



PROGRAM POLICY MANUAL

245D Community-Based Support Services
Happy Living Options LLC, License #1103321
Prepared by Consultant Services of MN

Revision: Rev. 2 — replaces the Program Policy Manual dated 7/1/2026 in its entirety

Effective / adoption date: 9/1/2026

Approved by (name, title): Moulid Ahmed, Director

Next scheduled full review date: annually, and after any DHS correction order or reportable incident

Notice period and documented reasonable cause. Minn. Stat. § 245D.10, subd. 4(c) requires at least 30 days' advance written notice to all persons served or their legal representatives and to case managers before implementing procedural revisions to policies affecting service-related or protection-related rights under § 245D.04 and to maltreatment reporting policies and procedures, **and permits shorter notice where the Agency documents reasonable cause for not providing it.** This revision changes both categories of policy, and the Agency has adopted it on shortened notice. **The Agency's documentation of reasonable cause is set out on the Adoption page of this manual.** Separately, and with no exception available, § 245D.10, subd. 4(d) requires that **all employees be informed of the revisions and trained on their implementation before the effective date.** That training is a precondition to this manual taking effect. See Policy HLO-ADM-02.

POLICY INDEX

28 policies across 7 categories, plus Appendix A, the Agency's Program Abuse Prevention Plan.

Policy #	Policy Title	Category
HLO-OPS-01	Admission and Service Initiation	Core Operations
HLO-OPS-02	Temporary Service Suspension	Core Operations
HLO-OPS-03	Service Termination	Core Operations
HLO-OPS-04	Person-Centered Planning and Service Delivery	Core Operations
HLO-OPS-05	Safe Transportation	Core Operations
HLO-OPS-06	Death of a Person Served	Core Operations
HLO-OPS-07	Grievances	Core Operations
HLO-OPS-08	Funds and Property of Persons Served	Core Operations
HLO-RPT-01	Maltreatment of Vulnerable Adults, Reporting & Internal Review	Reporting & Review
HLO-RPT-02	Maltreatment of Minors, Reporting & Internal Review	Reporting & Review
HLO-RPT-03	Responding to and Reporting Incidents	Reporting & Review

Policy #	Policy Title	Category
HLO-RPT-04	Reviewing Incidents and Emergencies	Reporting & Review
HLO-SAF-01	Emergency Use of Manual Restraint — Prohibited; Required Alternative Measures	Safety & Rights
HLO-SAF-02	Emergencies	Safety & Rights
HLO-SAF-03	Rights of Persons Served, Including Minor Children	Safety & Rights
HLO-SAF-04	Abuse Prevention Plans, Program and Individual	Safety & Rights
HLO-HLT-01	Health Service Coordination	Health & Medication
HLO-HLT-02	Medication Assistance and Administration, Not a Covered Service	Health & Medication
HLO-HLT-03	Universal Precautions and Sanitary Practices	Health & Medication
HLO-COM-01	Data Privacy	Compliance & Ethics
HLO-COM-02	Anti-Fraud and Program Integrity	Compliance & Ethics
HLO-COM-03	Service Recipient and Personnel Records	Compliance & Ethics
HLO-ADM-01	Staff Orientation and Training Plan	Administration
HLO-ADM-02	Policy Review, Revision, and Notification	Administration
HLO-ADM-03	Program Oversight: Designated Coordinator and Designated Manager	Administration
HLO-ADM-04	Staffing, Staff Qualifications, Competency, and Supervision	Administration
HLO-ADM-05	Background Studies	Administration
HLO-CON-01	Alcohol, Drug, and Cannabis Use	HR & Conduct

DEFINITIONS AND ROLES

These terms are used with the same meaning throughout this manual. Where a role is named, that role is the one accountable for the step described; the roles are not interchangeable.

Roles

- **Program Manager / Director — Moulid Ahmed.** The highest level of authority in the program. Referred to in this manual as the **Program Manager**. **Mr. Ahmed does not hold the Designated Manager role.**
- **Designated Manager** (Minn. Stat. § 245D.081, subd. 3). Responsible for program management and oversight, including licensing compliance, ensuring the Designated Coordinator's duties are fulfilled, corrective action following incident and emergency review, the satisfaction evaluation required by statute, staff competency and training, and ongoing program improvement. Full duties and qualifications are in **HLO-ADM-03. Designated: Umulkheye (Najma) Mohamed, North Star Consulting Solutions LLC, 612-229-9584 — pending approval by the Agency's licensor under the DHS Correction Order dated August 10, 2026, citation 18. This designation takes effect upon that approval.**
- **Designated Coordinator** (Minn. Stat. § 245D.081, subd. 2). Responsible for coordinating and evaluating each person's service delivery, the assessment and service planning process, instruction and direct observation of direct support staff, and receiving staff incident reports. Referred to in this manual, and in the Agency's grievance materials, as the **Service Delivery Coordinator**. Full duties and qualifications are in **HLO-ADM-03. Designated: Umulkheye (Najma) Mohamed, North Star Consulting Solutions LLC, 612-229-9584, who also holds the Designated Manager role — pending approval by the Agency's licensor under the DHS Correction Order dated August 10, 2026, citation 18. This designation takes effect upon that approval.**

One person, two roles. Under Minn. Stat. § 245D.081, subd. 1(b), the same individual may serve as both Designated Manager and Designated Coordinator only where that individual meets the education and work-experience qualifications for **both** roles — in practice, the Coordinator qualification ladder in HLO-ADM-03 **plus** three years of supervisory-level experience. Where the Agency assigns both roles to one person, it documents the qualification determination for each role in that person's personnel file. **Where the maltreatment reporting chain in HLO-RPT-01 or HLO-RPT-02 requires a secondary person because the primary may be involved, the secondary must be a different individual from the primary — the dual-role arrangement does not satisfy that requirement.**

Terms

- **Direct support staff, or staff** — employees of the Agency who have direct contact with persons served, including temporary staff or subcontractors, regardless of employer, providing program services for hire under the control of the Agency who have direct contact with persons served (Minn. Stat. § 245D.02, subd. 6a). **Direct contact** has the meaning given in § 245C.02, subd. 11, and is used interchangeably with **direct support service** (§ 245D.02, subd. 6).
- **Support team** — the service planning team under Minn. Stat. § 256B.49, subd. 15, the interdisciplinary team under Minn. R. 9525.0004, subp. 14, or the case management team under Minn. R. 9520.0902, subp. 6, whichever applies to the person (Minn. Stat. § 245D.02, subd. 34). For this Agency's caseload this is ordinarily the case manager, the person, the person's legal representative **and advocate, if any**, and representatives of the providers serving the relevant service areas, including the Agency.
- **Expanded support team** — the support team plus any licensed health or mental health professional, or other licensed, certified, or qualified professional or consultant working with the person **and included in the team at the request of the person or the person's legal representative** (Minn. Stat. § 245D.02, subd. 8b). Membership is at the person's request, not automatic on involvement in the person's care.
- **Incident** — as defined in Minn. Stat. § 245D.02, subd. 11; the full definition is set out in HLO-RPT-03.
- **Emergency** — as defined in Minn. Stat. § 245D.02, subd. 8. **Emergency use of manual restraint** — as defined in § 245D.02, subd. 8a; prohibited by this Agency under HLO-SAF-01.
- **Vulnerable adult** — as defined in Minn. Stat. § 626.5572, subd. 21. **Minor / child** — a person under 18 years of age.
- **Common entry point** — for a vulnerable adult, the Minnesota Adult Abuse Reporting Center (MAARC), 1-844-880-1574 (Minn. Stat. § 626.5572, subd. 5). For a minor, the local welfare agency, the agency responsible for assessing or investigating the report, or the local law enforcement agency, under chapter 260E.

Minn. Stat. §§ 245D.02, subs. 8, 8a, 11, 34; 245D.081, subs. 1(b), 2, 3; 626.5572, subs. 5, 21.

CORE OPERATIONS

HLO-OPS-01 CORE OPERATIONS

Admission and Service Initiation

Purpose

This policy governs how Happy Living Options LLC ("the Agency") admits persons to its 245D licensed program and initiates services, so that every admission upholds the service-related and protection-related rights of the person served and meets the requirements of Minnesota Statutes, chapter 245D.

Policy

The Agency accepts persons whose assessed needs it is qualified and has the staffing, service area, and licensed capacity to meet. A refusal to admit must be based on an evaluation of the person's assessed needs and the Agency's lack of capacity to meet those needs. **The Agency does not refuse to admit a person based solely on the type of residential services the person is receiving, or solely on the person's severity of disability, orthopedic or neurological impairments, sight or hearing impairments, lack of communication skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress.** If the Agency declines to admit someone, it completes a written Admission Refusal Notice explaining the basis for the decision, and **provides that documentation to the person or the person's legal representative and to the case manager upon request.** The Agency does not require any person to have or obtain a guardian or conservator as a condition of receiving or continuing to receive services.

Procedure at Service Initiation

- **Vulnerable adult status.** Every adult the Agency serves is a vulnerable adult by operation of Minn. Stat. § 626.5572, subd. 21(a)(2), because they receive services required to be licensed under chapter 245A. No case-by-case determination is required, and staff do not treat vulnerable-adult status as an open question for an adult on the caseload. For a person under 18, maltreatment runs on chapter 260E under HLO-RPT-02 until the person's 18th birthday, on which date they become a vulnerable adult and an Individual Abuse Prevention Plan must already be in place — see HLO-SAF-04.
- **Abuse prevention plan.** An **Individual Abuse Prevention Plan is required for every vulnerable adult** the Agency serves, under Minn. Stat. § 626.557, subd. 14(b) and § 245A.65, subd. 2(b). The requirement runs to **vulnerable-adult status, not to the service tier** — it applies to a vulnerable adult receiving only basic support services and to one receiving intensive support services alike. As Agency policy exceeding this legal floor, the Designated Coordinator completes an IAPP for **every** person served, including minors, **prior to or upon initiating services.** See HLO-SAF-04.
- In urgent or unplanned initiations, staff receive training on the person's individual needs within 72 hours of first unsupervised contact; the reason for the unplanned start is documented in the person's record.
- **Within 5 working days of service initiation,** the Agency provides **the person, the person's legal representative, and the person's case manager** a written copy of the Rights of Persons Served under section 245D.04, and, for a person under 18, the rights of minor children under section 245D.04, subdivision 4, with an explanation, in an alternative format or language if needed. See Policy HLO-SAF-03. This is repeated annually.
- **Within 5 working days of service initiation,** the Agency provides copies of the policies and procedures affecting the person's rights to the person, the person's legal representative, and the person's case manager: Grievances (HLO-OPS-07), Temporary Service Suspension (HLO-OPS-02), Service Termination (HLO-OPS-03), **Emergency Use of Manual Restraint (HLO-SAF-01)**, and Data Privacy (HLO-COM-01). The Agency provides the emergency use of manual restraint policy to every person served, whether the person receives basic or intensive support services.
- **Within 24 hours of admission** (or within 72 hours where the person would benefit more from a later orientation), the Agency provides an orientation to, and a copy of, **both the internal and the external** maltreatment reporting procedures (HLO-RPT-01 / HLO-RPT-02), including the telephone number of the common entry point. Where applicable, the person's legal representative is notified of the orientation. Within the same period, the Agency also orients the person to the Agency's Program Abuse Prevention Plan.

- **Documentation.** Each notice, orientation, and policy copy listed above is recorded on a signed and dated Service Initiation Acknowledgment kept in the person's service recipient record, showing the date provided, the format or language used, who provided it, and the signature of the person or the person's legal representative acknowledging receipt **and explanation.** Documentation of orientation to service recipient rights (Minn. Stat. § 245D.04, subd. 1(3)) and to the internal and external maltreatment reporting procedures (§ 245A.65, subd. 1(c)) is maintained in the service recipient record as required by § 245D.095, subd. 3(b)(7).
- The Agency obtains written authorization for emergency medical action and release of information at the service initiation meeting. Authorization to assist with the safekeeping of funds or other property is obtained **from the person or the person's legal representative and from the case manager, within 5 working days of service initiation, and renewed annually** — see Policy HLO-OPS-08. The Agency does not obtain authorization to set up, assist with, or administer medication, see HLO-HLT-02.
- If a licensed health or mental health professional has determined manual restraint is medically or psychologically contraindicated for this person, the Agency documents this during initiation planning. The Agency prohibits emergency use of manual restraint for every person served in any event, see HLO-SAF-01.

Follow-Up Timelines, Basic Support Services

These timelines apply to persons receiving only basic support services, for example individualized home supports without training, night supervision, in-home respite, or community living supports.

- Within 15 calendar days of service initiation: complete a preliminary Support Plan Addendum and log the person on the Agency's Admission and Discharge Register.
- Within 60 calendar days of service initiation: review and revise the preliminary Support Plan Addendum to document the services that will be provided, including how, when, and by whom services will be provided, and the person responsible for overseeing delivery and coordination of services.

Minn. Stat. § 245D.07, subd. 2.

Follow-Up Timelines, Intensive Support Services

These timelines apply to persons receiving an intensive support service identified in Minn. Stat. § 245D.03, subd. 1(c) — for example, semi-independent living services under § 245D.03, subd. 1(c)(2)(i) — **except** intervention services under § 245D.03, subd. 1(c)(1) and **individualized home supports with training** under § 245D.03, subd. 1(c)(2)(ii). Under Minn. Stat. § 245D.071, subd. 1, those two services follow the § 245D.07, subd. 2 timeline in Follow-Up Timelines, Basic Support Services, above, even though they are intensive support services. They remain subject to the rest of chapter 245D, including § 245D.07, subsd. 1, 1a, and 3. For every other intensive support service, the Agency follows the full person-centered planning process in Policy HLO-OPS-04, including:

- Within 15 days of service initiation: complete a preliminary Support Plan Addendum based on the support plan.
- Before 45 days of service, or within 60 calendar days of service initiation, whichever is shorter: complete the three self-management assessments required by Minn. Stat. § 245D.071, subd. 3(b), **and** convene the initial planning meeting, at which the determinations required by subdivision 3(c) are made **based on information obtained from those assessments** (see HLO-OPS-04).
- Within 10 working days of the initial planning meeting: develop the service plan documenting outcomes and supports.
- Within 20 working days of the initial planning meeting: submit **the assessment and the completed Support Plan Addendum** for signature; if no signature or written objection is received within 10 working days, it is deemed approved.

Minn. Stat. §§ 245A.65, subsd. 1(c), 2; 245D.04, subd. 1(3); 245D.06, subd. 4; 245D.07, subd. 2; 245D.071, subsd. 1–4; 245D.095, subd. 3(b)(7); 245D.10, subsd. 1a, 4(b); 245D.11, subd. 4(4); 626.557, subd. 14; 626.5572, subd. 21(a)(2).

HLO-OPS-02 CORE OPERATIONS

Temporary Service Suspension

Purpose

This policy limits when and how the Agency may temporarily suspend services to a person, and promotes continuity of care and service coordination with the person, the case manager, and any other licensed caregivers who also support the person, consistent with Minnesota Statutes, section 245D.10, subdivision 3.

Policy, Permitted Grounds

The Agency limits temporary service suspension to situations in which:

- The person's conduct poses an imminent risk of physical harm to self or others, **and either** positive support strategies have been implemented to resolve the issues leading to the 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;
- The person has emergent medical issues that exceed the Agency's ability to meet the person's needs; or
- The Agency has not been paid for services. **An interruption to the person's public benefits that has lasted less than 60 days does not constitute nonpayment** and is not a permitted ground for suspension.

Procedure, Before Giving Notice

Prior to giving notice of temporary service suspension, the Agency documents the actions it took to minimize or eliminate the need for the suspension. Those actions must include, at a minimum:

- Consultation with the person's support team or expanded support team to identify and resolve the issues leading to issuance of the notice; and
- A request to the case manager for intervention services identified in Minn. Stat. § 245D.03, subd. 1(c)(1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to a suspension issued for nonpayment.

If, based on the best interests of the person, the circumstances at the time of the notice were such that the Agency was unable to take these actions, the Agency documents the specific circumstances and the reason it was unable to do so.

Procedure, Notice of Suspension

- The Agency notifies the person or the person's legal representative **and** the case manager **in writing**. If the suspension is from residential supports and services (Minn. Stat. § 245D.03, subd. 1(c)(3)) or from integrated community supports (§ 245D.03, subd. 1(c)(8)), the Agency also notifies the Commissioner in writing.
- Notice of temporary service suspension is given **on the first day of the service suspension**.
- The notice includes the reason for the action, a summary of the actions taken to minimize or eliminate the need for the suspension, and why those measures failed to prevent the suspension.
- The Agency reports the service suspension **using the form provided by the Commissioner**.

Procedure, During the Suspension

- The Agency provides information requested by the person or the case manager.
- The Agency works with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care.
- The Agency maintains information about the service suspension, including the written notice of temporary service suspension, in the person's service recipient record.

Procedure, Right to Return

If, based on a review by the person's support team or expanded support team, that team determines the person no longer poses an imminent risk of physical harm to self or others, **the person has a right to return to receiving services**. If, at the time of the suspension or at any time during it, the person is receiving treatment related to the conduct that resulted in the suspension, the team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk

and can return to the program. If the team makes a determination contrary to the recommendation of a licensed professional treating the person, the Agency documents the specific reasons why a contrary decision was made.

Relationship to Service Termination

A suspension is temporary by definition; the Agency does not use a suspension to accomplish what would otherwise require a termination under HLO-OPS-03. Where a situation that began as a temporary suspension will result in termination, notice of the proposed termination is given for the full applicable notice period under HLO-OPS-03, and may be given in conjunction with the notice of temporary service suspension.

Minn. Stat. § 245D.10, subds. 1, 3(b)–(f); § 245D.03, subd. 1(c).

HLO-OPS-03 CORE OPERATIONS

Service Termination

Purpose

This policy governs when and how the Agency may end services to a person entirely, and promotes continuity of care and service coordination with the person, the case manager, and any other licensed caregivers who also support the person, consistent with Minnesota Statutes, section 245D.10, subdivision 3a.

Policy, Permitted Grounds

The Agency permits each person to remain in the program or to continue receiving services, and does not terminate services unless:

- The termination is necessary for the person's welfare and the Agency cannot meet the person's needs;
- The safety of the person, others in the program, or staff is endangered **and** positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
- The health of the person, others in the program, or staff would otherwise be endangered;
- The Agency has not been paid for services. **An interruption to a person's public benefits that has lasted less than 60 days does not constitute nonpayment;**
- The program or the Agency ceases to operate; or
- The person has been terminated by the lead agency from waiver eligibility.

The seventh statutory ground in Minn. Stat. § 245D.10, subd. 3a(b)(7) — a person who no longer demonstrates complex behavioral needs that cannot be met by private community-based providers — applies only to **state-operated** community-based services. It is not available to the Agency, and neither is the 90-day notice period tied to it.

Procedure, Before Giving Notice

Prior to giving notice of service termination, the Agency documents the actions it took to minimize or eliminate the need for termination. Those actions must include, at a minimum:

- Consultation with the person's support team or expanded support team to identify and resolve the issues leading to issuance of the termination notice; and
- A request to the case manager for intervention services identified in Minn. Stat. § 245D.03, subd. 1(c)(1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to a termination issued for nonpayment.

If, based on the best interests of the person, the circumstances at the time of the notice were such that the Agency was unable to take these actions, the Agency documents the specific circumstances and the reason it was unable to do so.

Procedure, Notice of Termination

- The Agency notifies the person or the person's legal representative **and** the case manager **in writing**. If the termination is from residential supports and services (Minn. Stat. § 245D.03, subd. 1(c)(3)) or from integrated community supports (§ 245D.03, subd. 1(c)(8)), the Agency also notifies the Commissioner in writing.
- **The notice must include all four of the following:** (i) the reason for the action; (ii) except where the program is ceasing to operate, a summary of the actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why those measures failed to prevent the termination or suspension; (iii) **the person's right to appeal the termination of services under Minn. Stat. § 256.045, subd. 3(a);** and (iv) **the person's right to seek a temporary order staying the termination of services** according to the procedures in Minn. Stat. § 256.045, subd. 4a or subd. 6(c).
- The Agency reports the service termination **using the form provided by the Commissioner**.

