal reviews are conducted and corrective action taken if it is found that the potential for or actual abuse and/or harm are related to the cognitive functioning of clients.

7. The range of physical and emotional health of clients is as follows:

- Most of the clients are up to date on their vaccinations against Covid-19 and other communicable diseases and their physical health can range from no limitations to being medically fragile.
- The mental health of clients can range from no mental health diagnosis to one or more diagnoses from the Diagnostic and Statistical Manual of Mental Disorders.
- As with the general population, there can be time-limited occasions of need within any area of physical and emotional health.

8. The program will reduce the potential of abuse and/or harm to clients related to their physical and emotional health in the following manner:

- Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan. The plan is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their physical and emotional health.
- DSPs must be competent to perform assigned duties for clients to meet identified needs; those needs, to varying degrees, are impacted by their physical and emotional health.
- Internal reviews are conducted and corrective action taken if it is found that the potential for or actual abuse and/or harm are related to the physical and emotional health of clients.
- Formal plans responding to factors that risk the health and safety of clients will be developed and implemented in accordance with licensing standards or mandates as needed.
- Identification badges will be provided to clients working outside the facility in case of an incident where the identity of the client would need to be verified.

9. The range of adaptive/maladaptive behavior(s) of clients is as follows:

- Limitations in a client's adaptive behavior can range from minor to major.
- The display of maladaptive behavior may range from non-existent to frequent display of one or more maladaptive behaviors.
- As with the general population the display of maladaptive behavior can be short-lived or long-term in nature. Clients with ongoing or intense behaviors can be suspended or terminated from services per Merrick's Service Termination and Service Suspension Policies.

10. The program will reduce the potential of abuse and/or harm to clients related to their adaptive/maladaptive behavior(s) in the following manner:

- Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan. The plan is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their adaptive/maladaptive behavior.
- DSPs must be competent to perform assigned duties for clients to meet identified needs; those needs, to varying degrees, are impacted by the client's adaptive/maladaptive behavior.
- Internal reviews are conducted and corrective action taken if it is found that the potential for or actual abuse and/or harm are related to adaptive/maladaptive behavior.

11. The need for specialized programs of care for clients is as follows:

- Merrick- offers a variety of therapeutic non-work activities based on client need and interest. Beginning in January 2025, Merrick will begin documenting data on the ethnicity of clients and will adjust activities based on the data collected.
- Merrick- offers a structured environment and behavioral supports and programming based on client need and interest.
- Medication Administration is under the supervision of an RN Consultant.

12. The program will reduce the potential of abuse and/or harm to clients related to their need for specialized programs of care in the following manner:

- There are a sufficient number of trained Medication Passers assigned to oversee the medication administration needs of the clients. The RN Consultant will provide consultation and monthly reviews of client's health status, health education, medication procedures, and will train personnel to medication administration.
- All employees are offered training in First Aid, CPR, and use of a Defibrillator (AED).

13. The need for specific training to meet individual service needs is as follows:

- Prior to working with a client for whom a DSP has assigned responsibilities, that DSP must receive training sufficient to achieve competency addressing specific service needs of that client.
- When there is a change in client needs for which a DSP is responsible, that DSP must receive training sufficient to achieve competency addressing specific service needs of that client.

14. The program will reduce the potential of abuse and/or harm to clients related to the need for specific training designed to meet client service needs in the following manner:

- Prior to working with clients diagnosed with dementia, information on dementia and Alzheimer's disease is provided and DSPs are to apply this information into the daily interactions and support of clients.
- All employees are offered training in CPR, First Aid, and use of an AED. First Aid kits are located in Enhanced Services, Utility Services, Alternative Services, the Commons, on-site Recycling and Document Destruction, the Administrative office, in all company vehicles, and 3 kits are available when transporting clients in personal cars. The building has two AED units with one located on the wall outside Alternative Services and one in the hallway outside of the Executive Director's office.
- Prior to working alone with clients who require the use of specialized equipment such as a stander or Hoyer lift, DSPs receive training sufficient to achieve competency on proper techniques of lifting and using the required adaptive equipment. DSPs will demonstrate competencies on proper lifting techniques and using the required adaptive equipment, and that competency will be documented in the employee's training file.

15. The program maintains files of reports submitted to the Minnesota Adult Abuse Reporting Center and, if received, disposition of those reports by the Department of Human Services in order to minimize the future risk of abuse to clients.

16. The program will conduct internal reviews when there is an allegation of maltreatment and, as warranted, take corrective action to prevent maltreatment in the future.

17. The Program will make reports to the MAARC when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services. The program will notify IDT members who will collectively decide and make referrals to outside agencies when needed.

II PHYSICAL PLANT ASSESSMENT:

1. The following is a summary of the condition and design of the facility as it relates to safety for the clients. The 3210 Labore site was completely renovated in 2003 and has 52,000 square feet not including the attached greenhouse on the east side of the building. With client input, the building has wide hallways and barrier-free environments. The building is wheelchair accessible with ground level exits to interior evacuation zones and to the outside. Non-grade-level south exits are addressed in the evacuation plan. The Commons space is approximately 3,500 square feet in size and features 10 x 10 sized windows that create light filled space for the clients. The three primary program services have approximately 11,000 square feet with skylights to add natural lighting. Each primary area is denoted in the hallway with a sign. Restrooms are located within the Commons, Utility, Alternative, Enhanced, Recycling, Document Destruction and Administrative areas for better supervision of recipients.

Those clients working specifically in the Document Shredding, Plastic Recycling, or other warehouse program areas have been assessed in their skills to operate machinery. Enhanced and Alternative Services have doors that are locked from both sides with key code access. Clients gain access by asking for and receiving the door code when demonstrating safe entry and exit, or by asking an employee to assist them, and are denied access only when necessary to protect the safety of a client. Each client's individual Support Plan addresses their risk factors that indicate the need for locked doors and include those with a diagnosis of:

- Dementia and Alzheimer's Disease and related conditions;
- Autism Spectrum Disorder;
- Intellectual Disorder (Intellectual Disability) and related conditions such as epilepsy and cerebral palsy;
- Traumatic Brain Injury;
- Mental Illness; depression, schizophrenia, intermittent explosive disorder, and bipolar; and
- Recipients with limitations in mental functioning from benign to significant.

The locked doors are not used as a substitute for client supervision or interaction and have a magnetic seal that is automatically disengaged whenever the fire alarm is activated. The building is equipped with hard-wire smoke detectors and sprinklers, and meets current licensing and fire code standards. Clients have private access to and use of a non-coin-operated telephone for local calls and long distance calls made are collect or paid for by the person. This phone is located in the Sean Kenny room.

2. The program will reduce the potential of abuse and/or harm to clients related to the condition and design of the facility in terms of their safety in the following manner:
 - Quarterly fire drills are conducted to practice evacuation procedures.
 - To address general maintenance, Merrick employs a full time maintenance worker. If there are maintenance concerns, employees can email AAAFix@merrickinc.org which alerts internal maintenance of the issue and urgency of the repair.
 - A portable Hoyer lift is available for clients who need assistance moving safely from one location to another.
3. The small meeting room in the program area can be sometimes difficult to supervise. To address this signage has been mounted on the wall outside the Program Conference room to indicate if the room is occupied or unoccupied.
4. The program will reduce the potential of abuse and/or harm to clients related to the areas of the facility that are difficult to supervise as follows:

- The door will be propped open when not in use. When in use, the signage on the door will reflect that a meeting or program activity is taking place.
- When not in use, the dangerous supplies and chemicals used for cleaning or laundry purposes are stored in either the locked laundry room or locked janitorial closet. Cleaning supplies and chemical used by the cleaning crew are locked in their cart cabinet when they are not in the direct vicinity of the cart.
- The medication storage and disposal procedures are identified within the Medication Administration Policy.

