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   3. Document Retention and Destruction
   4. Donor Discontinued Contact
   5. Donor Gift Acceptance
   6. Donor Naming Rights
   7. Donor Privacy
   8. Fraud, Waste, and Abuse
   9. Legal Review & Counsel
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  11. Policy and Procedure Development and Approval

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15. Employee Communication and Solicitation

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18. Expense Reimbursement

19. Flexible Schedule

20. Intern Policy

21. Internal Hiring Process

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23. Leave of Absences and Family and Medical Leave Act

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28. Payroll, Timesheets, Overtime, and Breaks

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36. Staff Employment Reinstatement

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8. Clinical Supervision

9. Consent for Treatment and Admission

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11. Diagnostic Assessment
12. Disability Communication Policy
13. Documentation and Progress Notes
14. Emergency Use of Manual Restraints
15. Family Referral of Direct Support Professionals
16. Foster Provider Evaluation and Progressive Disciplinary Process
17. Health Service Coordination and Care
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19. Home Living Skills
20. Ill Clients
21. Individual Health Plans
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23. IT Equipment Usage in Residential Settings
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26. Medication Errors
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28. On Call Foster Care
29. “On Hold” Status
30. Parent Conferences
31. Parent Observation of Groups
32. Parent Visits to Early Childhood Classrooms
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35. Rehabilitation Therapy Physician Orders

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5. Cash Control
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I. ADMINISTRATIVE (JULIE SJORDAL)

1. Business Continuity Policy
2. Contract Review & Approval
3. Critical Events & Communication
4. Donor Gift Acceptance
5. Donor Naming Rights
6. Donor Privacy and Discontinue Contact
7. Fraud, Waste, and Abuse
8. Investment Policy
9. Legal Review & Counsel
10. Misconduct Reporting
11. Non-retaliation
12. Policy and Procedure Development and Approval
13. Record Retention and Destruction
Policy Title: Business Continuity Plan

Policy Owner: Julie Sjordal
Policy Originated by: Date Written: 10/1/13
Date Reviewed / Revised: 5/22/18, 7/25/18
Applicable Programs: ALL or name program Date Reviewed and Approved by ELT: 5/22/18; 8/01/18
Statutory or Regulatory Citation: None
Signature if needed:

Policy:
To ensure that St. David’s Center will be able to continue its business and access its information without unacceptable delay in the event of an emergency or other occurrence, including but not limited to, fire, vandalism, system failure, or natural disaster, St. David’s will follow the procedures below to develop and implement plans for communication, recovery of data and equipment and resumption of services.

Leadership Titles:
- Chief Executive Officer (CEO)
- Director of Facilities and Risk Management (DFRM)
- Chief Operating Officer (COO)
- Chief Advancement and Strategy Officer (CASO)
- Director of Administration and Health Information Management (DAHIM)
- Director of Policy Training and Talent (DPTT)
- Executive and Senior Program Leadership Team (ESLT)

Other Acronyms:
- Crisis Action Plan (CAP)
- Crisis Communication Plan (CCP)
- Crisis Response Leadership Team (CRLT)

Procedure:
As soon as the immediate crisis is managed, and all clients, staff and guests are safe, the following procedure will be engaged to communicate and address the situation.

1. **Immediate Assessment:** The CEO and DFRM will convene immediately to assess the damage and condition of the site, contact the insurance company and develop a Crisis Response Leadership Team (CRLT) with assigned roles and responsibilities.
2. **Communication:** The CSAO in partnership with the CEO will immediately develop and begin implementation of a **Crisis Communication Plan (CCP)** which will include strategies for immediate and ongoing communication with the Board of Directors, staff, families, partners, governing entities (e.g. DHS), law enforcement, local government, media and others identified.

3. **Crisis Action Plan:** The CEO and DFRM (and others on the leadership team) will develop a **Crisis Action Plan (CAP)** that will include the following:

   a. Established procedures for emergency access to facilities
   b. Immediate building closure plan and timelines
   c. Short term plan - determination and details regarding temporary service suspension
   d. Long term plan - relocation plan developed for programs and services which includes:
      - Temporary site needs and site options identified
      - Site selection named
      - Timeline for site set-up and move-in details, etc.
      - Plan for resumption of services at temporary site
   e. Procedures for protection and recovery of data stored on site (for hard copy files)
   f. Procedures for operation of critical business processes
   g. Resources for families regarding support services needed (e.g. other providers of services if needed during temporary closure or support for clients if the incident was traumatic).

**Reference or Attachment:**
Policy:  Contract Review and Approval

St. David’s Center will enter into contracts to provide services and will initiate contracts with vendors. The Board of Directors has given the Chief Executive Officer (CEO) authority to engage and sign contracts. The CEO will delegate authority to Executive Leadership Team Members to engage and sign contracts for budgeted expenses $5000.00 and under. All contracts for over $5000.00 will be signed by the CEO. All contracts for St. David’s Center’s services and/or partnerships to provide services will be signed by the CEO.

Procedure:
Any contract, lease or partnership agreement that is under consideration will be discussed and reviewed with the CEO prior to negotiation.

Contracts with Vendors (services provided to St. David’s Center)

Contracts with vendors under $5000 will be signed by a member of the Executive Leadership Team and all contracts over $5000 will be signed by the CEO.

1. **When a leader is considering engaging a contract to purchase services,** the staff member will:
   a. Inform the ELT member of the need for the contract and all critical details.
   b. Complete a due diligence process, including research, acquiring 3 quotes and reference checks.

2. **The leader will inform the ELT leader and CEO that a vendor has been selected** and a contract is being considered (after completion of due diligence) and will seek approval to move forward.

3. **After the ELT Member / CEO gives approval to move forward,** the staff leader will work through the details of negotiation.

4. **If the contract is for an extended time period, has significant risk and / or is for more than $10,000,** the ELT member may request (or CEO may require) legal review.

5. **Upon completion of legal review (if needed) and negotiation, and when the contract is ready for CEO signature,** the staff leader will complete the contract summary form and submit the contract and form to the ELT member for signature (if under $5000) or co-signature on the form (if over $5000).

6. **The CEO will review the contract and summary form before signing.**
7. Upon completing signature, the Executive Assistant will electronically save the contract in the Organization Documents SharePoint site.

8. The Executive Assistant will determine if other documents are necessary (e.g. insurance certificates) and will execute the gathering and saving of the documents.

**Guidelines for need to enter into contract with vendors:** If the vendor is providing ongoing service or delivery on site and is doing so during business hours in which clients are present. If no contract is needed, certificate of insurance is still required and ID (or uniform) indicating that the person is an employee of the organization.

**Contracts for services provided by St. David’s Center**

*All contracts for services being requested by St. David’s Center will be signed by the CEO.*

1. When a leader has identified an opportunity (e.g. RFP) / been approached by a funder or community partner with a for St. David’s Center to provide or partner in providing services, the staff member will inform their supervisor, ELT member and CEO.

2. After the ELT Member and CEO give approval to move forward, a team will be identified for writing the RFP and negotiating details.

3. If the contract is for an extended time period, has significant risk and / or is for more than $10,000, the ELT member may request (or CEO may require) legal review.

4. Upon completion of legal review (if needed) and negotiation, and when the contract is ready for CEO signature, the staff leader will complete the contract summary form and submit the contract and form to the ELT member for review and co-signature and will forward to the CEO.

5. The CEO will review the contract and summary form before signing.

6. Upon completing signature, the Executive Assistant will save hard and electronic copies the contract in the Organization Documents SharePoint site and in the CEO Office suite.

7. The Executive Assistant will determine if other documents are necessary (e.g. insurance certificates) and will execute the gathering and saving of the documents.

**Leases and Partnership Agreements**

*All leases and partnership agreements with St. David’s Center will be signed by the CEO.*

1. When a leader has identified an opportunity / been approached by an organization that is interested in a partnership or lease, the staff member will inform their supervisor, ELT member and CEO.
2. **After the ELT Member and CEO give approval to move forward**, the team working on the relationship / partnership and next steps will be identified.

3. **If there is a lease and / or partnership is for an extended time period, has significant risk and / or is for more than $10,000**, the ELT member may request (or CEO may require) legal review.

4. **Upon completion of legal review (if needed) and negotiation, and when the contract is ready for CEO signature**, the staff leader will complete the contract summary form and submit the contract and form to the ELT member for review and co-signature and will forward to the CEO.

5. **The CEO will review the contract and summary form** before signing.

6. **Upon completing signature**, the Executive Assistant will save hard and electronic copies the contract in the Organization Documents SharePoint site and in the CEO Office suite.

7. **The Executive Assistant will determine if other documents are necessary** (e.g. insurance certificates) and will execute the gathering and saving of the documents.

**Reference or Attachment:** Executive Summary Templates of Contracts
Executive Summary

Contract for Services (or partnership or lease) Provided by St. David’s Center

Agency offering Contract

Person Completing this Summary (responsible for oversight and contract outcomes):

Today’s Date:                  Contract Signature Needed by:

Contract Dates: January- December 2018

Not-to-Exceed Amount

Summary of Notable Contract Items (e.g. changes in terms):

Summary of Negotiations:

Summary of Notable Risk or Concerns in this Contract

Services to be Provided and Rate Increases (complete chart below)

<table>
<thead>
<tr>
<th>Service</th>
<th>Previous Rate</th>
<th>Increased Rate</th>
<th>% Increase</th>
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☐ Check if legal review is recommended

Reviewed and Approved by:

Program Director                     Senior Director
St. David’s Center                    St. David’s Center

Erica Tennesen, Chief Operating Officer Katie Ricks, Senior Business Analyst St.
David’s Center                        St. David’s Center

Submit this Signed Summary to Executive Assistant with the Contract

For Executive Assistant Use Only:

Insurance Certificate:
☐ From the other organization naming St. David’s Center
☐ From St. David’s Center naming the other organization

BAA: Required?  Yes ☐ No ☐
Executive Summary

Contract with Vendor

Vendor:

Type of Service / Product Purchasing:

Person Completing this Summary (manager providing oversight to the relationship going forward):

Staff Team that Participated in Vendor Selection:

Today's Date: Contract Signature Needed by:

Contract Dates:

Contract Terms:

Services we are Purchasing (use chart below if needed):

Contract Amount

Is this contract amount in your department budget?

If unbudgeted, indicate plan to cover the cost and / or need to move forward with unbudgeted expenses:

Summary of Negotiations:

Summary of Notable Risk or Concerns in this Contract:

Services being Purchased and Rate Increases (complete chart below)

<table>
<thead>
<tr>
<th>Service being Purchased</th>
<th>Previous Rate</th>
<th>Increased Rate or New Vendor Rate</th>
<th>Notable Information</th>
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*Attach additional documentation or charts that would be useful for the CEO to understand this contract

☐ Check if legal review is recommended

Reviewed and Approved by:

__________________________________________  _______________________________________
Person Overseeing the Contract Relationship  Colleague / Co-Negotiator

__________________________________________  _______________________________________
Department Director  Executive Leadership Team Member

Submit this Signed Summary to Executive Assistant with the Contract

For Executive Assistant Use Only:
Insurance Certificate:
☐ From the other organization naming St. David’s Center
☐ From St. David’s Center naming the other organization

BAA: Required? Yes ☐ No ☐

ST3 Tax Exempt Form: Required? Yes ☐ No ☐

Form W-9: Required? Yes ☐ No ☐

Background Study: Required? Yes ☐ No ☐
Factor for determination: Direct Client Contact
Policy Title: Critical Events Management, Reporting and Communications

Policy Owner: Julie Sjordal
Policy Originated by: Julie Sjordal
Date Written: 4/7/14
Date Reviewed / Revised: 11/17/15; 5/22/18
Applicable Programs: ALL
Date Reviewed and Approved by ELT: 5/22/18 / 6/4/18
Statutory or Regulatory Citation:
Signature if needed:

Policy:
It is the policy of St. David’s Center that events of critical or potentially critical nature that occur within the scope St. David’s Center’s operations / service provision, will be managed with the safety and wellbeing of our clients and staff as the first priority. All critical events and / or threats will be reported to the Chief Executive Officer (CEO).

Procedure:

Definitions:
Critical Event: A “Critical Event” is an actual or alleged event or situation that could or has resulted in harm to the physical, mental health, safety or wellbeing of a client or staff member in St. David’s Center programs. It could also be an event that involves a perception of a potential risk.

Critical Event includes, but is not limited to, the following:

- An injury occurs in which the client or staff needs immediate emergency medical care
- Client behavioral outburst is severe to the point of needing outside emergency assistance
- Illegal behavior on the part of the client or staff
- Staff behavior results in need to make report of maltreatment to child or adult protection services (mandated reporting/Common Entry Point)
- Any situation in which law enforcement is involved
- Client is lost for any length of time
- Death of a client

Critical Threat: There is evidence and / or a perception of heightened risk that a critical incident may occur (e.g. threatening behavior by an employee to another employee or client)

Reporter of a Critical Event: Any person who becomes aware of a critical incident or threat as defined above is required to make a report, and they must follow the established reporting procedures as outlined in this policy.