Procedure, Notice Periods

- **60 calendar days'** written notice before termination when the Agency is providing intensive supports and services identified in Minn. Stat. § 245D.03, subd. 1(c).
- **30 calendar days'** written notice before termination for all other services the Agency is licensed to provide under chapter 245D.
- Notice of proposed termination, including in a situation that began with a temporary service suspension, may be given in conjunction with a notice of temporary service suspension under HLO-OPS-02.

Chapter 245D provides no mechanism for immediate or emergency termination. Where a situation is urgent, the correct tool is a temporary service suspension under HLO-OPS-02, with a termination notice running the full applicable period alongside it.

Procedure, During the Notice Period

- The Agency works with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care.
- The Agency provides information requested by the person or the case manager.
- The Agency maintains information about the service termination, including the written notice of intended service termination, in the person's service recipient record.
- The Agency supports a coordinated transfer to ensure continuity of care when there will be a change in provider, consistent with the person's right under Minn. Stat. § 245D.04, subd. 2(6).

Minn. Stat. § 245D.10, subds. 1, 3a(b)–(f); §§ 245D.03, subd. 1(c); 245D.04, subd. 2(6); 256.045, subds. 3(a), 4a, 6(c).

HLO-OPS-04 CORE OPERATIONS

Person-Centered Planning and Service Delivery (Intensive Support Services)

Purpose

This policy ensures that each person's services are planned around their own goals, preferences, and assessed needs, and coordinated with every other provider involved in their care, consistent with Minnesota Statutes, section 245D.071.

This policy applies to persons receiving an intensive support service identified in Minn. Stat. § 245D.03, subd. 1(c) — for example, semi-independent living services under § 245D.03, subd. 1(c)(2)(i).

Two intensive services are carved out of this policy by statute. Under Minn. Stat. § 245D.071, subd. 1, **intervention services** (§ 245D.03, subd. 1(c)(1)) and **individualized home supports with training** (§ 245D.03, subd. 1(c)(2)(ii)) must comply with § 245D.07, subd. 2 instead — the 15-day / 60-day basic timeline in HLO-OPS-01 — even though they are intensive support services. Do not run those two services through the assessment-and-planning-meeting process below. Persons receiving only basic support services likewise follow HLO-OPS-01.

Procedure, Preliminary Planning

- Within 15 days of service initiation, the Designated Coordinator completes a preliminary Support Plan Addendum based on the person's support plan.

Procedure, Required Assessments

Before providing 45 days of service, or within 60 calendar days of service initiation, whichever is shorter, the Designated Coordinator completes, within the scope of services, assessments of:

- The person's ability to **self-manage health and medical needs** to maintain or improve physical, mental, and emotional well-being, including, when applicable, allergies, seizures, choking, special dietary needs, chronic medical conditions, self-administration of medication or treatment orders, preventative screening, and medical and dental appointments;
- The person's ability to **self-manage personal safety** to avoid injury or accident in the service setting, including, when applicable, risk of falling, mobility, regulating water temperature, community survival skills, water safety skills, and sensory disabilities; and
- The person's ability to **self-manage symptoms or behavior** that may otherwise result in an incident as defined in Minn. Stat. § 245D.02, subd. 11, clauses (4) to (7), suspension or termination of services, or other symptoms or behaviors that may jeopardize the health and welfare of the person or others.

Assessments must produce information describing the person's overall strengths, functional skills and abilities, and behaviors or symptoms. Assessments must be based on the person's status within the last 12 months at the time of service initiation; assessments based on older information must be documented and justified. Assessments are conducted **at least annually**, or **within 30 days of a written request** from the person, the person's legal representative, or the case manager, and the results are reviewed by the support team or expanded support team as part of a service plan review.

Procedure, Initial Planning Meeting

- The initial planning meeting occurs **before 45 days of service are provided, or within 60 calendar days of service initiation, whichever is shorter** — the same deadline that applies to the assessments above. The Designated Coordinator schedules the meeting so that **the assessment results are completed and available in time to be used at the meeting**, because the determinations below must be made based on information obtained from those assessments.
- The meeting includes the person, the person's legal representative, the case manager, other members of the support team or expanded support team, and other people identified by the person or the person's legal representative.
- Based on the assessments, the person's identified needs in the support plan, and the person-centered principles in Minn. Stat. § 245D.07, subd. 1a, the meeting determines: the scope of daily services and activities; the person's desired outcomes and the supports needed to achieve them; the person's preferences, including control of their own schedule; whether the service setting is the most integrated setting available and appropriate; opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences; opportunities for community access, participation, and inclusion; opportunities to develop and maintain personal relationships; opportunities to seek competitive employment and work in competitive integrated employment settings; and how services will be coordinated with every other provider licensed under chapter 245D who serves the person.
- A discussion of how technology might be used to meet the person's desired outcomes is included in the initial planning meeting, and a summary of that discussion is included in the support plan or support plan addendum.
- Within 10 working days of the meeting: the Designated Coordinator develops a service plan documenting the outcomes and supports.
- Within 20 working days of the meeting: the completed Support Plan Addendum is submitted for signature by the person or the person's legal representative and the case manager; it is deemed approved if no signed response or written objection is received within 10 working days.

Procedure, Ongoing Review

- **At least once a year**, or **within 30 days of a written request** by the person, the person's legal representative, or the case manager, the Agency convenes a progress review meeting with the person, the legal representative, the case manager, and the support team or expanded support team to determine what, if anything, needs to change.
- **A written progress summary is available at the meeting**, and is sent to the support team or expanded support team **at least 5 working days before the meeting** where the team has requested it.

- **The annual technology discussion is repeated at each progress review** — not only at the initial planning meeting — and a summary of the discussion is included in the support plan addendum.
- Where the person receives a residential support service, the meeting includes an annual discussion of the person's options for transitioning out of a provider-controlled setting, summarized in the support plan addendum. Where the person receives a day service, the meeting includes an annual discussion of the person's options for transitioning to an employment service identified in Minn. Stat. § 245D.03, subd. 1(c)(5) to (7), summarized in the support plan addendum.
- **Within 10 working days of the progress review meeting**, the Agency mails the revised support plan addendum to the person, the person's legal representative, and the case manager. **Within 10 working days of that mailing**, the Agency obtains dated signatures documenting completion and approval; if no signed response or written objection is received within that period, the addendum is deemed approved.
- Assessments are updated at least annually, or within 30 days of a written request, under Procedure, Required Assessments above, and the results are reviewed by the team as part of the service plan review.
- If the person requires a Positive Support Transition Plan, it is developed and implemented within 30 calendar days of service initiation and phased out no later than 11 months after implementation. This requirement applies under Minn. Stat. § 245D.06, subd. 8 to **every** person served, including a person receiving only basic support services; see HLO-SAF-01.

Minn. Stat. § 245D.071, subds. 1, 3, 4, 5; §§ 245D.02, subd. 11; 245D.03, subd. 1(c); 245D.06, subd. 8; 245D.07, subds. 1a, 2.

HLO-OPS-05 CORE OPERATIONS

Safe Transportation

Purpose

This policy governs how Agency staff safely transport, handle, and transfer persons served whenever transportation is part of the person's authorized services, consistent with Minnesota Statutes, section 245D.06, subdivision 2, and section 245D.11, subdivision 2(4).

Procedure

- Only staff who have completed the Agency's transportation and transfer training for that specific person — covering the person's transfer technique, mobility aids, and any equipment such as wheelchair securement or a transfer belt — may transport that person. The training is delivered by the Designated Coordinator or a person the Designated Coordinator has deemed competent, includes an **observed skill demonstration**, and is recorded as a per-person entry in the training matrix under HLO-ADM-01. A staff person without that entry does not transport that person.
- Vehicles used to transport persons served are maintained in safe operating condition, and any required child/adaptive safety restraints are used correctly on every trip.
- Staff carry the person's emergency contact information, relevant medical alerts, and a plan for handling a medical emergency, vehicle breakdown, or behavioral crisis while in transit.
- Any transportation-related incident (accident, injury, elopement from a vehicle, or significant delay affecting the person's health or safety) is documented and reported under HLO-RPT-03.

Minn. Stat. §§ 245D.06, subd. 2; 245D.11, subd. 2(4).

HLO-OPS-06 CORE OPERATIONS

Death of a Person Served

Purpose

This policy governs the Agency's immediate response, reporting, and internal review when a person served dies while receiving Agency services, consistent with Minnesota Statutes, section 245D.06, subdivision 1, and the Vulnerable Adults Act, section 626.557.

Procedure

- Staff present at, or who discover, the death of a person served call 911 immediately unless death is obviously certain and long-standing, and otherwise follow the Agency's emergency response procedures (HLO-SAF-02).
- If the circumstances of death are unexplained, unexpected, or suspicious, staff also notify local law enforcement and preserve the scene, consistent with the Vulnerable Adults Act's provisions for investigating a vulnerable adult's death.
- The Agency notifies the person's legal representative or designated emergency contact and the case manager as soon as possible, and no later than 24 hours after the death or after the Agency receives information of it.
- The Agency reports the death to the DHS Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities within 24 hours of the death, or of receiving information of it.
- If maltreatment is suspected as a factor in the death and the person was a vulnerable adult (18 or older, meeting Minn. Stat. § 626.5572, subd. 21), the Agency follows its Maltreatment of Vulnerable Adults policy (HLO-RPT-01) and reports to the Minnesota Adult Abuse Reporting Center.
- If maltreatment is suspected as a factor in the death and the person was a minor, the Agency instead follows its Maltreatment of Minors policy (HLO-RPT-02) and reports to the appropriate county or law enforcement common entry point under chapter 260E, not the Minnesota Adult Abuse Reporting Center.
- Where a death was **not** reported as alleged or suspected maltreatment, the Agency conducts the internal review required by Minn. Stat. § 245D.06, subd. 1(g), evaluating whether related policies and procedures were followed and were adequate, whether additional staff training is needed, whether the event is similar to past events, and whether corrective action is needed; and develops, documents, and implements a corrective action plan based on that review. The review is documented in the person's service record and is also reflected in the review under HLO-RPT-04.

Minn. Stat. §§ 245D.06, subd. 1(b), (e), (g); 245.94, subd. 2a; 245A.65; 260E; 626.557.

HLO-OPS-07 CORE OPERATIONS

Grievances

Purpose

This policy gives every person served, and their legal representative, a clear, accessible way to raise a concern about services and assurance the concern will be handled promptly and without retaliation, consistent with Minnesota Statutes, section 245D.10, subdivision 2.

Procedure

- A person served, or their legal representative, may raise a concern verbally or in writing with any staff person, the Service Delivery Coordinator, or the Program Manager. Staff must assist in documenting the complaint if asked, and must provide the addresses and phone numbers of outside agencies (below) at the time the complaint is made.
- If the person is not satisfied with the response from front-line staff, they have direct access to the highest level of authority in the program, the Program Manager, Moulid Ahmed, 2200 E Franklin Ave #205, Minneapolis, MN 55404, 763-388-6961.
- No person served, family member, or legal representative is subject to retaliation for filing a complaint.
- **A person who is not satisfied with the Agency's resolution may appeal to the Minnesota Department of Human Services under Minn. Stat. § 256.045, subd. 3(a).** The Agency informs the person of this right, provides the appeal form, and assists with filing on request. Filing an appeal is never a basis for suspension, termination, or any other adverse action.
- **A complaint affecting a person's health or welfare receives a prompt response:** the staff person receiving it takes immediate protective action, notifies the Program Manager the same day, and the Agency issues a substantive written response within 3 business days. All other complaints receive an initial response within 14 calendar days and are resolved within 30 calendar days of receipt, or the Agency documents the reason for the delay and its plan for resolution.

- For every complaint, the Agency's review evaluates whether related policies and procedures were followed and were adequate, whether additional staff training is needed, whether the complaint is similar to past complaints with the persons, staff, or services involved, and whether corrective action is required to protect the health and welfare of persons receiving services. Where corrective action is needed, the Agency develops, documents, and implements a corrective action plan to correct the current lapse and prevent future lapses.
- The Agency provides a written summary of every complaint and a notice of the complaint resolution to the person served (or legal representative) and the person's case manager, identifying the nature of the complaint and the date it was received, the results of the complaint review, and the complaint resolution including any corrective action, and keeps a copy in the person's service recipient record.

Outside Resources

- Minnesota Department of Human Services, Licensing Division, PO Box 64242, St. Paul, MN 55164-0242, (651) 431-6500
- Office of Ombudsman for Mental Health and Developmental Disabilities, 332 Minnesota St., Suite W1410, St. Paul, MN 55101, (651) 757-1800 / 1-800-657-3506
- Office of Health Facility Complaints (Minnesota Department of Health), (651) 201-4201 / 1-800-369-7994, confirm current mailing address at health.mn.gov before printing
- Minnesota Adult Abuse Reporting Center, for vulnerable adults (18+) only, 1-844-880-1574; for a minor, use the county or law enforcement common entry point under chapter 260E, see Policy HLO-RPT-02
- The person's county case manager
- On request and at service initiation, the Agency provides the **current name, telephone number, website, email, and street address** of protection and advocacy services, including the appropriate state-appointed ombudsman, as required by Minn. Stat. § 245D.04, subd. 3(a)(10). The Designated Manager verifies these contact details at each annual review under HLO-ADM-02 before the list is reprinted or redistributed.

Minn. Stat. §§ 245D.10, subd. 2; 245D.04, subd. 3(a)(9), (10); 256.045, subd. 3(a).

HLO-OPS-08 CORE OPERATIONS

Funds and Property of Persons Served

Purpose

This policy governs the narrow circumstances in which the Agency may assist a person served with the safekeeping of funds or other property, and the restrictions on Agency staff acting as attorney-in-fact or guardian, consistent with Minnesota Statutes, section 245D.06, subdivision 4, and section 245A.04, subdivision 13.

Policy

The Agency does not take custody of, spend, or manage a person's funds or property except where it has current written authorization to assist with safekeeping, and never as a substitute for the person's own control of their money. A person's right to control their own money is a service-related right, and the Agency treats it as one.

Procedure, Authorization

- Whenever the Agency assists a person with the safekeeping of funds or other property, it obtains **written authorization from the person or the person's legal representative and from the case manager**. Both are required.
- Authorization is obtained **within 5 working days of service initiation** and is **renewed annually thereafter**. The Designated Coordinator tracks renewal dates and initiates renewal before expiration.
- **At the time initial authorization is obtained**, the Agency surveys, documents, and implements the preferences of the person or the person's legal representative and the case manager for **how often they receive a statement itemizing receipts and disbursements** of funds or other property. The Agency documents changes to these preferences whenever they are requested, and adjusts its practice accordingly.

- The Agency maintains records of funds and property held for a person as required by Minn. Stat. § 245A.04, subd. 13, in the person's service recipient record.

Procedure, Restrictions on Staff

- **No Agency staff person may accept a power of attorney from a person receiving services from the Agency, for any purpose.** Where a staff person was acting as attorney-in-fact for a specific individual before chapter 245D was implemented, documentation of the power of attorney is maintained in that person's service recipient record.
- **No Agency staff person may accept appointment as guardian** for a person receiving services, unless related to the person by blood, marriage, or adoption. Under Minn. Stat. § 524.5-309, an individual or agency that provides care or services for a fee may not be appointed guardian absent that relationship, and under § 245A.03, subd. 2(a)(1), services provided by the Agency to a person under the Agency's guardianship are not licensed services.
- Upon the transfer or death of a person served, any funds or other property of the person held by the Agency are surrendered to the person or the person's legal representative, or given to the executor or administrator of the estate, **in exchange for an itemized receipt.**

Minn. Stat. §§ 245D.06, subd. 4; 245A.04, subd. 13; 245A.03, subd. 2(a)(1); 524.5-309.

REPORTING & REVIEW

HLO-RPT-01 REPORTING & REVIEW

Maltreatment of Vulnerable Adults, Reporting & Internal Review

Purpose

This policy ensures suspected maltreatment of a vulnerable adult is reported to the common entry point, that Agency staff know they may — but are never required to — report internally as well, and that the Agency completes the internal review required by Minnesota Statutes, section 245A.65, and the Vulnerable Adults Act, section 626.557.

Policy, External Reporting Is the Mandated Report

Every Agency staff person is a mandated reporter. **A mandated reporter who knows of or has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury not reasonably explained, must immediately report to the Minnesota Adult Abuse Reporting Center (MAARC), the common entry point, at 1-844-880-1574.** That external report is the report the law requires. The Agency also remains independently responsible for complying with the immediate reporting requirements of section 626.557.

Policy, Internal Reporting Is Optional

The Agency maintains an internal reporting procedure that **allows but does not mandate** internal reporting of alleged or suspected maltreatment. A mandated reporter may choose to meet the reporting requirement by reporting internally to a person designated below. No staff person is ever required to report internally, to report internally first, or to obtain permission before reporting externally.

- **The Agency may not prohibit a mandated reporter from reporting externally, and does not.**
- **The Agency does not retaliate, and prohibits retaliation, against any mandated reporter who reports an incident to the common entry point in good faith.**
- An internal report never replaces, delays, or excuses the mandated external report except to the extent expressly permitted by Minn. Stat. § 626.557, subd. 4a.

Procedure, When an Internal Report Is Received

- **Within two working days** of receiving an internal report from a mandated reporter, the Agency gives that reporter a **written notice stating whether the Agency has reported the incident to the common entry point.** The notice is delivered in a manner that protects the confidentiality of the reporter.
- That written notice must also state that **if the mandated reporter is not satisfied with the action the Agency took on whether to report the incident to the common entry point, the reporter may report externally,** and must inform the reporter of the Agency's prohibition on retaliation for reporting externally.

Designated Persons, Required by Statute

The Agency identifies the following primary and secondary persons. **In every case below, the secondary person acts whenever there is reason to believe the primary person was involved in the alleged or suspected maltreatment.**

- **Persons to whom internal reports may be made — Primary:** Moulid Ahmed, Program Manager / Director, 2200 E Franklin Ave #205, Minneapolis, MN 55404, 763-388-6961. **Secondary:** Abdirizak Yusuf, (651) 675-8900.
- **Persons responsible for forwarding internal reports to the common entry point — Primary:** Moulid Ahmed, Program Manager / Director, 763-388-6961. **Secondary:** Abdirizak Yusuf, (651) 675-8900.
- **Persons responsible for ensuring the internal review is completed — Primary:** Moulid Ahmed, Program Manager / Director, 763-388-6961. **Secondary:** Abdirizak Yusuf, (651) 675-8900.

Both designated individuals are principals of the Agency. Minn. Stat. § 245A.65 imposes no qualification requirement on these designations and does not disqualify an individual named in a licensing correction order from holding one. The structural safeguard is the secondary: **whenever a mandated reporter has reason to believe the primary person may be involved in the alleged or suspected maltreatment, the report goes to the secondary instead, and the secondary completes the internal**

review. Where a mandated reporter believes **both** designated individuals may be involved, or is for any reason unwilling to report internally, that reporter reports directly to the common entry point and the Agency takes no adverse action of any kind for doing so. Internal reporting is optional in every case, and this policy is not a channel the Agency may use to learn of a report before the common entry point does.

The secondary must be a different individual from the primary. That is the entire point of the designation: the secondary acts when the primary may be involved in the alleged maltreatment. If the Designated Coordinator position becomes vacant, the Agency's governing body designates an alternate secondary in writing — someone other than the Program Manager — **within 5 business days of the vacancy**, and updates this policy and the posted copy accordingly. The Agency does not operate without a named secondary.

Procedure, Internal Review

- When the Agency has reason to know that an **internal or external** report of alleged or suspected maltreatment has been made, it completes an internal review **within 30 calendar days**.
- The review evaluates whether related policies and procedures were followed; whether those policies and procedures were adequate; whether there is a need for additional staff training; whether the reported event is similar to past events with the vulnerable adults or the services involved; and whether there is a need for corrective action by the Agency to protect the health and safety of vulnerable adults.
- Based on the results of the review, the Agency develops, documents, and implements a **corrective action plan** designed to correct current lapses and prevent future lapses in performance by individuals or by the Agency.
- The review is documented and made accessible to the Commissioner of Human Services **immediately upon request**. The documentation may consist of a completed checklist verifying completion of each element of the review.