III ENVIRONMENTAL ASSESSMENT:

1. The following is a summary of the facility location including information about the neighborhood and community that the facility is located. Merrick, Inc. is located in Vadnais Heights, Minnesota. There are a number of commercial businesses in the area, ranging from small to large and residential areas to north, south and west of the facility. The facility parking lot entrance is adjacent to Labore Road, a street with a moderate level of traffic. There is light foot traffic on Labore Road.
2. The program will reduce the potential of abuse and/or harm to clients related to the location of the facility, including factors about the neighborhood and community in the following manner:
 - Program does provide and coordinate transportation to and from the facility. Vehicles with hydraulic lifts to accommodate passengers using wheelchairs are available within the service area.
 - The Ramsey County Sheriff's Department provides law enforcement services to the Vadnais Heights community. The non-emergency phone number is (651) 767-0604.
 - The Vadnais Heights Fire Department provides fire protection, fire safety education and emergency response to the Vadnais Heights community. The non-emergency phone number is (651) 204-6030
3. The type of grounds and terrain that surround the facility include a nature preserve located to the north and to the east of the facility. A building complex and Interstate 694 are located to the south and Labore Road to the west. There is a chain link fence to the south, between the business complex and Interstate 694, and along the nature preserve to the east of the facility. The H. B. Fuller business campus is adjacent to the nature preserve to the north, and there is also a chain link fence between the nature preserve and the Merrick property. Walkways provide an even surface for entrance to the facility.
4. The program will reduce the potential of abuse and/or harm to clients related to the type of grounds and terrain that surround the facility in the following manner:
 - During loading and unloading of vehicles assigned employees are stationed outside. Only a limited number of vehicles can be unloaded/loaded at a time to ensure the safety of clients coming and going from the building.
5. Internal programming provided at the program includes:
 - Day Support, Pre-vocational, DTH, Employment Support Services, Individualized Home Supports, Positive Support Services and Life Enrichment activities (i.e. social skills, music, art, yoga, community inclusion activities, walking activities, therapies, academics, exercise, volunteerism, and horticulture);
 - Assistive technology is available in all areas to promote increased communication and socialization;
 - Self-Advocacy activities are offered to promote empowerment, self-determination, choice, and leadership skills.

6. The program will reduce the potential of abuse and/or harm to clients through the type of internal programming provided at the program in the following manner:
 - Staffing ratios, DSP qualifications, and daily routines address the needs of clients to best ensure their successful and safe participation in services.
 - A Self-Management Assessment is completed on each client identifying their independence to respond to emergency situations and the staff-to-client ratio to be assigned to the client.
7. Each client has been assigned a staff-to-client ratio to meet their needs. The daily schedule reflects this information to ensure the staff-to-client ratio is met daily.
8. The Assistant Program Director or designee are responsible for reviewing, developing, and monitoring daily schedules to ensure the staffing pattern reflects what is identified for each client to reduce the potential of abuse and/or harm. The Assistant Program Director or designee is also responsible for orientating and training volunteers to understand their role to the clients, social boundaries, activity engagement, and information about the population served.

IV PROGRAM ASSURANCES:

- A. Clients are provided with an orientation to the Program Abuse Prevention Plan. This orientation must be within 24 hours of admission or within 72 hours for clients who would benefit from a later orientation.
- B. Merrick, Inc.'s Board of Trustees must review the Program Abuse Prevention Plan at least annually.
- C. A copy of the Program Abuse Prevention Plan must be posted in a prominent place in each client program area and be available, upon request, to mandated reporters, clients, and their legal representatives.
- D. The plan must include a statement of measures to be taken to minimize the risk of abuse to the vulnerable adult(s) or when the need for additional measures is identified. This includes identifying referrals that are made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.
- E. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the Program Abuse Prevention Plan, the Individual Abuse Prevention Plan must document this determination.
- F. In addition to the Program Abuse Prevention Plan, an Individual Abuse Prevention Plan within the Individual Program Plan must be developed for each new client. A review of the Individual Abuse Prevention Plan must be done as part of the review of the program plan. The client must participate in the development of their Individual Abuse Prevention Plan to the best of their abilities. All Individual Abuse Prevention Plans must be reviewed at least annually by the support team.

Board Approved: 1/25/2026

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

14. PROGRAM ABUSE PREVENTION PLAN – 1239 Willow Lake Blvd.**I POPULATION ASSESSMENT:**

1. Merrick, Inc., provides services to clients 21 years of age and older. Based on the 2025 demographic data, the youngest service recipient is 24 and the oldest is 85.
2. The program will reduce the potential of abuse and/or harm to clients related to their age in the following manner:
 - Encourage age-appropriate interactions with others.
 - Follow age-related instructions with the Individual Abuse Prevention Plan.
 - Respond to age-related abuse or harm trends that emerge from the analysis of incident reports.
3. Based on demographic data from 2025, 51% of clients are men and 49% are women, and their ethnicity is as follows:
 - a. African 8%
 - b. Asian 1%
 - c. Pacific 1%
 - d. Native 1%
 - e. White 80%
 - f. Unspecified 8%
4. The program will reduce the potential of abuse and/or harm to clients related to their gender in the following manner:
 - Encourage gender-appropriate interactions with others.
 - Follow gender-related instructions with the Individual Abuse Prevention Plan or Support Plan Addendum.
 - Respond to any gender-related abuse and/or harm trends that emerge from the analysis of incident reports.
5. Range of cognitive functioning includes:
 - Clients with a diagnosis of a related-condition, indicating their needs are similar to persons with a diagnosis of a developmental disability.
 - Clients with a developmental disability include those with a diagnosis of:
 - Dementia and Alzheimer's Disease and related-conditions;
 - Autism Spectrum Disorder;
 - Intellectual Disorder (Intellectual Disability) and related condition such as epilepsy and cerebral palsy;
 - Traumatic Brain Injury; and
 - Mental Illness; depression, schizophrenia, intermittent explosive disorder, and bipolar disorders.
 - Recipients with limitations in cognitive functioning can range from benign to significant.
6. The program will reduce the potential of abuse and/or harm to clients related to their mental functioning in the following manner:
 - Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan that is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their cognitive functioning.
 - DSPs must be competent to perform assigned duties for the clients they are assigned to support and their cognitive functioning needs.
 - Internal reviews are conducted, and corrective action is taken, if it is found that the potential for or actual abuse and/or harm are related to the cognitive functioning of clients.

7. The range of physical and emotional health of clients is as follows:
 - The physical health of clients can range from no limitations to being medically fragile.
 - The mental health of clients can range from no mental health diagnosis to one or more diagnoses from the Diagnostic and Statistical Manual of Mental Disorders.
 - As with the general population, there can be time-limited occasions of need within the area of physical and emotional health.
8. The program will reduce the potential of abuse and/or harm to the physical and emotional health of clients in the following manner:
 - Most of the clients are up to date on their vaccinations against Covid-19 and other communicable diseases and their physical health can range from no limitations to being medically fragile.
 - Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan that is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to the individual's physical and emotional health.
 - DSPs must be competent to perform assigned duties for the clients they are assigned to support and their physical and emotional health needs.
 - Internal reviews are conducted, and corrective action taken, if it is found that the potential for or actual abuse and/or harm are related to the physical and emotional health of clients.
 - Formal plans responding to factors that risk the health and safety of clients will be developed and implemented in accordance with licensing standards or mandates as needed.
 - Identification badges will be provided to clients working outside the facility in case of an incident where the identity of the client would need to be verified.
9. The range of adaptive/maladaptive behavior(s) for clients is as follows:
 - Limitations in a client's adaptive behavior can range from minor to major.
 - The display of maladaptive behavior may range from non-existent to frequent display of one or more maladaptive behaviors.
 - As with the general population, the display of maladaptive behavior can be short- or long-term in nature. Clients with ongoing or intense behaviors can be suspended or terminated from our program per Merrick's Service Termination and Service Suspension Policies.
10. The program will reduce the potential of abuse and/or harm to clients with adaptive/maladaptive behavior(s) served in the following manner:
 - Each client is considered a vulnerable adult and has an Individual Abuse Prevention Plan that is intended to reduce the potential for abuse and/or harm, including potential for abuse and/or harm related to their adaptive/maladaptive behavior.
 - DSPs must be competent to perform assigned duties for the clients they are assigned to support and their adaptive/maladaptive behavior needs.
 - Internal reviews are conducted, and corrective action is taken, if it is found that the potential for or actual abuse and/or harm are related to adaptive/maladaptive behavior.
11. Describe the need for specialized programs of care for clients.
 - Our Day Support Services offer individualized onsite and community-based training and support services to help clients to develop and maintain needed and personally preferred enriching life skills so they can effectively access and participate in meaningful activities they prefer in their communities. These include a variety of therapeutic non-work activities including music therapy, pet therapy, horticulture, various art activities and community inclusion based on client need and interest.
 - Medication Administration is under the supervision of a RN Consultant.

- Beginning in January 2025, Merrick will begin documenting data on the ethnicity of clients and will adjust activities based on the data collected.

12. The program will reduce the potential of abuse and/or harm to clients needing specialized programs of care in the following manner:

- Trained Medication Passers are assigned to oversee the medication administration needs of the clients. The RN Consultant will provide consultation and monthly reviews of clients' health status, health education, medication procedures, and the training of personnel to medication administration.
- All employees are offered training in First Aid, CPR, and use of an AED.