Executive Leadership Team (ELT) Members Noted: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Advancement and Strategy Officer (CASO), Director of Facilities and Risk Management (DFRM)
Procedure:

I. **What to Do in the Midst of a Critical Event: Stabilize the Situation**

   A. **Safety as Priority:** The staff will manage the situation attending to client safety as the first course of action. Staff will seek assistance from onsite resource members:
      - Program Supervisor
      - Front Desk Team Member (FD)
      - FD will request support from the Crisis Management Team (CMT) on site

   B. **Emergency Assistance:** If emergency assistance is needed, the staff shall call 911 and follow the instructions of the local authorities.

   C. **Policies:** If emergency assistance is not needed, but staff suspects an event of critical nature has occurred, s/he will follow all other policies related to reporting (e.g. vulnerable individual’s policy) and will follow this internal reporting procedure as well.

II. **Internal Reporting:** As soon as the situation is stable and any immediate safety concerns are addressed, the following reporting plan shall be followed:

   A. **Notification:**
      - Direct service staff member reaches supervisor or available designated supervisor.
         - Supervisor notifies Director Program who notifies the COO
         - COO will notify the CEO
         - CEO will notify the CASO
      - In the event that supervisor is unavailable, staff will use leadership cell phone list to access support and inform leadership of the critical event (attached list available).
      - If staff injury occurred, St. David’s Center’s Benefits & Payroll Supervisor must be contacted on the same business day, or if after business hours, please leave a message regarding the injury.
      - The COO and CEO review the critical event and determine whether the event requires Board of Director notification and, in consultation CASO, if a public relations plan is required.
         - If required, the CEO will notify the Board of Directors within 48 hours.
         - If required, a public relations plan is developed immediately (see below).

   B. **Written Reports (completed within 24 hours):**
      - Staff completes Accident / Incident Report and follows written policy and procedures.
      - Program Director completes Critical Event Report and submits to COO, CEO and Director of Facilities and Risk Management.
      - CEO writes summary of the event and submits to Board if necessary.
III. **Crisis Communication Public Relations Plan:** Our success rests firmly on our reputation for high quality service to our community’s most vulnerable members: children and individuals with disabilities. St. David’s Center’s Crisis Communication PR plans – to be **developed within 48 hours** of the precipitating event – are singularly focused on delivering key messages that maintain or restore the public’s trust.

**What the Communications Staff will do:**
- **Within 24 hours,** the CASO will receive verbal notification of the precipitating event as well as a copy of the written Critical Event Report.
- The CASO or named designed will be the initial Community Relations point of contact including all media.
- Key contacts within the situation will continue to keep the CASO team informed of any new, relevant information.
- A Crisis Communication Plan will identify the specific staff members who should be informed of the incident. **No one should share any information pertaining to the situation (including staff, clients, family and friends).**

**What staff should and should not do when dealing with the media:**
- Do not discuss the situation with anyone other than direct supervisor, director of the program and the Executive Leadership Team.
- If someone from the media contacts any staff member, staff shall not provide them with ANY information. Rather, take their contact information and inform them that our Community Relations department will follow up.
- If a parent contacts any staff member, do not provide them with ANY information. Rather, take their contact information and inform them that our Community Relations department will follow up.
- The Community Relations team will prep speaking points and make arrangements for a follow-up phone call to either the media or parents.
- St. David’s Center’s Crisis Communication PR Plans are:
  - The “go to” place for the “must have” information during a crisis;
  - A framework for our communications during and after a crisis, not an inflexible, step-by-step script; and
  - Dynamic, so that new and valuable information is incorporated throughout the process.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachments:** 1) Critical Event Report and 2) Emergency Leadership Phone List
St. David’s Center

Critical Event Report

Name of Person’s involved: (Staff, Client, Parents)
St. David’s Center Program:
On-Call Supervisor:
Program Director:
Date and Time of Incident:
Description of Incident:

List Authorities Notified and Time of Notification:

Updated Status (e.g. hospitalization, allegations, media contact):

Immediate Program Response/What steps are being taken to remedy the situation (e.g. immediate suspension of program activity at site):

Additional actions to be taken to address the situation or prevent reoccurrence:

Report Completed and Submitted by:

SUBMIT THIS REPORT TO CEO, COO AND DIRECTOR OF FACILITIES AND RISK MANAGEMENT

Upon review of this report by the CEO and COO, the following next steps are required:

☐ No further action required
☐ Complete internal investigation assigned to:____________________
☐ Seek legal counsel (complete legal counsel executive summary)
☐ Submit summary of incident to Safety Committee for log and further review
☐ Research applicable regulations and / or statutes
☐ Review organizational policies and submit necessary revisions
St. David’s Center

Emergency Leadership Phone List

If supervisor cannot be reached during (or to report) a critical event, please call the appropriate person from the list below:

<table>
<thead>
<tr>
<th>1st – Call Senior Director of the Program in which you work:</th>
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<tbody>
<tr>
<td>Lisa Curtis Life Phase Services 612-289-1780</td>
<td></td>
</tr>
<tr>
<td>Paula Frisk Zero to Five Home Visiting 612790-9017</td>
<td></td>
</tr>
<tr>
<td>Kate Rickord Foster Care and In-Home Mental Health 612-750-2180</td>
<td></td>
</tr>
<tr>
<td>Stephanie Combey Children’s Mental Health 612-270-5802</td>
<td></td>
</tr>
<tr>
<td>Vanessa Slivken Autism Programs 612-940-3598</td>
<td></td>
</tr>
<tr>
<td>Candice Daulton Early Childhood Education 612-237-1362</td>
<td></td>
</tr>
<tr>
<td>Cara Benoit Pediatric Therapies 612-554-6015</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>2nd – If not able to reach person above or if uncertain, call a member of the Executive Leadership Team</th>
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</thead>
<tbody>
<tr>
<td>Julie Sjordal Chief Executive Officer 612-655-6098</td>
<td></td>
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<tr>
<td>Erica Tennessen Chief Operating Officer (supervisor of above team) 952-240-5165</td>
<td></td>
</tr>
<tr>
<td>Maureen Walsh Chief Advancement &amp; Strategy Officer (PR Leader) 612-408-3879</td>
<td></td>
</tr>
<tr>
<td>Jayson Palm Director of Facilities &amp; Risk Management 612-423-7999</td>
<td></td>
</tr>
<tr>
<td>Emily Walton Director of Administration &amp; Health Management 952-484-2805</td>
<td></td>
</tr>
<tr>
<td>Laura Dornik Director of Policy Training &amp; Talent (HR Leader) 763-360-0161</td>
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Policy: The purpose of this Gift Acceptance Policy is to promote consistent, accurate, and ethical practices by St. David’s Center in its fundraising activities. These policies are intended to apply in most or all of the situations described herein. Exceptions will be made only in accordance with the procedure set forth in Part VI below, or as amended with a recommendation from the Chief Advancement Officer (CAO) to the Chief Executive Officer (CEO) and an appropriate committee of the Board of Directors.

Board Committees:
- Executive Committee (EC)
- Finance Committee (FC)
- Advancement Committee (AC)

Procedure:

Part I: Acceptance of Gifts – Property Types

The procedure for accepting a gift will depend upon the type of property being contributed. The types most commonly received are described below. Proposed gifts of any type of property not listed below must be approved by the AC. Gifts to St. David’s Center will be invested and managed according to its Investment Policy.

1. **Cash.** Cash includes currency, coin, checks, money orders, bank drafts, electronic funds transfers (EFT), ACH payments and credit card contributions. Cash, including checks, should be deposited into a St. David’s Center account within 5 business days after receipt.

2. **Marketable Securities.** St. David’s Center will accept gifts of publicly traded securities that are not subject to any direct or indirect restrictions. Other securities, including stock in “S corporations,” can be accepted only with the approval of the Finance Committee of the Board.
A. The following procedures should be followed by anyone wishing to donate stock to St. David’s Center:

<table>
<thead>
<tr>
<th>Method of Delivery</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>Transfer between Brokerage Accounts</td>
<td>If the securities are held in the donor’s brokerage account, the donor should send an instructive email to his or her broker requesting that the securities be transferred to a St. David’s Center’s account.</td>
</tr>
<tr>
<td>Hand delivery</td>
<td>If the donor holds the actual stock certificate, the donor should deliver the unendorsed certificate and a signed “stock power” (signed exactly as registered on the certificate) under separate cover to St. David’s Center.</td>
</tr>
<tr>
<td>Mail</td>
<td>If the securities are mailed, the donor should send the unendorsed certificate and donor’s instruction letter by certified mail. A signed stock power (signed exactly as registered on the certificate) should be mailed separately.</td>
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</tbody>
</table>

B. Upon receipt of a signed stock certificate or an unsigned certificate and signed stock power, these documents should be delivered as soon as possible to St. David’s Center’s broker for deposit to its account. Pending delivery, the documents should be kept in a locked storage area. A signed stock power should be stored separate from the certificate(s) to which it relates.

C. All securities shall be sold within 10 business days of having all the necessary documents required to affect a sale. Such proceeds shall be invested pursuant to St. David’s Center’s Investment Policy.

3. **Determining the Date of the Gift.** For St. David’s Center’s recordkeeping purposes, a gift of securities is received at the time the securities come under the control of St. David’s Center. The timing will depend upon the method by which the securities are delivered.

<table>
<thead>
<tr>
<th>Method of Delivery</th>
<th>Date of Gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic transfer</td>
<td>Date securities enter St. David’s Center’ account</td>
</tr>
<tr>
<td>US mail</td>
<td>Date received</td>
</tr>
<tr>
<td>Hand delivery</td>
<td>Date received</td>
</tr>
</tbody>
</table>

Note that the date of receipt by St. David’s will in many cases be later than the date of the donor’s gift for deduction purposes.
4. **Valuation.** For St. David’s record-keeping purposes, the gift is valued as of the date on which it is received. This might be higher or lower than the value of the securities for which market quotations are readily available on an established securities market. The value of the gift is the market value of the stock calculated by taking the mean between the high and low quotations on the date the gift is received. Brokerage fees and gain or loss on the subsequent sale of the securities will affect the net proceeds of the gift, but will not affect the gift amount as entered.

5. **Gift receipt.** The receipt provided for a gift of securities must comply with the substantiation requirements listed in Part IV of these policies.

6. **Handling Dividends Received.** In rare instances, a dividend is paid on securities while they are in the process of being transferred from the donor to St. David’s Center. The dividends belong to the entity which owned the securities on the dividend date. If the date of the gift coincides or precedes the dividend date, the dividend belongs to St. David’s Center. If the date of gift follows the dividend date, the dividend belongs to the donor. If St. David’s Center receives a dividend check to which it is not entitled, the Director of Community Relations and Development should contact the donor for instructions. The donor may wish either to receive the dividend or to make an additional gift to St. David’s Center in the amount of the dividend.

7. **Tangible Personal Property.** St. David’s Center will consider gifts of tangible personal property, including, but not limited to, furniture and equipment, art, motor vehicles, and computer software or hardware, only after a thorough review indicates that the property is either readily saleable within 60 days or needed by St. David’s Center for its own use. Property that will not be used by St. David’s Center generally must have an anticipated market value of at least $2,500, after sale expenses. This policy will not affect gifts received by St. David’s Center for its Gala’s “silent auction” or other such fundraising events.

8. **Acceptance Process.**

   A. The development officer will prepare a written summary of the gift proposal and notify the CAO. At a minimum, the summary shall include the following information:

      • Description of the assets and the program(s) to benefit from the gift;
      • An estimate or appraisal of the property’s fair market value;
      • If the property is to be sold, an assessment of its marketability, the length of time the property will be held by St. David’s Center and the anticipated costs associated with the sale;
      • If the property is to be used by St. David’s Center, a written review by the program that will use the property;
      • Evidence that the donor has title to the property, where applicable (i.e., automobile.)
B. The CAO will review the material presented by the development officer, consult with the CEO, the AC, and/or legal counsel as necessary, and make a determination whether to accept or reject the proposed gift.

C. Legal counsel will be engaged when appropriate, as part of the fiduciary role of the Board of Directors. Circumstances under which counsel may be engaged include: the review of certain gifts, the review of all transactions governed by contracts or legal documents, and the review of all transactions with potential conflicts of interest.

D. If a proposed gift is approved, the gift will be accepted by the execution and delivery of a deed of gift or other appropriate conveyance acceptable to St. David’s Center and the delivery of the property. Any costs associated with the conveyance and delivery of the gift generally must be paid by the donor.

E. The CAO will acknowledge receipt of the gift on behalf of St. David’s as provided in Part IV. St. David’s Center will not appraise or assign a value to the gift property.