Procedure, Orientation and Posting

- **Persons served:** the Agency provides an orientation to **both the internal and the external** reporting procedures to every person receiving services, including the telephone number of the common entry point. Where applicable, the person's legal representative is notified of the orientation. The orientation is provided **within 24 hours of admission**, or within 72 hours for a person who would benefit more from a later orientation.
- **Mandated reporters:** every staff person receives orientation to Minn. Stat. §§ 626.557 and 626.5572, this policy, the Program Abuse Prevention Plan, and all internal maltreatment policies **within 72 hours of first providing direct contact services to a vulnerable adult, and annually thereafter**.
- **Posting:** the Agency **posts a copy of these internal and external reporting policies and procedures, including the common entry point telephone number, in a prominent location in the program**, and makes it available upon request to mandated reporters, persons receiving services, and legal representatives.

Abuse Prevention Plans

The Agency maintains a **Program Abuse Prevention Plan** covering the Agency as a whole and an **Individual Abuse Prevention Plan** for each person served. Both are required by Minn. Stat. § 626.557, subd. 14 and § 245A.65, subd. 2, and both are governed by **Policy HLO-SAF-04**. The Agency's current Program Abuse Prevention Plan is **Appendix A** to this manual, is posted in the program office, and is provided to each person served at the orientation described above.

Minn. Stat. §§ 245A.65, subds. 1(a)–(d), 2, 3; 626.557, subds. 3, 4a, 14; 626.5572, subds. 5, 16, 21; 245D.071, subd. 2.

HLO-RPT-02 REPORTING & REVIEW

Maltreatment of Minors, Reporting & Internal Review

Purpose

This policy ensures suspected maltreatment of a minor served by the Agency is reported and reviewed consistent with Minnesota Statutes, sections 245A.66 and 142B.54, and chapter 260E. It applies to any person under 18 receiving services from the Agency.

Policy, External Reporting

A staff person who knows or has reason to believe a child is being maltreated, or has been maltreated within the preceding three years, must immediately report to the local welfare agency, the agency responsible for assessing or investigating the report, or the local law enforcement agency — the common entry point for reports concerning minors under chapter 260E. Reports concerning a minor are **not** made to the Minnesota Adult Abuse Reporting Center. Staff who are unsure whether the person is a minor or a vulnerable adult make the report to both entry points rather than delaying.

- **The oral report is made immediately, by telephone or otherwise.**
- **An oral report by a mandated reporter must be followed within 72 hours, excluding weekends and holidays, by a written report** to the appropriate police department, county sheriff, the agency responsible for assessing or investigating the report, or the local welfare agency.
- **Every report, oral or written, must contain** enough information to identify the child involved, any person believed to be responsible for the maltreatment if known, the nature and extent of the maltreatment, and the name and address of the reporter.
- The Agency supplies the reporting form and assists with the written follow-up on request, but **the mandated reporter remains personally responsible for making it.** The Agency does not treat its own assistance as discharging the reporter's duty.

Policy, Internal Reporting

A staff person may also notify the Designated Manager, or the Designated Coordinator where the Designated Manager may be involved, and the Agency encourages that notification so it can protect the child and begin its internal review. **Internal notification is optional and never a substitute for, or a precondition to, the mandated external report.** The Agency does not prohibit external reporting and does not retaliate against any staff person who reports in good faith.

Designated Persons

- **Primary person responsible for ensuring the internal review is completed:** Moulid Ahmed, Program Manager / Director, 763-388-6961.
- **Secondary:** Abdirizak Yusuf, (651) 675-8900, who acts whenever there is reason to believe the primary person was involved in the alleged or suspected maltreatment.
- The secondary is always a different individual from the primary. If that position becomes vacant, an alternate secondary who is not the Program Manager is designated in writing within 5 business days, as provided in HLO-RPT-01.

Procedure, Internal Review

- When the Agency has reason to know that an **internal or external** report of alleged or suspected maltreatment of a minor has been made, it completes an internal review **within 30 calendar days** and takes corrective action if necessary to protect the health and safety of children in care.
- The review evaluates whether related policies and procedures were followed; whether they were adequate; whether there is a need for additional staff training; whether the reported event is similar to past events with the children or services involved; and whether there is a need for corrective action by the Agency.
- Based on the review, the Agency develops, documents, and implements a corrective action plan designed to correct current lapses and prevent future lapses.
- The review is documented and made accessible to the Commissioner immediately upon request; the documentation may consist of a completed checklist.

Procedure, Training

- Every staff person who is a mandatory reporter under Minn. Stat. § 260E.06, subd. 1, receives orientation on the maltreatment-of-minors reporting requirements and definitions in chapter 260E **before providing direct contact services and at least annually thereafter**, as part of the training required under Minn. Stat. § 245D.09, subd. 4, clause (5).

Procedure, Rights of Minors

- Where the person served is under 18, staff apply Policy HLO-SAF-03, Rights of Persons Served, Including Minor Children, in responding to and reviewing any report.

Minn. Stat. §§ 245A.66, subds. 1, 4; 142B.54, subd. 1; 260E.06, subd. 1; 260E.09(a), (b); 245D.09, subd. 4(5).

HLO-RPT-03 REPORTING & REVIEW

Responding to and Reporting Incidents

Purpose

This policy governs how staff respond to, document, and report incidents involving a person served, consistent with Minnesota Statutes, section 245D.06, subdivision 1, and section 245D.11, subdivision 2, clause (6) and clause (7).

What Counts as an Incident

Under Minn. Stat. § 245D.02, subd. 11, an **incident** means an occurrence involving a person that requires the program to make a response that is not part of the program's ordinary provision of services to that person, and includes:

- (1) Serious injury of a person as determined by Minn. Stat. § 245.91, subd. 6;
- (2) A person's death;
- (3) Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911; **physician, advanced practice registered nurse, or physician assistant treatment**; or hospitalization;
- (4) Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team;
- (5) An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department;
- (6) A person's unauthorized or unexplained absence;
- (7) Conduct by a person receiving services against another person receiving services that **(i) is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; (ii) places the person in actual and reasonable fear of harm; (iii) places the person in actual and reasonable fear of damage to property of the person; or (iv) substantially disrupts the orderly operation of the program**;
- (8) Any sexual activity between persons receiving services involving force or coercion as defined under Minn. Stat. § 609.341, subds. 3 and 14;
- (9) Any emergency use of manual restraint as identified in Minn. Stat. § 245D.061; and
- (10) A report of alleged or suspected child or vulnerable adult maltreatment under Minn. Stat. § 626.557 or chapter 260E.

Clause (7) has four independent branches. Peer conduct is an incident if **any one** of them applies. Staff must not withhold a report because conduct did not interfere with participation — conduct that put another person in reasonable fear of harm, or that substantially disrupted the program, is a reportable incident on its own.

Procedure, Immediate Response

- Staff respond to every incident in a way that protects the person's health and safety and minimizes further risk of harm.
- **Staff first call 911 whenever they believe a medical emergency may be life threatening.** For a mental health crisis, staff call the mental health crisis intervention team or similar mental health response team or service where such a team is available and appropriate.
- The Agency's plan for responding to incidents includes the contact information of a source of emergency medical care and transportation, kept current and available to staff at every service site.

Procedure, Notification

- The Agency reports the incident to the person's legal representative or designated emergency contact **and** the case manager **within 24 hours** of the incident occurring while services are being provided, or within 24 hours of discovering or receiving information that an incident occurred, unless the Agency has reason to know the incident has already been reported, or as otherwise directed in the person's support plan or support plan addendum.
- **When an incident involves more than one person, the Agency must not disclose personally identifiable information about any other person when making the report to each person and case manager, unless the Agency has that other person's consent.** Reports are written so that each recipient learns what concerns their own service and nothing that identifies another person served.
- **Within 24 hours of reporting maltreatment** under Minn. Stat. § 626.557 or chapter 260E, the Agency informs the case manager of the report — **disclosing the nature of the activity or occurrence reported and the agency that received the report** — unless there is reason to believe the case manager is involved in the suspected maltreatment.
- A **death or serious injury** is reported to the DHS Licensing Division **and** the Office of Ombudsman for Mental Health and Developmental Disabilities within 24 hours of the death or serious injury, or of receiving information that it occurred, unless the Agency has reason to know it has already been reported. See HLO-OPS-06.
- Any **emergency use of manual restraint** is verbally reported to the legal representative or designated emergency contact and the case manager **within 24 hours** of the occurrence, and the written report and internal review are completed under HLO-SAF-01, even though the Agency prohibits emergency use of manual restraint.

Procedure, Contents of the Incident Report

Every incident report must include all six of the following:

- The **name of the person or persons involved** in the incident. It is not necessary to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident;
- The **date, time, and location** of the incident or emergency;
- A **description** of the incident or emergency;
- A description of **the response** to the incident or emergency **and whether the person's support plan addendum or the Agency's program policies and procedures were implemented, as applicable;**
- The **name of the staff person or persons who responded** to the incident or emergency; and
- The **determination of whether corrective action is necessary** based on the results of the review.

The Agency's incident report form must contain a field for the fourth element above. A form that records only what happened and who responded, without recording whether the support plan addendum and program policies were actually implemented, does not satisfy Minn. Stat. § 245D.11, subd. 2(7)(iv), and is a common source of licensing citations.

Procedure, Internal Review of Deaths and Serious Injuries

- Where a death or serious injury occurred while services were being provided and was **not** reported by the Agency as alleged or suspected maltreatment, the Agency conducts an internal review to identify incident patterns and to implement corrective action as necessary to reduce occurrences, evaluating whether related policies and procedures were followed and were adequate, whether additional staff training is needed, whether the reported event is similar to past events, and whether corrective action is needed. Based on that review the Agency develops, documents, and implements a corrective action plan.
- Where the incident **was** reported as alleged or suspected maltreatment, the internal review is conducted under HLO-RPT-01 or HLO-RPT-02 instead.

Minn. Stat. §§ 245D.06, subd. 1(a)–(h); 245D.11, subd. 2(6), (7); 245D.02, subd. 11; 245.91, subd. 6; 245.94, subd. 2a; 609.341, subds. 3, 14.

HLO-RPT-04 REPORTING & REVIEW

Reviewing Incidents and Emergencies

Purpose

This policy ensures the Agency looks across all of its incident and emergency reports, not just one at a time, to catch patterns before they become bigger problems, consistent with Minnesota Statutes, section 245D.11, subdivision 2, clause (7).

Procedure

- The Agency **establishes and maintains a record-keeping system for incident and emergency reports**. Each incident and emergency report file contains a written summary of the incident.
- The Designated Manager reviews all incident and emergency reports **at least quarterly** to identify trends or patterns (for example, a particular time of day, location, staff person, or person served associated with repeated incidents), and implements corrective action as necessary to reduce occurrences.
- Reports of death or serious injury are reviewed individually and promptly under HLO-RPT-03 and HLO-OPS-06, in addition to the quarterly pattern review.
- Where a pattern or an individual incident indicates a policy gap, training need, or staffing issue, the Agency documents and implements corrective action, and tracks whether the corrective action actually reduced the recurrence.
- The Designated Manager is responsible for ensuring the Agency implements corrective action identified as necessary following review of incident and emergency reports. An internal review of incident reports of alleged or suspected maltreatment is conducted under HLO-RPT-01 (vulnerable adults) or HLO-RPT-02 (minors), not under this policy.
- Summary review findings are reported to Agency leadership. As a matter of Agency policy, incident and emergency reports, review summaries, and corrective action plans are retained for **not less than five years** from the date of the report, and longer where a licensing action, appeal, investigation, or litigation is pending or reasonably anticipated.

Minn. Stat. §§ 245D.11, subd. 2(7); 245D.081, subd. 3(a)(3); 245A.65, subd. 1(b).

SAFETY & RIGHTS

HLO-SAF-01 SAFETY & RIGHTS

Emergency Use of Manual Restraint — Prohibited; Required Alternative Measures

Purpose

This policy governs the use of restrictive procedures by Agency staff and states the Agency's decision **not to allow the emergency use of manual restraint**. It is written to satisfy every element required of an emergency use of manual restraint policy by Minnesota Statutes, section 245D.061, subdivision 9, and to be read together with the Agency's Alcohol, Drug, and Cannabis Use policy (HLO-CON-01), Emergencies policy (HLO-SAF-02), and Grievances policy (HLO-OPS-07).

Prohibited, Always

The Agency and its staff are prohibited, at all times, from using chemical restraints, mechanical restraints, manual restraints, time out, seclusion, or any other aversive or deprivation procedure as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

Minn. Stat. § 245D.06, subd. 5.

In addition, any permitted action or intervention procedure under Minn. Stat. § 245D.06, subd. 7 must comply with § 245D.06, subd. 6(b). It must never: use **prone restraint** — any manual restraint placing a person in a face-down position; **apply back or chest pressure** while a person is in a prone, supine, or side-lying position; be implemented in a manner **contraindicated for any of the person's known medical or psychological limitations**; be implemented with a child in a manner constituting sexual abuse, neglect, physical abuse, or mental injury under Minn. Stat. § 260E.03, or with an adult in a manner constituting abuse or neglect under § 626.5572, subd. 2 or 17; violate a person's rights under § 245D.04; restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, necessary clothing, or any protection required by state licensing standards or federal regulations; deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin; or be used for the convenience of staff, as punishment, as a substitute for adequate staffing, or as a consequence if the person refuses to participate in services.

Minn. Stat. § 245D.06, subd. 6(b).

Agency Decision, No Emergency Use of Manual Restraint Is Allowed

The Agency does not allow the emergency use of manual restraint by any staff person, on any person served, in any circumstance. No manual restraint technique is authorized, and therefore no manual restraint technique is described, taught, or approved for emergency use in this manual. Any manual restraint applied by an Agency staff person is a violation of this policy, is grounds for immediate removal from direct-care duties and for discipline up to and including termination, and is a reportable incident that triggers the full reporting and review process in this policy.

Minn. Stat. § 245D.061, subd. 9(2).

Required Alternative Measures, Section 245D.061, subd. 9(2)

When a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety, staff **must** use the following measures, in this order, instead of manual restraint:

- **Create distance and remove the risk.** Move other persons served, staff, and bystanders away from the person and out of reach of any object that could cause harm. Remove hazardous objects from the area rather than removing the person from the area by force.
- **Continue de-escalation and give space and time.** Use the de-escalation strategies below; reduce demands, stimulation, and audience; allow the person time and physical space to regain control.
- **Call 911** and request law enforcement, emergency medical services, or both, when the imminent risk of physical harm continues. Staff state the person's name, location, known medical and communication needs, and that the person has a disability and receives support services.

- **Call the mental health crisis intervention team** or similar mobile crisis response service where the person is experiencing a mental health crisis and such a team is available and appropriate.
- **Notify the Designated Manager** as soon as it is safe to do so, and complete an incident report under HLO-RPT-03.

What Physical Contact Remains Permitted

Minnesota law separates physical contact that is **not** restraint from a short list of intervention procedures that **are** restraint but are not **emergency use of manual restraint**. The Agency's prohibition reaches only the third category. Staff must be able to tell the three apart.

- **Permitted physical contact and instructional techniques — not restraint (Minn. Stat. § 245D.06, subd. 7(b)).** Using the least restrictive alternative possible: calming or comforting a person by holding that person **with no resistance from that person**; protecting a person known to be at risk of injury due to frequent falls as a result of a medical condition; facilitating the person's completion of a task or response **when the person does not resist, or resistance is minimal in intensity and duration**; blocking or redirecting a person's limbs or body **without holding the person or limiting the person's movement** to interrupt behavior that may result in injury to self or others, with **less than 60 seconds** of physical contact; and redirecting a person's behavior when the behavior does not pose a serious threat and is effectively redirected with **less than 60 seconds** of physical contact. When any of these is used on a continuous rather than intermittent basis, it must be addressed in the person's support plan addendum.
- **Permitted intervention procedures that involve restraint but are not emergency use of manual restraint (Minn. Stat. § 245D.06, subd. 7(c)).** These three, and only these three: allowing a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional; **assisting in the safe evacuation or redirection of a person in the event of an emergency where the person is at imminent risk of harm**; and positioning a person with physical disabilities in the manner specified in the person's support plan addendum. Each must comply with every restriction in Minn. Stat. § 245D.06, subd. 6(b), listed above — no prone restraint, no back or chest pressure, nothing contraindicated by the person's known limitations.
- **Prohibited by this Agency — emergency use of manual restraint (Minn. Stat. § 245D.061).** Holding a person, or limiting a person's movement, in response to conduct that poses an imminent risk of physical harm, outside the two categories above. The Agency does not allow this.

The line staff must not cross. Blocking or redirecting for under 60 seconds without holding the person is permitted contact. Holding a person or limiting a person's movement **in order to control behavior that poses an imminent risk of harm** is emergency use of manual restraint, which this Agency does not allow — use distance, de-escalation, and 911 instead. **A brief hold used only to move a person out of immediate physical danger — traffic, fire, a fall, an evacuation — is a permitted evacuation or redirection under Minn. Stat. § 245D.06, subd. 7(c)(2) and is not a policy violation.** Staff are never expected to let a person walk into traffic. What staff must not do is hold a person as a way of managing behavior. Every instance of physical contact under subd. 7(c) is documented as an incident under HLO-RPT-03 and reviewed under HLO-RPT-04.

De-escalation Strategies Staff Must Use First, Section 245D.061, subd. 9(1)

- Recognize and respond to the **communicative intent** of the behavior — identify what the person is trying to communicate and address that need.
- Identify and remove **environmental and antecedent triggers** that escalate conduct: noise, crowding, heat, hunger, pain, an unexpected change in routine, an unwanted demand, or an unfamiliar person.
- **Avoid power struggles.** Do not argue, issue ultimatums, block exits, or stand over the person. Offer real choices; withdraw non-essential demands.
- Use a calm, low, slow voice; reduce the number of staff interacting with the person to one; give the person physical space and time to respond.
- Follow any positive support strategies and any Positive Support Transition Plan in the person's support plan addendum, and any behavior support strategies written by the person's licensed professional.
- Use relationship-building and preventive approaches during calm periods so that escalation is less likely to occur at all.

Training, Section 245D.061, subd. 9(4)

Because no manual restraint is allowed, no staff person is trained or authorized to implement one, and simulated administration of restraint techniques is not taught. Every direct support staff person must nonetheless complete the following training **before providing unsupervised direct contact services, and annually thereafter**, and must not work unsupervised until it is complete:

- This policy, including the prohibition and the required alternative measures above;
- Alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct posing an imminent risk of physical harm to self or others;
- De-escalation methods, positive support strategies, and how to avoid power struggles;
- How to properly identify the threshold at which conduct poses an imminent risk of physical harm, and how to summon emergency assistance at that threshold;
- How to recognize, monitor, and respond to a person's physical signs of distress, **including positional asphyxia**;
- The physiological and psychological impact on the person and on staff when restrictive procedures are used;
- The communicative intent of behaviors, and relationship building;
- What constitutes the use of restraints, time out, and seclusion, including chemical restraint, and staff responsibilities related to prohibited procedures under Minn. Stat. § 245D.06, subd. 5, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why they are not safe.

Completion of this training is documented in the personnel file and tracked in the Staff Orientation and Training Plan under HLO-ADM-01.

If an Unauthorized Manual Restraint Occurs Anyway

A manual restraint applied in violation of this policy is still an emergency use of manual restraint under Minn. Stat. § 245D.061 and triggers every requirement below. Staff and supervisors must not treat a policy violation as a reason to omit any of these steps.