13. The need for specific training to meet individual service needs are as follows:

- Prior to working with a client for whom A DSP has assigned responsibilities, that DSP must receive training sufficient to achieve competency addressing the specific service needs of that client.
- DSPs will be trained on any changes to specific needs of the clients they are assigned to support.

14. The program will reduce the potential of abuse and/or harm to clients with specific service needs in the following manner:

- All employees are offered training in First Aid, CPR, and use of an AED. The First Aid kit and AED is located on the wall in the med room.
- DSPs review information on dementia and Alzheimer's disease prior to supporting clients with a diagnosis of dementia and/or Alzheimer's disease.
- DSPs are trained on the use of specialized equipment (i.e., standers, wheelchairs, lifts, etc.) and demonstrate competency before using the specialized equipment with clients and competency will be documented in the DSP's training file.

15. The program maintains files of reports submitted to the Minnesota Adult Abuse Reporting Center and, if received, disposition of those reports by the Department of Human Services in order to minimize the future risk of abuse to clients.

16. The program will conduct internal reviews when there is an allegation of maltreatment and, as warranted, take corrective action to prevent maltreatment in the future.

II PHYSICAL PLANT ASSESSMENT:

1. The following is a summary of the condition and design of the facility as it relates to safety for the clients. The program is located at 1239 Willow Lake Blvd in Vadnais Heights Minnesota, is a leased site and was renovated initially in 2022, with more program space renovations added in 2024/2025. The total leased space is 20,210 square feet. With service recipient input, it has open and barrier-free environments. The building is wheelchair accessible with ground level exits to interior evacuation zones and to the outside. The program activity areas have ample lighting. The building is equipped with hard-wire smoke detectors and sprinklers and meets current licensing and fire code standards. A non-coin operated telephone is accessible to clients and employees. All chemicals (i.e. cleaning, laundry) are stored in a keyed locked storage closet. Cleaning and laundry are conducted during non-program hours. Medications are stored per the Medication Administration Policy. Employees are instructed to keep their own personal medications locked up in their lockers or in their personal vehicles. There is an operable flashlight next to the AED kit, in case of a power outage. A battery-operated NOAA radio is located in the Administrative office area. The exterior doors are equipped with a keypad requiring a passcode to exit (except in case of a fire alarm when all doors would be accessible) and all exterior doors emit an audible alarm. There is a Memory Care Unit located within the current leased space at the back of the client staging area. The unit is equipped with a kitchenette and an open

floor plan to conduct various activities throughout the day. It also includes office space for the Memory Care Coordinator.

2. The program will reduce the potential of abuse and/or harm to clients related to the condition and design of the facility in terms of safety for clients in the following manner:
 - To address general maintenance, Merrick, Inc., has a FTE maintenance position that is available to this program. If there are maintenance concerns, employees can email AAA Fix which serves to identify the issue and prioritize being addressed.
 - Portable Hoyer lifts are available for non-ambulatory clients who need assistance moving safely.
3. Describe any areas of the program area that are difficult to supervise. If a client chooses to go into an office or other non-program space to be in a quieter area, employees will frequently monitor the status of the client in accordance with their Support Plan Addendum and encourage them to rejoin activities.
4. The program will reduce the potential of abuse and/or harm to clients related to the areas of the program that are difficult to supervise in the following manner:
 - When dangerous supplies and chemicals are not in use for cleaning or laundry purposes, the items are stored in the locked janitorial closet. The medication storage and disposal procedures are identified within the Medication Administration Policy.
 - On a daily basis, employees clean the program areas once the clients have left for the day.
 - Deep cleaning is completed weekly by employees when clients are not present.

III ENVIRONMENTAL ASSESSMENT:

The following is a summary of the facility location including information about the neighborhood and community that the facility is located. Merrick, Inc., is located in Vadnais Heights, Minnesota. There are a number of commercial businesses in the area, ranging from small to large and residential areas to north, south and west of the facility. The facility parking lot entrance is adjacent to Willow Lake Blvd, a street with a low level of traffic. There is a section of the sidewalk in front of the entrance that is level to the parking lot for access to those with mobility challenges. On a daily basis, employees are assigned to assist clients getting off and on their vehicles.

1. The program will reduce the potential of abuse and/or harm to clients related to the location of the program, including factors about the neighborhood and community in the following manner:
 - The program does provide and coordinate transportation to and from the program. Vehicles with hydraulic lifts to accommodate passengers using wheelchairs are available within the service area.
 - The Ramsey County Sheriff's Department provides law enforcement services to the Vadnais Heights community. The non-emergency phone number is (651) 767-0604.
 - The Vadnais Heights Fire Department provides fire protection, fire safety education and emergency response to the Vadnais Heights community. The non-emergency phone number is (651) 204-6030
 - The grounds and terrain that surround the facility include a nature preserve located to the south of the facility. A building complex is also located to the south and Labore Road to the west.
2. The program will reduce the potential of abuse and/or harm to clients related to the type of surrounding grounds and terrain in the following manner:
 - Employees are assigned to assist with the unloading and loading of vehicles bringing clients to the program. Only two vehicles will be unloaded/loaded at a time.
 - When accessing the community, employees will guide and provide verbal cues for clients to maneuver around uneven terrain and support them in accordance with their Support Plan Addendum to safely reach the entrance of community locations.

3. Internal programming provided at this Day Support Service site includes:
 - Individualized community-based training and support services (i.e. social skills, music, art, yoga, community inclusion activities, walking activities, therapies, academics, exercise, volunteerism, and horticulture) to help clients develop and maintain needed and personally preferred enriching life skills so they can effectively access and participate in meaningful activities they prefer in their communities.
 - Assistive technology is incorporated into daily routines to promote communication and socialization.
 - Self-Advocacy activities are offered to promote empowerment, self-determination, choice, and leadership skills.
4. The program will reduce the potential of abuse and/or harm to clients through the type of internal programming provided in the following manner:
 - Staffing ratios, employee qualifications, and daily routines address the needs of clients to best ensure their successful and safe participation in activities.
 - A Self-Management Assessment is completed on each client identifying their independence to respond to emergency situations and the staff-to-client ratio needed.
5. Each client has been assigned a staff-to-client ratio to meet their health and safety needs. The daily schedule reflects this information to ensure the staff-to-client ratio of the clients is met daily.
6. The Program Director (PD) or designee is responsible for reviewing, developing, and monitoring daily schedules to ensure the staffing pattern reflects what is identified for each client. The PD is responsible for orientating and training volunteers to understand their role to the clients, social boundaries, activity engagement, and information about the population served.

IV PROGRAM ASSURANCES:

- A. Clients are provided with an orientation to the Program Abuse Prevention Plan. This orientation must be within 24 hours of admission or within 72 hours for clients who would benefit from a later orientation.
- B. Merrick, Inc.'s Board of Trustees must review the Program Abuse Prevention Plan at least annually.
- C. A copy of the Program Abuse Prevention Plan must be posted in a prominent place in the program area and be available, upon request, to mandated reporters, clients, and their legal representatives.
- D. The plan must include a statement of measures to be taken to minimize the risk of abuse to the vulnerable adult(s) or when the need for additional measures is identified. This includes identifying referrals that are made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.
- E. If the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the Program Abuse Prevention Plan, the Individual Abuse Prevention Plan must document this determination.
- F. In addition to the Program Abuse Prevention Plan, an Individual Abuse Prevention Plan must be developed for each new client. A review of the Individual Abuse Prevention Plan must be done as part of the review of the program plan. The client must participate in the development of the Individual Abuse Prevention Plan to the best of their abilities. All Individual Abuse Prevention Plans must be reviewed at least annually by the support team.

Board Approved: 1/25/2026

Policy reviewed and authorized on 01/01/2026 by:

A handwritten signature in blue ink, appearing to read "M G".

Mike Greenbaum, Executive Director

15. SAFE MEDICATION ASSISTANCE ADMINISTRATION POLICY

1.00 PURPOSE

This policy establishes guidelines for employees to provide safe medication setup, assistance, and administration when:

- assigned responsibility to do so in the client's Support Plan (SP) or the Support Plan Addendum (SPA); and
- using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor.

2.00 APPLICATION

This policy applies to all employees and clients served by Merrick, Inc.

3.00 POLICY STATEMENT

A client's SP or SPA will identify if they require assistance with or administration of medications and/or treatments while in our program.