Part II: Acceptance of Gifts – Gift Types

1. Charitable Remainder Trusts. St. David’s Center is pleased to serve as the beneficiary of charitable remainder trusts but is not equipped to serve as a trustee of such trusts. The property to be distributed to St. David’s Center upon the termination of the trust will generally be subject to the same policies and constraints as property contributed directly to St. David’s Center. In cases where St. David’s Center is aware of the existence of the trust, for the purposes of St. David’s Center records and policies, a donor will be credited with a gift in the amount of the actuarial value of St. David’s Center irrevocable interest in the trust, calculated in accordance with applicable tax regulations.

2. Charitable Lead Trust. St. David’s Center is pleased to serve as the beneficiary of charitable lead trusts but is not equipped to serve as a trustee of such trusts. The property to be distributed to St. David’s Center by the trust will generally be subject to the same policies and constraints as property contributed directly to St. David’s Center.

3. Credit. For purposes of St. David’s Center records and policies, a donor may be given the option to be credited with (a) a single gift in the amount of the present value of St. David’s Center irrevocable interest in the trust, calculated in accordance with applicable tax regulations, or (b) annual gifts in the amounts of the annual distributions from the trust.

Part III: General Practices

1. Final Approval of Gift. All gifts requiring approval in accordance with these policies shall not be considered to be the property of St. David’s Center until they have been formally accepted by the appropriate authorized official. In the case of gifts that can be made without advance notice to St. David’s Center, such as bequests of tangible property, every effort shall be made to review the gift promptly in accordance with these procedures and determine whether it can be accepted. Any gift that is not to be
accepted shall be returned promptly to the donor, along with a written statement confirming that St. David’s Center is not able to accept the gift.

2. Acknowledgement. The CAO is encouraged to acknowledge in writing all accepted gifts as soon as they are received. See Part IV of these policies regarding the content of the acknowledgment.

3. Restricted Gifts. A restricted gift is any gift that the donor requires be used in a particular way, other than simply for the general purposes of St. David’s Center. Restricted gifts generally must be reviewed and approved by the CAO prior to acceptance. A gift to be administered as an endowment fund shall not require approval of the restriction. As appropriate, the CAO shall consult with the CEO and the Finance Committee.

   A. In determining whether a restricted gift will be accepted, the Director of CAO shall take into consideration whether the restriction is consistent with the objectives and plans of St. David’s Center, whether compliance with the restrictions might require St. David’s Center to incur costs not funded by the gift, place a burden on existing equipment or programs, or impose a financial burden on St. David’s Center immediately or in the future.

   B. Any restriction must be identified by the donor at the time of the gift. A restriction cannot be imposed after the gift has been made. The specific nature of the restriction should be clearly documented. Such documentation may consist of:
      • A statement in a letter from the donor received at the time of the gift
      • A statement on a pledge card or gift card received with the gift

   C. When deemed feasible and appropriate by the CAO, a written instrument describing a restriction should include the follow statement:

      In the event that the Board of Directors of St. David’s Center determines, in the reasonable exercise of it discretion, that such purpose or other restriction has become impracticable, obsolete, or unnecessary, the Board of Directors may substitute a restriction that it determines, in its sole discretion, most nearly reflects the donor’s original intent.

   D. Once a restricted gift has been made, the terms or purpose of that gift may be changed only if specifically authorized by the terms of the donative instrument, a court of law, or other applicable laws. Any request to amend the terms or purpose of an endowment or to terminate an endowment must be sent to the Finance Committee for coordinated review and approval.

4. Investment. All gifts shall be invested consistent with the Investment Policy.

5. Endowment Funds. Endowment gifts are a particular type of restricted gift. St. David’s Center maintains an endowment fund in accordance with the provisions of the Uniform Management of Institutional Funds Act. The amounts distributable from the endowment fund are set forth in the Investment Policy. The endowment fund contains individual sub-
funds that are named or restricted for particular purposes, in addition to the general unrestricted endowment assets.

6. **Named Funds or Facilities.** Recognition may be provided for major contributions to St. David’s Center by associating the name of the donor, or some other person specified by the donor, with a fund, a facility, a unit of the organization, a staff position, a scholarship, or a specific program supported by the donor in accordance with St. David’s Center’s Naming Rights Policy.

**Part IV: Gift Acknowledgement**

1. All gifts are to be acknowledged in writing. The acknowledgment must include the following information:
   - The name of the donor(s)
   - The date the gift was received by St. David’s Center
   - The amount of cash received and a description (but not the value) of any contributed property other than cash.
   - If the donor received no benefits in exchange for the gift, the following statement:
     “Contributions to St. David’s Center Child & Family Development are 100% tax-deductible, as provided by the IRS. No goods or services were given in exchange for this contribution.”
   - If the donor did receive benefits in exchange for the gift, the following statement:
     “In consideration of your gift, St. David’s Center provided you with goods and/or services having an estimated fair market value of $_______. The amount of the gift that is deductible for federal income tax purposes is limited to the excess of the amount of your payment over the value of those goods and/or services.”

2. For purposes of determining whether goods or services were provided to donors, it is important to note that several types of benefits can be disregarded. These include certain token items, frequently exercisable membership benefits, certain member events, and certain benefits provided to corporate donors. These regulations specifying the benefits that can be disregarded are complex, and legal counsel should review each donor benefit “package” to determine which items must be reported to the donor.

3. The acknowledgment must be received by the donor by the time the donor files his or her federal income tax return. To accommodate early filers all acknowledgments for a calendar year should be sent no later than January 15 of the following year.

4. Most donors of non-cash property with a value of over $500 must have IRS Form 8283 signed by St. David’s Center and file the form with their income tax return for the year of the gift. The form is to be completed by the donor and provided to St. David’s for
signature acknowledging receipt of the gift by St. David’s Center. The form should be promptly signed and returned to the donor. Form 8283 is not a substitute for the acknowledgment described above. St. David’s Center is not required to sign Form 8283 for gifts of publicly-traded securities.

Part V: Fundraising Practices and Data

1. Solicitation Practices. As a general rule, all persons soliciting contributions on behalf of St. David’s Center and with its permission shall comply with all federal, state, and local solicitation laws, and with all voluntary codes of ethics and fundraising guidelines to which St. David’s Center has subscribed.

2. Right to Opt Out. All fundraising communications shall provide, in a clear and conspicuous manner, an opportunity for the recipient to elect not to receive further communications and contact information for the recipient to exercise the right to opt out. If an individual opts out, no further fundraising communications shall be sent.

3. Fundraising Data. All information compiled by St. David’s Center regarding individuals and privately held businesses for fundraising purposes shall be treated as sensitive and confidential information and shall not be distributed within St. David’s Center any more widely than is reasonably necessary for the conduct of St. David’s Center activities. Names of donors and the amounts contributed may, however, be published by St. David’s Center. As provided by law, donor information may not be sold.

4. Conflicts of Interest. No St. David’s Center staff or volunteer may participate in the solicitation of a gift in which he or she has a direct financial or other personal interest.

5. Advising Donors. St. David’s Center staff shall not provide tax, estate planning, or other legal advice to donors. St. David’s Center may, however, provide potential donors with information about types of gifts and illustrations of how they work in various circumstances. Development staff should be extremely careful to ensure that all information is accurate. Donors should in every instance be urged to consult their personal tax or financial advisors for assistance in planning their gifts.

Part VI: Exceptions

The Gift Acceptance Policy is intended to apply in most or all of the circumstances described herein. However, there may be situations from time to time when deviation from the policies is warranted. In the event that a development officer wishes to deviate from the policies, approval of the CEO and the Finance Committee is required. In considering whether deviation is appropriate, the Committee shall take into account the following considerations:

• Legal constraints
• Fairness to other donors
• The present and future financial and programmatic interests of St. David’s Center
• The effect on future fundraising efforts
Policy Title: Donor Naming Rights

Policy Owner: Julie Sjordal
Policy Originated by: Community Relations
Date Written: 10/1/13
Date Reviewed / Revised: 6/4/18

Applicable Programs: All
Date Reviewed and Approved by ELT: 3/11/14; 6/20/18

Policy:
St. David’s Center seeks to recognize persons, corporations or organizations that have made a substantial financial contribution to the organization by naming aspects of its facility in their honor.

Procedure:
1. When a building project is undertaken, the Chief Advancement Officer (CAO) may design naming opportunities for the affected areas, which may include outdoor areas, such as the playground and school forest, or internal features, such as treatment rooms, classrooms, therapy rooms, or buildings.

2. The CAO may make recommendations to the Chief Executive Officer (CEO) for naming opportunities for significant benefactors, and following CEO approval, will seek final approval on naming rights from the Executive Committee of the Board.

3. Naming rights will typically not extend beyond the normal life of the named feature and/or space. The duration of naming rights will be agreed upon between the CAO, CEO and the donor, not to exceed 20 years. In the event the space is significantly altered within agreed upon timeframe, the St. David’s Center Board of Directors will roll the name forward in a similar capacity or negotiate a new gift agreement with benefactor.

4. In the event that the financial commitment associated with a naming opportunity is unfulfilled, the CEO may recommend to the Board of Directors that the use of the benefactor’s name be discontinued.

5. The CEO may recommend to the St. David’s Center Board of Directors that the use of the name be discontinued if an individual, corporation, or organization that has received naming rights comes into disrepute at St. David’s Center or in the community at large.

6. St. David’s Center will recognize donors who make a named gift with a visible plaque and/or signage consistent with other signs within the facility. When possible and appropriate, every effort should be made to accommodate the donor’s wishes in presenting such recognition.
Policy Title: Donor Privacy and Discontinued Contact

Policy Owner: Julie Sjordal  
Policy Originated by: Community Relations  
Date Written: 10/1/13  
Date Reviewed / Revised: 6/4/18  
Applicable Programs: All  
Date Approved by ELT: 3/11/14 ; 6/20/18  
Statutory or Regulatory Citation:  
Signature if needed:

Policy:
St. David’s Center respects the privacy of all donors. We believe in safeguarding personal information and ensuring that donor privacy is protected. In addition, upon a person’s oral or written request, it is the policy of St. David’s Center to discontinue contact.

Procedure: Donor Privacy

1. A donor’s name, contact information, general service history within St. David’s Center, charitable history and characteristics, key relationships, and other related information is gathered in our database on an ongoing basis. It is used by St. David’s Center in the following ways:
   a. to understand donors’ needs
   b. to provide better service in cultivating and stewarding the relationship,
   c. to assist donors as they complete their transactions
   d. to communicate and keep donors updated on events, agency achievements, volunteer opportunities, and the like, and
   e. to contact donors periodically to determine their interest in providing additional support for St. David’s Center

2. Donor information is maintained in a secured database, and only authorized personnel have access to this information and only for appropriate business purposes.

3. A list of donors is published in an annual report mailed to a specific list of constituents each fall, provided to prospective donors and corporate and foundation contacts, and available on our website. We respect all donor requests to remain anonymous.

4. Donors contributing online can choose to donate anonymously and/or share their communication preferences in the comments section provided. All access to donor financial information is strictly limited to the professional staff that processes those
data. No such data are given to any person, organization or group that does not need to access those data.

5. St. David’s Center does not rent, sell, give away, or trade its donor lists or any information contained on those lists. Donor information is used by St. David’s Center for charitable purposes only as described above and will not be used by any entity outside of the organization. All electronic communications from St. David’s Center contain unsubscribe options. Donors may also contact the Community Relations team to update communication preferences at any time.

6. To review personal information collected and/or request changes, please contact the Chief Advancement Officer.

7. St. David’s Center may be legally required to disclose information on occasion. Tax laws require us to keep contact information and contribution levels of donors on file. St. David’s Center complies with all applicable legal requirements and standards.

Procedure: Discontinued Contact

1. St. David’s Center shall maintain a record of all requests by persons who indicate that they do not wish to be contacted by St. David’s Center.

2. Limitation: Person whose name appears on a "do not contact" list shall be limited to providing a direct response to the person’s inquiry and shall not cause the person’s name to be removed from the "do not contact" list.

3. Procedure: Upon a person’s request that St. David’s Center discontinue further contact, the person’s name and address will be promptly marked in our Development and Community Relations database as “Do Not Contact” to ensure that no further contact is made with the person. The person shall remain on the “Do Not Contact” list unless we have received a signed authorization.

4. Permanent Record: St. David’s Center will maintain a record of all requests for discontinuance of contacts, effective with the adoption of this policy by St. David’s Center’s Board of Directors. Oral requests will be recorded in writing by the staff and maintained with the written requests. The records of persons who have made such a request will be maintained by St. David’s Center to the extent necessary for legal or liability purposes.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
Policy Title: Fraud, Waste and Abuse

Policy Owner: Julie Sjordal  
Policy Originated by: Julie Sjordal / NJ Legal  
Date Written: 10/1/13  
Date Reviewed / Revised: 3/12/14, 11/15/16, 6/4/18  
Applicable Programs: ALL or name program  
Date Reviewed and Approved by ELT: 6/18/18  
Statutory or Regulatory Citation: Signature if needed or legal review note  
Legal Review by Elizabeth Winchell 2017

Policy:

St. David’s Center is committed to establishing a culture that promotes compliance with laws and regulations. St. David’s Center complies with Federal and State laws and regulations and takes steps to prevent, detect, and correct noncompliance with Centers for Medicare & Medicaid Services (CMS) and Minnesota Department of Human Services (DHS) program requirements, as applicable. Accordingly, St. David’s Center supports the efforts of Federal and State authorities to prevent, detect, and correct Fraud, Waste, and Abuse, as defined below.