Monitoring, Section 245D.061, subd. 9(5)

- **What is monitored:** the person's breathing and airway, skin color, level of consciousness, complaints of pain or difficulty breathing, position of the body and limbs, signs of positional asphyxia, and emotional state; and the condition of any other person involved.
- **Frequency:** continuously, from the first moment of physical contact until the restraint has ended and the person is **stable** — meaning breathing normally with a clear airway, normal skin color, fully alert and responsive, making no complaint of pain or difficulty breathing, and showing no sign of injury — and then at intervals of no more than **15 minutes for at least one hour** after the restraint ends. The monitoring staff person makes the stability determination and records the time; where there is any doubt, staff call 911 rather than concluding the person is stable.
- **Who monitors:** a staff person other than the staff person involved in the physical contact, whenever another staff person is present. Where only one staff person is present, that staff person monitors and calls 911.
- **Form:** the monitoring form approved by the Commissioner is completed for each incident.
- **Position responsible:** the Designated Manager is responsible for ensuring monitoring occurs and the monitoring form is completed and filed in the person's service recipient record.

Incident Report, Section 245D.061, subd. 9(6)

- **Within 3 calendar days**, the staff person involved submits a written report to the Designated Coordinator on the Agency's Emergency Use of Manual Restraint Report form, covering: the staff and persons receiving services involved in the incident leading up to the restraint; a description of the physical and social environment, including who was present before and during the incident; a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the restraint, identifying when, how, and how long each was attempted; a description of the mental, physical, and emotional condition of the person restrained and of others involved, before, during, and after; whether there was any injury to the person restrained or to anyone else, including staff; and whether a

debriefing was held with staff and, if not contraindicated, with the person restrained and others involved or who witnessed it, and its outcome, or if not yet held, whether one is planned.

- A copy of the report is maintained in the person's service recipient record. **Each single incident is reported separately.**
- The verbal 24-hour notification to the legal representative or designated emergency contact and the case manager is made under HLO-RPT-03.

Reviews and External Reporting, Sections 245D.061, subds. 6–8 (policy elements required by subd. 9(7))

- **Internal review — within 5 working days** of the emergency use of manual restraint. **Responsible position: the Designated Manager.** The review evaluates whether the person's service and support strategies developed under §§ 245D.07 and 245D.071 need to be revised; whether related policies and procedures were followed; whether they were adequate; whether additional staff training is needed; whether the event is similar to past events; and whether corrective action is needed to protect the health and welfare of persons served.
- **Corrective action plan — implemented within 30 days** of the internal review being completed. The Designated Manager is responsible for ensuring corrective action is taken and that the person's support plan addendum is revised where determined necessary.
- **Expanded support team review — within 5 working days after the internal review is completed.** The Designated Coordinator convenes the expanded support team to define the antecedent or event that gave rise to the behavior and the perceived function the behavior served, and to determine whether the support plan addendum must be revised. A written summary of the team's discussion and decisions is kept in the person's service recipient record.
- **External reporting — within 5 working days of the expanded support team review,** the Agency submits the incident report, the internal review and corrective action plan, and the summary of the expanded support team review to the **Department of Human Services** and to the **Office of the Ombudsman for Mental Health and Developmental Disabilities.**

Positive Support Transition Plans

Where a person's support plan addendum includes a procedure that must be phased out, the Agency develops and implements a **Positive Support Transition Plan within 30 calendar days of service initiation** and phases the procedure out **no later than 11 months after implementation**, under Minn. Stat. § 245D.06, subd. 8. This applies to **every** person served, including a person receiving only basic support services, not solely to persons in the intensive planning process under HLO-OPS-04.

Consistency with the Alcohol, Drug, and Cannabis Use Policy

A staff person who is impaired under HLO-CON-01 may never implement, participate in, or monitor any physical intervention with a person served, including the permitted actions and procedures listed above. Both policies use the same definitions of staff, direct responsibility, and impairment, and the same escalation path, so they cannot drift out of alignment with one another.

Minn. Stat. §§ 245D.061, subds. 1, 2, 4–9; 245D.06, subds. 5, 6(b), 7, 8; 245D.02, subd. 8a; 245D.09, subd. 4(7), (8); 245.94, subd. 2a.

HLO-SAF-02 SAFETY & RIGHTS

Emergencies

Purpose

This policy ensures the Agency is prepared to keep persons served safe during fires, severe weather, medical emergencies, utility failures, or other emergencies, consistent with Minnesota Statutes, section 245D.06, subdivision 2, and section 245D.11, subdivision 2, clause (5).

Procedure

- The Agency maintains a written emergency safety plan covering, at minimum: fire, severe weather/tornado, medical emergency, missing person/elopement, utility failure, and any hazard specific to the person's service setting.
- Staff are trained on the emergency plan, including evacuation routes and procedures, before working unsupervised, and refreshed at least annually.

- Staff report every emergency to the Designated Manager as soon as it is safe to do so, and the emergency is documented and reviewed under HLO-RPT-03 and HLO-RPT-04.

First Aid and CPR

- A staff person trained in **basic first aid** is available at the service site whenever persons served are present and staff are required to be at the site to provide direct support service.
- **CPR** is required whenever a person's support plan or support plan addendum requires CPR availability. As Agency policy exceeding this legal floor, the Agency requires **current CPR certification for all direct support staff**, regardless of whether a specific person's plan requires it.
- **The CPR training the Agency accepts must include instruction, hands-on practice, and an observed skills assessment under the direct supervision of a CPR instructor.** An online-only or knowledge-test-only course does not satisfy this requirement, no matter what certificate it issues. Where staff complete the didactic portion online, the Agency requires documented completion of an in-person skills session with a CPR instructor before the staff person is counted as CPR-certified.
- The Designated Manager verifies and files a copy of each staff person's current first aid and CPR cards, tracks expiration dates, and removes from unsupervised assignment any staff person whose certification has lapsed. Where a direct support staff person holds a current first aid certification, annual training on basic first aid is not separately required for as long as the certification remains current.

Minn. Stat. §§ 245D.06, subd. 2(1)(iv); 245D.09, subds. 4(9), 5(b); 245D.11, subd. 2(5); 245D.02, subd. 8.

HLO-SAF-03 SAFETY & RIGHTS

Rights of Persons Served, Including Minor Children

Purpose

This policy states the rights every person served holds under Minnesota Statutes, section 245D.04, the additional rights held by a person under 18, and the narrow circumstances in which any right may be restricted. It applies to every person served, of every age.

Policy, Service-Related Rights

Each person served, and where applicable the person's legal representative, has the right to:

- Participate in the development and evaluation of the services provided to the person;
- Have services and supports identified in the support plan and support plan addendum provided in a manner that respects and takes into consideration the person's preferences;
- Refuse or terminate services and be informed of the consequences of refusing or terminating services;
- Know, in advance, limits to the services available from the Agency, including the Agency's knowledge, skill, and ability to meet the person's service and support needs;
- Know the conditions and terms governing the provision of services, including the Agency's admission criteria and its policies and procedures related to temporary service suspension and service termination;
- A coordinated transfer to ensure continuity of care when there will be a change in the provider;
- Know what the charges are for services, regardless of who will be paying for the services, and be notified of changes in those charges;
- Know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the person or other private party may have to pay; and
- Receive services from an individual who is competent and trained, who has professional certification or licensure as required, and who meets any additional qualifications identified in the person's support plan or support plan addendum.

Minn. Stat. § 245D.04, subd. 2.

Policy, Protection-Related Rights

Each person served also holds the protection-related rights set out in Minn. Stat. § 245D.04, subd. 3, **paragraph (a)**, including the right to be informed of and use the Agency's grievance policy and to appeal under Minn. Stat. § 256.045; to know the name, telephone number, website, email, and street addresses of protection and advocacy services including the appropriate state-appointed ombudsman; to associate with other persons of the person's choice in the community; to personal privacy, including use of the lock on the person's bedroom or unit door; to engage in chosen activities; and to access the person's personal possessions at any time, including financial resources.

Paragraph (b) rights apply only where the person resides in a residential site licensed under chapter 245A, or where the Agency is the owner, lessor, or tenant of the residential service site. They include daily private access to a telephone; uncensored, unopened mail and electronic correspondence; free access to common areas and the freedom to come and go at will; the person's choice of visitors and visiting times, with privacy for visits; three nutritionally balanced meals and nutritious snacks each day; freedom and support to access food and potable water at any time; and the freedom to furnish and decorate the person's own bedroom or living unit.

The Agency provides the complete text of these rights in writing to the person, the person's legal representative, and the person's case manager within 5 working days of service initiation and annually thereafter, in an alternative format or language where needed, and **documents that the person or legal representative received a copy and an explanation** under HLO-OPS-01.

Policy, Rights of Minor Children

A person under 18 years of age receiving services from the Agency has, in addition to all rights above, the right to:

- **Participate in activities or events that are generally accepted as suitable for minor children of the same chronological age, or that are developmentally appropriate;** and
- **Receive reasonable and prudent parenting.**

"Developmentally appropriate" means, for a person under 18, activities or items that are determined to be developmentally appropriate based on the development of the person's cognitive, emotional, physical, and behavioral capacities that are typical for the person's age or age group.

"Reasonable and prudent parenting" means, for a person under 18, the standards characterized by careful and sensible parenting decisions that maintain the person's health and safety; cultural, religious, and Tribal values; and best interests, while encouraging the person's emotional and developmental growth.

Staff supporting a minor are trained on these definitions and are expected to apply them in everyday decisions — what activities the child may join, what items the child may have, how the child spends free time — rather than defaulting to a restriction because it is simpler for the Agency.

Minn. Stat. § 245D.04, subd. 4 (added by Laws 2026, ch. 95, art. 5, § 5).

Policy, Restriction of Rights

- **Which rights may ever be restricted.** Only the rights in Minn. Stat. § 245D.04, subd. 3(a), clauses (13) to (16), and subd. 3(b), clauses (1) to (7), may be restricted. **No other right in § 245D.04 may be restricted for any reason.** The rights in subd. 3(b), clauses (8) to (10) — a clean service setting, freedom from hazards, and a dwelling unit meeting the State Fire Code — are Agency obligations and are never restrictable.
- **The standard, for an adult.** Restriction of one of those rights is allowed **only if determined necessary to ensure the health, safety, and well-being of the person.**
- **The standard, for a person under 18.** Restriction of a right under subd. 3(a), clauses (13) to (16), or subd. 3(b), clauses (1) to (4), is allowed **only if determined necessary to ensure the health, safety, and well-being of the person, or pursuant to reasonable and prudent parenting standards** as defined above.
- **How a restriction must be implemented.** The restriction must be implemented in the **least restrictive alternative manner** necessary to protect the person, and must provide support to reduce or eliminate the need for the restriction, in the most integrated setting and inclusive manner.

- **Where it must be documented.** Every restriction is documented **in the person's support plan or support plan addendum** — not only in a staff note or an internal file.
- **What the documentation must include:** (1) the **justification** for the restriction, based on an assessment of the person's vulnerability related to exercising the right without restriction; (2) the **objective measures set as conditions for ending** the restriction; (3) a **schedule for reviewing the need** for the restriction against those conditions, occurring **at least semiannually from the date of initial approval**, or more frequently if requested by the person, the person's legal representative, if any, or the case manager; and (4) **signed and dated approval** for the restriction from the person, or the person's legal representative, if any.

Three rules staff get wrong most often. First, **a restriction may be implemented only after the required approval has been obtained** — never in advance of the signature. Second, **approval may be withdrawn at any time**. Third, **if approval is withdrawn, the right must be immediately and fully restored** — not tapered, not reviewed at the next meeting, not held pending a team discussion. The case manager's signature is **not** required to approve a restriction; the case manager's role under clause (3) is to be able to request more frequent review.

- The Agency never restricts a right for staff convenience, as punishment, as a substitute for adequate staffing, or as a consequence of a person refusing to participate in services. A restriction is never a substitute for a support strategy.
- Any dispute about a restriction may be raised at any time under HLO-OPS-07, Grievances, without retaliation.

Minn. Stat. § 245D.04, subds. 1–4, as amended by Laws 2026, ch. 95, art. 5, §§ 4–5 and ch. 121, art. 4, § 23; § 245D.06, subd. 6(b)(3).

Abuse Prevention Plans, Program and Individual

Purpose

This policy governs the two abuse prevention plans the Agency is required to establish and enforce: a **Program Abuse Prevention Plan** covering the Agency as a whole, and an **Individual Abuse Prevention Plan (IAPP)** for each person served. It is written to satisfy Minnesota Statutes, section 626.557, subdivision 14, and section 245A.65, subdivision 2. The Agency's current Program Abuse Prevention Plan is **Appendix A** to this manual.

Policy, Both Plans Are Required of This Agency

Minn. Stat. § 245A.65, subd. 2 requires **all license holders** to establish and enforce ongoing written program abuse prevention plans **and** individual abuse prevention plans. Section 626.557, subd. 14(a) excepts only home health agencies and personal care attendant services providers from the program plan requirement; the Agency is neither. Under Minn. Stat. § 626.5572, subd. 6, a service licensed under chapter 245A is itself a “facility,” and paragraph (b) provides that where services are delivered in the person's own home or another unlicensed location, “**facility**” means the **provider organization, not the home**. The Agency's obligation therefore does not depend on owning or leasing a service site.

Timing. For a person receiving an intensive support service to which Minn. Stat. § 245D.071 applies, subdivision 2 requires the Agency to develop, document, and implement an abuse prevention plan under § 245A.65, subd. 2 **prior to or upon initiating services** — a day-one obligation that does not wait for the 15-day or 45-day service planning deadlines. Section 245D.071 does **not** apply to basic support services, or to intervention services or individualized home supports with training, which follow § 245D.07, subd. 2 (see HLO-OPS-04). For those persons the IAPP is developed as part of the initial service plan under § 245A.65, subd. 2(b)(2). **As Agency policy, the Agency applies the day-one standard to every person served, whatever the service tier**, so that no person is supported without a plan in place.

Policy, Program Abuse Prevention Plan

- The plan contains an assessment of the **population**, the **physical plant**, and the **environment**, identifying factors that may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse.
- **Scope.** Under Minn. Stat. § 245A.65, subd. 2(a), the plan's scope is limited to the population, physical plant, and environment **within the control of the license holder** and the location where licensed services are provided. Because the Agency delivers services in persons' own homes, which the Agency does not own, lease, or rent, the program-level physical-plant assessment addresses the Agency's **program office**. **The Agency does not treat the homes in which it serves people as unassessed:** physical-environment risks in a particular person's home are assessed and addressed in that person's Individual Abuse Prevention Plan, and the Program Abuse Prevention Plan says so, so that the requirement in § 245A.65, subd. 2(a)(2) is discharged rather than declared inapplicable. The **population and environment** assessments are made in full — the environment assessment addresses the Agency's internal programming and staffing patterns, which are the Agency's principal risk factors as a community-based provider.
- **Population assessment factors:** age, gender, mental functioning, physical and emotional health or behavior of the person served; the need for specialized programs of care; the need for training of staff to meet identified individual needs; and any knowledge the Agency has regarding previous abuse that is relevant to minimizing risk of abuse.
- **Physical plant assessment factors:** the condition and design of the building as it relates to the safety of persons served, and the existence of areas in the building that are difficult to supervise.
- **Environment assessment factors:** the location of the program in a particular neighborhood or community; the type of grounds and terrain surrounding the building; **the type of internal programming; and the program's staffing patterns.**
- **Orientation.** The Agency provides an orientation to the Program Abuse Prevention Plan to each person receiving services **within 24 hours of admission**, or within 72 hours where the person would benefit more from a later orientation, and notifies the person's legal representative where applicable. This is a **separate** orientation from the maltreatment-reporting orientation under HLO-RPT-01, though the Agency may deliver both at the same meeting. Both are documented in the service recipient record.

- **Annual review.** The Agency's governing body, or the governing body's delegated representative, reviews the plan **at least annually** using the assessment factors in the plan **and any substantiated maltreatment findings that occurred since the last review**, and revises the plan where necessary to reflect the review results. The annual review form records substantiated findings since the last review, or records that there were none. **The Agency's delegated representative for this purpose is the Designated Manager.**
- **Posting.** A copy of the Program Abuse Prevention Plan is **posted in a prominent location in the program** — the Agency's program office — and is available on request to mandated reporters, persons receiving services, and legal representatives. Because persons served are rarely in the program office, the Agency also delivers a copy at service initiation as part of the orientation above.
- **Staff orientation.** Every mandated reporter receives orientation to the Program Abuse Prevention Plan within 72 hours of first providing direct contact services to a vulnerable adult, and annually thereafter, under HLO-RPT-01 and HLO-ADM-01.

Minn. Stat. §§ 626.557, subd. 14(a); 245A.65, subds. 2(a)(1)–(6), 3; 626.5572, subd. 6; 245D.071, subd. 2.

Policy, Individual Abuse Prevention Plan

- An IAPP is developed for **each vulnerable adult** receiving services from the Agency, **prior to or upon initiating services**, as part of the initial service plan.
- **The IAPP must contain an individualized assessment of:** (1) **the person's susceptibility to abuse by other individuals, including other vulnerable adults;** (2) **the person's risk of abusing other vulnerable adults;** and (3) **statements of the specific measures to be taken to minimize the risk of abuse to that person and to other vulnerable adults.** For this purpose, **“abuse” includes self-abuse** — a person who self-injures is squarely within this requirement.
- **Where the individual assessment indicates the person needs measures in addition to those in the Program Abuse Prevention Plan,** the IAPP states the specific actions the Agency will take to minimize the risk of abuse within the scope of the licensed services, **and identifies referrals made where the person is susceptible to abuse outside the scope or control of the Agency's services.** The referral element is an affirmative duty: the Agency identifies and records the referral rather than simply noting that the risk is outside its control.
- **Where the assessment indicates the person does not need risk reduction measures beyond those in the Program Abuse Prevention Plan, the IAPP documents that determination and the reason for it.** A blank or unanswered IAPP does not satisfy this requirement; a documented negative finding does.
- **Violent crime or physical aggression.** Where the Agency knows that a vulnerable adult has committed a violent crime or an act of physical aggression toward others, the IAPP **must detail the measures to be taken to minimize the risk the person might reasonably be expected to pose to visitors and to persons outside the program, if unsupervised.** The Agency “knows” for this purpose if it receives the information from **a law enforcement authority, through a medical record prepared by another facility or another health care provider, or through the Agency's own ongoing assessments** of the person. The Agency's intake and assessment questions cover all three channels.
- **Participation.** The person served participates in developing the IAPP to the full extent of their abilities, and the person's legal representative, where applicable, is given the opportunity to participate with or for the person.
- **Review.** The IAPP is reviewed and evaluated as part of the review of the person's service plan, and the support team documents the review of all abuse prevention plans **at least annually**, using the individual assessment and any reports of abuse relating to the person. The plan is revised to reflect the results of that review.
- **Record.** A copy of the IAPP and the underlying assessments is kept in the person's service recipient record under HLO-COM-03.

Minn. Stat. §§ 626.557, subd. 14(b), (c); 245A.65, subd. 2(b)(1), (2); 245D.095, subd. 3(b)(5); 245D.09, subd. 4a(c).

Policy, Minors and the Age-Out Trigger

Abuse prevention plans are a **vulnerable-adult** requirement. A person under 18 is not a vulnerable adult under Minn. Stat. § 626.5572, subd. 21, and maltreatment of a minor runs on chapter 260E under HLO-RPT-02, a separate regime with different definitions, reporting routes, and timelines.

- **On the day a person served turns 18, that person becomes a vulnerable adult** by operation of Minn. Stat. § 626.5572, subd. 21(a)(2), because they receive services required to be licensed under chapter 245A. **An IAPP must exist for that person on that date.**
- The Designated Coordinator tracks the 18th birthday of every person under 18 on the service planning calendar and completes the IAPP assessment **before** that date, so no person is without a required plan on the day the requirement attaches.
- As Agency policy exceeding the legal floor, the Agency develops an individualized abuse prevention plan for **every** person served, including minors, so that the same level of individualized protection applies across the full caseload. For a minor, that document is written under this policy but the maltreatment reporting route remains chapter 260E under HLO-RPT-02.

Minn. Stat. §§ 626.5572, subd. 21(a)(2); 245A.66; 142B.54, subd. 1; ch. 260E.