4.00 PROCEDURES

4.10 Self-Medication

If the client is capable of directing their own care, and is completely independent in self-medication administration, the Company will not be assigned the responsibility in their SP or SPA. A formalized program for self-administration could be developed if the person has the necessary skills and abilities as follows:

- It will be the responsibility of the client's residence to determine criteria for self-administration of medication and to obtain the prescriber's orders for self- administration if requested. The Company will comply with the program established by the client's place of residence.
- In the event the client is in a training program for self-administration and their residence requests the Day Services staff to supervise the administration of medications, staff will observe the person take his/her medication and will document the supervision on the medication administration record
- If there are concerns noted about a person's abilities in self-administration of medications, the staff will notify the person's place of residence and legal representative.

4.20 Medication Assistance

Medication assistance allows the client to self-administer their medications or treatments when they are capable of directing their own care (or when their legal representative is present and able to direct the person's care). Medication assistance includes the following tasks:

- bringing to the client and opening a container of previously setup medications, emptying the contents into their hand, or opening and giving the medications in the original container to them;
- bringing to the client liquids or food to accompany the medication; or
- providing reminders to a client to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

4.30 Medication Administration

All clients receiving medication should be encouraged to be active participants in the process of receiving their medication or treatment. It is recommended that an assessment of the client's skills and abilities is made to determine how we can facilitate their active participation in receiving their medication or treatment.

4.40 Medication Setup

Medication setup refers to a technique of arranging medications. This technique can be used for any or all of the following:

- medication assistance;
- medication administration;
- later administration of medications; or
- when medication administration will occur outside of the onsite program.

4.50 Requirements for Medication Administration

To ensure safe, consistent, and accurate provision of healthcare, it is necessary that the Company have standardized policies and procedures for medication and treatment assistance/administration.

- Medication administration procedures must be established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor. These procedures are found in the Medication Administration Procedures and General Medication Procedures sections of this manual.
- When a client's healthcare needs change, medication administration or treatment procedures will be updated.
- The Company and RN will review these policies and procedures annually to evaluate continued adequacy and appropriateness to meet the specific needs of the clients.
- The nurse's signature on the front page of this manual indicates review and approval of the written procedures to assure safe medication handling and administration.
- Medication administration procedures must include those procedures necessary to implement medication and treatment orders. These include:
 - assignment of medication responsibilities in the SP;
 - authorization to administer medications / treatments;
 - medication administration procedures and treatments procedures;
 - employee training requirements for medication administration/treatment,;
 - documentation procedures;
 - notification procedures; and
 - review and needed corrections of systems to ensure safe medication handling and administration.
- Non-medicated, preventative, topical solutions such as hand lotion, sunscreen, and insect repellent may be administered without guardian authorization or physician order based on the recommendations of the nurse and/or at the Company's discretion

4.60 Medication Administration and Treatment Authorization

If administration of medications/treatments is assigned in the SP, the Company will obtain written authorization from the client or their legal representative. This authorization must be updated and will remain in effect unless it is withdrawn in writing and may be withdrawn at any time. If the authorization is declined, the medication / treatment must not be administered. Refusal for authorization must be reported to the prescriber without delay. If the person or legal representative refuses to authorize the administration of psychotropic medications:

- a report must be made to the prescriber as expediently as possible,
- any directives or orders given by the prescriber must be followed,
- a court order must be obtained to override the refusal when warranted,

- refusal to authorize administration of a specific psychotropic medication does not constitute an emergency and is not grounds for termination of day services.

4.70 Administration of Injectable Medications

Only an RN is allowed to administer psychotropic medications by injection and may be administered according to a prescriber's order and written instructions when one of the following conditions has been met:

- an RN will administer the subcutaneous or intramuscular injection; or
- a supervising RN with a prescriber's order has delegated the administration of subcutaneous injectable medication to an unlicensed employee and has provided the necessary training; or
- an unlicensed employee may administer injections if there is a written agreement contained in the client's record which includes the following:
 - signatures of the license holder, the client's prescriber, and the client;
 - the client's legal representative;
 - specific instructions for the injections that may be given, including when and how they are given; and
 - a statement that the physician will retain responsibility for the employee giving the injections.

4.80 Setup Requirements for Medication Administration

All employees that have the responsibility of medication administration or medication setup must be at least 18 years of age and receive medication training through an accredited Minnesota post-secondary educational institution or from a formalized curriculum developed by a registered nurse. Medication training must:

- include medication administration procedures, information on medications, monitoring side effects of medication, use of a drug reference manual, and other relevant topics;
- be taught by a registered nurse; and
- include an observed skill assessment by a nurse to ensure that employee demonstrates the ability to administer medications consistent with policies and procedures.

Documentation of medication training and observed skill assessment will be located in the employee's personnel file and will include:

- the determination of competency for each route the employee will use to administer medications;
- the date of the training and demonstrated skill; and
- the signature of the RN observing the skill.

4.90 Routes of Medication Administration

Formalized medication administration training generally includes oral, eye, ear, and topical routes. The following routes of administration require specialized training:

- nebulizer;
- inhaler;
- nasal spray;
- vaginal;
- rec gastrostomy;
- subcutaneous injections;
- transdermal;
- buccal; and
- sublingual.

4.10 Transportation of Medications

Most client medications to be administered are sent from a family or residence to the program via the client's driver who is responsible for giving the medications to the employee unloading the vehicle. That employee is responsible to get the medications to the designated Trained Medication Passer (TMP) who will log receipt of the medications and make sure they are properly stored. Anyone dropping off a medication will be directed to the TMP who will receipt of the medications and make sure they are properly stored. Clients are not to bring medications in on their own (e.g. lunches, backpacks, etc.).

4.11 Procedures for Supervision of Employee Medication Administration

It is the responsibility of the RN to provide on-going supervision and monitoring of the performance of medication administration. This supervision may include: direct observation of the employee administering the medication; monitoring of medication administration error reports; and periodic review of the procedures. If the RN has determined that medication administration is not being performed safely, they may do any of the following:

- retrain the employee;
- require additional training;
- provide more frequent direct supervision; and
- inform the Company if they have determined the employee cannot adequately perform the delegated medication administration.

4.12 Communication Concerning Medications

Concerns regarding medications (including effectiveness, side effects, adverse reactions, and issues about medications) may be communicated to the client's place of residence via phone. It is recommended the occurrence of this phone conversation be documented in the client's record. An alternative method for communicating concerns to the client's place of residence is to submit them in writing. The *Health / Medication Concerns* form may be used for this purpose. A completed copy of this form will be sent to the client's place of residence and the original will be maintained in their record (see form in this section). At the annual IDT meeting, the medications that are to be administered at the program will be reviewed. The client and legal representative will be asked if they require additional information regarding these medications and, if yes, the Company will contact the RN to provide this information.

4.13 Medication and Treatment Orders

Written prescriber's orders will be obtained for all medications to be administered and may be ordered by a physician, dentist, or other health professional licensed to prescribe. A copy of the written prescriber's orders will be requested from the client's place of residence and placed in their program record. The orders may be found on any one of the following:

- *Medical Referral* form;
- *Physician Admission Order* form;
- *Standing Orders for Over-the-Counter Medications*;
- *Dental Referral* form;
- *Physical Examination* form;
- *Mental Health Referral* form;
- Faxed prescriber's order;
- A *Medication Profile* form; or
- Written prescription (current prescription label can serve as the written order).

Non-medicated, preventative, topical solutions such as hand lotion, sunscreen, and insect repellent may be administered without guardian authorization or physician order based on the recommendations of the RN and/or at the discretion of the Company.

4.14 Notification Requirements for Reporting Concerns About Medications

A prescriber or RN must be notified of any concerns about the medication including:

- side effects;
- effectiveness;
- a pattern of the person refusing to take medication as prescribed;
- all medication errors; and
- suspected adverse reactions (must be immediately reported to the prescriber).

4.15 Requirements for Medication/Treatment Documentation

Each client receiving medication administration will have a medication record which contains the following information:

- Client's name;
- Name of medication;
- Dose;
- Frequency;
- Route;
- Times the medication or treatment is to be administered; and
- Other information to ensure effectiveness.

When medications are not administered as ordered, the potential consequences may be a worsening of the condition the medication was prescribed to treat. This information may be found in one of the following locations:

- on the monthly medication record when the reason the medication was prescribed is specified;
- on the *Information About Medications* form; and/or
- on the medication reference information which identifies the purpose/indication of the medication.

Since the consequences of not performing a treatment as prescribed are so varied, the consequences will be individualized to the client and procedure and will be included in the medication training. All training and competency is documented in the employee records.

Drug reference information is available at the program to all employees administering medications. This information may be located in a drug reference manual, on information supplied by the pharmacy, or on a recognized drug reference website. Adverse reactions that must be reported to the prescriber are located in the drug reference information and any observation of suspected side effects will be reported to the RN and the client's place of residence.