Definitions:

Abuse: With respect to St. David's Center's participation in government health care programs and submission of claims to third-party payors, "abuse" is a pattern of practices that are inconsistent with sound fiscal, business, or health service practices, and that result in unnecessary costs to the programs or in reimbursements for services that are not medically necessary or that fail to meet professionally recognized standards.

Fraud: An intentional deception or misrepresentation that the individual knows to be false or does not believe to be true, and that the individual makes knowing that the deception could result in some unauthorized benefit to himself/herself or to some other person.

Medicaid: A medical assistance program provided to certain low income individuals under a state plan approved by CMS. Minnesota’s Medicaid program is Medical Assistance (MA).

Waste: The inappropriate utilization and/or inefficient use of resources.

Compliance Team: Director of Administration and Health Information Management, Compliance Officer and Director of Policy, Training and Talent

Procedure:

I. Training

A. The St. David’s Center Compliance Team is responsible for developing Fraud, Waste, and Abuse-related training materials. Training materials are reviewed and, if needed, updated not less than annually.
B. All employees, managers, and directors of St. David’s Center receive appropriate Fraud, Waste, and Abuse training within thirty (30) days of beginning work for St. David’s Center and annually thereafter.

C. The content of Fraud, Waste, and Abuse training includes:
   1. Review of the meaning of the terms “Fraud”, “Waste”, and “Abuse”;
   2. Review of the Federal and State laws that prohibit Fraud, Waste, and Abuse;
   3. Examples of Fraud, Waste, and Abuse;
   4. Strategies for detecting and preventing Fraud, Waste, and Abuse; and
   5. How to report suspected Fraud, Waste, and Abuse.

D. St. David’s Center maintains documentation of Fraud, Waste, and Abuse training.

II. Prevention and Detection of Fraud, Waste, and Abuse

A. The St. David’s Center Compliance Team is responsible for developing and disseminating Fraud, Waste, and Abuse-related compliance policies and procedures.

B. St. David’s Center has established an operational infrastructure that includes policies and procedures and a Code of Conduct designed to describe and support the organization’s efforts to prevent and detect Fraud, Waste, and Abuse.

C. St. David’s Center has established sanction screening policies and procedures to verify that individuals employed by St. David’s Center have not been excluded or debarred from doing business with Federal or State health care programs.

D. St. David’s Center has established claims submission controls (through supervisory oversight and electronic medical record infrastructure) to address and safeguard against the submission of fraudulent or otherwise deficient claims.

III. Responding to Suspected Fraud, Waste, and Abuse

A. All employees, managers, and directors of St. David’s Center are responsible for immediately reporting suspected Fraud, Waste, or Abuse in accordance with the St. David’s Center “Misconduct Reporting and Response” Policy (to supervisor or Policy Training and Talent Department). All Misconduct reports are forwarded to CEO.

B. St. David’s Center’s CEO will review with the Compliance Team and legal counsel and will assign an investigation regarding such reports, when indicated by the “Misconduct Reporting and Response” Policy.

C. If it is necessary to report substantiated Fraud, Waste, or Abuse to an external party, the St. David’s Center Compliance Team oversees such reporting, including ensuring that any such reporting occurs timely.
Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Investment Policy Statement

Policy Owner: Julie Sjordal, CEO
Policy Originated: By Investment Management Consultant in consultation with COO and Controller
Reviewed and Approved by Board Finance Committee: 9/20/17

Applicable Programs: ALL
Dates of Annual Review and Approval: 6/21/18 by Staff Policy Team Finance Committee Approval last page

Statutory or Regulatory Citation: Signature CEO and Treasurer: See last page

This Investment Policy Statement (IPS) has been reviewed and adopted by the Finance Committee on behalf of St. David’s Center’s Board of Directors in recognition of its responsibility to establish policies for the administration and investment of the organization’s endowment fund assets. This policy formally documents the goals, objectives, and guidelines of the fund’s investment program. Its purpose is to document the policies and procedures that are intended to provide the greatest probability that the funds objectives are met in a prudent manner, consistent with the established guidelines. The Finance Committee will review and renew the adoption of this policy annually. Material changes to this policy require that a revised policy be approved, adopted and shared with the investment management consultant delegated to follow this directive.

Purpose of This Investment Policy Statement

This investment policy statement is set forth by St. David’s Center in order to:

- Identify the goals of the investment assets of St. David’s Center fund and impart changes of purpose or use of investment assets
- Communicate to incoming board members the relevance of the investment strategy within the context of the current policy
- Define and assign the responsibilities of all involved parties
- Establish a consistent or relevant liquidity need for potential distributions
- Offer guidance and limitations regarding the investment of assets
- Form a basis for evaluating investment results and guidance to securing best-in-class reporting formats and review processes
- Establish the relevant investment horizon for which the assets will be managed

Statement of Responsibilities

Finance Committee
- Develop, review and approve the Investment Policy Statement.
- Regularly maintain investment policies and criteria, while monitoring the performance, asset allocation, fees and spending of the portfolio.
- Evaluate performance, portfolio and manager risk levels, fund asset allocation, and expenses incurred by the portfolio (trustee, custodial relationship, consulting, investment management, etc.)
- Review asset allocation and performance semi-annually
• Adhere to the guidelines as defined in the Uniform Prudent Management of Institutional Fund’s Act* (UPMIFA) and all other applicable regulations. *See addendum at end of IPS for UPMIFA Language.
• Appoint, evaluate and remove other service providers, such as an investment management consultant that it deems necessary for St. David’s Center investment portfolio.

Chief Executive Office (CEO) & Chief Operating Officer (COO)
• Administer and communicate performance to all parties responsible for the management of the assets
• Exercise authority to retain a consultant, subject to the approval of the Finance Committee, in order to help St. David’s Center achieve its fiduciary responsibility
• The CEO or COO, may move assets between the Investment Fund and Operating Account

Controller
• Oversee all investment transactions, review and distribute monthly financial statements
• Assure that all gifts of stock are sold upon receipt
• Validate the ongoing distributions or contributions from or into the corpus

Investment Management Consultant
The Investment Management Consultant’s role is that of a discretionary advisor. Investments will be consistent with the investment objectives, policies, guidelines and constraints as established in this policy statement.

• Manage the Fund’s assets in compliance with the standards according to Uniform Prudent Management of Institutional Fund’s Act (UPMIFA)
• Perform semi-annual performance and asset allocation review with finance committee
• Guide development and periodic review of investment policy and objectives
• Develop and implement asset allocation strategy. Recommend strategic and tactical asset allocation changes within the guidelines of the policy
• Review the capital markets in light of the Fund’s investment objectives
• Implement portfolio rebalancing within the guidelines of the policy
• Conduct investment manager searches, provide “due diligence” or research on Investment Managers
• Provide the performance of the Total Fund and Investment Manager(s) to assist the Finance Committee with the ability to determine the progress toward the investment objectives

Investment Objective and Philosophy
At the core of this investment policy statement is a set of fundamental investment beliefs which are the underpinnings of the St. David’s Center fund:

• Endowment funds are by definition perpetual funds. St. David’s Center can afford to take a very long-term view in setting investment policy.
• Taking into account the long-term nature of endowment funds, the Finance Committee should maintain a bias toward equity investments, which have historically produced higher long-term returns.
• Diversification can reduce risk and increase return.
• See asset allocation addendum for target allocations.
Asset Allocation Policy

• The board recognizes that the strategic allocation of fund assets across broadly defined financial asset and sub-asset categories with varying degrees of risk, return, and return correlation will be the most significant determinant of long-term investment returns and portfolio asset value stability.

• Fund assets will be managed as a balanced portfolio composed of two major components: an equity portion and a fixed income portion. The expected role of Fund equity investments will be to maximize the long-term real growth of fund assets, while the role of fixed income investments will be to generate current income, provide for more stable periodic returns, and provide some protection against a prolonged decline in the market value of portfolio equity investments.

• All asset classes that the Finance Committee permits the various investment management consultants to use must have a defined purpose. Each asset class shall be broadly diversified to have similar risk characteristics to its respective market. Ownership of the below investments is assumed within a separate account managed by a portfolio manager, mutual fund, or ETF structure unless otherwise approved by the committee.

Permitted Activity and Investment Strategies:

1. Mutual Funds & Exchange Traded Funds
   a) Mutual Funds and ETFs that invest in allowable securities as outlined in this statement

   A. Cash Equivalents
      a. Treasury Bills
      b. Money Market Funds
      c. Commercial Paper
      d. Banker’s Acceptances
      e. Repurchase Agreements
      f. Certificates of Deposit

   B. Fixed Income Securities (fixed income securities shall have an equivalent credit quality above investment grade at the time of purchase, defined Moody’s and Standard & Poor’s)
      a. U.S. Government and Agency Securities
      b. Corporate Notes and Bonds
      c. Mortgage Backed Bonds
      d. Foreign-Issued Government/Corporate Bonds
      e. Preferred Stock
      f. Collateralized Mortgage Obligations
      g. Municipal Securities
      h. Treasury Inflation Protected Securities (TIPS)
      i. Credit Structures

   C. Equity Securities
      a. Common Stocks
      b. Convertible Notes and Bonds
      c. Convertible Preferred Stocks
d. American Depository Receipts (ADRs) of Non-U.S. Companies

e. Stocks of Non-U.S. Companies (Ordinary Shares)

D. Liquid Alternative Investments in Mutual Fund or ETF Form:
   a. Market Neutral, Long/Short
   b. Commodities
   c. Real Estate

**Rebalancing Policy**

It is expected that the fund’s actual asset allocation will vary from its target asset allocation as a result of the varying periodic returns earned on its investments in different asset and sub-asset classes. The fund will be rebalanced to its target normal asset allocation under the following procedures:

1. The investment management consultant will use incoming cash flow (contributions) or outgoing money movements (disbursements) of the fund to realign the current weightings closer to the target weightings for the fund.

2. The investment management consultant will review the fund semiannually (June 30 and December 31) to determine the deviation from target weightings. During each semiannual review, the following parameter will be applied:
   a. If any asset class (equity or fixed income) within the fund is +/–5 percentage points from its target weighting, the fund will be rebalanced.

3. The investment management consultant may provide a rebalancing recommendation at any time.

4. The investment management consultant shall act within a reasonable period of time to evaluate deviation from these ranges.

**Risk Tolerance**

The board recognizes and acknowledges some risk must be assumed in order to achieve the long-term investment objectives of the fund, and there are uncertainties and complexities associated with contemporary investment markets.

In establishing the risk tolerance for this IPS, St. David’s Center Foundation’s ability to withstand short and intermediate term variability was considered. Interim fluctuations in market value and rates of return may be tolerated with the fund in order to achieve longer-term objectives.

**Standards of Performance Review & Evaluation**

Performance reports generated by the Investment Management Consultant shall be compiled quarterly and communicated to the Finance Committee for review.

In keeping with the Portfolio’s overall long-term financial objective, the Finance Committee will evaluate Portfolio and manager performance over a suitably long-term investment horizon, generally across full market cycles or, at a minimum, on a rolling five-year basis.

- Asset allocation remains within policy ranges.
- The Investment Managers and other investment vehicles performed in accordance with the policy guidelines set forth herein.
• Each Investment Manager’s style remains consistent with the style and methodology represented by the Investment Manager when originally hired by the Investment Subcommittee.
• The Investment Managers perform satisfactorily when compared with:
  ▪ The objectives stated herein, as a primary consideration.
  ▪ Recognized market indices and peer groups.

Communication & Reporting

Reporting requirement of the investment management consultant:

• Semi-annually – Incorporate portfolio return and risk measures and asset class benchmark returns to monitor fund holdings against peer group
• Monthly portfolio statements provided by custodian.
• Quarterly portfolio performance statement provided by investment management consultant.
• Fully disclose all fees, trading costs.
• Annually review policy for compliance to these objectives and reporting requirements.

This statement of investment policy was adopted on _____9/20/2017_____ by the Finance Committee of St. David’s Center.