HEALTH & MEDICATION

HLO-HLT-01 HEALTH & MEDICATION

Health Service Coordination

Purpose

This policy ensures the Agency meets the health service needs assigned to it in each person's support plan, consistent with Minnesota Statutes, section 245D.05, subdivision 1.

Procedure

- The Agency promptly notifies the person's legal representative and case manager of changes in the person's physical or mental health needs, and **documents the date the notice was given, to whom, and by whom**, in the person's service recipient record.
- **Monitoring health conditions.** Where a person's support plan assigns the Agency a health service responsibility, staff follow the written instructions of the treating health professional exactly as given, record each observation or measurement on the person's health monitoring log at the frequency the instructions specify, and report any change outside the parameters the professional set to the Designated Coordinator the same day.
- **Coordinating medical appointments.** Where assigned, the Designated Coordinator schedules the appointment, confirms transportation and staff accompaniment, sends any information the provider requests in advance, and records the outcome and any new instructions in the person's record within one business day of the appointment.
- **Medical equipment.** Only staff trained on the specific equipment by a licensed health care professional or the manufacturer's representative, with an observed skill assessment, may assist with it; equipment is checked before each use and any malfunction is reported immediately and the equipment removed from use.
- The Agency does not handle or manage medication for persons served, see HLO-HLT-02.
- Health service responsibilities, and the frequency of progress reports (at minimum annually), are addressed at the admission meeting and at each annual service plan review.

Minn. Stat. § 245D.05, subd. 1(a), (b); § 245D.09, subd. 4a(e).

HLO-HLT-02 HEALTH & MEDICATION

Medication Assistance and Administration, Not a Covered Service

Purpose

This policy states the Agency's **scope of service** with respect to medication. Happy Living Options LLC does not provide medication setup, medication assistance, or medication administration to persons served, and no staff person may perform any of these tasks, in any circumstance. This is consistent with the license holder's obligation under Minnesota Statutes, section 245D.07, subdivisions 1 and 1a, to provide only the services assigned to it in a person's support plan and support plan addendum.

Policy

- No Agency staff person, regardless of position, credential, or length of employment, may set up, assist with, or administer medication or treatments for a person served. This includes bringing or opening a medication container, offering a medication reminder, or otherwise handling medication in any way.
- Medication management is arranged outside of Agency services: by the person served (self-administration), by a family member or other natural support, or through a licensed home health or nursing service retained separately by the person, their legal representative, or their case manager.
- At admission, and again at each annual service plan review, the Designated Coordinator confirms who is responsible for the person's medication management and documents that arrangement in the support plan or support plan addendum.
- **The Agency does not accept a service assignment that includes medication setup, assistance, or administration.** Where a support plan or support plan addendum assigns such a task to the Agency, the Designated Coordinator notifies the case manager **in writing within 5 working days** and requests amendment of the support plan under Minn. Stat. § 245D.07, subd. 1, before services begin or continue. The Agency does not perform the task in the interim.
- For any person who was previously receiving medication setup, assistance, or administration from Agency staff, the Designated Coordinator arranges an alternate medication management arrangement, updates the support plan or support plan addendum accordingly, and notifies the person, legal representative, and case manager, within 30 days of this policy's effective date.
- This policy does not limit a staff person's duty to respond to a medical emergency, including calling 911, in accordance with the Agency's Emergencies policy (HLO-SAF-02).
- A staff person who is asked by a person served, a family member, or any other party to set up, assist with, or administer medication must decline, explain that this is not a service the Agency provides, and notify the Designated Coordinator so an alternate arrangement can be confirmed or reinforced.
- This policy is reviewed with staff during orientation and at least annually thereafter, with completion documented in the personnel file.

Minn. Stat. §§ 245D.07, subds. 1, 1a; 245D.09, subd. 1.

HLO-HLT-03 HEALTH & MEDICATION

Universal Precautions and Sanitary Practices

Purpose

This policy protects persons served and staff from the transmission of bloodborne pathogens and communicable illness through consistent sanitary practices, consistent with Minnesota Statutes, section 245D.06, subdivision 2, and section 245D.11, subdivision 2, clause (1).

Procedure

- Staff treat all blood and certain body fluids as potentially infectious, regardless of the source, and use appropriate personal protective equipment (gloves, and others as needed) when contact is reasonably anticipated.
- Staff follow proper handwashing technique before and after providing personal care, before meal preparation or assistance, and after any contact with blood or body fluids.
- The Agency maintains a clean, sanitary environment, including proper cleaning and disinfection of surfaces and equipment that come into contact with body fluids, and safe handling and disposal of sharps and other contaminated materials.
- Staff complete universal precautions training before unsupervised contact with a person served, and at least annually thereafter.
- Any exposure incident (needlestick, mucous membrane, or non-intact skin exposure) is reported to the Designated Manager immediately and documented under HLO-RPT-03.

Minn. Stat. §§ 245D.06, subd. 2; 245D.11, subd. 2(1).

COMPLIANCE & ETHICS

HLO-COM-01 COMPLIANCE & ETHICS

Data Privacy

Purpose

This policy governs how the Agency collects, uses, and protects private data about persons served and staff, consistent with the Minnesota Government Data Practices Act (Minnesota Statutes, section 13.46) and, for health information, the federal HIPAA Privacy and Security Rules (45 C.F.R. parts 160 and 164).

Procedure

- Welfare data about a person served is private data and is disclosed only as permitted by section 13.46, for example, to the person, their legal representative, the case manager, and to DHS for licensing and payment purposes, and not otherwise without written authorization.
- Staff access private data only as needed to perform their job duties, and are trained on this policy during orientation and at least annually thereafter.
- The Agency safeguards records (paper and electronic) with reasonable administrative, physical, and technical safeguards, and reports any suspected data breach involving protected health information consistent with HIPAA breach notification requirements.
- The person served or legal representative may request access to, and, where permitted, correction of, their own records.
- Where an incident or report involves more than one person served, the Agency does not disclose personally identifiable information about any other person without that person's consent, as required by HLO-RPT-03.

Minn. Stat. §§ 13.46; 245D.11, subd. 3; 245D.06, subd. 1(c); 45 C.F.R. pts. 160, 164 (HIPAA).

HLO-COM-02 COMPLIANCE & ETHICS

Anti-Fraud and Program Integrity

Purpose

This policy sets the Agency's expectations for accurate billing and documentation, and its response to suspected fraud, waste, or abuse involving Minnesota Health Care Programs (MHCP) funds, consistent with Minnesota Statutes, section 256B.064.

Procedure

- Staff bill and document services (including Electronic Visit Verification data) accurately and contemporaneously; staff do not submit, and supervisors do not direct staff to submit, claims for services not actually provided or not medically necessary.
- Any staff person who suspects fraudulent billing, falsified documentation, or misuse of program funds reports it immediately to the Program Manager, without fear of retaliation.
- The Agency cooperates fully with state and federal program integrity reviews, audits, and requests for access to records.
- The Agency understands that DHS may impose sanctions, including payment suspension, program exclusion, or monetary fines, for a pattern of false claims, claims for services not medically necessary, or incomplete documentation. For incomplete documentation, the fine equals 20% of the amount paid on the claims involved, or up to \$5,000, whichever is less; for repeated violations, the fine can be up to \$5,000 or 20% of the value of the claims, whichever is greater. The Agency's billing practices are designed to prevent any of these outcomes.
- Any identified billing error, including EVV-related documentation errors, is corrected and self-reported to DHS or the relevant payer as required, and reviewed for whether it reflects a pattern requiring broader corrective action.

Minn. Stat. § 256B.064, subds. 1a–2(g).

Service Recipient and Personnel Records

Purpose

This policy sets what the Agency must keep, where it must be kept, who may see it, and in what form, consistent with Minnesota Statutes, section 245D.095. It works together with HLO-COM-01, Data Privacy, which governs disclosure.

Policy, Record-Keeping System

The Agency ensures that the **content and format of service recipient, personnel, and program records are uniform and legible**. The Agency uses a single set of forms and a single filing structure across all persons served and all staff, so that a licenser, a case manager, or a covering staff person can find the same item in the same place in every file.

Minn. Stat. § 245D.095, subd. 1.

Policy, Admission and Discharge Register

- The Agency keeps a **written or electronic register** listing, **in chronological order**, the **dates and names** of all persons served who have been **admitted, discharged, or transferred**, expressly including **service terminations initiated by the Agency and deaths**.
- The register is a single running document for the whole program, not a per-person file, and is produced on request during a licensing review.

Minn. Stat. § 245D.095, subd. 2.

Policy, Where Service Recipient Records Are Kept

The Agency maintains a record of current services provided to each person. **Because the Agency provides services in persons' own homes rather than in a licensed facility, these records are maintained at the Agency's program office, 2200 E Franklin Ave #205, Minneapolis, MN 55404.** The Agency protects service recipient records against **loss, tampering, or unauthorized disclosure** in accordance with Minn. Stat. §§ 13.01 to 13.10 and 13.46.

Minn. Stat. § 245D.095, subd. 3(a).

Policy, Contents of the Service Recipient Record

The Agency maintains the following for each person served:

- **(1) An admission form signed by the person or the person's legal representative**, including **(i)** identifying information — name, date of birth, address, and telephone number; and **(ii)** the name, address, and telephone number of the person's legal representative if any, a primary emergency contact, the case manager, and family members or others as identified by the person or case manager;
- **(2) Service information** — service initiation information, verification of the person's eligibility for services, documentation verifying that services have been provided as identified in the support plan or support plan addendum, and the date of admission or readmission;
- **(3) Health information** — medical history, special dietary needs, and allergies. **Where the Agency is assigned responsibility for meeting the person's health service needs under Minn. Stat. § 245D.05**, the record also contains current orders for medication, treatments, or medical equipment; a signed statement authorizing the Agency to act in a medical emergency when the legal representative cannot be reached or is delayed; and a medical appointment schedule where the Agency is assigned responsibility for assisting with appointments. **The medication-specific items in § 245D.095, subd. 3(b)(3) do not arise for this Agency** — the signed medication or treatment administration authorization in the second half of item (i), the medication administration procedures in item (iii), and the medication administration record in item (iv) — because the Agency provides no medication setup, assistance, or administration under HLO-HLT-02. **The remainder of item (i), current orders for treatments or medical equipment, is maintained** where the Agency is assigned responsibility under § 245D.05;
- **(4) The person's current support plan**, or that portion of the plan assigned to the Agency;

- **(5) Copies of the Individual Abuse Prevention Plan and the assessments** required under Minn. Stat. § 245D.071, subds. 2 and 3. See HLO-SAF-04 and HLO-OPS-04;
- **(6) A record of other service providers** serving the person where the support plan or addendum identifies a need for coordination, including a contact person and telephone numbers, the services being provided, and the names of staff responsible for coordination;
- **(7) Documentation of orientation to service recipient rights** under Minn. Stat. § 245D.04, subd. 1, **and to the maltreatment reporting policies and procedures** under § 245A.65, subd. 1(c). See HLO-OPS-01;
- **(8) Copies of authorizations to handle a person's funds** under Minn. Stat. § 245D.06, subd. 4(a). See HLO-OPS-08;
- **(9) Documentation of complaints received and grievance resolution.** See HLO-OPS-07;
- **(10) Incident reports** involving the person, required under Minn. Stat. § 245D.06, subd. 1. See HLO-RPT-03;
- **(11) Copies of written reports regarding the person's status** when requested under Minn. Stat. § 245D.07, subd. 3, **progress review reports** required under § 245D.071, subd. 5, progress or daily log notes recorded by the program, and reports received from other agencies involved in providing services or care to the person; and
- **(12) Discharge summary**, including the service termination notice and related documentation, where applicable. See HLO-OPS-03.

Basic versus intensive. Items (5) and (11) incorporate Minn. Stat. § 245D.071 and § 245D.07, subd. 3, which are intensive-support-service provisions. For a person receiving **only basic support services**, those items attach only to the extent those sections apply to that person — but the IAPP itself is required for every vulnerable adult independently, under § 245A.65, subd. 2 and HLO-SAF-04, whatever the service tier. Do not read item (5) as excusing an IAPP for a basic-services recipient.

Minn. Stat. § 245D.095, subd. 3(b)(1)–(12).

Policy, Access to Service Recipient Records

The Agency ensures the following people have access to the information in the service recipient record, in accordance with applicable state and federal laws, regulations, and rules:

- **The person, the person's legal representative, and anyone properly authorized by the person;**
- **The person's case manager;**
- **Staff providing services to the person — unless the information is not relevant to carrying out the support plan or support plan addendum.** Staff access is a need-to-know access, not a general one; the Designated Coordinator restricts access where information is not relevant to a staff person's assigned responsibilities.

Minn. Stat. § 245D.095, subd. 4(4) also names the county child or adult foster care licensor, where services are also licensed as child or adult foster care. **The Agency holds no foster care license, so that clause has no application here.** Any other disclosure is governed by HLO-COM-01 and requires written authorization or a specific legal basis.

Minn. Stat. § 245D.095, subd. 4.

Policy, Personnel Records

The Agency maintains a personnel record for each employee documenting and verifying staff qualifications, orientation, and training. Each personnel record contains:

- **(1) The employee's date of hire; a completed application; an acknowledgment signed by the employee** that job duties were reviewed with the employee **and that the employee understands those duties;** and documentation that the employee **meets the position requirements as determined by the Agency.** The Agency maintains written position requirements for each role so that this determination can be documented against a stated standard;
- **(2) Documentation of staff qualifications, orientation, training, and performance evaluations** required under Minn. Stat. § 245D.09, subds. 3 to 5, **including the date the training was completed, the number of hours per subject area, and the name of the trainer or instructor.** See HLO-ADM-01 and HLO-ADM-04; and
- **(3) A completed background study** as required under chapter 245C. See HLO-ADM-05.

- For employees hired after January 1, 2014, the Agency maintains documentation — **in the personnel record or in the training matrix maintained under HLO-ADM-01** — sufficient to determine **the date of the employee's first supervised direct contact** with a person served **and the date of first unsupervised direct contact**. The Agency records both dates in the training matrix; this policy states that location so it can be located on review.

Minn. Stat. § 245D.095, subd. 5(a), (b).

Policy, Retention

Chapter 245D sets no record retention period. As a matter of Agency policy, and to meet Minnesota Health Care Programs provider record requirements and support any audit, appeal, or investigation, the Agency retains service recipient records, personnel records, incident and emergency reports, review summaries, and corrective action plans for **not less than five years** after the last date of service or the last date of employment, and longer where a licensing action, appeal, investigation, or litigation is pending or reasonably anticipated. Records are destroyed by a method that protects private data. **This retention period is an Agency standard, not a chapter 245D requirement, and is stated as such.**

Policy, Access by the Commissioner and Payers

- Records are made available to the Commissioner of Human Services and to authorized state and federal program integrity reviewers on request, consistent with HLO-COM-02.
- The Agency understands that under Minn. Stat. § 256B.27, subd. 3, the Department may conduct on-site inspections of service locations and request records to verify the accuracy of information submitted, determine compliance with service delivery and billing requirements, and determine compliance with other applicable laws or rules, with immediate access without prior notice during regular business hours, and that denial of access may result in payment suspension. **This is a chapter 256B obligation, not a chapter 245D one**, and is stated here so staff do not delay a lawful records request.

Minn. Stat. §§ 245D.095, subds. 1–5; 13.01–13.10; 13.46; 256B.27, subd. 3.

ADMINISTRATION

HLO-ADM-01 ADMINISTRATION

Staff Orientation and Training Plan

Purpose

Minnesota Statutes, section 245D.09, subdivision 8, requires the Agency to develop a staff orientation and training plan documenting **when and how** it will meet the orientation and training requirements of subdivisions 4, 4a, and 5. This policy is that plan.

Orientation to Program Requirements — When

Except for a license holder who does not supervise any direct support staff, the Agency provides and ensures completion of orientation sufficient to create staff competency, combining supervised on-the-job training with review of and instruction in the topics below, **within 60 calendar days of hire — except for the following, which are earlier and are conditions of assignment:**

- **Topic (11), the Alcohol, Drug, and Cannabis Use policy (HLO-CON-01) — before the staff person has ANY direct contact** with a person served, supervised or unsupervised, as defined in Minn. Stat. § 245C.02, subd. 11. Required by Minn. Stat. § 245A.04, subd. 1(c).
- **Topic (5), maltreatment reporting — within 72 hours of first providing direct contact services**, and annually thereafter.
- **Topics (7) and (8), restrictive and prohibited procedures (HLO-SAF-01); topic (9), basic first aid; topic (11), universal precautions (HLO-HLT-03); and the emergency plan (HLO-SAF-02) — before the staff person provides unsupervised direct contact services.**

No staff person works unsupervised until every topic below is complete and documented. Where a policy elsewhere in this manual states an earlier deadline than 60 days for a topic, that earlier deadline governs.

Orientation to Program Requirements — What

- (1) The job description and how to complete specific job functions, including responding to and reporting incidents (HLO-RPT-03) and following the Agency's safety practices (HLO-SAF-02, HLO-OPS-05);
- (2) The Agency's current policies and procedures required under chapter 245D — this manual — including their location and how to access them, and staff responsibilities related to implementing them;
- (3) Data privacy requirements under Minn. Stat. §§ 13.01–13.10 and 13.46 and HIPAA, and staff responsibilities for complying with data privacy practices (HLO-COM-01);
- (4) The service recipient rights and staff responsibilities related to ensuring the exercise and protection of those rights (HLO-SAF-03);
- (5) Minn. Stat. §§ 245A.65, 245A.66, and 626.557 and chapter 260E governing maltreatment reporting and service planning for children and vulnerable adults, and staff responsibilities related to protecting persons from maltreatment and reporting maltreatment (HLO-RPT-01, HLO-RPT-02) — **within 72 hours of first providing direct contact services and annually thereafter**;
- (6) The principles of person-centered service planning and delivery and how they apply to the direct support service the staff person provides (HLO-OPS-04);
- (7) The safe and correct use of manual restraint on an emergency basis under Minn. Stat. § 245D.061, and what constitutes the use of restraints, time out, and seclusion, including chemical restraint. **Because the Agency does not allow emergency use of manual restraint, this topic is delivered as the prohibition, the required alternative measures, and the reporting chain in HLO-SAF-01** — the topic is not omitted;
- (8) Staff responsibilities related to prohibited procedures under Minn. Stat. § 245D.06, subd. 5, why such procedures are not effective for reducing or eliminating symptoms or undesired behavior, and why they are not safe (HLO-SAF-01);
- (9) Basic first aid (HLO-SAF-02);
- (10) Strategies to minimize the risk of sexual violence, including concepts of healthy relationships, consent, and bodily autonomy of people with disabilities; and
- (11) Other topics determined necessary in a person's support plan by the case manager, or otherwise identified by the Agency — including universal precautions (HLO-HLT-03), the Agency's medication scope-of-service prohibition (HLO-HLT-02), and the Alcohol, Drug, and Cannabis Use policy (HLO-CON-01).

Orientation to Individual Service Recipient Needs — When

Before having unsupervised direct contact with a person served, or with a person for whom the staff person has not previously provided direct support, **and any time the relevant plans or procedures are revised**, the staff person reviews and receives instruction on the following as they relate to that staff person's job functions for that person. In an emergency service initiation, this instruction is completed **within 72 hours** of first unsupervised contact, and the reason for the unplanned start is documented in the person's record.

- The person's support plan and support plan addendum, and the person's Individual Abuse Prevention Plan;
- Where applicable, training and a competency evaluation on personal hygiene, grooming, and activities of daily living; a healthy diet using nutrition data; and instrumental activities of daily living;
- Where the person has a serious mental illness, mental health crisis response, de-escalation, and suicide intervention;
- Any life-sustaining medical equipment the person uses, trained by a licensed health care professional or a manufacturer's representative and incorporating an **observed skill assessment**.

Medication setup, assistance, and administration training under Minn. Stat. § 245D.09, subd. 4a(d) does **not** apply to the Agency, because the Agency provides no medication-related service (HLO-HLT-02). If the Agency ever adds medication as a covered service, this plan must be amended first to add that curriculum, its registered-nurse authorship, and its observed skill assessment.