The RN consultant and the client's place of residence will be notified when the medication or treatment is not taken as prescribed at the time of occurrence. This information is located on the medication administration record or on the *Medication/Treatment Discrepancy* form if an error has occurred.

Notations of reports made to the individual's prescriber will be documented. Reports to the case manager or legal representative will be documented on a *Medication/Treatment Discrepancy* form, or on the *Medication Record Review* form.

The RN consultant will continually monitor medication administration systems to assure safe medication handling and administration. If the RN determines there are concerns with medication administration, they will complete a review of medication administration systems and determine a correction plan.

4.16 Review of Medication/Treatment Administration Records

Medication and treatment records require continuous monitoring by everyone involved to assure accuracy and compliance. Policies and procedures are written to assure action is taken, the RN is notified, and a direction is determined to correct discrepancies promptly. The documentation of medication reviews may occur in one of the following ways:

Ongoing monitoring of medication records by the RN consultant:

- Orders are reviewed by the RN consultant for all medication or treatment changes;
- Medication administration record reviews are done and signed on a monthly basis by the RN consultant to ensure completeness;
- The RN is notified of all medication / treatment discrepancies and refusals; and
- *Medication/Treatment Discrepancy* forms are completed by employees as they occur, and are reviewed by the RN who determines a plan of correction as necessary.

A review occurs on a quarterly basis (or more frequently if requested by the client or their legal representative and specified in the SP). This review will:

- determine if all medication / treatment orders are current and accurate;
- identify medication or treatment errors;
- specify a plan to correct patterns of medication administration/treatment errors when patterns are identified; and
- are documented on a *Medication Record Review* form.

4.17 Reports of Medication and Treatment Issues

The client's legal representative and case manager must be notified of the following as they occur or as identified in the individual's SP;

- medication or treatment issues;
- reports made to the prescriber regarding adverse reactions;
- reports made to the prescriber of medications or treatments not performed due to error or refusal; and
- concerns about the client's self administration of medications or treatments.

This notification may occur by phone call, fax, or in a written report, whichever is most appropriate depending on the circumstances and as directed in the SP. Documentation of this notification will be in the client's record. It may occur in a variety of formats including, but not limited to:

- *Health / Medication Concerns* form;
- *Medication / Treatment Discrepancy* form; or
- Individual's *Medication Record Review* form.

4.18 Employee Responsibilities for Medication Administration

- Administer medications only when you have received training in medication administration and completed a demonstration of your skill.
- Follow prescriber's orders and established procedures when administering medications.

- Know the purpose of the medication, consequences of not taking as directed, adverse reactions, side effects and specific instructions for administering.
- Be familiar with the condition of the client (for example: allergies, ability to swallow, etc.).
- If you believe the client is having side effects of medication, call the RN or client's place of residence before administering the medication.
- Follow warning label(s) on the medication container.
- Give medications to one client at a time and do not leave medications unattended.
- Give medication directly to the client, not via another person.
- Do not use one client's medication supply for someone else.
- Follow criteria listed on the medication administration record for giving PRN medication and chart the reason for giving PRN medication and the outcome of giving the medication in the progress notes.
- Put unused medications in an envelope marked "to be destroyed" in the medication cabinet and not in the original container.
- Chart medications immediately after they are given.
- Keep medication containers tightly closed and report any changes in color, odor, consistency, or suspected tampering to the pharmacist. Do not administer this medication.
- Make sure all medications are stored safely.
- Notify the RN of all new medication orders.
- Notify the RN, the client's place of residence and the TMP of all medication omissions, errors, or refusals.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

RESPONSIBILITIES FOR MEDICATION AND TREATMENT POLICIES AND PROCEDURES

<u>Title of Person Responsible</u>	<u>Responsibility</u>
_____	Ensure the authorization is obtained if assigned in the SP for the administration of medications or treatments.
_____	Ensure prescriber orders are obtained for all administered medications or treatments.
_____	Determine specific times for medication/treatments to be administered.
_____	Obtain medication supply from the client's residence.
_____	Check all new prescriber orders to make sure they correlate with the prescription label and the Medication Administration Record (MAR).
_____	Obtain or generate the MAR.
_____	Review the MAR for accuracy at the beginning of the month. Check the MAR for completeness/errors at the end of the month.
_____	Check medication storage area for sanitation and security on a monthly basis.
_____	Ensure information on medication side effects and adverse reactions is available.
_____	Ensure employees who are responsible for medication administration have received training.
_____	Notify the client's residence of concerns about medications/treatments.
_____	Report medication and treatment issues to the case manager and legal representative.
_____	Complete a medication record review for each client, including all medication/treatment discrepancies, developing and implementing a correction plan at least quarterly.
_____	Assure outdated, discontinued, or contaminated medications are returned to the client's residence or destroyed. Ensure employees complete medication error reports per procedure.
Other: _____	

OBSERVED SKILL ASSESSMENT

Name of employee _____

The employee has successfully demonstrated the ability to administer medications by the following routes, according to Company procedures:

Route	Date	RN Signature
Oral	_____	_____
Skin/Topical	_____	_____
Ear Drops	_____	_____
Eye Drops	_____	_____
Buccal	_____	_____
Sublingual	_____	_____
Inhaler	_____	_____
Nasal Spray	_____	_____
Gastrostomy	_____	_____
Subcutaneous Injection	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

File in employee's personnel file.

**AGREEMENT FOR SUBCUTANEOUS INJECTIONS PERFORMED BY UNLICENSED
EMPLOYEE WITHOUT NURSING SUPERVISION**

Employee Name: _____ DOB: _____

Phone: _____

Address: _____

Trained, unlicensed employee of Merrick, Inc., is authorized to give injections according to the following instructions:

Client Name: _____

Medication: _____

Frequency: _____

Route: _____

I, _____, retain responsibility for authorizing (prescriber name) unlicensed employee to administer the identified injection(s).

Prescriber Signature _____

Prescriber Name (please print) _____

Date _____

Employee Signature _____

Employee Name (please print) _____

Date _____

Legal Representative Signature _____

Legal Representative Name (please print) _____

Date _____

Program Director Signature _____

Program Director Name (please print) _____

Date _____

* Merrick, Inc., does not administer injections except for Epi-pens.

AUTHORIZATION FOR MEDICATION AND TREATMENT ADMINISTRATION AND MEDICAL EMERGENCY**Name:** _____**DOB:** _____**Merrick, Inc.**

This authorization will be obtained for medication/treatment administration when Merrick, Inc., has been assigned the responsibility in the client's SP.

I understand this authorization includes the following medications and treatments prescribed by a health care professional:

- routinely scheduled medications;
- psychotropic medications;
- over-the-counter medications;
- PRN (as needed) medication including psychotropic medication according to written criteria; and
- medical treatments.

I understand that unlicensed employees will be trained in medication administration and/or treatment procedures by a health care professional in accordance with written policies and procedures.

I understand, when psychotropic medications are prescribed, I can request to be involved in decisions regarding psychotropic medication use.

I understand, when injections are prescribed a registered nurse (RN) or licensed practical nurse (LPN) will administer any intramuscular injections, that only an RN or LPN can administer prescribed psychotropic medications by injection, that an RN may delegate and supervise the administration of subcutaneous injections by employees when there is an agreement with the physician (this requires additional authorization) that will remain in effect unless it is withdrawn in writing or is revoke by me at any time.

I understand if I refuse to authorize medication / treatment administration, the Company will report my refusal to the prescriber(s) and the medication or treatment will not be administered.

I understand a refusal to authorize the administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. The medication will not be administered, the prescriber will be notified, and any directions or orders given will be followed. A court order would be necessary to override the refusal.

I am providing the following specific limitations or requests with regard to medication treatment or administration:

I authorize the Company to act in a medical emergency when the client's legal representative cannot be reached or is delayed in arriving.