Electronic Signatures:

By:  Julie Sjordal, CEO            By:  John Feste, Treasurer

Change History

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<td>Finance Committee</td>
<td>IPS Update (noted in minutes)</td>
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Asset Allocation Guidelines
The policy governing the overall asset allocation shall be as follows:

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<th>Maximums</th>
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<tr>
<td>US Large Cap Equities</td>
<td>15%</td>
<td>27%</td>
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<tr>
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<td>20%</td>
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<td>Emerging Mkt Int Eq</td>
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<tr>
<td>US Fixed Income</td>
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<tr>
<td>International Fixed Income</td>
<td>0%</td>
<td>5%</td>
<td>25%</td>
</tr>
<tr>
<td>Real Estate</td>
<td>0%</td>
<td>5%</td>
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<tr>
<td>Cash &amp; Equivalents</td>
<td>0%</td>
<td>1%</td>
<td>20%</td>
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Benchmarks for the Investment Account

1) Static Target Portfolio Benchmark
The dynamic benchmark is closely aligned with the current asset allocation and is a blend of indices that best represent the allocation. Market movement and allocation changes will adjust the dynamic benchmark in order to continuously mirror the Long-Term Investment allocation. The objective of the dynamic benchmark is to evaluate the value added from active management, rebalancing and tactical adjustments to the long-term target asset allocation and to support risk management of the fund.

- S&P 500: 27%
- S&P Mid Cap 400: 9%
- Russell 2000: 8%
- MSCI EFAE: 20%
- Dow Jones Emerging Markets: 5%
- FTSE NAREIT: 5%
- Barclays Aggregate Bond: 25%
- US T-Bill: 1%

2) Global Index Benchmark
75% MSCI All Cap World (Equities)/ 25% Barclays Global Aggregate (Fixed Income)
GIFT ACCEPTANCE POLICY ADDENDUM

1. Gifts of marketable securities are recognized when the year received. These gifts are irrevocable.

2. The donor who contributes marketable securities will receive an acknowledgment from St. David’s Center stating the average value of the HIGH and LOW price of the asset on the day it was received by St. David’s Center regardless of when the asset is sold.

3. The gross proceeds of the stock sale are applied to the donor account and to an existing pledge, if applicable.

4. Any sales commission and fees will be accounted as an expense paid by St. David’s Center as a part of the cost of doing business.

5. Other Gift Sources
   a. Charitable Remainder Trust, Pooled Income Funds, Gift Annuities
      i. Gifts made to establish charitable remainder trust, contributions to pooled income funds, and gift annuities are credited at fair market value, i.e. the full amount of the assets given, as determined by an independent, expert appraisal. Gift recognition credit is given for the full fair market value.

   b. Insurance
      i. Where St. David’s Center is the beneficiary and irrevocable owner of the policy, the policy is then recorded as a gift. The cash surrender value is recorded rather than its face value as the amount of the gift. If the donor pays additional premiums, the donor will receive gifting credit for the full value of the premium.
      ii. When St. David’s Center received the proceeds of an insurance policy in which it is the beneficiary, but not the owner, the full amount received is reported as a gift on the date delivered.
SPENDING POLICY ADDENDUM

For the purpose of making distributions, the Fund shall make use of a total-return-based spending policy, meaning that it will fund distributions from net investment income, net realized capital gains, and proceeds from the sale of investments.

   a. St. David’s Center will distribute between 4% and 5% of the 12-quarter rolling average of the market value of the fund.

St. David’s Center will review the above-noted factors annually as a part of the yearly budget process and will make an annual determination of whether or not to appropriate or accumulate funds. At the time of review, should the fair value of assets associated with individual donor-restricted endowment funds be below the level that the donor requires St. David’s to retain as a fund of perpetual duration, no funds will be appropriated.
UPMIFA ADDENDUM TO THE INVESTMENT POLICY STATEMENT

UPMIFA: The Uniform Prudent Management of Institutional Funds Act

It is the intent of the Board of St. David’s Center to follow the provisions and apply the investment standards of UPMIFA (www.upmifa.org) in the management of the Fund’s investment assets. In managing and investing an institutional fund, all of the following factors, if relevant, must be considered:

1. General economic conditions
2. The possible effect of inflation or deflation
3. The expected tax consequences, if any, of investment decisions or strategies
4. The role that each investment or course of action plays within the overall investment portfolio of the Fund
5. The expected total return from income and the appreciation of investments
6. Other resources of the Fund
7. An asset’s special relationship or special value, if any, to the charitable purposes of the institution
8. The needs of the institution and the Fund to make distributions and to preserve capital
9. Management and investment decisions about an individual asset must be made not in isolation but rather in the context of the institutional Fund’s portfolio of investments as a whole and as a part of an overall investment strategy having risk and return objectives reasonably suited to the Fund and to the institution
10. Except as otherwise provided by law other than UPMIFA, the institution may invest in any kind of property or type of investment consistent with this section of the investment policy
11. The institution shall diversify the investments of the institutional Fund unless it reasonably determines that, because of special circumstances, the purposes of the Fund are better served without diversification
12. Within a reasonable time after receiving property, the institution shall make and carry out decisions concerning the retention or disposition of the property or to rebalance a portfolio, in order to bring the institutional Fund into compliance with the purposes, terms, and distribution requirements of the institution as necessary to meet other circumstances of the institution and the requirements of this section of the investment policy
13. A person that has special skills or expertise, or is selected in reliance upon the person’s representation that the person has special skills or expertise, has a duty to use those skills or that expertise in managing and investing institutional funds
Policy Title: Legal Review and Counsel

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Policy:
All situations which may have legal ramifications, will be communicated to the appropriate Executive Leadership Team (ELT) member and reported immediately to Chief Executive Officer (CEO). If legal counsel is needed, it will be approved by the CEO.

Procedure:

I. Legal Review:
If a situation involving St. David’s Center’s clients, staff or general operations has legal implications, staff will confer with his / her supervisor to request leadership review.

A. The supervisor will confer with their department director who will bring the situation to the ELT member for discussion.

B. The Legal Counsel Executive Summary template will be completed and submitted to the CEO for review (copying Executive Assistant).

C. Upon CEO review, legal counsel may be engaged and provided to the program or administrative team. If it is determined that legal counsel is not necessary, the CEO and ELT member will provide direction to the leadership staff regarding next steps.

D. If legal counsel is approved, the Executive Assistant (EA) will schedule a call with the identified attorney and the team members identified as needed on the call.

E. The ELT member or most senior staff member on the call, will complete the summary report from the legal call and return it to the CEO and ELT member.

II. Subpoenas:
When subpoenas are delivered to St. David’s Center (the organization or any staff member), the following process will be engaged.

A. Front desk will call the person on the subpoena or the Executive Assistant who will locate the CEO to receive the subpoena.

B. If neither are available, the CEO delegates authority to accept the subpoena to the Director of Administration and Health Information Management or the serving Clinic Supervisor at the site.
C. **Any of the above people who accept a subpoena** will immediately give the copy to the Executive Assistant (EA).

D. **The EA will create an electronic folder in the Executive Leadership Team SharePoint site** in the Critical and Legal Incidents Folder and will save the subpoena and all other relevant documents.

E. **The Executive Assistant (EA) will immediately alert the CEO** and copy (PDF) the subpoena to the following (keeping original in a secure file):
   - CEO, Chief Operating Officer (COO) and the Director of Administration and Health Information Management (AHIM)
   - COO will inform the EA which Senior Director oversees the work of the employee. The EA will send a copy to the Senior Director and employee if they did not receive the original copy.

F. **If the client or staff member are not known**, the EA will work with the Medical Records Supervisor and Policy Training and Talent Department to determine client and staff status.

G. **Legal Counsel:**
   - The CEO will determine if legal counsel is needed and will engage legal counsel if determined as necessary.
   - The Senior Director will complete the Legal Executive Summary in preparation for the legal call.
   - The staff subpoenaed, supervisor and Senior Director will be included in the call along with either the CEO or Director of AHIM.
   - St. David’s attorney will guide next steps and give direction.
   - The most senior member on the call with legal will complete the written summary of the call and submit to the CEO.

H. **If the staff member is required to testify as a result of the subpoena**, St. David’s Center will:
   1. Send a letter from the Director of AHIM and
   2. Charge the client / client’s attorney for the staff time at our current Private Pay Professional Consultation hourly rate for the following:
      - Court time preparation
      - Travel time and mileage to/from court or other offices outside of St. David’s Center
      - Time spent in court or other meetings designed to address the issue
      - Report or other documentation preparation
      - Administrative fees for document or record preparation

I. **Medical Records:**
   - Records will be pulled and copied as required by the subpoena.
   - All records will be reviewed by the Medical Records Supervisor to assure they are aligned with the requirements in the subpoena and do not violate data privacy and HIPAA regulations.
• A summary report will be written by the Medical Records Supervisor indicating date records sent; to whom; and identifying the type and dates of records. The summary report will be sent to the Executive Assistant who will keep electronica files on all subpoenas.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:  1) Legal Counsel Executive Summary and
                          2) Fact Sheet on Subpoenas
STAFF LEADER COMPLETES THIS SECTION AND SUBMITS TO CEO for approval

Staff member name / position seeking approval for legal counsel:

Summary of the situation:

Legal questions at play:

CEO REVIEWS AND COMPLETES BELOW - then Executive Assistant schedules call

Date of CEO approval for seeking legal counsel:

List all staff members on to be on the call with legal:

Attorney to be on the call:

LEADERSHIP COMPLETSE THIS SECTION AFTER CALL AND RETURN COMPLETED FORM TO CEO & EXEC ASSISTANT

Summary of legal advice:

Next steps:

Report completed by:
SUBPOENAS

What is a Subpoena? A subpoena is an order to appear to provide testimony under oath about a certain topic or event. Sometimes a subpoena requests the recipient to produce documents, this is called a “subpoena duces tecum.” Failure to comply with a properly issued and served subpoena can result in sanctions against the person subpoenaed, up to and including fines and imprisonment.

Who can issue a Subpoena? A court, court officers, commissioners, the attorney general (or their agents) and licensed attorneys have the right to issue a subpoena.

What is “issuance” of a Subpoena? What is “service” of a Subpoena? A subpoena is “issued” when it is signed by a person with proper authority. They are most often issued without being reviewed by a judge or being filed with a court. To be enforceable against the person being subpoenaed, that person has to be properly served.

Who can serve a Subpoena? In most instances, a subpoena can be served by any third party who is not party to the litigation.

How is a Subpoena Served? To be enforceable, a subpoena must be properly served. A subpoena must be served in one of these ways: (1) handed to the individual who is being required to testify; (2) left at a person’s residence, with a person of suitable age who also resides there (such as a spouse or child at least 14 years old); or (3) handed to an officer of St. David’s (executive director or board chair). Service by mail is not allowed for most civil or criminal cases. A subpoena left at the front desk at St. David’s is generally not effective service.

What Should be Done When a Subpoena is Received? The executive director should be immediately notified of any subpoena received by a St. David’s employee (excluding purely personal matters). Do not discuss the subpoena with anyone until after first discussing it with the executive director.

How to Respond to a Subpoena? St. David’s (generally through legal counsel) should contact the attorney issuing the subpoena to discuss the information being sought. Even where a subpoena is not validly served, it can serve St. David’s well to contact the issuer early to negotiate St. David’s response. Most often the response is negotiable, in terms of time or expense or form of response.

Care must be taken to ensure that there is no improper sharing of confidential or private information about any person served by St. David’s Center.

Message from Zach Crain on 8/9/18

As a reminder, for a subpoena to be valid, the following has to apply:

(1) it has to be served by physically handing a copy of the subpoena to CEO or the testifying employee,

(2) Except when the subpoena is issued by the state or a county, the attorney must make arrangements for the payment of reasonable compensation prior to the testimony, and

(3) It has to be within the county where the person resides or regularly transacts business. Absent these three things, we can move to quash the subpoena.
Policy Title: Misconduct Reporting (i.e. Whistle Blower)

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<th>Julie Sjordal</th>
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**Policy:** St. David’s Center relies on personnel acting in good faith to report Misconduct, as defined below, and is committed to protecting personnel who report suspected Misconduct. St. David’s Center reviews all reports of Misconduct and investigates such reports when provided for by this Policy and Procedure. St. David’s Center does not permit interference with the reporting of Misconduct, nor does it retaliate against anyone who reports Misconduct. This Policy and Procedure pertains to any on-the-job activity performed by St. David’s Center employees, St. David’s Center board members, and other contractors or agents who provide services to or on behalf of St. David’s Center (consistent with applicable law).

**Definitions:**

**Misconduct:** Misconduct refers to any action or omission that is inconsistent with (1) law, regulation, and/or sub regulatory guidance applicable to the services St. David’s Center provides, or (2) St. David’s Center policy. Personnel who are uncertain regarding whether specific actions or omissions constitute Misconduct should consult with their supervisor or the Chief Executive Officer (CEO).

Misconduct includes, but is not limited to, the following:

- Release of confidential information
- Corruption or bribery
- Theft of St. David’s Center property
- Falsification of reports to clients or St. David’s Center
- Willful failure to perform duties
- Inappropriate use of participant information
- Discrimination
- Sexual harassment
- Alcohol or drug use/intoxication at work
- Misuse, mismanagement, or misappropriation of funds, property, or any other St. David’s Center asset
- Fraud, Waste, and Abuse, as defined in applicable Federal and State law and St. David’s Center policy

**Good Faith:** Any employee filing a complaint must be acting in good faith, defined as having reasonable grounds for believing the information disclosed indicates misconduct, dishonesty, or fraud. Any unsubstantiated allegations which prove to have been made maliciously or with knowledge that the allegations are false will be subject to disciplinary action, up to and including dismissal.
**Abuse:** With respect to St. David's Center's participation in government health care programs and submission of claims to third-party payors, "abuse" is a pattern of practices that are inconsistent with sound fiscal, business, or health service practices, and that result in unnecessary costs to the programs or in reimbursements for services that are not medically necessary or that fail to meet professionally recognized standards.