Annual Training

- The Agency provides **annual training to direct support staff on orientation topics (3) through (11)** above.

- **The Agency may delay annual training up to 90 calendar days** following the date by which the direct support staff person would otherwise be required to receive it. The Agency does not use this allowance routinely, and the Designated Manager documents the reason for any delay.
- Where a direct support staff person holds a current first aid certification, annual training on basic first aid (topic 9) is not required for as long as the certification remains current.
- CPR certification is maintained current under HLO-SAF-02, including the instruction, hands-on practice, and observed skills assessment requirement.
- A license holder who provides direct support services personally completes the orientation in topics (3) through (11).

How Compliance Is Documented

- The Designated Manager maintains a **training matrix** recording, for each staff person: hire date; **date of first supervised direct contact and date of first unsupervised direct contact**; each required topic with the **date completed, the number of hours per subject area, and the name of the trainer or instructor**; the **method and result of the competency determination** for each topic — knowledge test or observed skill assessment conducted by the trainer, or by an individual previously deemed competent by the trainer; the date of the most recent **performance evaluation based on direct observation**; and confirmation of a **completed background study under chapter 245C**.
- **Staff under 18 years of age are not assigned overnight duties.**
- Completion of each topic is documented in the personnel file, signed by the staff person and the trainer.
- The Designated Manager reviews the matrix **monthly** and removes from unsupervised assignment any staff person whose required orientation or annual training is past due beyond any permitted delay.
- This plan is reviewed at least annually and whenever chapter 245D training requirements change, under HLO-ADM-02.

Minn. Stat. §§ 245D.09, subds. 3, 4, 4a, 5, 8; 245D.06, subd. 2(1)(iv); 245D.095, subd. 5(a), (b); 245A.04, subd. 1(c); 245A.65, subd. 3; 245C.02, subd. 11.

HLO-ADM-02 ADMINISTRATION

Policy Review, Revision, and Notification

Purpose

This policy governs how the Agency keeps this manual current and, critically, **how and when it must notify persons served, legal representatives, case managers, and staff before a revision takes effect**, consistent with Minnesota Statutes, section 245D.10, subdivision 4.

Procedure, Review

- The Agency reviews and updates, as needed, all written policies and procedures required under chapter 245D **at least annually**, and additionally after any DHS correction order, any reportable incident, any substantiated maltreatment finding, and any amendment to chapter 245D or a related statute.
- The Designated Manager owns the review calendar and records the date of each review and the outcome, even where no change is made.

Procedure, Providing Policies at Service Initiation

- **Within 5 working days of service initiation**, the Agency informs **the person, the person's legal representative, and the person's case manager** of the policies and procedures affecting the person's rights under Minn. Stat. § 245D.04 and provides copies. These are: the **grievance** policy (HLO-OPS-07); the **service suspension and termination** policies (HLO-OPS-02, HLO-OPS-03); the **emergency use of manual restraint** policy (HLO-SAF-01); and the **data privacy** requirements (HLO-COM-01). See HLO-OPS-01.

Procedure, Notice Before a Revision Takes Effect

- **At least 30 days before implementing** any procedural revision to policies affecting a person's **service-related or protection-related rights** under Minn. Stat. § 245D.04, **or to maltreatment reporting policies and procedures**, the

Agency provides **written notice to all persons served or their legal representatives and to case managers**. The notice explains the revision made and includes a copy of the revised policy and procedure.

- Where the Agency cannot provide that notice 30 days in advance, it documents the reasonable cause for not doing so **at the time**, in the manual itself, and retains that documentation with the superseded version. **This is an exception to be documented, not a routine practice.** The Agency used this exception once, for the adoption of Rev. 2 effective September 1, 2026; that documentation appears on the Adoption page of this manual. **For every subsequent revision the Agency provides the full 30 days.**
- **Before implementing revisions to any required policy or procedure, the Agency informs all employees of the revisions and provides training on their implementation.** No revision takes effect before that training is complete and documented.
- **Annually**, the Agency notifies all persons served or their legal representatives and case managers of any procedural revisions to policies required under chapter 245D other than those described above, and provides copies of the revised policies on request.

Procedure, Program Evaluation and Improvement

- **At least annually, the Designated Manager evaluates the satisfaction of persons served, their legal representatives, and their case managers** with the services the Agency provides, records the results, and reports them to the Director.
- The Designated Manager uses those results, together with the grievance reviews under HLO-OPS-07, the incident and emergency trend reviews under HLO-RPT-04, and any internal maltreatment reviews, to identify **ongoing program improvements**, and documents what was changed as a result.
- Findings from this evaluation feed directly into the annual policy review above; where a finding shows a policy is unclear, unworkable, or not being followed, the policy is revised under this policy rather than left in place.

Minn. Stat. § 245D.081, subd. 3(a)(3), (4), (7).

Procedure, Version Control

- Each revision is issued with a revision number and an effective date on the cover page, and states which prior version it supersedes.
- The Agency retains superseded versions, the notices issued for each revision, and the staff training records for each revision, for **not less than five years** as a matter of Agency policy, and longer where a licensing action, appeal, investigation, or litigation is pending or reasonably anticipated.
- Statutory citations throughout this manual are verified at each annual review. Citations known to be scheduled for repeal or renumbering are flagged in the affected policy; see the note in HLO-RPT-02 regarding Minn. Stat. § 142B.54.

Minn. Stat. § 245D.10, subd. 4(a)–(e), as amended by Laws 2026, ch. 121, art. 4, § 24.

Program Oversight: Designated Coordinator and Designated Manager

Purpose

This policy assigns the two oversight roles Minnesota Statutes, section 245D.081 requires, states their duties and their minimum qualifications, and records who holds them. The Agency is responsible for both **coordination of service delivery and evaluation for each person served** and **program management and oversight, including evaluation of program quality and program improvement**.

Policy, Who Holds Each Role

- **Designated Coordinator (Service Delivery Coordinator):** Umulkheye (Najma) Mohamed, North Star Consulting Solutions LLC, 612-229-9584. **Pending approval by the Agency's licensor under Correction Order citation 18; effective upon approval.**
- **Designated Manager:** Umulkheye (Najma) Mohamed, North Star Consulting Solutions LLC, 612-229-9584. **Pending approval by the Agency's licensor under Correction Order citation 18; effective upon approval.**
- **The Agency has assigned both roles to one individual.** Minn. Stat. § 245D.081, subd. 1(b) permits this **only if that person meets the work and education qualifications for both roles**. In practice this means the Designated Coordinator qualification ladder in subdivision 2, **plus** an additional three years of supervisory-level experience. Where the Agency assigns both roles to one person, it documents the qualification determination for **each** role in that person's personnel file.

Two duties that require presence, not review. Where one individual holds both roles, two obligations deserve particular attention because they cannot be met from a distance. Under Minn. Stat. § 245D.081, subd. 2(a)(3), the Designated Coordinator must provide **direct observation of service delivery sufficient to assess staff competency** — in the settings where services are actually delivered. That observation may be delegated, but only to an individual the Designated Coordinator has **previously deemed competent in those activities**, and the Agency documents who that delegate is and the basis for the determination. Under subd. 3(a)(2), the Designated Manager must ensure the Designated Coordinator's duties are fulfilled. Where the same person holds both, the Agency records how that assurance is evidenced — through the supervision observations logged under HLO-ADM-04, the incident and grievance reviews under HLO-RPT-04, and the annual program oversight summary under HLO-ADM-02 — so that the duty is demonstrable rather than assumed.

A Designated Manager or Designated Coordinator engaged through an outside firm. Chapter 245D permits these roles to be held by an individual engaged by the Agency rather than a payroll employee, but three conditions apply and the Agency confirms each before relying on the designation. **First**, the individual must meet the qualifications in Minn. Stat. § 245D.081, subd. 3(b) — one of the four Designated Coordinator education-and-experience routes **plus** a minimum of three years of supervisory-level experience in a program that provides care or education to vulnerable adults or children — and the Agency keeps that documentation in its records. **Second**, the individual must function as a **managerial staff person of the license holder**, under the Agency's control and accountable for the seven duties below, not as an outside advisor who reports on them. **Third**, the Agency determines whether a background study is required for the individual under Minn. Stat. § 245C.03, subd. 1, based on whether the individual will have direct contact with, or access to, persons served, and initiates one where it is. **Where the individual holds the Designated Coordinator role, the direct observation of service delivery required by subd. 2(a)(3) will ordinarily place that individual in direct contact with persons served, and the Agency initiates a background study accordingly, before any such contact occurs (see HLO-ADM-05).** Where the Designated Manager is engaged through a firm, the Agency documents which named individual holds the designation; the designation runs to a person, not to a company.

The dual role does not satisfy the maltreatment secondary designation. HLO-RPT-01 and HLO-RPT-02 require a secondary person who acts when the primary may be involved in an allegation. If one individual holds both oversight roles, the Agency must still name a separate secondary under those policies. See the Definitions and Roles section.

Minn. Stat. § 245D.081, subd. 1(a), (b).

Designated Coordinator, Duties

Delivery and evaluation of services must be coordinated by a designated staff person, who provides supervision, support, and evaluation of activities including:

- (1) Oversight of the Agency's responsibilities assigned in the person's support plan and support plan addendum;
- (2) Taking the action necessary to facilitate the accomplishment of the outcomes according to Minn. Stat. § 245D.07;
- (3) Instruction and assistance to direct support staff implementing the support plan and the service outcomes, **including direct observation of service delivery sufficient to assess staff competency**. The Designated Coordinator may delegate **the direct observation and competency assessment** of service delivery activities to an individual the Designated Coordinator has **previously deemed competent in those activities**. This is a delegation of observation and assessment only — it is not a general delegation of the Designated Coordinator role, and it is limited to the specific activities in which the delegate was deemed competent; and
- (4) Evaluation of the effectiveness of service delivery, methodologies, and progress on the person's outcomes, based on the measurable and observable criteria for identifying when the desired outcome has been achieved under Minn. Stat. § 245D.07.

Designated Coordinator, Qualifications

The Agency ensures the Designated Coordinator is competent to perform these duties through education, training, and work experience relevant to the primary disability of the persons served and to the individual persons for whom the Coordinator is responsible. The Coordinator must have the skills and ability necessary to develop effective plans and to design and use data systems to measure the effectiveness of services and supports. **The Agency verifies and documents that competence under Minn. Stat. § 245D.09, subd. 3 — holding the credential is not by itself compliance.** The Designated Coordinator must minimally have one of the following:

- **Route 1.** A **baccalaureate degree** in a field related to human services, education, or health, **and one year** of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older, or equivalent work experience providing care or education to vulnerable adults or children;
- **Route 2.** An **associate degree** in a field related to human services, education, or health, **and two years** of such full-time work experience;
- **Route 3.** A **diploma** in a field related to human services, education, or health from an accredited postsecondary institution, **and three years** of such full-time work experience; **or**
- **Route 4.** A **minimum of 50 hours of education and training related to human services and disabilities, AND four years** of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older **under the supervision of a staff person who meets Route 1, 2, or 3.**

Route 4 is one route, not two. The statute joins the 50 hours of education and the four years of supervised experience with “and,” not “or.” Fifty hours of training alone does not qualify anyone as a Designated Coordinator, and the four years must have been supervised by someone who met one of the first three routes. This is the most frequently misquoted provision in Minnesota 245D policy manuals, and a licenser checking a Coordinator's file will check it.

Minn. Stat. § 245D.081, subd. 2(a), (b).

Designated Manager, Duties

The Agency designates a managerial staff person to provide program management and oversight of the services the Agency provides. The Designated Manager is responsible for:

- (1) Maintaining a current understanding of the licensing requirements sufficient to ensure compliance throughout the program as identified in Minn. Stat. § 245A.04, subd. 1(e), and, **when applicable**, as identified in Minn. Stat. § 256B.044, subd. 8 (compliance programs the Commissioner may require as a condition of medical assistance enrollment);
- (2) Ensuring the duties of the Designated Coordinator are fulfilled;
- (3) Ensuring the program implements corrective action identified as necessary following review of incident and emergency reports under Minn. Stat. § 245D.11, subd. 2(7). **An internal review of incident reports of alleged or suspected maltreatment is conducted under Minn. Stat. § 245A.65, subd. 1(b) — see HLO-RPT-01, HLO-RPT-02, and HLO-RPT-04;**

- **(4) Evaluation of the satisfaction of persons served, the person's legal representative if any, and the case manager,** with the service delivery and with progress toward accomplishing the outcomes identified under Minn. Stat. §§ 245D.07 and 245D.071, **and ensuring and protecting each person's rights** under § 245D.04 — see HLO-SAF-03;
- **(5) Ensuring staff competency requirements** are met under Minn. Stat. § 245D.09, subd. 3, and ensuring **staff orientation and training** is provided under § 245D.09, subds. 4, 4a, and 5 — see HLO-ADM-01 and HLO-ADM-04;
- **(6) Ensuring corrective action is taken when ordered by the Commissioner,** and that the terms and conditions of the license and any variances are met; and
- **(7) Evaluating the information in items (1) through (6) to develop, document, and implement ongoing program improvements.**

Designated Manager, Qualifications

The Designated Manager must be competent to perform these duties and must minimally meet **the same education and training requirements as the Designated Coordinator** (Routes 1 through 4 above), **and in addition have a minimum of three years of supervisory-level experience in a program that provides care or education to vulnerable adults or children.** The three years of supervisory experience is **additive** to the Coordinator ladder, not an alternative to it, and supervisory experience in an unrelated industry does not count.

Procedure, How Oversight Is Documented

- **The Agency's satisfaction-evaluation interval.** Minn. Stat. § 245D.081, subd. 3(a)(4) requires the Designated Manager to evaluate the satisfaction of persons served, their legal representatives, and case managers, **but sets no frequency.** The Agency adopts an **annual** interval, using a written instrument sent to each person served, their legal representative where applicable, and their case manager, and records the results and the response rate. **This interval is an Agency standard, not a chapter 245D requirement, and is stated as such.**
- The Designated Manager compiles a **program oversight summary at the same annual interval** drawing on the satisfaction evaluation, the grievance reviews under HLO-OPS-07, the incident and emergency trend reviews under HLO-RPT-04, any internal maltreatment reviews, any DHS correction orders, and the training matrix under HLO-ADM-01, and **documents the program improvements adopted as a result.**
- That summary feeds the annual policy review under HLO-ADM-02. Where a finding shows a policy is unclear, unworkable, or not being followed, the policy is revised rather than left in place.
- Qualification documentation for each role — degree, transcript, licensure or certification, and the verified work experience — is filed in the person's personnel record under HLO-COM-03.

Minn. Stat. § 245D.081, subds. 1–3, subd. 3 as amended by Laws 2026, ch. 121, art. 3, § 11; §§ 245A.04, subd. 1(e); 245D.09, subd. 3; 245D.11, subd. 2(7); 245A.65, subd. 1(b); 256B.044, subd. 8.

HLO-ADM-04 ADMINISTRATION

Staffing, Staff Qualifications, Competency, and Supervision

Purpose

This policy states how the Agency staffs its services, how it establishes and documents that staff are competent, and how it supervises staff who have direct contact with persons served, consistent with Minnesota Statutes, section 245D.09, subdivisions 1 through 3. Orientation and training content and timing are in HLO-ADM-01.

Policy, Staffing Level

The Agency provides the level of direct service support staff **supervision, assistance, and training** necessary **(1)** to ensure the health, safety, and protection of rights of each person served, and **(2)** to be able to implement the responsibilities assigned to the Agency in each person's support plan or support plan addendum. **Chapter 245D sets no numeric staffing ratio for a community-based provider;** the standard is functional, and the Agency staffs to what those two outcomes actually require for the persons it serves.

Minn. Stat. § 245D.09, subd. 1.

Policy, Supervision of Staff Having Direct Contact

The Agency provides **adequate supervision** of staff providing direct support, to ensure the health, safety, and protection of rights of each person and implementation of the responsibilities assigned to the Agency in each person's support plan or support plan addendum.

- **The Agency's supervision standard**, adopted to give “adequate supervision” a workable meaning that a licensor and a staff person can both check: each direct support staff person is observed delivering service to each person they support **within 30 days of first unsupervised contact with that person, and at least twice per year thereafter**, by the Designated Coordinator or by an individual the Designated Coordinator has previously deemed competent in the activities observed.
- Each observation is recorded in the training matrix with the date, the observer, the person served, the activities observed, and the result.
- Supervision also includes the instruction and assistance the Designated Coordinator provides under HLO-ADM-03, and availability of the Designated Manager or Designated Coordinator to staff on call during all service hours.

The observation frequency above is an **Agency-set standard implementing** a statutory requirement of “adequate supervision,” which the statute does not quantify. It is stated so that compliance is measurable — and having set it, the Agency will be held to it. Do not lower it informally; revise it under HLO-ADM-02 if it proves unworkable.

Minn. Stat. § 245D.09, subd. 2.

Policy, Staff Qualifications and Competency

The Agency ensures that **staff providing direct support, and staff who have responsibilities related to supervising or managing the provision of direct support service**, are competent as demonstrated through skills and knowledge training, experience, and education relevant to the primary disability of the person served and to meeting that person's needs and any additional requirements written in the support plan or support plan addendum, or otherwise required by the case manager or the federal waiver plan. **Supervisors and managers are inside this requirement, not outside it.**

The Agency verifies and maintains evidence of staff competency, including documentation of:

- **(1) Education and experience qualifications** relevant to the job responsibilities assigned to the staff person and to the primary disability of persons served, **including a valid degree and transcript, or a current license, registration, or certification**, where a degree or licensure, registration, or certification is required by chapter 245D or by the support plan or support plan addendum;
- **(2) Demonstrated competency** in the orientation and training areas required under chapter 245D and, where applicable, completion of continuing education required to maintain professional licensure, registration, or certification. **Competency is determined by the Agency through knowledge testing or observed skill assessment, conducted by the trainer or instructor, or by an individual who has been previously deemed competent by the trainer or instructor in the area being assessed.** That second path is **area-specific**: a person deemed competent in one subject may not, on that basis, assess competency in a different subject; and
- **(3) Periodic performance evaluations** completed by the Agency of the direct support staff person's ability to perform the job functions, **based on direct observation.**
- **The Agency's performance evaluation interval**: the statute requires evaluations to be “periodic” and does not set a frequency. The Agency adopts an **annual** interval, conducted by the Designated Manager or Designated Coordinator, based on direct observation of the staff person delivering service — not on a checklist review or a self-assessment.
- **Staff under 18 years of age may not perform overnight duties.** This is the only age restriction chapter 245D imposes; it does not otherwise restrict the assignment of staff under 18.

Two things this Agency does not claim. Chapter 245D contains **no** general minimum-age-18 requirement for direct support staff and **no** general reading, writing, or communication-ability standard. Where the Agency applies such a standard as a hiring requirement, it does so as its own position requirement under HLO-COM-03, and does not represent it as a chapter 245D requirement.

Minn. Stat. § 245D.09, subd. 3(a)(1)–(3), (b); § 245D.095, subd. 5(a)(2); § 245D.081, subd. 2(a)(3).

Procedure, Where the Evidence Lives

- Degrees, transcripts, licenses, registrations, and certifications are copied into the personnel record under HLO-COM-03.
- Competency determinations — the method used, the assessor, the date, and the result — are recorded per subject area in the training matrix under HLO-ADM-01.
- Performance evaluations are filed in the personnel record with the date, the observer, and the observations relied on.
- The Designated Manager reviews the matrix monthly and removes from unsupervised assignment any staff person whose required competency determination or performance evaluation is past due.

HLO-ADM-05 ADMINISTRATION

Background Studies

Purpose

This policy states who must have a background study, when the Agency initiates one, what an individual may and may not do while a study is pending, and exactly what the Agency does when a disqualification notice arrives, consistent with Minnesota Statutes, chapter 245C.