Signature: _____

Date: _____

HEALTH/MEDICATION CONCERNS

Client Name: _____

Date: _____

Health Concern (Check all areas of concern, describe under comments section)

Mental/Emotional/Behavioral: anxiety crying tiredness/sedation confusion
 agitation restlessness displaying known pain behaviors in target behaviors
 unusual quietness

Medication concerns: refusing meds displaying possible med side effects
 low blood sugar concerns high blood sugar concerns reports taking meds incorrectly

Breathing: bloody nose shortness of breath wheezing cough nasal discharge congestion

Skin: rash itching blue (cyanosis) open sore bruising swelling
 reddened area pain pus/discharge

Hygiene/grooming: toenail concerns fingernail concerns body odor oral hygiene

Ears: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both <input type="checkbox"/> pain <input type="checkbox"/> visible earwax <input type="checkbox"/> discharge	Eyes: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both <input type="checkbox"/> pain <input type="checkbox"/> discharge <input type="checkbox"/> redness <input type="checkbox"/> abnormal eye movement
--	--

Gastro-intestinal: ↑ choking episodes reports nausea vomiting diarrhea
 weight change appetite change constipation reports stomach pain
 dietary concerns tube-feeding problems

Muscular/skeletal: swelling stiffness stumbling lack of coordination
 reports pain abnormal movements

Urinary Tract: ↑ frequency incontinence reports burning/pain odor
 difficulty voiding catheter problems

Discomfort: headache dizziness sore throat mouth pain tooth pain
 other pain location: _____

Equipment concerns: nebulizer glasses hearing aid wheelchair walker
 other: _____

Comments _____

Notification:

____ Nurse : _____

____ Case Manager _____

____ Legal Guardian _____

____ Caregiver _____

____ Other: _____

Employee Signature _____ Contact Number _____

Follow up: _____

Original remains in client file. Copy to individual's residence

16. SEIZURE PROTOCOL

If a seizure occurs while the client is under the care of Merrick, Inc., employees are to follow the protocol outlined below and call 911 if any of the following are observed (unless the client has an individualized protocol to be followed):

1. The client has never had a seizure before.
2. Difficulty in breathing following a seizure or the client does not regain consciousness following a seizure.
3. The client has a second seizure immediately following the first.
4. The client has a seizure lasting more than five minutes.
5. The client is experiencing a high fever.
6. The client is experiencing heat exhaustion.
7. The client is pregnant.
8. The client has diabetes.
9. The client has heart disease.
10. The client sustained an injury prior to the seizure or during the seizure.
11. The seizure occurred in water.

The Assistant Program Director is responsible for: (i) completing a seizure form for the client's file; (ii) contacting the client's representative or home to notify them of the seizure activity; (iii) notifying the Nurse Consultant of the seizure; and (iv) instructing the caregiver to notify the client's physician/medical provider.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

17 CLIENT RIGHTS

When receiving services and supports from Merrick, Inc., I have the right to:

1. Participate in the development and evaluation of the services that will be provided to me.
2. Have services and supports identified in the Support Plan and Support Plan Addendum provided to me in a way that respects and takes into consideration me and my preferences according to the requirements in sections 245D.07 and 245D.071.
3. Refuse or terminate services and be informed about the consequences if I refuse or terminate services.
4. Know, in advance, the limitations to the services available from the Company, including their knowledge, skills, and ability to meet my service or support needs.
5. Know the conditions and terms governing the provision of services, including the Company's admission criteria, policies, and procedures related to temporary service suspension and service termination.
6. Have the Company help coordinate my transfer to another provider to ensure continuity of care.
7. Know what services this Company provides and how much they cost, regardless of who will be paying for the services, and to be notified if those costs change except for rate increases approved by the Legislature.
8. 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.
9. Receive services from DSPs who are trained, competent, and have the professional certification or licensure as required and who meets additional qualifications identified in my Support Plan or Support Plan Addendum.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared outside of Merrick, Inc.
11. Have access to my records and recorded information that the Company has about me as allowed by state and federal law, regulation, or rule.
12. Be free from maltreatment including abuse, financial or other exploitation, retaliation, humiliation or neglect by the Company or its employees.

- 13. Be free from restraint, time out, seclusion, restrictive intervention, or other prohibited procedures identified in section 245D.06 Subd. 5 or successor provisions except for (i) emergency use of manual restraint to protect the person from imminent danger to self or others according to the requirements in section 245D.061 or successor provisions; or (ii) the use of safety interventions as part of positive support transition plan under section 245D.06 subd. 8 or successor provisions.
- 14. Receive services in a clean and safe environment where the Company is the owner, lessor, or tenant of the service site.
- 15. Be treated with courtesy and respect and have my personal property treated respectfully.
- 16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
- 17. Be free from bias and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
- 18. Be told about and to use the Company's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the Company fixed and how to file a social services appeal under the law.
- 19. Know the names, addresses, phone numbers, websites, and email of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
- 20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the Company.
- 21. Give or not give written informed consent to take part in any research or experimental treatment.
- 22. Choose my own friends and associate with other persons of my choice in the community.
- 23. Have personal privacy as appropriate in my workplace.
- 24. Have daily, private access to and use of a non-coin operated telephone for local calls, and long-distance calls made collect or paid for by me.
- 25. Receive and send, without interference, uncensored, unopened mail and electronic correspondence and communication.
- 26. Be alone with any visitors including spouse, family, legal counsel, religious advisor, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09.

- 27. Engage in chosen activities.
- 28. Have freedom and support to access food and portable water at any time.
- 30. Receive services in a setting that is clean and free from accumulation of dirt, grease, garbage, peeling paint, mold, vermin and insects and in a setting that is free from hazards that threaten my health or safety
- 31. Have access to my personal possessions and financial resources at any time.

Policy reviewed and authorized on 01/01/2026 by:

A handwritten signature in blue ink, appearing to read "M. Greenbaum".

Mike Greenbaum, Executive Director

18. CLIENT FUNDS AND PERSONAL PROPERTY GUIDELINES

To ensure that guidelines are followed so that clients will retain the use and availability of their personal funds and property.

1. Employees must ensure the separation of client funds from any other funds of Merrick, Inc., and its employees.
2. Whenever assistance is needed with the safekeeping of client funds and/or property, employees must have written authorization by the client, their legal representative, and County Case Manager. Employees must document receipt and disbursement of the funds and property of the client, and follow any restrictions identified in the Support Plan and the Support Plan Addendum.
3. During the client's intake meeting prior to service initiation, and at the annual meeting, the Program Plan Coordinator will query, document, and implement the preferences of the client, their legal representative, and Case Manager regarding the frequency of receiving statements that itemize receipts and disbursements of client funds or property.
4. Merrick, Inc., employees are restricted to engage in any of the following actions:
 - Borrow money from any client;
 - Purchase personal items with client funds;
 - Sell merchandise or personal services to a client;
 - Require clients to purchase items from Merrick, Inc., or
 - Use client funds in a manner that would violate section 256.04, or any other rules promulgated under this section.
5. Merrick, Inc., and/or its employees cannot accept power-of-attorney for any client of Merrick for any purpose.
6. Upon death of the clients, Merrick, Inc., must immediately return all personal funds or personal property to the client's legal representative or an executor of their estate in exchange for an itemized receipt.
7. All incidents of lost or stolen property of clients will be investigated with results documented in a master file managed by the Program Director.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

19. SERVICE SUSPENSION NOTIFICATION POLICY**1.00 PURPOSE**

The purpose of this policy is to establish guidelines and notification procedures for service suspension.

2.00 APPLICATION

This policy applies to all clients of Merrick, Inc., (hereinafter “Company”).

3.00 POLICY

It is the intent of the Company to ensure continuity of care and service coordination between members of the support team including, but not limited to the client, the legal representative and/or designated emergency contact, case manager, and other licensed caregivers, and other people identified by the client and/or legal representative during situations that may require or result in temporary service suspension.

4.00 PROCEDURES

The Company recognizes that *temporary service suspension* and *service termination* are two separate procedures. The Company must limit temporary service suspension to specific situations that are listed below. A temporary service suspension may eventually lead to service termination for specific situations that are listed in *Policy and Procedure on Service Termination*.

