
# PROGRAM POLICY MANUAL

**245D Community-Based Support Services**

**Happy Living Options LLC — License #1103321**

*Prepared by Consultant Services of MN — Joe McDaniel*

**Effective / adoption date: _____**

**Approved by (name, title): _____**

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

# POLICY INDEX

*19 policies across 6 categories.*

| 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-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 |
| **HLO-RPT-04** | Reviewing Incidents and Emergencies | Reporting & Review |
| **HLO-SAF-01** | Emergency Use of Manual Restraint | Safety & Rights |
| **HLO-SAF-02** | Emergencies | Safety & Rights |
| **HLO-HLT-01** | Health Service Coordination | Health & Medication |
| **HLO-HLT-02** | Safe Medication Assistance and Administration | 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-CON-01** | Alcohol, Drug, and Cannabis Use | HR & Conduct |

# 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 decision not to admit must be based on a documented assessment of the person's needs against the Agency's current capacity, never on disability severity, communication ability, physical disability, continence status, behavioral history, or the type of residential setting the person lives in alone. If the Agency declines to admit someone, it completes a written Admission Refusal Notice explaining the basis for the decision, available to the person, legal representative, and case manager on request.

### Procedure at Service Initiation

- Before providing services, or immediately upon doing so, the Designated Coordinator or Designated Manager develops, documents, and implements an Individual Abuse Prevention Plan (IAPP).
- 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 and/or legal representative a written copy of the Rights of Persons Served under section 245D.04, subdivisions 2 and 3, with an explanation, in an alternative format or language if needed. This is repeated annually.
- Within 24 hours of admission (or 72 hours where a delayed orientation is appropriate), the Agency provides an explanation and copy of the maltreatment reporting policy (HLO-RPT-01 / HLO-RPT-02).
- Within 5 working days of service initiation, the Agency provides copies of its Grievances (HLO-OPS-07), Temporary Service Suspension (HLO-OPS-02), Service Termination (HLO-OPS-03), Data Privacy (HLO-COM-01), and Emergency Use of Manual Restraint (HLO-SAF-01) policies to the person and/or legal representative and case manager.
- The Agency obtains written authorization for medication and treatment administration, emergency medical action, release of information, and management of funds and property; the funds/property authorization may follow within 5 working days of the service initiation meeting.
- If a licensed health or mental health professional has determined manual restraint is medically or psychologically contraindicated for this person, the Agency does not use manual restraint on that person under any circumstance, and documents this during initiation planning.

### Follow-Up Timelines

- 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.
- Before 45 days of service, or within 60 calendar days of service initiation, whichever is sooner: convene the initial planning meeting with the support team (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 completed Support Plan Addendum for signature; if no signature or written objection is received within 10 working days, it is deemed approved.

*Minn. Stat. §§ 245D.04, subds. 1–3; 245A.65, subd. 2; 245D.071, subds. 3–4.*

# Temporary Service Suspension

## Purpose

This policy limits when and how the Agency may temporarily suspend services to a person, consistent with Minnesota Statutes, section 245D.10, subdivision 3.

## Policy

The Agency may temporarily suspend services only for one of three reasons:

- The person's conduct poses an imminent risk of physical harm to self or others, and positive support strategies have already been attempted and have not resolved the risk;
- An emergent medical issue exceeds the Agency's ability to safely support the person; or
- Nonpayment for services.

## Procedure

- Before suspending services, the Agency documents consultation with the person's support team and requests case manager intervention services.
- The Agency notifies the person, legal representative, and case manager of the suspension, the reason, and the plan and timeline for resuming services.
- 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.

*Minn. Stat. § 245D.10, subd. 3.*

# Service Termination

## Purpose

This policy governs when and how the Agency may end services to a person entirely, consistent with Minnesota Statutes, section 245D.10, subdivision 3a.

## Policy

The Agency may terminate services only for a reason permitted by statute, including (among others): safety concerns where positive support strategies have been attempted and have not achieved a safe outcome; nonpayment; closure of the program; or the person's loss of eligibility for the waiver funding the service.

## Procedure — Notice

- 90 calendar days' written notice for the specific state-operated services identified in statute;
- 60 calendar days' written notice for intensive support services;
- 30 calendar days' written notice for basic support services.

Notice is given to the person, legal representative, and case manager, and includes the reason for termination and information about the person's right to appeal. The Agency documents its efforts, together with the support team, to plan for a safe transition before the termination date.

*Minn. Stat. § 245D.10, subds. 3a, 3a(e).*

# Person-Centered Planning and Service Delivery

## 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.

## Procedure — Initial Planning

- Before a Self-Management Assessment is completed (covering health/medical self-management, personal safety, and behavioral self-management), the Designated Coordinator schedules the 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 sooner.
- The meeting determines: scope of daily services and activities; the person's desired outcomes and needed supports; scheduling preferences; whether the service setting remains appropriate; opportunities for skill-building, community participation, employment, and relationships; how services are coordinated with every other 245D-licensed provider serving the person; and whether technology could support the person's goals.
- Within 10 working days of the meeting: the Designated Coordinator develops a service plan documenting outcomes and supports based on the meeting's assessments.
- Within 20 working days of the meeting: the completed Support Plan Addendum is submitted for signature by the person/legal representative and case manager; 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, the Agency convenes a service plan review meeting with the person, legal representative, case manager, and support team to determine what, if anything, needs to change.
- 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.