Policy, Who Must Be Studied

Chapter 245C applies to the Agency's licensed home and community-based services under chapter 245D. The Agency initiates a background study on:

- The person or persons applying for the license, and **all controlling individuals** as defined in Minn. Stat. § 245A.02, subd. 5a;
- **Current and prospective employees who will have direct contact** with persons served;
- **Volunteers and student volunteers who will have direct contact** with persons served to provide program services, **unless** that contact is under the **continuous, direct supervision** of the license holder or a studied employee — meaning the supervising individual is within sight or hearing to the extent that the supervisor is capable at all times of intervening to protect the health and safety of the persons served;
- **An individual age 13 and over living in the household where the licensed program will be provided** who is not receiving licensed services from the program; and
- An individual age 10 to 12 living in that household, or an individual who may have unsupervised access to persons receiving services without providing direct contact services, **only where the Commissioner has found reasonable cause.**

The rule requiring a study of **any adult working in the facility regardless of direct contact** applies to children's residential facilities and foster residence settings, **not** to a chapter 245D program. Where the Agency chooses to study an employee who will have no direct contact, it does so as its own hiring practice and does not cite § 245C.03 as the authority.

Minn. Stat. §§ 245C.03, subd. 1(a), (c)(3); 245C.02, subds. 8, 11; 245A.02, subd. 5a.

Policy, When a Study Is Initiated

- The Agency submits completed background study requests to the Commissioner through **NETStudy 2.0 before the individual begins a position allowing direct contact** in the licensed program.
- **A new study is initiated** when an individual not on the Agency's active roster **returns to a position requiring a background study after an absence of 120 or more consecutive days**, or when the program resumes providing licensed direct contact services after **120 or more consecutive days** without doing so. The Agency keeps a copy of the notification provided to the Commissioner in the program's files. Where an individual's disqualification was previously set aside for the Agency's program and the new study produces no new information indicating risk of harm, **the previous set-aside remains in effect.**
- **There is no five-year or annual re-study requirement for a chapter 245D program.** The five-year repeat rule applies to child care programs, and the annual re-study rules apply to supplemental nursing services agencies, personnel and

temporary staffing agencies, and unlicensed HCBS waiver providers. The Agency does not represent a periodic re-study as a chapter 245C requirement it is meeting.

- **What replaces periodic re-study is continuous monitoring.** Once an individual is studied and placed on the Agency's active roster in NETStudy 2.0, the Commissioner receives regular transfers of new criminal case information added to the Minnesota court information system for rostered individuals, and issues a new determination if disqualifying information appears. **This monitoring covers Minnesota court data only — it is not a national re-check, and out-of-state activity is not picked up by it.**
- **Transferability depends on the Social Security number.** Providing an SSN is voluntary, but a study initiated without one is not transferable, and a repeat study will be required at the next entity.

Minn. Stat. § 245C.04, subds. 1, 4a.

Policy, What the Agency Collects and Submits

- **Before initiating each study**, the Agency provides the individual with **the Commissioner's privacy notice** required under Minn. Stat. § 13.04, subd. 2. This is a **per-study** requirement, not a one-time onboarding form.
- The Agency collects from the individual: first, middle, and last name and **all other names by which the individual has been known**; current home address, city, and state of residence; current zip code; sex; date of birth; driver's license number or state identification number, or another acceptable form of identification; and **the home address, city, county, and state of residence for the past five years.**
- The Agency also ensures the individual completes the **criminal and maltreatment history records check consent form and criminal history disclosure form**, and provides **classifiable fingerprints and a photograph** to the authorized fingerprint collection vendor.
- **The Agency verifies that the collected information is correct** and submits it on the forms and in the format the Commissioner prescribes.
- The Agency **updates contact information in NETStudy 2.0 for any rostered individual any time it receives new contact information** from that individual.
- **The Agency names a sensitive background study information person**, who is an Agency employee, on the acknowledgment of responsibilities form required before NETStudy 2.0 access. All queries are recorded and auditable. **The Agency's sensitive background study information person is Moulid Ahmed, Program Manager / Director, 763-388-6961.** This role must be held by an **employee of the license holder**, which is why it is not assigned to an individual engaged through an outside firm.

Two things the Agency does not tell staff. Fingerprints and a photograph are taken for every NETStudy 2.0 subject, but **an FBI national criminal history record check is run only where there is reasonable cause** — most commonly where the individual does not currently reside in Minnesota or resided elsewhere during the previous five years. The Agency does not describe its process as “a national fingerprint background check on all staff.” Separately, **fingerprints are not retained** by the BCA, the Department, or the FBI; the photograph is retained by the Commissioner.

Minn. Stat. §§ 245C.05, subds. 1, 2, 2c, 3, 5; 245C.02, subd. 15a(b); 245C.17, subd. 1(b); 13.04, subd. 2.

Policy, What Is Permitted While a Study Is Pending

The subject of a background study may not perform any activity requiring a background study until the Commissioner has issued one of the qualifying notices. Submitting the study is not the gate; the Commissioner's notice is.

- **Qualifying notices** are: a notice under Minn. Stat. § 245C.17 stating the individual is **not disqualified**; a notice stating **more time is needed** to complete the study and that the individual is not required to be removed from direct contact or access pending completion — such a notice **states whether continuous direct supervision is required**; a notice that a disqualification has been **set aside**; or a notice that a **variance** has been granted.
- **Before any qualifying notice arrives, the individual may not provide UNSUPERVISED direct contact services**, and may not live in the household where the licensed program will be provided. Under Minn. Stat. § 245C.13, subd. 2(c)(3), a background study subject in a chapter 245D program may provide direct contact services before the Commissioner's notice **only while under continuous direct supervision** as defined in § 245C.02, subd. 8. The absolute

pre-notice bars in § 245C.13, subd. 2(c)(5) to (8) apply to child care centers, children's residential facilities and foster residence settings, personal care provider organizations, and EIDBI providers, and **do not apply to this Agency**.

- **After a “more time needed” notice that requires continuous direct supervision**, the individual may provide direct contact services **only under continuous direct supervision** until the study completes.
- **After a “not disqualified” notice**, the individual may provide unsupervised direct contact services, subject to the orientation and training conditions in HLO-ADM-01.

Agency standard, exceeding the statutory floor. The Agency does not schedule a new staff person for **any** direct contact — including supervised shadowing — until the Commissioner's notice has been received and the Designated Manager has recorded it. **This is an Agency-adopted requirement, not a chapter 245C requirement, and is stated as such.** The statutory floor permits supervised direct contact before the notice; the Agency chooses not to use it, because continuous direct supervision of in-home, one-to-one service delivery is not reliably achievable in the Agency's service model. Having adopted this standard, the Agency will be held to it — revise it under HLO-ADM-02 rather than departing from it informally.

Minn. Stat. §§ 245C.13, subds. 2, 3; 245C.02, subd. 8.

Procedure, When a Disqualification Notice Arrives

The Agency's response is set by the risk determination in the Commissioner's notice. It is not the same in every case, and the Agency does not apply a single blanket rule.

- **Imminent risk of harm.** The Commissioner orders the Agency to **immediately remove** the individual from any position allowing direct contact with, or access to, persons served. The Agency does so at once, before the end of the shift.
- **Risk requiring continuous direct supervision.** The Agency must either **(a)** immediately remove the individual from any position allowing direct contact or access; **or (b)** ensure the individual is **under continuous direct supervision** whenever in such a position during the reconsideration period, **and ensure the individual requests reconsideration within 30 days** of receipt of the disqualification notice.
- **No risk requiring continuous direct supervision.** The Agency must either **(a)** immediately remove the individual from any position allowing direct contact or access; **or (b)** ensure the individual **requests reconsideration within 15 days** of receipt of the notice before allowing the individual to be in such a position.
- **The two deadlines are different and must not be confused: 30 days for the supervision tier, 15 days for the no-supervision-required tier.** The duty to **ensure** the request is made is the Agency's, not only the individual's — the Designated Manager tracks the deadline in writing and confirms the request was submitted.
- **Final removal.** On notice from the Commissioner, the Agency removes a disqualified individual from direct contact where the individual does not request reconsideration in time; where reconsideration is requested, the disqualification is not set aside, and no timely hearing request is made; or where a timely hearing request is made and the disqualification is not set aside or rescinded. **For a chapter 245D program this is a removal-from-direct-contact duty, not an automatic termination duty;** any employment decision is made separately under the Agency's personnel practices.
- **The Agency may also be ordered to supervise or remove an individual based on arrest information or an active maltreatment investigation**, pending the conclusion of that investigation or the criminal proceedings, without any completed study or disqualification.
- **Information the Agency sees in a public web-based data source, including a public court records search, is not a notice of disqualification** and is never treated as one. The Agency acts on direct correspondence from the Commissioner.
- **The Agency will usually not be told why an individual was disqualified.** The Commissioner discloses the underlying information only where the basis is failure to cooperate, where the Data Practices Act permits release, or where the individual authorizes it. Supervisors do not speculate about, or record speculation about, the basis.
- The Agency documents every disqualification notice, the tier, the action taken, the reconsideration deadline, the date the request was confirmed, and the outcome, and files that documentation in the personnel record under HLO-COM-03.

Minn. Stat. §§ 245C.14, subds. 1, 5; 245C.16, subds. 1, 2; 245C.17, subd. 3(b)–(e); 245C.18(a); 245C.19.

Procedure, Set-Aside and Variance

- **Set-aside.** The Commissioner may set aside a disqualification on reconsideration where the individual demonstrates they do not pose a risk of harm. **A set-aside does not erase the disqualification** — the individual remains disqualified but may have direct contact with, or access to, persons served. **A set-aside is limited to the specific program named in the notice** and does not travel with the individual to another employer, except through the limited carryover the statute allows. The Agency does not describe a set-aside to staff as being “cleared.”
- **Variance.** Where a disqualification is not set aside, **the Agency may request a time-limited variance** from the Commissioner, stating conditions under which the individual may provide direct contact services or have access to persons served with minimized risk. A variance is not available for a permanent-bar disqualification, and **cannot be granted unless the disqualified individual gives written consent to disclose the reason for the disqualification to the Agency.** Any variance the Agency holds is complied with in full, and compliance with its conditions is part of the Designated Manager's oversight under HLO-ADM-03.
- **Good faith.** Where the Agency terminates affiliation with a studied individual in good faith reliance on a notice of disqualification from the Commissioner, it is not subject to civil liability for doing so.

Minn. Stat. §§ 245C.21; 245C.22, subds. 3, 4, 5; 245C.23, subd. 2; 245C.24, subd. 2; 245C.30, subds. 1, 2; 245C.19.

HR & CONDUCT

HLO-CON-01 HR & CONDUCT

Alcohol, Drug, and Cannabis Use

Purpose

The Agency is committed to ensuring that every person served is supported by staff who can recognize needs, respond safely, and provide care without impairment. This policy establishes the Agency's prohibition on chemical use that impairs an employee's ability to provide services, consistent with Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c).

Policy

No license holder, employee, subcontractor, or volunteer of the Agency may, while directly responsible for the care or supervision of a person served, abuse prescription medication, or be in any manner under the influence of a chemical, including alcohol, illegal drugs, cannabis, or the misuse of legal drugs, that impairs their ability to provide services or care. Minnesota's legalization of recreational cannabis use does not change this prohibition: staff may not be impaired by cannabis, or possess or use it, while on duty or directly responsible for a person served.

This prohibition applies at all times an individual is on duty, on call, or otherwise responsible for a person served, including during transportation and overnight or awake-night shifts.

Scope and Training

This policy applies to every owner, manager, direct support staff person, subcontractor, and volunteer who has direct contact with, or direct responsibility for, a person served, regardless of whether they are paid. **It is reviewed with each such individual before the individual has any direct contact, as defined in Minn. Stat. § 245C.02, subd. 11, with a person served — supervised or unsupervised — and at least annually thereafter,** with completion documented in the personnel file. A new staff person shadowing an experienced staff person is already in direct contact, so this training comes first.

Reporting and Response

- A staff person who observes another staff person who appears impaired while responsible for a person served immediately removes that individual from direct care duties for the remainder of the shift and notifies the Program Manager (or, if unavailable, the Service Delivery Coordinator) without delay.
- The Program Manager ensures the person(s) served remain safely supervised by an unimpaired staff person for the rest of the shift.

- **Suspected impairment that resulted in, or risked, harm to a person served is reported and reviewed under HLO-RPT-01 where the person served is a vulnerable adult, or under HLO-RPT-02 where the person served is a minor, and is documented and reported as an incident under HLO-RPT-03 in either case.**
- A confirmed violation results in immediate removal from direct-care duties pending investigation, and may result in discipline up to and including termination.

Consistency with the Manual Restraint Policy

Because impairment materially affects a staff person's ability to safely support a person in crisis, an impaired staff person may not implement, participate in, or monitor any physical intervention with a person served under HLO-SAF-01, including the permitted actions and procedures allowed by Minn. Stat. § 245D.06, subd. 7. This cross-reference keeps the two policies consistent with one another going forward.

Minn. Stat. §§ 245A.04, subd. 1(c); 245C.02, subd. 11.

APPENDIX A

PROGRAM ABUSE PREVENTION PLAN

Happy Living Options LLC, License #1103321

Adopted: 9/1/2026

Reviewed and approved by: Moulid Ahmed, Director, on behalf of the governing body

Delegated reviewer: Designated Manager — Umulkheye (Najma) Mohamed

Next annual review due: 9/1/2027

This is the Agency's written Program Abuse Prevention Plan required by Minnesota Statutes, section 626.557, subdivision 14, paragraph (a), and section 245A.65, subdivision 2, paragraph (a). It is an ongoing plan: it is enforced continuously, reviewed at least annually, and revised whenever the review or a maltreatment finding shows it should be.

1. Scope of This Plan

Under Minn. Stat. § 245A.65, subd. 2(a), the scope of a program abuse prevention plan is limited to **the population, physical plant, and environment within the control of the license holder and the location where licensed services are provided.**

Happy Living Options LLC provides 245D community-based support services in the homes and communities of the persons it serves. **The Agency does not own, lease, or rent the locations where services are delivered.** Under Minn. Stat. § 626.5572, subd. 6(b), where services are provided in a vulnerable adult's own home or another unlicensed location, the “facility” for purposes of the Vulnerable Adults Act is **the provider organization, not the home.** Accordingly:

- The **population** assessment in section 2 is made in full.
- The **physical plant** assessment in section 3 addresses the Agency's **program office** at 2200 E Franklin Ave #205, Minneapolis, MN 55404, which is the only physical plant within the Agency's control. The homes in which services are delivered are not within the Agency's control and are not assessed at the program level. **Physical-environment risks in a particular person's home are assessed and addressed in that person's Individual Abuse Prevention Plan**, which is how the Agency discharges Minn. Stat. § 245A.65, subd. 2(a)(2) for those locations.
- The **environment** assessment in section 4 addresses **the type of internal programming and the Agency's staffing patterns**, which are within the Agency's control and are its principal risk factors. The neighborhood, grounds, and terrain factors apply to the program office only. The Agency provides no living arrangements, so the per-site living arrangement trigger does not apply.

2. Assessment of the Population Served

Who the Agency serves. Adults with developmental disabilities, brain injury, mental illness, and physical disabilities receiving individualized home supports, community living supports, and independent living skills services; and, where admitted, persons under 18 receiving the same categories of support. Every adult receiving these services is a vulnerable adult by operation of Minn. Stat. § 626.5572, subd. 21(a)(2).

Assessment factors and findings:

- **Age.** The caseload spans young adults through older adults, and may include minors. **Risk identified:** a mixed-age caseload means staff move between persons whose developmental and communication needs differ sharply, and the same interaction can be appropriate for one person and abusive toward another. **Measure:** person-specific orientation before unsupervised contact under HLO-ADM-01; age-appropriate practice covered in the rights training under HLO-SAF-03, including the rights of minor children.
- **Gender.** Persons of all genders are served, and staff of all genders provide personal support. **Risk identified:** personal care and in-home support create opportunities for sexual abuse and for allegations arising from ordinary care. **Measure:** the person's stated preference regarding the gender of staff providing personal support is recorded at service initiation and honored where staffing allows; training on healthy relationships, consent, and bodily autonomy under HLO-ADM-01, topic (10); no staff person provides personal support to a person for whom they have not received person-specific instruction.

- **Mental functioning.** Many persons served have cognitive disabilities affecting their ability to recognize maltreatment, to recall and report it accurately, or to be believed when they do report. **Risk identified:** this is the single largest abuse risk factor in the Agency's population. **Measure:** the maltreatment reporting orientation under HLO-RPT-01 is delivered in a format and language the person can use; staff are trained that a report from a person with a cognitive disability is acted on the same as any other report; the Designated Coordinator's direct observation under HLO-ADM-04 is used specifically to observe interactions the person may not be able to report.
- **Physical and emotional health or behavior.** Persons served include those with limited mobility who depend on staff for transfers, those with communication disabilities who cannot summon help, and those whose behavior may place them at risk of rough handling or of harming others. **Risk identified:** dependency on a single staff person; use of physical intervention. **Measure:** the Agency prohibits emergency use of manual restraint entirely under HLO-SAF-01 and trains the required alternative measures; transfer and mobility training is person-specific with an observed skill demonstration, delivered as part of the orientation to individual service recipient needs under HLO-ADM-01 before unsupervised contact, and, where transportation is an authorized service for that person, under HLO-OPS-05.
- **Need for specialized programs of care.** Some persons require positive support strategies, mental health crisis response, or coordination with other 245D providers. **Risk identified:** unmet behavioral or mental health need expressed as escalation, met with an untrained staff response. **Measure:** person-specific instruction on the support plan addendum, any Positive Support Transition Plan, and crisis response before unsupervised contact; coordination with other providers documented under HLO-OPS-04.
- **Need for staff training to meet identified individual needs.** **Risk identified:** a staff person assigned to a person they have not been oriented to. **Measure:** the training matrix under HLO-ADM-01 records a per-person orientation entry, and the Designated Manager removes from unsupervised assignment any staff person without a current entry for that person.
- **Knowledge of previous abuse relevant to minimizing risk.** **Risk identified:** a person with a history of being maltreated, or of maltreating others, whose history is not carried into service planning. **Measure:** at intake the Designated Coordinator asks about prior substantiated findings and prior victimization, and records what is learned; where the Agency knows a person has committed a violent crime or an act of physical aggression toward others — whether from a law enforcement authority, a medical record prepared by another provider, or the Agency's own assessments — the person's IAPP details the measures to minimize the risk the person may pose to others if unsupervised, as required by Minn. Stat. § 626.557, subd. 14(c).

3. Assessment of the Physical Plant

The physical plant within the Agency's control is the program office at 2200 E Franklin Ave #205, Minneapolis, MN 55404. Service locations are the private homes of the persons served, which the Agency does not own, lease, or rent, and which are outside the scope of this plan under Minn. Stat. § 245A.65, subd. 2(a).

- **Condition and design as it relates to safety.** The office is used for staff meetings, training, records storage, and occasional meetings with persons served and their families. **Risk identified:** service recipient records containing private data are held here, and persons served are occasionally present. **Measure:** records are stored in locked storage accessible only to staff with a job-duty need under HLO-COM-03; the office is not used to provide direct support services; visitors are not left unaccompanied in areas where records are kept.
- **Areas difficult to supervise.** **Risk identified:** any meeting held one-to-one behind a closed door in an office with few staff present. **Measure:** meetings with a person served at the office are scheduled when at least one other staff person is present; interior doors to meeting space have vision panels or are left ajar unless the person served requests privacy for a confidential conversation.

4. Assessment of the Environment

- **Location of the program.** The program office is located in an urban commercial building in Minneapolis. **Risk identified:** low; the office is not a service site. **Measure:** ordinary building security; staff do not meet persons served outside normal business hours without a second staff person's knowledge.
- **Grounds and terrain.** Not applicable beyond the office building; the Agency maintains no grounds.