- 4.10 Consistent with MN Statutes, section 245D.10, subd 3, the Company limits temporary service suspension to situations in which:
 - 4.11 The client’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;
 - 4.12 The client has emergent medical issues that exceed the Company’s ability to meet their needs;
 - 4.13 The company requires an internal transfer to another program area better able to meet the client’s support needs and needs some time to prepare for the move; or
 - 4.14 The Company has not been paid for services.
- 4.20 Prior to giving notice of temporary services suspension, the Company must document actions taken to minimize or eliminate the need for service suspension. Action taken by the Company must include, at a minimum:
 - 4.21 Consultation with the client’s support team to identify and resolve issues leading to issuance of the suspension notice; and
 - 4.22 A request to the client’s case manager for intervention services identified in section 245D.03, subd 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the client in the program (this requirement does not apply to temporary suspensions issued due to non-payment of services); and

- 4.23 If, based on the best interests of the client, the circumstances at the time of the notice were such that the Company was unable to take the actions listed above, the Company must document the specific circumstances and the reason for being unable to do so on the required documentation form provided by the commissioner of human services.
- 4.30 The notice of temporary service suspension must meet the following requirements:
 - 4.31 Company must notify the client or their legal representative and case manager in writing of the intended temporary services suspension; and
 - 4.32 The notice of temporary services suspension must be given on the first day services will be suspended; and
 - 4.33 The notice must include the reason for the action; a summary of actions taken to minimize or eliminate the need for temporary services suspension as required under MN Statutes, section 245D.10, subd 3, paragraph (d); and why these measures failed to prevent the suspension.
- 4.40 During the temporary suspension period, the Company must:
 - 4.41 Provide information requested by the client or case manager; and
 - 4.42 Work with the support team to develop reasonable alternatives to protect the client and others and to support continuity of care; and
 - 4.43 Maintain information about the temporary service suspension, including the written notice of temporary services suspension, in the client record.
- 4.50 If, based on a review by the client's support team, it is determined they no longer pose an imminent risk of physical harm to self or others, the client has a right to return to receiving services. If at the time of the temporary service suspension, or at any time during the suspension, the client is receiving treatment related to the conduct that resulted in the service suspension, the support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the client's care or treatment when determining whether they no longer pose an imminent risk of physical harm to self or others and can return to the program. If the support team makes a determination that is contrary to the recommendation of a licensed professional treating the client, the Company must document the specific reasons why a contrary decision was made.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

20. SERVICE TERMINATION NOTIFICATION POLICY**1.00 PURPOSE**

The purpose of this policy is to establish guidelines and notification procedures for service termination.

2.00 APPLICATION

This policy applies to all clients of service at Merrick, Inc., (hereinafter “Company”).

3.00 POLICY

It is the intent of the Company to ensure continuity of care and service coordination between members of the support team including, but not limited to the client, the legal representative and/or designated emergency contact, case manager, and other licensed caregivers, and other people identified by the client and/or legal representative during situations that may require or result in service termination.

4.00 PROCEDURES

The Company recognizes that *temporary service suspension* and *service termination* are two separate procedures. The Company must limit service termination to specific situations that are listed below. A temporary service suspension may eventually lead to service termination for specific situations that are listed in *Policy and Procedure on Temporary Service Suspension*.

- 4.10 The Company must permit each client to remain in the program and must not terminate services unless:
 - 4.11 The termination is necessary for the client’s welfare and the Company cannot meet their needs;
 - 4.12 The safety of the client or others in the Company is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the client or others;
 - 4.13 The health of the client or others in the Company would otherwise be endangered;
 - 4.14 The Company has not been paid for services;
 - 4.15 The Company ceases to operate; or
 - 4.16 The client has been terminated by the lead agency from waiver eligibility.
- 4.20 Prior to giving notice of service termination, the Company must document actions taken to minimize or eliminate the need for termination. Action taken by the Company must include, at a minimum:
 - 4.21 Consultation with the client’s support team to identify and resolve issues leading to issuance of the termination notice; and
 - 4.22 A request to the client’s case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the client in the Company (this requirement does not apply to service termination issued due to non-payment of services); and
 - 4.24 If, based on the best interests of the client, the circumstances at the time of the termination notice were such that the Company was unable to take the actions listed above, the Company must document the specific circumstances and the reason for being

unable to do so on the required documentation form provided by the commissioner of human services.

- 4.40 The notice of service termination must meet the following requirements:
 - 4.41 Company must notify the client or their person's legal representative and case manager in writing of the intended service termination;
 - 4.42 The notice must include:
 - 4.421 The reason for the action;
 - 4.422 Except for a service termination when the program ceases to operate, a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required under section 245D.10, subd 3a, paragraph (c), and why these measures failed to prevent the termination or suspension;
 - 4.423 The client's right to appeal the termination of services under MN Statutes, section 256.045, subd 3, paragraph (a); and
 - 4.424 The client's right to seek a temporary order staying the termination of services according to the procedures in MN Statutes, section 256.045, subd 4(a) or 6(c).
 - 4.425 Notice of the proposed termination of service, including those situations that began with a temporary service suspension, must be given as follows:
 - 4.4251 At least 60 days prior to termination when the Company is providing intensive supports and services identified in section 245D.03, subd 1, paragraph (c);
 - 4.4252 At least 30 days prior to termination for all other services licensed under Chapter 245D; and
 - 4.4253 This termination notice may be given in conjunction with a notice of temporary services suspension.
- 4.43 During the service termination notice period, the Company must:
 - 4.431 Provide information requested by the client or case manager; and
 - 4.432 Work with the support team to develop reasonable alternatives to protect the client and others and to support continuity of care; and
 - 4.433 Maintain information about the service termination, including the written notice of intended service termination, in the client record.

Policy reviewed and authorized on 01/01/2026 by:



Mike Greenbaum, Executive Director

21. PROGRAM SUPPORT RATIOS AND SERVICE RATE POLICY**1.00 Purpose**

The purpose of this policy is to establish procedures that ensure a consistent process for requesting service units, billing appropriate service rates, and sufficient support ratios are provided.

2.00 Application

This policy applies to each person initiating a service and each client of Merrick, Inc., (hereinafter “Company”).

3.00 Policy Statement

The Company has done its best to secure a correct understanding of the Minnesota Department of Human Services (DHS) Disability Waiver Rate System (DWRS) for clients who receive waiver services and services funded by Medical Assistance (MA) for clients living in an Intermediate Care Facility for Adults with Disability (ICF/DD) who receive Day Training and Habilitation (DT&H) services. Through our discovery, the Company has learned what services clients who attend our programs can and choose to receive within their approved funding and will work with clients and their support teams to get their needs and preferences met under the most appropriate and available service option. From our experience, the Company has gained an understanding of how these services impact our billing, documentation, and compliance practices. While honoring informed choice, and using a person-centered approach, with approval from the client and support team, the Company will work with clients to identify and choose outcomes within these areas, will request and bill for service units, and provide support ratios (hereinafter “ratios”) and services as follows.

4.00 Procedure**4.10 Requesting Waiver Services**

- 4.11 Day Support Services (DSS): The Company will request units for clients who choose not to work and want a person-centered, individualized plan to identify essential life skills, discover activities that enrich their lives, and teach and develop communication, community access, mobility, preservation and safety, independent living, decision making, money management, budgeting, personal health and wellness, positive behavior and mental health, problem solving, personal care, self-direction and socialization, and therapeutic activities that increase adaptive skill functioning.
- 4.12 Prevocational Services (Prevoc): The Company will request units for clients who choose onsite work and want a person-centered individualized plan to teach and support needed work skills while engaging in work, as well as daily living skills they can be working on during their non-work time. These include, but are not limited to, following instructions, routines, and schedules; increasing appropriate work skills in communication, positive behavior and mental health; problem solving; relationship building; self-care; social skills; and various community inclusion activities. Clients can use all Prevoc units during a program day; some to participate in work activity and some to participate in chosen outcomes during non-work time. DSS units are not required during non-working time because both DSS and Prevoc offer options for teaching and skill building a non-work activity.

- 4.13 Employment Services (EDS/EES/ESS): The Company will request units for clients who choose to gain and maintain paid competitive, integrated employment in the private sector. There are different options based on the required levels of support and units will be requested for the services most applicable to the chosen outcome. If a client is engaged in an Employment Service and chooses services for non-work time, the Company will request units from either Prevoc or DSS based on what service they or their team choose as their focus during their non-work time. Refer to the Community Based Service Manual (CBSM) for more information on what qualifies as a non-work unit under each service.
- 4.14 Positive Support Services (PSS): The Company will request units for clients who choose a person-centered individually designed proactive plan to address challenging behaviors. Clients can request units for PSS in addition to the services listed above through a separate enrollment process.
- 4.15 Individualized Home Supports (IHS): The Company will request units for clients who choose a person-centered individually designed support or training plan in community living categories provided either in the community or their home. Clients can request units for IHS with or without training in addition to the services listed above through a separate enrollment process. Refer to the CBSM for more information on what is available under each service.
- 4.16 Special Events: The Company has special occasions such as an annual holiday party or planned picnic/community event where clients receive services and support as identified in their Support Plan but are different from the services that they would receive on a typical day. Clients who have DSS, Prevoc, PSS, or IHS units can use those units for these events. The Company will request separate DSS units for clients who have Employment Service units for these events. All clients will have a note on file, documenting the therapeutic, skill building, life enrichment, or inclusion benefit they received during the activity/event. When separate DSS units are requested for special events a formal outcome will be written and implemented for those units and progress reviews will be provided to the client and their IDT.