**Fraud:** An intentional deception or misrepresentation that the individual knows to be false or does not believe to be true, and that the individual makes knowing that the deception could result in some unauthorized benefit to himself/herself or to some other person.

**Medicaid:** A medical assistance program provided to certain low income individuals under a state plan approved by CMS. Minnesota’s Medicaid program is Medical Assistance (MA).

**Waste:** The inappropriate utilization and/or inefficient use of resources.

**Procedure:**

I. **Training**

All employees, managers, and directors of St. David's Center are informed of their responsibility to immediately report Misconduct during initial orientation and annually thereafter.

II. **Misconduct Reporting Process**

A. Employees, board members, and other contractors or agents who are aware of or have reason to suspect Misconduct should report the suspected Misconduct to their supervisor or Policy Training and Talent (PTT) immediately.

B. All Misconduct reports will be forwarded directly to the CEO upon receipt from supervisors/PTT.

C. The following information should be provided on the report (see attached template):

1. A detailed description of the alleged Misconduct. This should include the name(s) and department(s) of all those believed to be involved.
2. Date(s) of alleged Misconduct.
3. Any supporting evidence or material that may be available to the reporting individual. Individuals are not to investigate Misconduct on their own or to remove records from their proper location.
4. Anonymous reports will only be investigated to the extent that objective inquiry is possible based on the information provided in the report.

D. **Special Reporting Situations:**

1. If an individual suspects their supervisor is involved in Misconduct or the supervisor has not acted on the employee’s previous attempts to report the suspected Misconduct, the employee should report the suspected Misconduct to the Chief Executive Officer (CEO). *The CEO maintains an open-door policy, and any issues can be brought directly to the CEO.*
2. Suspected Misconduct involving the CEO should be reported to the Board of Directors.
III. Confidential Handling of Reports

A. St. David’s Center strives to prevent the disclosure of the identity of the employee, Board member, or other contractor or agent reporting alleged Misconduct, when St. David’s Center does not have the reporter’s consent to make such a disclosure.

B. However, the identity of an employee, Board member, or other contractor or agent may become obvious to others during an investigation due to the nature of the information being investigated.

C. In addition, the employee, Board member, or other contractors or agents’ identity may be disclosed, as necessary, in situations including, but not limited to, the following:
   1. Law enforcement or agency investigations;
   2. In connection with disciplinary action against the person accused of the Misconduct;
   3. When required by a subpoena, court order, or other legal requirements;
   4. When required to defend an employee grievance.

D. The identity of an employee, Board member, or other contractors or agents may also be disclosed to the following individuals:
   a. St. David’s Center employees assigned to investigate the matter
   b. Senior management (on a need-to-know basis)

D. If possible, and depending upon the nature of the reported Misconduct, the employee, Board member, or other contractor or agent will be notified if their identity will be disclosed. Employees, Board members, or other contractors or agents reporting Misconduct or subsequent retaliation may be asked to testify during the course of a legal action or grievance that may be brought against St. David’s Center, the Board, members of the senior management team, or its agents relating to the suspected Misconduct or alleged retaliation.

E. Anyone reporting Misconduct must be acting in Good Faith and have reasonable grounds for believing the information disclosed constitutes Misconduct. Any allegations that cannot be substantiated and which prove to have been made baselessly and/or maliciously will be handled as a serious disciplinary offense.

IV. Investigation of Misconduct.

A. All reports of Misconduct submitted to supervisors are promptly forwarded to the CEO. The failure of a supervisor, program/department director, the CEO, or a Board member to forward and/or investigate a report of Misconduct is a violation of this Policy and Procedure and may result in disciplinary action, up to and including dismissal.

B. The CEO reviews and evaluates reports of Misconduct to determine if the report should be referred for further review and/or investigation. Depending on the nature and/or
type of the Misconduct, the initial assessment may also involve St. David’s Center’s legal
counsel, the Board, Human Resources, and the Security and/or Privacy Officer.

C. **If further review or investigation is deemed necessary, the CEO**, working with St. David’s
Center’s legal counsel, and members of the senior management team, as needed,
**conducts an investigation**, assigns an internal investigator, or engages an external
investigator, based on the nature and/or operations area of the suspected Misconduct.
Investigation timelines vary based on the type of the alleged Misconduct and the type of
investigation required.

D. **The party who conducts the investigation is responsible for preparing an investigative
report.** Investigative reports are reviewed by the CEO, Board, St. David’s legal counsel,
and others, as deemed appropriate. In the event that a Board member, legal counsel, or
another person who would typically be involved in reviewing investigative reports is a
subject of the investigation, such individual is not permitted to participate in the
preparation or review of the report.

E. **If the investigation substantiates that Misconduct occurred**, the CEO, in consultation
with St. David’s Center’s legal counsel, issues a recommendation to the Board. The Board
promptly acts upon such recommendations.

F. **Decisions to prosecute or refer the investigative findings to an appropriate law
enforcement/regulatory agency, the Centers for Medicare and Medicaid Services (CMS)
and/or the Minnesota Department of Human Services (DHS), for further investigation and
disposition are made by the CEO with input from the [Compliance Department/Officer],
legal counsel, and the Board.**

G. **The Finance Committee of the Board addresses all reported concerns or complaints
regarding corporate accounting practices, internal controls, and/or auditing.** The CEO
immediately notifies the Finance Committee of any such concerns or complaints and
works with the Committee to resolve the matter.

H. **In the event that the CEO is the subject of reported Misconduct or otherwise the subject
of an investigation into reported Misconduct, the Board Chair stands in the shoes of the
CEO to ensure steps IV.A-IV.F of this Policy and Procedure are completed.**

V. **Interference and Retaliation Prohibited**

A. St. David’s Center employees, Board members, and other contractors or agents are
**prohibited from interfering or attempting to interfere** with the right of another
employee, Board member, contractor, or agent to report Misconduct.

B. St. David’s Center, its employees, Board members, contractors and agents are also
**prohibited from retaliating against an employee**, Board member, contractor or agent who
has reported Misconduct. If an individual believes that retaliation or interference was
threatened, attempted, or occurred, s/he is encouraged to file a complaint with the CEO. The
CEO reports all such complaints to the Board, unless the complaint involves the CEO. If the
complaint involves the CEO, the individual should report such complaint to the Board Chair.
C. An employee, Board member, contractor or agent who interferes with or tries to interfere with the right of another employee, Board member, or other contractors or agents to report Misconduct or who retaliates against an employee, Board member, or other contractor or agent who has reported Misconduct is subject to disciplinary action, up to and including dismissal.

D. Nothing in this Policy and Procedure limits the right of any person who believes s/he has been the subject of retaliation to seek individual remedies available under Federal or State laws.

VI. Post-Investigation Process

A. Corrective Action: In conjunction with review of the investigative report and the issuance of recommendations to the Board, the CEO determines whether a corrective action plan is needed. If a corrective action plan is needed, the CEO assigns responsibility for the development, implementation, and ongoing monitoring of the corrective action plan.

B. If the investigation substantiates that Fraud, Waste, Abuse, or other potentially illegal activity has occurred, investigative findings are reported to Federal or State governmental authorities, as required under applicable law, after consultation with legal counsel.

VII. Confirmed Misconduct

St. David’s take necessary action to correct confirmed Misconduct by any of the following:

1. St. David’s Center’s employees
2. St. David’s Center’s Board members
3. St. David’s providers
4. Other St. David’s contractors or agents

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment: Misconduct Reporting Form
St. David’s Center

Misconduct Report

Date(s) of alleged Misconduct:

Give a detailed description of the alleged Misconduct. This should include the name(s) and department(s) of all those believed to be involved:

Describe how you learned about the misconduct:

Provide any supporting evidence or material that may be available to the reporting individual. Please note that individuals are not to investigate misconduct on their own or to remove records from their proper location.

Reporter Name:

Please note that anonymous reports will only be investigated to the extent that objective inquiry is possible based on the information provided in the report.

Date Report Submitted:

Submit this report to your supervisor and / or Policy Training and Talent Department

All Misconduct Reports are forwarded to St. David’s Center’s CEO
Policy Title: Non-Retaliation (i.e. whistle blower)

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Policy:
It is St. David’s Center’s policy to comply with all applicable laws that protect individuals against unlawful discrimination or retaliation by St. David’s Center as a result of a lawful report of non-compliance.

Procedure:
1. All St. David’s Center employees, Board members, or other contractors or agents (as appropriate under applicable law) are responsible for promptly reporting any actual or potential wrongdoing, misconduct, or violation of Federal or State law or regulation or St. David’s Center policy or procedure.

2. The Chief Executive Officer (CEO) and Executive Leadership Team (ELT) will make efforts to assure that all policies and procedures encourage reporting and non-retaliation. The CEO and ELT will maintain an “open door policy” to allow individuals to report problems and concerns related to actual or potential violations. All reported problems and concerns will be treated confidentially.

3. All concerns reported to supervisors and other staff will be communicated to the CEO, who will act upon reported concerns promptly and in accordance with applicable St. David’s Center’s policies and procedures, including reporting to appropriate officials.

4. If concerns are related to the CEO or if an individual perceives that the CEO has not responded to reported concerns appropriately, individuals can report concerns directly to the Board of Directors through contacting the Board Chair.

5. No individual who in good faith reports a perceived violation of an ethical business standard, applicable laws or responsible financial practices shall suffer harassment, retaliation, or adverse employment consequence as a result of making a report. An employee who retaliates against someone who has reported a violation in good faith is subject to disciplinary action up to and including termination of employment. This Policy is intended to encourage employees to raise such serious concerns within St. David’s Center on a timely basis and to prevent any further negative consequences to the employee and organization.

6. Annual training and new employee orientation training emphasizes non-intimidation and non-retaliation for compliance related questions or reports of potential noncompliance.
7. Any retribution, retaliation, intimidation, or harassment that occurs will be met with disciplinary action by St. David’s Center. The CEO will investigate any report of retaliation or harassment to determine what has occurred. In the event that any retribution, retaliation, intimidation, or harassment relates to the CEO, the Board Chair will complete the investigation. If retaliation or harassment is substantiated, appropriate disciplinary and/or corrective action and/or sanctions will be imposed against the responsible individuals.

8. Individuals cannot exempt themselves from the consequences of wrongdoing by self-reporting, although self-reporting may be taken into account in determining the appropriate course of action.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment: See Misconduct Reporting and Fraud Waste and Abuse Policies for further information
Policy Title: Policy and Procedure Development

Policy Owner: Julie Sjordal
Policy Originated by: Administration
Date Written: 10/1/13
Date Reviewed / Revised: 9/22/15, 12/15/15, 1/17/17, 6/2/18
Applicable Programs: ALL
Date Reviewed and Approved by ELT: 6/4/18
Statutory or Regulatory Citation: None
Signature if needed:

Policy:
St. David’s Center’s program directors, administrative directors and managers (hereby referred to as program and administrative leaders) are responsible for understanding all federal and state regulatory requirements that are pertinent to their programs and/or area of responsibility. They are also responsible for developing an operational framework to meet these requirements. This includes developing and implementing reasonable and appropriate policies and procedures that comply with standards, implementation specifications, or other requirements. In addition, program and administrative leaders are responsible for educating new and existing staff members on stated policies and procedures and ensuring that staff have availability to access such policies and procedures at all times.

St. David’s Center’s program and administrative leaders are responsible for ensuring their policies and procedures are reviewed and approved by the Executive Leadership Team (ELT) on an annual basis. Changes to policies and procedures may occur at any time, provided that changes are documented, approved and implemented.

Definitions:
Policy Owner means the Executive Leadership Team member responsible for oversight and approval of the policy.

Policy Originated by means the program or administrative department which identified the need and drafted the policy.

Date Written means the date a policy was originally written and submitted by program or administrative leaders to the Executive Leadership (ELT) Team member for approval.

Date Reviewed / Revised means the date a policy was last reviewed and re-submitted for approval.

Date Reviewed and Approved by ELT means the date an original policy becomes effective upon ELT approval or the date of annual review and approval by ELT.

Signature if needed means that the approved policy can be printed and signed (signature of “owner” should be obtained) as needed to satisfy regulatory requirements.
Procedure:

1. Development of New Policy

   A. The program or administrative leader bearing responsibility for a potential policy will present evidence to the appropriate ELT member (owner) demonstrating need for a policy by completing the Policy Requisition Form and submitting to policies@stdavidscenter.org

   B. That ELT member will ensure that there are no existing policies to which that proposed policy is duplicated, contradictory or conflicting and where, if a policy is necessary, under whose ownership the policy falls.