- **Type of internal programming — the Agency's principal risk factor.** Services are delivered **one-to-one, in private homes, by a single staff person, without other staff or witnesses present.** This is the structural condition under which abuse of a vulnerable adult is most likely to occur and least likely to be observed. **Measures:** (i) unannounced supervisory visits by the Designated Coordinator, at a target of at least one per person served per quarter, with the date and observations recorded; (ii) direct observation of each staff person delivering service to each person they support within 30 days of first unsupervised contact and at least twice yearly thereafter, under HLO-ADM-04; (iii) the person served, the legal representative, and the case manager are given the grievance contacts and the common entry point number at service initiation and annually, under HLO-OPS-07 and HLO-RPT-01; (iv) the annual satisfaction evaluation under HLO-ADM-03 asks persons served, legal representatives, and case managers directly about how they are treated by staff; (v) Electronic Visit Verification data is reviewed for visit patterns that do not match the service schedule, under HLO-COM-02.
- **Staffing patterns.** Staff work alone, on variable schedules, often with limited continuity, and may support several persons in a day across locations. **Risks identified:** lone-worker conditions with no witness; remote supervision; staff fatigue and turnover producing unfamiliar staff in a person's home; a single staff person becoming the person's only regular contact, which increases dependency and reduces the chance a concern is reported. **Measures:** (i) no staff person provides unsupervised direct contact until all orientation and training required by HLO-ADM-01 and the background study notice required by HLO-ADM-05 are complete and recorded; (ii) the Designated Manager or Designated Coordinator is available on call during all service hours; (iii) the Agency avoids assigning a single staff person as a person's sole support where scheduling allows, and records the reason where it does not; (iv) incident and grievance data is reviewed quarterly under HLO-RPT-04 for patterns associated with a particular staff person, person served, time of day, or location; (v) staff are trained that reporting a colleague to the common entry point is protected, that internal reporting is optional, and that the Agency does not retaliate, under HLO-RPT-01.

5. Specific Measures to Minimize the Risk of Abuse

In addition to the measures stated above, the Agency applies the following program-wide measures. Where a person's individual assessment shows they need protection beyond these, the additional measures are written into that person's Individual Abuse Prevention Plan.

- **Screening.** Background studies under HLO-ADM-05, with the Agency's own standard of no direct contact — including shadowing — before the Commissioner's notice; verification of qualifications and documented competency under HLO-ADM-04.
- **Training.** Maltreatment reporting orientation within 72 hours of first direct contact with a vulnerable adult and annually; rights training; prohibited procedures and the restraint prohibition; sexual violence prevention, consent, and bodily autonomy; universal precautions — all under HLO-ADM-01.
- **Reporting.** Mandated external reporting to the common entry point, with optional internal reporting, written notice to the internal reporter within two working days, and a stated prohibition on retaliation, under HLO-RPT-01 and HLO-RPT-02.
- **Response and review.** Incident response and 24-hour notification under HLO-RPT-03; internal review within 30 calendar days of any maltreatment report, with a corrective action plan; quarterly pattern review under HLO-RPT-04.
- **Rights protection.** Restrictions of rights only on the narrow statutory grounds, with documented justification, objective end conditions, semiannual review, and signed approval that may be withdrawn at any time, under HLO-SAF-03.
- **Money.** Dual authorization, annual renewal, itemized statements, and a flat prohibition on staff holding a power of attorney or serving as guardian, under HLO-OPS-08.
- **Posting and availability.** This plan is posted in a prominent location in the program office and is available on request to mandated reporters, persons receiving services, and legal representatives. Because persons served are rarely at the office, a copy is also provided at service initiation as part of the orientation required within 24 hours of admission, or 72 hours where a later orientation is more appropriate.

6. Annual Review Record

The governing body, or the Designated Manager as its delegated representative, reviews this plan at least annually using the assessment factors above **and any substantiated maltreatment findings that occurred since the last review**, and revises it where necessary.

Review date	Substantiated maltreatment findings since last review	Revisions made	Reviewer signature

If there were no substantiated findings in the review period, enter “none” — do not leave the column blank. A blank column reads as an incomplete review.

Minn. Stat. §§ 626.557, subd. 14(a), (c); 245A.65, subd. 2(a)(1)–(6); 626.5572, subds. 6, 21; 245D.071, subd. 2.

REVISION HISTORY

SUMMARY OF CHANGES, REV. 2

This table records every substantive change made to the 7/1/2026 manual, and the legal authority for each. It is provided so a licensor, the Director, or a case manager can see at a glance what changed and why.

Policy	What changed in Rev. 2	Authority
Front matter	NEW SECTION. Definitions and Roles, defining Program Manager, Designated Manager, and Designated Coordinator as distinct roles with distinct duties, and defining support team, expanded support team, incident, emergency, emergency use of manual restraint, vulnerable adult, minor, and common entry point. The 7/1/2026 manual used these terms without defining them and treated Designated Manager and Designated Coordinator as interchangeable in HLO-OPS-01 while assigning them different duties elsewhere.	§ 245D.02, subds. 8, 8a, 11, 34; § 245D.081, subds. 1(b), 2, 3
HLO-OPS-01	Legal representative added as a required recipient of the rights notice and policy packet at service initiation. Emergency use of manual restraint policy added to the initiation packet for all persons, not only intensive-services recipients. Vulnerable-adult status determination within 24 hours of admission added. Orientation now covers internal and external maltreatment reporting and the Program Abuse Prevention Plan. Admission-refusal criteria rewritten to the statutory list. Documentation of receipt and explanation of rights and maltreatment orientation added. Funds/property authorization corrected and moved to HLO-OPS-08. Intensive-services routing corrected: intervention services and individualized home supports WITH training are carved out of the § 245D.071 process by § 245D.071, subd. 1 and follow the basic timeline. Assessments and the initial planning meeting share the same deadline and the assessment results feed the meeting. Guardianship-as-a-condition prohibition added.	§ 245D.10, subd. 4(b)(1) (am. 2026 c 121 art 4 s 24); § 245A.65, subds. 1(c), 1a; § 245D.04, subd. 1(3); § 245D.06, subd. 4; § 245D.071, subds. 1, 3; § 245D.095, subd. 3(b)(7); § 245D.11, subd. 4(4)
HLO-OPS-02	Rewritten to contain the full statutory policy content: the exact permitted grounds, the documented pre-suspension actions, the contents and first-day timing of the written notice, commissioner notice for residential supports and integrated community supports, duties during suspension, the right to return, and use of the commissioner's form. New: an interruption in public benefits lasting less than 60 days is not nonpayment.	§ 245D.10, subds. 1, 3(b)–(f) (am. 2026 c 95 art 8 s 2)
HLO-OPS-03	Rewritten to contain the full statutory policy content: all six grounds available to a private provider, documented pre-termination actions, all four required notice contents including the right to appeal and the right to seek a temporary stay, correct notice periods, duties during the notice period, and use of the commissioner's form. New: the 60-day public benefits rule. Clarified that the 90-day period and the seventh ground apply only to state-operated services, and that no emergency termination exists.	§ 245D.10, subds. 1, 3a(b)–(f) (am. 2026 c 95 art 8 s 3); § 256.045, subds. 3(a), 4a, 6(c)
HLO-OPS-04	Assessment sequencing corrected: the three self-management assessments and the initial planning meeting share the same deadline, and the meeting's determinations must be based on information obtained from those assessments. The nine required determinations, the technology discussion, annual reassessment, and the 30-day written-request trigger were added.	§ 245D.071, subd. 3(b), (c), (d)
HLO-OPS-06	Internal review of a death not reported as maltreatment added, with its required evaluation elements and corrective action plan.	§ 245D.06, subd. 1(g)
HLO-OPS-08	NEW POLICY. Funds and property of persons served: dual authorization from the person or legal representative and the case manager within 5 working days, annual renewal, the itemized-statement frequency preference, the power-of-attorney prohibition, the guardianship restriction, and the itemized receipt on transfer or death.	§ 245D.06, subd. 4; § 245A.04, subd. 13; § 524.5-309

Policy	What changed in Rev. 2	Authority
HLO-RPT-01	Rewritten. The mandated report is the external report to MAARC; internal reporting is expressly allowed but not mandated. Added the two-working-day written notice to a mandated reporter who reports internally, the reporter's right to report externally if unsatisfied, and the anti-retaliation statement. Named the primary and secondary persons for receiving internal reports, forwarding them to the common entry point, and completing the internal review. Added the posting requirement and the annual governing-body review of the Program Abuse Prevention Plan.	§ 245A.65, subds. 1(a)–(d), 2, 3; § 626.557, subd. 4a
HLO-RPT-02	Expanded to the full internal review requirements for minors, named primary and secondary reviewers, clarified that ch. 260E reports go to the county or law enforcement common entry point and never to MAARC, and added a citation-maintenance note for the July 1, 2027 repeal of § 142B.54, subds. 1–3.	§ 245A.66, subd. 1; § 142B.54, subd. 1; ch. 260E; Laws 2026 c 127 art 12 ss 40(b), 41
HLO-RPT-03	Added the definition of incident, the full six required incident-report elements including whether the support plan addendum or program policies were implemented, the prohibition on disclosing another person's identifying information in a multi-person incident, and the 24-hour case manager notification of a maltreatment report stating the nature of the occurrence and the agency that received the report.	§ 245D.11, subd. 2(6), (7); § 245D.06, subd. 1(c), (d), (g), (h); § 245D.02, subd. 11
HLO-RPT-04	Added the required record-keeping system and the written summary in each incident file, and the Designated Manager's responsibility for implementing corrective action.	§ 245D.11, subd. 2(7); § 245D.081, subd. 3(a)(3)
HLO-SAF-01	Rewritten as a prohibition policy that still satisfies every element of the statutory policy requirement: de-escalation strategies, the required alternative measures used instead of restraint, the distinction from permitted actions under § 245D.06, subd. 7, the training curriculum, monitoring content/frequency/responsible position, incident report contents and 3-day deadline, and the internal review, expanded support team review, and external reporting chain that applies if an unauthorized restraint occurs.	§ 245D.061, subds. 1, 2, 4–9; § 245D.06, subds. 5, 6, 7
HLO-SAF-02	Added the statutory CPR training standard: instruction, hands-on practice, and an observed skills assessment under the direct supervision of a CPR instructor. An online-only course does not satisfy it. Added certification tracking duties.	§ 245D.06, subd. 2(1)(iv); § 245D.09, subd. 5(b)
HLO-SAF-03	NEW POLICY. Rights of persons served, including the nine service-related rights, the protection-related rights, the 2026 rights of minor children (developmentally appropriate activities and reasonable and prudent parenting, with statutory definitions), and the conditions under which any right may be restricted, including the different rule for minors.	§ 245D.04, subds. 2, 3, 4 (subd. 4 added by Laws 2026 c 95 art 5 s 5; subd. 3(c) am. 2026 c 95 art 5 s 4 and 2026 c 121 art 4 s 23)
HLO-ADM-01	NEW POLICY. The staff orientation and training plan the statute requires, documenting when and how the Agency meets each orientation and annual training requirement, including the 2026 allowance to delay annual training up to 90 days and the training matrix that evidences compliance.	§ 245D.09, subds. 4, 4a, 5, 8 (subd. 5 am. 2026 c 95 art 4 s 8)
HLO-ADM-02	NEW POLICY. Policy review, revision, and notification, including the 30-day advance written notice before implementing revisions to rights or maltreatment reporting policies, staff notification and training before implementation, and annual notification of other revisions.	§ 245D.10, subd. 4 (am. 2026 c 121 art 4 s 24)
HLO-CON-01	Cross-reference corrected. Suspected impairment involving harm or risk of harm now routes to HLO-RPT-01 for a vulnerable adult, HLO-RPT-02 for a minor, and HLO-RPT-03 in either case. The restraint cross-reference was conformed to the prohibition in HLO-SAF-01.	§ 245A.04, subd. 1(c); ch. 260E
HLO-OPS-05	Transportation training specified: named curriculum content, trainer, observed skill demonstration, and a per-person entry in the training matrix.	§ 245D.06, subd. 2; § 245D.11, subd. 2(4)

Policy	What changed in Rev. 2	Authority
HLO-OPS-07	Added the right to appeal to DHS under § 256.045, subd. 3(a). Defined the prompt response for a health-or-welfare complaint. Added the requirement to provide current website, email, and street addresses of protection and advocacy services.	§ 245D.04, subd. 3(a)(9), (10); § 256.045, subd. 3(a)
HLO-HLT-01	Health monitoring, appointment coordination, and medical equipment procedures written out rather than promised. Added documentation of when notice of a health change was given.	§ 245D.05, subd. 1(a), (b)
HLO-HLT-02	Replaced the unenforceable promise that no medication task is ever assigned in a support plan (the Agency does not control the support plan) with a procedure: the Designated Coordinator notifies the case manager in writing within 5 working days and requests amendment before services begin or continue.	§ 245D.07, subd. 1
HLO-OPS-01	CORRECTION. The 24-hour vulnerable-adult determination has been removed. Every adult receiving 245A-licensed services is a vulnerable adult by operation of § 626.5572, subd. 21(a)(2); the § 245A.65, subd. 1a determination process applies only to adults EXCLUDED by that clause and is routinely over-applied to 245D. The abuse prevention bullet was also corrected: § 245D.071, subd. 2 requires a plan under § 245A.65, subd. 2 prior to or upon initiating services, and is not limited to intensive support services.	§ 626.5572, subd. 21(a)(2); § 245A.65, subds. 1a, 2; § 245D.071, subd. 2
HLO-RPT-01	The abuse prevention plan section was moved to the new HLO-SAF-04 and replaced with a cross-reference, so both plans are governed in one place.	§ 245A.65, subd. 2
HLO-SAF-04	NEW POLICY. Abuse prevention plans, program and individual: why a non-residential provider is not exempt, the three assessment areas and their scope for a provider with no service site, the 24/72-hour client orientation, the annual governing-body review including substantiated findings, the posting requirement, the full IAPP content requirements including self-abuse and the violent-crime/physical-aggression provision, the affirmative negative finding, the referral duty, and the age-out trigger at 18.	§ 626.557, subd. 14(a)–(c); § 245A.65, subd. 2; § 626.5572, subds. 6, 21; § 245D.071, subd. 2
Appendix A	NEW. The Agency's actual Program Abuse Prevention Plan, with a written scope statement, a full population assessment, a program-office physical plant assessment, an environment assessment addressing lone-worker in-home service delivery and staffing patterns, program-wide measures, and an annual review log.	§ 626.557, subd. 14(a); § 245A.65, subd. 2(a)
HLO-COM-03	NEW POLICY. Service recipient and personnel records: the uniformity and legibility standard, the admission and discharge register, records kept at the program office because services are not delivered in a licensed facility, all twelve required record contents, the need-to-know limit on staff access, all personnel record elements including hours per subject area and the background study, and the first-supervised/first-unsupervised contact dates. Retention is stated as an Agency standard because chapter 245D sets none.	§ 245D.095, subds. 1–5
HLO-ADM-03	NEW POLICY. Program oversight: the Designated Coordinator's four duties and the four qualification routes (with the warning that 50 hours of training plus four supervised years is ONE route, not two), the Designated Manager's seven duties, the additional three years of supervisory experience, and the dual-role rule. Includes the 2026 cross-reference change from § 256B.04, subd. 21(g) to § 256B.044, subd. 8.	§ 245D.081, subds. 1–3, subd. 3 am. 2026 c 121 art 3 s 11
HLO-ADM-04	NEW POLICY. Staffing level, supervision of staff having direct contact with an Agency-set observation frequency, staff qualifications and the competency determination (knowledge testing or observed skill assessment, area-specific delegation), performance evaluations based on direct observation, and the overnight-duty restriction for staff under 18. Notes that chapter 245D imposes no general age-18 or communication-ability standard.	§ 245D.09, subds. 1, 2, 3(a), 3(b)

Policy	What changed in Rev. 2	Authority
HLO-ADM-05	NEW POLICY. Background studies: who must be studied, NETStudy 2.0 submission before direct contact, the 120-day rule, the absence of any five-year or annual re-study for 245D and what continuous monitoring actually covers, the per-study privacy notice, fingerprints and when a national check is actually run, the rule that NO direct contact is permitted before the Commissioner's notice, and the three-tier response to a disqualification notice with its different 30-day and 15-day reconsideration deadlines.	ch. 245C, esp. §§ 245C.03, .04, .05, .13, .14, .16, .17, .18, .19, .22, .23, .30
Roles	Designated Manager and Designated Coordinator both assigned to Umulkheye (Najma) Mohamed of North Star Consulting Solutions LLC, an individual engaged through an outside firm, pending licensor approval. HLO-ADM-03 records the three conditions the Agency confirms for a contracted designation and the two duties that require presence rather than review. Maltreatment primary: Moulid Ahmed. Secondary: Abdirizak Yusuf. The DHS Correction Order dated August 10, 2026, citation 18, cites Minn. Stat. § 245D.081, subds. 2 and 3 and orders the Agency to designate a Designated Coordinator other than the person who previously held that role, and a Designated Manager other than the person who previously held that role, and to submit both names and their qualifications to the licensor for approval. Neither prior holder may continue. The maltreatment primary and secondary designations in HLO-RPT-01 and HLO-RPT-02 are likewise stated as open, to be filled once the oversight designations are settled and approved.	§ 245D.081, subds. 1(b), 2, 3; § 245A.65, subd. 1(a)(2), (b)(2); DHS Correction Order 8/10/2026, citation 18
Definitions	Support team and expanded support team definitions corrected to the statutory sources: the support team includes the person's advocate and representatives of providers in the relevant service areas, and expanded support team membership is at the request of the person or legal representative, not automatic on involvement in care.	§ 245D.02, subds. 8b, 34; Minn. R. 9525.0004, subp. 14
Manual-wide	Policy index rebuilt for 28 policies across 7 categories plus Appendix A. All statutory citations verified against the Revisor's text and the 2026 session laws as of August 25, 2026.	—

Items still open before adoption, the citations that need re-verifying, and the abuse prevention plan template requirements are recorded in the **Director's Compliance File Note** kept with this manual's working file.

ADOPTION

By signing below, Happy Living Options LLC adopts this Program Policy Manual, Rev. 2, in its entirety, effective **September 1, 2026**, superseding the Program Policy Manual dated 7/1/2026 and all prior versions of the policies listed in the Policy Index.

DOCUMENTATION OF REASONABLE CAUSE

Minn. Stat. § 245D.10, subd. 4(c). Written notice of these revisions was provided to all persons served or their legal representatives and to case managers, with copies of the revised policies, on _____ — fewer than 30 days before the effective date above. The Agency documents its reasonable cause for the shortened notice period as follows.

- On **August 10, 2026** the Agency received a Correction Order from the Department of Human Services Licensing Division containing **18 citations**. Several concern the service recipient rights in Minn. Stat. § 245D.04 and the maltreatment reporting and abuse prevention requirements in §§ 245A.65 and 245A.66, including a maltreatment reporting orientation not provided within 24 hours of admission and individual abuse prevention plans not developed.
- The revisions in this manual correct those deficiencies. **Every revision to a rights-related or maltreatment reporting policy expands or strengthens the protections available to persons served. None restricts a right, narrows a protection, or reduces a safeguard.** The revisions add a standalone rights policy including the rights of minor children, state plainly that internal maltreatment reporting is optional and that external reporting may not be prevented or punished, name the primary and secondary persons who receive and act on reports, prohibit the emergency use of manual restraint outright, and add an abuse prevention plan policy together with the Agency's Program Abuse Prevention Plan.
- Deferring the effective date in order to complete a full 30-day notice period would leave in force, for a further month, policies the Department has found deficient — to the disadvantage of the persons the notice period exists to protect.
- The Agency issued written notice as promptly as it could following the Correction Order and the completion of the revisions, and provided every recipient with a copy of the revised policies at the same time, so that no recipient received less information than a full 30-day notice would have carried.

The Agency does not treat shortened notice as routine. Policy HLO-ADM-02 requires the full 30 days for any future revision, with any exception documented at the time and in the same manner as this one.

Minn. Stat. § 245D.10, subd. 4(d) admits no exception. By signing below the undersigned confirms that **all employees were informed of these revisions and trained on their implementation before September 1, 2026**, and that the training is documented in each employee's personnel file.

Signature: _____

Printed Name: Moulid Ahmed

Title: Director

Date: _____

Date revision notice issued: _____

Date staff training on revisions completed: _____ (must precede 9/1/2026)