4.20 Billing Waiver Services.

Clients funded by Waivers use rates calculated by the DWRS System. In the past, rates for day services were typically billed as a DT&H full or partial day and the full day rate included two-way transportation. Recently, DHS implemented the *Waiver Reimagine* which separated day services into many different services and corresponding rates. As a result, most services are now available in 15-minute units and transportation can be billed as a separate one-way ride at a market rate. Since the Company serves clients who have varying unit and service needs and market rate transportation can be billed separately for unit-rate services, all services will be requested in 15-minute units. In addition, to be able to provide the support needed and identified in Support Plans to ensure health & safety of clients and/or others the Company will request and bill for all service units provided in a day.

Direct billing will be used when services are provided using actual face-to-face time, either in person or remote. All DSS, Prevoc, and Individualized Home Supports will be billed under direct time. Indirect billing will be used when providing planning and support for Employment Services, Positive Support Services, and other specialized services. The Company will refer to the list of services provided in the CBSM when determining units and whether to bill for Direct

or Indirect time. Multiple services cannot be billed for at the same time under the waiver in most cases. Therefore, when two services are provided concurrently or back-to-back, the Company will communicate with other service providers to ensure accurate data entry (unless they are following guidance under employment services exceptions listed in the CBSM).

Upon service initiation or service authorization renewal, the assigned Program Plan Coordinator (PPC) will work with the client, family, and case manager to determine which waiver service is most appropriate based on required service planning documents and the average ratio method offered in this policy, or most recent updated documents. The case manager will document ratio and any additional service needs in the Support Plan as appropriate.

Prior to enrollment, or at least one month prior to annual service renewal, the PPC will complete and submit the 6790-form requesting 15-minute units for the number of actual units the client will be receiving services over the authorization period. Use 24 units per day for 6 hours, 26 units for 6.5 hours etc. If a case manager insists on requesting full day units for any service, the PPC will contact the Program Director, who will work with the case manager to decide what type of unit is most appropriate.

Upon receipt of the service agreement, the Assistant Program Director (APD) will compare units requested with units approved to ensure they are accurate and confirm the rate according to the DWRS frameworks for the appropriate service. If the units or rate is not accurate the APD will request that the PPC work with the case manager and client support team to identify the problem and get an accurate service agreement. Clients new to the Company will not begin services until an accurate service agreement has been received. Current clients may be subject to a reduction in service, temporary service suspension, or service termination pending an accurate service agreement.

Once a correct service agreement is received, the APD will sign off on the service agreement indicating its accuracy and will forward to the accounts receivable specialist who will begin billing.

4.30 Billing Waiver Transportation Services

There are many types of billable waiver transportation. The Company will bill Unit-Based for transportation provided to/from the initial and last service or jobsite, or In-Service, for transportation provided within the service or between consecutive day or employment services within the same day. The company will bill for the cost of transportation needed to access a waiver service included in the client's Support Plan or access other activities and resources identified in the plan. This may include costs for additional seats and/or riders to protect the health and safety of all passengers. Travel time to a site where services are provided will only be billed when support is needed for the client to access the service. The PPC will work with the team to request the type and appropriate number of units based on the client's Support Plan. Transportation for disability services is set by using a market rate. The Company will consider several components when setting this rate which may include the cost of wages and expertise of those providing the service, numbers of people sharing the service, administrative and indirect costs, and local rates for comparable services not provided through MA.

4.40 Requesting MA Services

Clients who reside in ICF/DD facilities are mostly funded by “straight” MA and these rates are not calculated using the DWRS. However, the Company will use the DWRS frameworks to determine rates for clients residing in ICF/DD facilities using two documents that provide verification of ratios and supports needed to ensure health & safety of client and/or others. These MA rates will be negotiated between the Company and lead agency (county where program is located) through a three-party agreement. The rates will not exceed a DWRS rate for the same level of ratio and the client will receive comparable services for a comparable DWRS rate.

The PPC will work with the ICF/DD and case manager to determine level of service needed and the case manager will document the ratio and any additional service needs in the Support Plan. If not already established, the Company will explain the plan, so the ICF/DD understands they have no regulatory risk, because the three-party agreement assigns “active treatment” for that period of time to the Company, or financial risk because the MA rate is acknowledged by DHS when remitted for direct payment.

The Company will document the individualized rate using the DWRS frameworks and provide the following information.

- The *Average Ratio Planning Document* that calculates an average client ratio based on a snapshot of actual supports needed to safely meet a client’s service needs.
- Documentation to justify the need for services in addition to what is typically provided. This can include data on incidents of challenging behavior or medical conditions such as seizure activity that requires an increased ratio; rider on a vehicle to provide a safe ride; or cost of an open seat on a vehicle to protect others; and/or increased personal care.

The Company will complete and sign a three-party agreement found at [Day Training and Habilitation Service Agreement \(DHS-2638\) \(PDF\)](#), that specifies the full-day rate, unit rate, transportation rate, days of service, and service agreement months.

The Company will provide the signed three-party agreement (along with the *Average Staffing Ratio Planning Document* when requested) to the ICF/DD for signature by an authorized representative. After signing, the ICF/DD will send the three-party agreement back to the Company.

The Company will send the three-party agreement to the party responsible at the lead agency for signature. Once signed, the lead agency will return the agreement to the Company, who will then provide a copy to DHS, and will also return a copy to the ICF/DD.

4.50 Billing MA Services

Upon receipt of the three-party agreement signed by the lead agency, ICF/DD, and the Company; the Company will begin billing the MA rate. The Company will also save a signed copy in the client’s electronic file.

The Company will renew the three-party agreement at least annually and any time there is a change in individual service need or rate increase approved by the legislature.

4.60 Ratios

It is the belief of the Company., that clients should receive the support required to meet their health and safety needs during their service day. Currently, Day Service Facilities are required to comply with Minnesota Statutes section 245D.31 which establishes requirements for client ratios, identifies the minimum level of support allowed on any given day, and outlines conditions requiring additional direct support professionals. However, 245D.31, only identifies specific requirements for ratios of 1:4, 1:6 and 1:8, while the DWRS identifies ratios beginning at 1:1 and up to 1:10. Both acknowledge that individual support needs may vary considerably throughout a typical day or across a week and that different activities require ratios commensurate with different times of the day. To meet that expectation, the Company, will use a consistent method to calculate ratios based on individualized client needs that meets both statutory requirements and the following process,

- 4.61 Anytime service renewal is required, (upon service initiation, at least annually, and any time service needs change) the PPC will have a dialogue with members of the client's support team including the client, case manager, guardian, and residential provider regarding the client's service needs.
- 4.62 The PPC will take that information and use the most recent consecutive time periods from 1 to 52 weeks to calculate an average ratio over the course of a typical week. If a client's schedule does not vary much from week to week, the team may use only one week of data. If a client's schedule varies significantly from week to week, the team may use more weeks of data.
- 4.63 The PPC (or designee) will complete the *Average Ratio Planning Template* using actual hours provided and will not use employee work schedules or payroll records. Transportation will not be included unless direct support is provided to the client during that time (such as a rider).
- 4.64 The formula will convert every ratio to a decimal, therefore effectively scaling to a common denominator, and will then average all time slots to calculate an average ratio for the number of slots filled in for each day. The final average ratio will be automatically rounded up or down to the closest ratio of 1:1 through 1:10. If more than one week is used, and the final average is different from week to week, the PPC will add up the final averages for all weeks and divide by the number of weeks and then round up or down to the closest average ratio.
- 4.65 Once a final ratio is calculated, the PPC will use this ratio to request units and will send the formula to the case manager when requested and work with the IDT to ensure the final ratio matches the services that are being provided and billed. A copy of the sheet(s) will be saved in the client's electronic file.

The Company, acknowledges the requirements of 245D.09, subd 3a, and 4a, requiring those providing unsupervised direct contact be competent to meet client needs identified in their Support Plan, as well as 245D.31, Subd 3-7 regarding average ratios and minimum support requirements and will plan for and schedule accordingly per client service area. That said, no client presents static needs throughout their service day and unforeseen events, absences, or orientation of new employees may present challenges that are difficult to prepare for on short notice. Though the Company will do it's best to plan for these challenges, the average daily ratio may not be provided on a given day and/or the competency of an employee providing support at any moment in time to a specific client may not be verified during their 60-day orientation period. The Company has a coverage document that ensures there are sufficient

employees not in ratio that are available to assist when needed to meet the health and safety needs of clients until full ratios are reestablished. In addition, a Designated Trainer is always onsite and available during program hours. The Company will shut down an area or an entire program if it is determined that the health and safety needs of clients cannot be provided on any given day.

Policy reviewed and authorized on 01/01/2026 by:

A handwritten signature in blue ink, appearing to read "M. Greenbaum".

Mike Greenbaum, Executive Director