   C. The responsible program or administrative leader will draft the policy using the standard St. David’s Center policy and procedure template attached.

   D. If the policy has cross-program implications, it must be reviewed by all other affected program directors or administrative leaders.

   E. The policy is submitted to policies@stdavidscenter.org

   F. The ELT will review and approve the policy.

   G. After ELT review and approval, ELT will communicate this to PTT and PTT will mark the policy as approved by ELT on the given date and will communicate approval to the program or administrative leader who submitted the policy for approval.

   H. Final reviewed policies will be uploaded into Policies folder on SharePoint by PTT or Executive Assistant.

2. Request for Revisions

   A. As program and administrative leaders learn of regulation changes that should influence a policy change, they should submit Policy Requisition Form to revise the policy.

   B. Using the policy requisition form, submit the policy with suggested revisions to policies@stdavidscenter.org and PTT will review the policy and submit to ELT for final review.

   C. After ELT review and approval, PTT will mark the policy as approved by ELT on the given date and will communicate approval to the program or administrative leader who submitted the policy for approval.

   D. Final reviewed policies will be uploaded into Policies folder on SharePoint.

3. Annual Review Policies

   A. In advance of the designated annual review period, the ELT owner of policy set will initiate review.
B. The owner of the policy set will confer with the Chief Executive Officer to determine the necessity of legal review.

C. Policies will be reviewed and reapproved annually by ELT on the following schedule:

<table>
<thead>
<tr>
<th>Policy Section</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>January</td>
</tr>
<tr>
<td>Employer HR</td>
<td>March</td>
</tr>
<tr>
<td>HIPAA &amp; IT</td>
<td>May</td>
</tr>
<tr>
<td>Administration &amp; Finance</td>
<td>June-July</td>
</tr>
<tr>
<td>Program</td>
<td>September – December</td>
</tr>
</tbody>
</table>

D. A hard-copy version of all policies will be kept in the Policy and Procedure Manual and will be updated on an annual basis. There are 3 Policy and Procedure Manuals, located at the following each of St. David’s Center’s sites:

Minnetonka: Policy, Training and Talent Office
Harman Center: Clinic Supervisor Office
St. Louis Park: Policy, Training and Talent (Recruiter) Office

E. The following policies will be reviewed and approved by the Medical Director annually and upon any changes. PTT will be responsible for initiating this approval and signature.

   i. Accidents and Critical Incidents
   ii. Administration of Diastat
   iii. Administration of Epinephrine
   iv. Automated External Defibrillator
   v. Cleaning and Sanitation
   vi. Client Safety and Campus Security
   vii. Demission and Discharge
   viii. Ill Clients
   ix. Individual Health Plans
   x. Medication Administration
   xi. Medication Errors

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachments:** Policy and Procedure Template; Medical Policy and Procedure Template; Policy Requisition SOP
### Policy Title:

<table>
<thead>
<tr>
<th>Policy Owner: Policy Originated by:</th>
<th>Date Written: Date Reviewed / Revised:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicable Programs: ALL or name program</th>
<th>Date Reviewed and Approved by ELT: xxx</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statutory or Regulatory Citation:</th>
<th>Signature if needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Policy:

### Definitions:

### Procedure:

### Reference or Attachment:

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

### Reference or Attachment:
MEDICAL POLICY Title:

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Date Written:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Originated by:</td>
<td>Date Reviewed / Revised:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicable Programs:</th>
<th>Date Reviewed and Approved by ELT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL or name program</td>
<td>xxx</td>
</tr>
</tbody>
</table>

| Statutory or Regulatory Citation: | Date Reviewed and Approved by Medical Director: |

Policy:

Definitions:

Procedure:

Reference or Attachment:

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Record Retention and Destruction

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Julie Sjordal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Originated by:</td>
<td>Julie Sjordal and Nilan Johnson</td>
</tr>
<tr>
<td>Date Written:</td>
<td>10/1/13</td>
</tr>
<tr>
<td>Date Reviewed / Revised:</td>
<td>5/22/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicable Programs:</th>
<th>ALL or name program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Reviewed and Approved by ELT:</td>
<td>5/22/18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statutory or Regulatory Citation:</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature if needed or Legal Review Note</td>
<td>Legal review by Elizabeth Winchell 2018</td>
</tr>
</tbody>
</table>

Policy:

St. David’s Center will observe its obligations related to record retention and destruction.

Procedure:

1. The record retention schedule below is intended as a guideline and may not contain all the records the Organization may be required to retain in the future. Questions regarding the retention of documents not listed in this schedule should be directed to the Chief Executive Officer (CEO).

2. From time to time, the CEO may issue a notice, known as a “legal hold,” suspending the destruction of records due to pending, threatened, or otherwise reasonably foreseeable litigation, audits, government investigations, or similar proceedings. No records specified in any legal hold may be destroyed, even if the scheduled retention period has elapsed, until the legal hold is withdrawn in writing by the Executive Director.

<table>
<thead>
<tr>
<th>File Category</th>
<th>Item</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Records</td>
<td>Bylaws and Articles of Incorporation</td>
<td>Permanent</td>
</tr>
<tr>
<td></td>
<td>Corporate resolutions</td>
<td>Permanent</td>
</tr>
<tr>
<td></td>
<td>Board and committee meeting agendas and minutes</td>
<td>Permanent</td>
</tr>
<tr>
<td></td>
<td>Conflict-of-interest disclosure forms</td>
<td>4 years</td>
</tr>
<tr>
<td>Finance and Administration</td>
<td>Financial statements (audited)</td>
<td>7 years</td>
</tr>
<tr>
<td></td>
<td>Auditor management letters</td>
<td>7 years</td>
</tr>
<tr>
<td></td>
<td>Payroll records</td>
<td>7 years</td>
</tr>
<tr>
<td></td>
<td>Check register and checks</td>
<td>7 years</td>
</tr>
<tr>
<td></td>
<td>Client invoices</td>
<td>7 years</td>
</tr>
<tr>
<td>Category</td>
<td>Retention Period</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Vendor invoices</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Purchase orders</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>Bank deposits and statements</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Chart of accounts</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>General ledgers and journals (includes bank reconciliations)</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Investment performance reports</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Equipment files and maintenance records</td>
<td>7 years after disposition</td>
<td></td>
</tr>
<tr>
<td>Contracts and agreements</td>
<td>7 years after all obligations end</td>
<td></td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>Correspondence — general</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>Correspondence — significant</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td><strong>Insurance Records</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies — occurrence type</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Policies — claims-made type</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Accident reports</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Safety (OSHA) reports</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Claims (after settlement)</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Group disability records</td>
<td>7 years after end of benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Real Estate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deeds</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>Leases (expired)</td>
<td>7 years after all obligations end</td>
<td></td>
</tr>
<tr>
<td>Mortgages, security agreements</td>
<td>7 years after all obligations end</td>
<td></td>
</tr>
<tr>
<td><strong>Tax</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRS exemption determination and related correspondence</td>
<td>Permanent</td>
<td></td>
</tr>
<tr>
<td>IRS Form 990s</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td>Charitable Organizations Registration Statements (filed with Minnesota Attorney General)</td>
<td>7 years</td>
<td></td>
</tr>
<tr>
<td><strong>Human Resources</strong></td>
<td>Employee personnel files</td>
<td>7 years post term</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Retirement plan benefits (plan descriptions, plan documents)</td>
<td>7 years post term</td>
</tr>
<tr>
<td></td>
<td>Employee handbooks</td>
<td>7 years post</td>
</tr>
<tr>
<td></td>
<td>Workers comp claims (after settlement)</td>
<td>7 years</td>
</tr>
<tr>
<td></td>
<td>Employee orientation and training materials</td>
<td>7 years after use ends</td>
</tr>
<tr>
<td></td>
<td>Employment applications</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>IRS Form I-9 (store separate from personnel file)</td>
<td>Greater of 1 year after end of service, or 3 years</td>
</tr>
<tr>
<td></td>
<td>Withholding tax statements</td>
<td>7 years</td>
</tr>
<tr>
<td></td>
<td>Timecards</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>Annual employee training logs (Compliance/Fraud, Waste &amp; Abuse)</td>
<td>10 years</td>
</tr>
<tr>
<td></td>
<td>Volunteer records</td>
<td>3 years</td>
</tr>
</tbody>
</table>

| **Technology**          | Software licenses and support agreements           | 7 years after all obligations end |
|                        | HIPAA policies and procedures                      | 6 years from date last in effect |

| **Client Records**      | Any client records                                 | Per statute requirements for the specific service area |

| **Donor Records**       |                                                  | 10 years |

| **Donor Records related to Endowment or Significant Restriction** | Permanent |

3. **Electronic Documents and Records**

- Electronic documents will be retained as if they were paper documents. Therefore, any electronic files that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time.

- If a user has sufficient reason to keep an e-mail message, the message should be saved in the appropriate file or moved to an “archive” computer file folder. Backup and recovery methods will be tested on a regular basis.
4. **Emergency Planning**

The Organization’s records will be stored in a safe, secure, and accessible manner. Documents and financial files that are essential to keeping the Organization operating in an emergency will be backed up on a regular schedule and maintained as electronic files.

5. **Document Destruction**

The CEO is responsible for the ongoing process of identifying records that have met the required retention period and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding, consistent with the requirements for secure destruction under HIPAA.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation or resolution of the lawsuit, as applicable, following the CEO’s withdrawal of the legal hold.

6. **Compliance**

Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the organization and its employees and possible disciplinary action against responsible individuals. The CEO will periodically review these procedures with legal counsel or the organization’s certified public accountant to ensure that they are in compliance with new or revised regulations.

**Reference or Attachment:**

*Commented [EMW1]: Revise to align with current procedures.*
II. EMPLOYEE HR (HR MANAGER)

1. Anti-harassment
2. Attendance and Absenteeism
3. Automated External Defibrillator (AED) Use
4. Background Checks
5. Benefits Eligibility
6. Benefits PPACA Definitions and Administration
7. Code of Conduct
8. Conflict of Interest for Employees, Contractors, Volunteers
9. Definition of Employee and Job Classification
10. Dress Code and Professional Appearance
11. Driver Safety Policy
12. Dual Relationships
13. Emergency Closure and Inclement Weather
14. Employee Assistance Program
15. Employee Solicitation and Communication
16. Employee Vacation Policy for IT & Business Operations Employees
17. Equal Employment Opportunity and Affirmative Action
18. Expense Reimbursement
19. Flexible Schedule
20. Intern Policy
21. Internal Hiring Process
22. Internet Access and Device Acceptable Use
23. Leave of Absences and Family and Medical Leave Act
24. Licensure
25. Nursing Mothers
26. On Call
27. Paid Holidays
28. Payroll, Timesheets, Overtime, and Breaks
29. Performance Evaluations and Progressive Disciplinary Process
30. Personal Time Off
31. Personnel Records
32. Reasonable Accommodation
33. Religious Accommodation
34. Sexual Conduct Zero Tolerance
35. Social Media
36. Staff Employment Reinstatement
37. Staff Employment Termination
38. Tobacco, Drugs and Alcohol-free Work Place
39. Training and Professional Development
40. Volunteer Background Checks
41. Workplace Safety
42. Work-Related Injuries
Policy:

It is the policy of St. David’s Center to maintain a respectful work and public service environment free from harassment, violence, discrimination, and other offensive or degrading remarks or conduct. St. David’s Center will not tolerate such behavior by or toward any employee, customer, vendor or client. Any employee found to have acted in violation of this policy shall be subject to appropriate disciplinary action that may include discharge from employment.

Definitions:

Bullying includes repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. It includes, but is not limited to

- Verbal bullying: Slandering, ridiculing or maligning a person or his/her family; persistent name calling that is hurtful, insulting or humiliating; using a person as the subject of jokes; abusive and offensive remarks.
- Physical bullying: Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault; damage to a person’s work area or property.
- Gesture bullying: Nonverbal threatening gestures or glances that convey threatening messages.
- Exclusion: Socially or physically excluding or disregarding a person in work-related activities.

Discriminatory behavior includes inappropriate remarks about or conduct related to an employee’s race, color, creed, religion, national origin, disability, gender, pregnancy, marital status, family status, age, sexual orientation, status with regard to public assistance, membership on a local human rights commission, or any other classification protected by local, State, or Federal law.
**Offensive behavior** may include such work-related actions based on a protected class/es as rudeness, exclusionary behavior, angry outbursts, inappropriate joking, vulgar obscenities, name calling, condescending comments, disrespectful language, or the intentional filing of an unfounded complaint under this policy.

**Violent behavior** includes the use of physical force, verbal harassment or intimidation, or abuse of power or authority when the effect is to control by causing physical or emotional pain, fear, or hurt.

**Procedure:**

1. St. David’s Center is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, St. David’s Center expects that all relationships among persons in the organization will be business-like and free of bias, prejudice and harassment.