*Minn. Stat. § 245D.071, subds. 3–5.*

# 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 Agency-required training on the person's specific transfer, mobility, and equipment needs (e.g., wheelchair securement, transfer belts) may 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).*

# 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, emergency contact, and 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, the Agency also follows its Maltreatment of Vulnerable Adults policy (HLO-RPT-01) and reports to the Minnesota Adult Abuse Reporting Center.
- The Agency conducts an internal review of the death for patterns and corrective action, consistent with HLO-RPT-04, and documents the review in the person's service record.

*Minn. Stat. §§ 245D.06, subd. 1; 626.557.*

# 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 contact information for 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 Agency's Program Manager or owner.
- No person served, family member, or legal representative is subject to retaliation for filing a complaint.
- Any complaint affecting a person's health or welfare receives a prompt response beginning immediately upon receipt; all other complaints receive an initial response within 14 days and are resolved within 30 days of receipt.
- For every complaint, the Agency's review evaluates whether policy was followed, whether additional training is needed, whether similar complaints have occurred before, and whether corrective action is required.
- The Agency prepares a written summary of every complaint — its nature, the review results, and the resolution — and keeps it in the person's service recipient record.

## Outside Resources

- Minnesota Department of Human Services, Licensing Division — (651) 431-6500
- Office of Ombudsman for Mental Health and Developmental Disabilities — (651) 757-1800 / 1-800-657-3506
- Office of Health Facility Complaints (Minnesota Department of Health) — (651) 201-4201 / 1-800-369-7994
- Minnesota Adult Abuse Reporting Center — 1-844-880-1574
- The person's county case manager

*Minn. Stat. § 245D.10, subd. 2.*

HLO-RPT-01  REPORTING & REVIEW

# Maltreatment of Vulnerable Adults — Reporting & Internal Review

## Purpose

This policy ensures suspected maltreatment of a vulnerable adult is reported and internally reviewed as required by the Vulnerable Adults Act and Minnesota Statutes, section 245A.65.

## Procedure — Reporting

- Any staff person who suspects or witnesses maltreatment of a person served reports it immediately to the Minnesota Adult Abuse Reporting Center (the statewide common entry point) and to the Designated Manager.
- The Agency's internal reporting policy designates a primary and secondary person to receive and forward reports to the common entry point; the secondary person acts if the primary person is involved in the alleged maltreatment.

## Procedure — Internal Review

- When the Agency has reason to know a 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 and were adequate, whether additional staff training is needed, whether the event resembles past incidents, and whether corrective action is needed to protect vulnerable adults.
- The review is documented and made available to the Commissioner of Human Services immediately upon request.
- Based on the review, the Agency develops, documents, and implements a corrective action plan to fix current lapses and prevent future ones.

## Individual and Program Abuse Prevention Plans

- The Agency maintains a program-wide Abuse Prevention Plan and an Individual Abuse Prevention Plan (IAPP) for every person served, developed at or before service initiation, and reviewed annually by Agency leadership using current assessment factors and any substantiated maltreatment findings.

*Minn. Stat. §§ 245A.65, subds. 1–2; 626.557.*

# 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 260E, and (where applicable to the Agency's licensed setting) section 142B.54.

## Procedure

- Any staff person who suspects or witnesses maltreatment of a minor served by the Agency reports it immediately to the appropriate county or law enforcement common entry point under chapter 260E, and to the Designated Manager.
- Every staff person who is a mandatory reporter completes annual training on the maltreatment-of-minors reporting requirements and definitions in chapter 260E.
- The Agency conducts the internal review required for its licensed setting, documents the review, and implements corrective action as needed.

*Minn. Stat. §§ 245A.66; 260E; 142B.54.*

# 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(6).

## Procedure

- Staff respond to every incident in a way that protects the person's health and safety and minimizes further risk of harm. For a life-threatening emergency, staff first call 911; for a mental health crisis, staff contact the appropriate mobile crisis team if available.
- The Agency notifies the person's legal representative, emergency contact, and case manager within 24 hours of an incident occurring, or within 24 hours of discovering it.
- 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 injury, or of receiving information of it.
- Every incident report documents: the person(s) involved, date/time/location, a description of the incident, the Agency's response, the names of responding staff, and whether corrective action is warranted.

*Minn. Stat. §§ 245D.06, subd. 1; 245D.11, subd. 2(6); 245D.02, subd. 11 (defining "incident").*

# 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(7).

## Procedure

- 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).
- Reports of death or serious injury are reviewed individually, promptly, and 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.
- Summary review findings are reported to Agency leadership and retained for at least the period required for DHS licensing records.

*Minn. Stat. § 245D.11, subd. 2(7).*

# Emergency Use of Manual Restraint

## Purpose

This policy governs the use of restrictive procedures by Agency staff, consistent with Minnesota Statutes, sections 245D.06 and 245D.061. It is written to be read together with, and not in conflict with, the Agency's Alcohol, Drug, and Cannabis Use policy (HLO-CON-01) 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 (except the narrow emergency exception below), time out, seclusion, or any other aversive or deprivation procedure as a substitute for adequate staffing, as part of a behavioral program to reduce or eliminate a behavior, as punishment, or for staff convenience.

*Minn. Stat. § 245D.06, subd. 5.*

## The Only Exception — Emergency Use

A manual restraint may be used only when immediate intervention is needed to protect the person or others from an imminent risk of physical harm, and the restraint used is the least restrictive intervention available, ending as soon as the risk of harm ends. Staff may never use prone (face-down) restraint, any restraint that places pressure on the chest, back, or neck, or a technique the staff person has not been trained in, or that would violate a documented medical or physical limitation.

*Minn. Stat. §§ 245D.061, subd. 2; 245D.06, subd. 6.*

## Staff Training — Required Before Any Restraint Use

- Alternatives to restraint and de-escalation techniques;
- Simulated, hands-on practice of any authorized technique;
- Recognizing physical distress and the risk of positional asphyxia;
- The psychological impact of restraint on the person served and on staff; and
- Recognizing the communicative intent of behavior and relationship-building approaches that reduce the likelihood restraint is ever needed.

*Minn. Stat. § 245D.061, subd. 9(4).*

## Documentation and Review Timelines

- A monitoring form (Commissioner-approved format) is completed for every incident, monitored by a staff person other than the one implementing the restraint whenever staffing allows.
- A written incident report is completed within 3 calendar days, covering staff and persons involved, location/timing, de-escalation attempts, the person's condition throughout, injuries, and debriefing status.
- Internal review: within 5 working days. Expanded support team consultation: within 5 working days after that. DHS reporting: within 5 working days after the team review.

*Minn. Stat. § 245D.061, subds. 4–8.*

## 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 an emergency use of manual restraint. 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.

# 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(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 maintain current basic first aid and CPR certification whenever persons served are present and staff are required to be on site.
- 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.

*Minn. Stat. §§ 245D.06, subd. 2; 245D.11, subd. 2(5).*

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.
- The Agency documents its procedures for handling medications, monitoring health conditions per professional instructions, coordinating medical appointments, and the safe use of medical equipment.
- 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.*

# Safe Medication Assistance and Administration

## Purpose

This policy governs medication setup, assistance, and administration by Agency staff, consistent with Minnesota Statutes, section 245D.05, subdivisions 1a–5, and is established in consultation with a registered nurse, advanced practice registered nurse, physician assistant, or medical doctor as required by section 245D.11, subdivision 2(3).

## Procedure

- Medication setup (arranging medication per pharmacy/prescriber/nurse instructions) is documented with the date of setup, medication name, dose quantity, administration times, and route.
- Medication assistance (delivering pre-arranged medication, offering reminders, providing food/liquid as needed) is provided in a way that supports the person to self-administer whenever they are capable of doing so.
- Medication administration requires written authorization from the person or legal representative before it begins.
- Unlicensed staff responsible for medication setup or administration complete the training required under section 245D.09, subdivision 4a, paragraph (d), before performing either task unsupervised.
- Medication records document prescription information, side effects/risks, consequences of noncompliance, related incidents, and any change in medication status.
- Medication administration is reviewed at least every three months, or more frequently if the support plan requires, with a corrective action plan developed for any identified error.
- Injectable medications may be administered only by a licensed nurse; by delegated, trained staff under a supervising nurse's order; or under a signed tripartite agreement specifying the parameters. Only licensed health professionals may administer psychotropic medications by injection.

*Minn. Stat. §§ 245D.05, subds. 1a–5; 245D.11, subd. 2(3).*

# 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(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).*

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.

*Minn. Stat. § 13.46; 45 C.F.R. pts. 160, 164 (HIPAA).*

# 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 fines of up to 20% of the claims involved (or more for repeat violations) — for a pattern of false claims, claims for services not medically necessary, or incomplete documentation, and 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).*

# 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 person during orientation, before they have unsupervised direct contact with a person served, and at least annually thereafter, with completion documented in the personnel file.

## 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 also reported and reviewed under HLO-RPT-01.
- 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 implement a restrictive procedure, an impaired staff person may not implement, participate in, or monitor an emergency use of manual restraint under HLO-SAF-01. This cross-reference keeps the two policies consistent with one another going forward.

*Minn. Stat. § 245A.04, subd. 1(c).*

## ADOPTION

By signing below, Happy Living Options LLC adopts this Program Policy Manual in its entirety, superseding all prior versions of the 19 policies listed in the Policy Index.

Signature: _____

Printed Name: _____

Title: _____

Date: _____