2. St. David’s Center has developed this policy to ensure that all its employees can work in an environment free from unlawful harassment, discrimination and retaliation. St. David’s Center will make every reasonable effort to ensure that all concerned are familiar with these policies and are aware that any complaint in violation of such policies will be investigated and resolved appropriately.

3. St. David’s Center prohibits harassment, bullying, offensive behavior, violent behavior, and discrimination of any kind, including, but is not limited to the following:
   - A. Threats or other forms of intimidation
   - B. Persistent intrusion or disturbance
   - C. Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advance, or propositions
   - D. Use of offensive, racial, sexist or demeaning terms, remarks, jokes or gestures
   - E. Verbal abuse of any kind
   - F. Displaying objects or pictures, or written, recorded, or electronically transmitted material to staff that is offensive, demeaning, insulting, intimidatory, or sexually suggestive

4. Any person who feels subjected to harassment, violent, discriminatory, or offensive behavior of any kind in the workplace should promptly report such behavior to a supervisor or Policy Training and Talent (PTT).

5. St. David’s Center prohibits verbal or physical conduct that denigrates or shows hostility or aversion toward any individual because of that person’s race, creed, color, religion, gender, pregnancy, national origin, marital status, status with regard to public assistance, disability, age, membership on a local human rights commission, sexual orientation, family status, or any other classification protected by local, State, or Federal law, or because of the protected classifications of the person’s relatives, friends, or associates.
6. Sexual harassment is prohibited, and may include, but is not limited to:
   A. Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of an employee’s obtaining employment or continuing employment
   B. Making submission to or rejection of such conduct the basis for employment decisions affecting an employee
   C. Unwelcome sexual flirtations, propositions, and invitations to social events
   D. Offensive physical contact or physical closeness
   E. Use of words of a sexual nature describing body parts or sexual acts, telling “suggestive” jokes or stories, and conversations about sexual exploits or sexual desires
   F. Displaying in the workplace sexually suggestive objects, pictures, cartoons, or representations of any action or subject that is sexual in nature and that can be perceived as offensive
   G. Sabotaging an employee’s character, reputation, work effects, or property because of sex
   H. Direct or indirect suggestions that an employee’s job security, job assignment, conditions of employment, or opportunities for advancement depend in any way upon the granting of sexual favors or relations
   I. Creating an intimidating, hostile, or offensive working environment or otherwise substantially interfering with an individual’s employment by such conduct
   J. Retaliating against an employee for complaining about such conduct

7. Responsibility to Report Harassment
   A. If a staff or other individual feels that they are in an unsafe or harassing work environment, it is the responsibility of the staff or individual to notify his/her coordinator or supervisor.
   B. When a concern about a work environment has been expressed to a coordinator, the coordinator will discuss the concerns with other parties involved. The Program Director will be informed and the PTT department at St. David’s Center will be consulted as needed.
   C. Staff may refuse a work environment that he or she perceives to be harassing or unsafe. Illegal activity will be reported to the police.
   D. If a worksite is deemed not safe from harassment, St. David’s Center will make every effort to find an alternative setting to provide services to the client. If an acceptable, alternative work setting cannot be found, St. David’s Center may need to terminate services for the client.

8. Complaints relating to prohibited harassment
A. An employee who believes he/she has been subject to harassment prohibited by this policy should report the incident immediately to his/her supervisor or any member of St. David’s Center’s PTT.

B. The complaining employee may be asked to put the facts surrounding the offensive conduct or communication in writing. St. David’s Center will investigate the complaint. This investigation may include reviewing relevant documentation and interviewing the employee making the charges, the accused employee, and appropriate witnesses, depending upon the individual circumstances of the matter.

C. Determination of whether prohibited harassment occurred will be made on a case-by-case basis, depending upon the circumstances of the matter, including the type of harassment alleged, the context in which the alleged harassment occurred, and any other facts deemed relevant. The employee making the complaint will be advised of the final disposition of the matter.

D. Because of St. David’s Center’s legal obligation to conduct a thorough investigation of harassment complaints, St. David’s Center cannot guarantee that such complaints will remain confidential. However, St. David’s Center will make every effort to keep its investigation and resolution of such complaints as discreet as possible.

9. Office relationships and dating

A. St. David’s Center recognizes that consensual relationships that are, or have the potential of becoming, intimate, sexual, or romantic in nature sometimes exist between employees. However, because such relationships may make other employees and those involved in the relationship uncomfortable, St. David’s Center strongly discourages such relationships, particularly those between a supervisor and subordinate and those in which differences in age, background, or other characteristics of the two individuals compromise the ability of either one to make an informed decision about participating in the relationship. Therefore, the following policies shall apply with regard to such relationships:

i. Employees are not prohibited from dating each other, but they also have an absolute right to say “No” if they do not want to start or continue such a relationship.

ii. If an employee feels that he/she is being pressured to start or continue an unwelcome personal relationship with another employee, the employee should report the situation to his/her supervisor or any member of St. David’s Center’s PTT.

iii. If such a relationship develops between a supervisor and a subordinate, the supervisor must disclose it in writing to any member of the St. David’s Center PTT.

iv. If such a relationship develops, St. David’s Center reserves the right to reassign the relationship that may exist, ask one or both of the employees to leave St. David’s Center, and/or take whatever action St. David’s Center deems necessary under the circumstances.
10. All employees are protected in their right to report incidents that they believe violate this anti-harassment policy, and they are also protected in their right to participate in the investigation of such reports without fear of reprisal such as retaliation, intimidation, or other adverse employment action. Reprisal is strictly prohibited.

11. A violation of this policy may be grounds for immediate discipline, up to and including discharge. Discipline, if any, will be determined on a case-by-case basis, after a review of relevant information.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**

ND: 4818-3415-5542, v1
<table>
<thead>
<tr>
<th>ATTENDANCE AND ABSENTEEISM</th>
<th></th>
</tr>
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<tbody>
<tr>
<td><strong>Policy Owner:</strong> HR Manager</td>
<td><strong>Date Written:</strong> 10/01/13</td>
</tr>
<tr>
<td><strong>Policy Originated by:</strong> Administration</td>
<td><strong>Date Reviewed / Revised:</strong> 02/17/15, 03/25/15</td>
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<tr>
<td><strong>Applicable Programs:</strong> All</td>
<td><strong>Date Reviewed and Approved by ELT:</strong> 02/17/15, 04/21/15</td>
</tr>
<tr>
<td><strong>Statutory or Regulatory Citation:</strong></td>
<td><strong>Signature if needed:</strong></td>
</tr>
</tbody>
</table>

**Policy:**
Prompt and regular attendance is necessary to ensure effective agency programming and operations.

**Procedure:**

1. St. David’s Center recognizes that on occasion an employee may not be able to report for work due to illness or emergency. In this case the employee is required to call his/her supervisor at least two hours prior to scheduled start time. If the employee is unable to reach the supervisor directly, the employee may leave a message but it is also the employee’s responsibility to call back the same day as the absence to speak with his/her supervisor directly.

2. Employees are asked to conduct personal business outside of work hours. If time off is needed to attend to personal business, it is expected that employees will provide appropriate notice and request time off in accordance with the Leave of Absence and Personal Time Off policies.

3. Supervisory approval is necessary in advance of an absence to be considered an approved absence. Employees who do not receive their supervisors’ approval for an absence from work are considered to have an unexcused absence.

4. Excessive absence from work, absence without appropriate notice, or an absence without supervisory approval may be considered a performance issue and is subject to disciplinary action up to and including termination of employment.
5. An employee who is absent from work for two consecutive days without contacting his/her supervisor, or who does not return from an approved leave of absence on the scheduled return date, may be considered to have voluntarily terminated his/her employment with St. David’s Center.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy:
Appropriate background and reference checks will be conducted on all potential finalists for an employment position at St. David’s Center or each individual who has been given a conditional offer of employment at St. David’s Center, as well as temporary employees and interns.

A background study will be completed on each sub-contractor that currently provides or will be providing, direct service to participants of the Foster Care Programs.

Additionally all contractors, sub-contractors, volunteers, and student volunteers who will have direct contact with persons served by St. David’s Center programs and will not be under continuous, direct supervision of an active employee of St. David’s Center will be required to complete a background check.

Foster Care Providers: Anyone applying to be a foster parent, all licensed foster parents, and all household members 13 years and older (including former foster children that have been adopted) and including long-term substitute caregivers, must have a background study completed by the Department of Human Services (DHS). It is also required that all household members 18 years and older who live in a foster home and long-term substitute caregivers are fingerprinted. Short-term substitute caregivers (less than 72 hours of care for the child in the licensed home) are not required to have a completed background study. All volunteers providing direct service in a St. David’s Center Foster Care program are required to have a completed background study through the Department of Human Services (DHS).

Depending upon the position and job description, these checks may include:
• Work references
• Personal references
• Education and licensure verification
• Motor vehicle records check
• Criminal background checks
• Sexual Offender Registry check
• Federal Office of Inspector General excluded provider check
• State of MN excluded provider check
• MN Nurses Aide Registry
• System for Awards Management (SAM) check.
• The Diana Screen

Several of these checks will be completed at initial hire and then on an ongoing basis (i.e. monthly) after hire. The individual will complete an authorization form in advance of any such background and reference checks. No direct care work may be performed until cleared to do so by the Department of Human Services (DHS) Background Check process and a passed result of the Diana Screen.

A background check must be initiated for employees upon returning to work following an absence of 120 or more consecutive days.

For Employees with a legal name change, a new background study must be initiated or the commissioner must be notified of the name change.

All staff working in Mental Health positions in the St. David’s Center Foster Care and Children’s Mental Health Case Management programs will have a background check initiated every two years.

Definitions:

"Psychotherapist" means a physician, psychologist, nurse, chemical dependency counselor, social worker, member of the clergy, marriage and family therapist, mental health service provider, licensed professional counselor, or other person, whether or not licensed by the state, who performs or purports to perform psychotherapy.

"Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.

Procedure:

Background Checks

1. Prior to making an offer of employment to any finalist candidate(s), or allowing any temporary or contract personnel, interns, or volunteer into a direct contact role and all volunteers in a St. David’s Center Foster Care Program, the appropriate St. David’s
Center personnel will initiate the appropriate background and reference checks and review the results.

2. St. David’s Center will provide the candidate(s) with an authorization form before conducting any background or reference checks.

3. A conditional offer of employment subject to satisfactory receipt of all references and background checks may be made to a finalist candidate if all the references and background checks are not received in a timely manner.

4. All employees, temporary or contract personnel, interns, or volunteers in a direct contact role and all volunteers in a Foster Care Program must complete a DHS background study.

   A. The individual completes the DHS Background Study Release form.
   B. Background study results are monitored by Policy Training and Talent (PTT) and results are communicated to the responsible supervisor to allow the individual to begin work.
   C. St. David's complies with DHS guidance regarding the results of the background study.
   D. The release for and documentation of results are kept in a confidential file, separate from the personnel, intern or volunteer file, due to the private nature of the information provided.
   E. If a potential candidate fails to complete the initial background study (fingerprinting process) within the time frame provided by DHS, he/she will be given opportunity to complete a second background study. However, after two failed attempts the individual may be disqualified from employment with St. David’s Center. This will then be communicated to the individual.
   F. Direct service staff: if an individual is not authorized to work by DHS, he or she may follow the reconsideration process provided by DHS.
   G. Direct service staff: If an employee does not apply for or is not granted reconsideration and he/she is already employed, his/her employment will be terminated effective the date of the background check result.

5. Any unfavorable references or background checks will be reviewed with PTT to determine if they will disqualify the applicant. Unfavorable references or background checks may be cause to revoke the conditional offer of employment or termination. In addition, the disclosure of inaccurate or incomplete information on the application will be cause to revoke any conditional offer of employment or terminate.

   A. PASSED means: A notice stating that the background study on the individual has been completed and the individual may provide direct contact services for the agency for which the background study was completed. (Notice received electronically through the DHS-Netstudy website and St. David’s Center also receives a letter on BLUE paper from DHS).
   B. MORE TIME IS NEEDED means: A notice stating that more time is needed to complete the background study for the individual. Notice will inform if the individual can or cannot provide unsupervised service. Direct care staff are not allowed to have
client contact until a PASSED result is received. (Notice received electronically through the DHS-Netstudy website and St. David’s Center also receives a letter on YELLOW paper from DHS).

C. DISQUALIFIED means: A notice stating that the individual is disqualified from any position allowing direct contact with, or access to, people receiving services. (Notice is received by mail on DHS letter head identifying the employee that must be removed from their position immediately).

6. PTT will notify the applicant of the withdrawal of the conditional employment offer by following the notification procedures as required by the Fair Credit Reporting Act.

7. All employees, temporary or contract personnel, interns, or volunteers in a direct contact role and all volunteers in a Foster Care Program must complete The Diana Screen.

A. The Diana Screen will be administered in one of the St. David’s Center offices, by a St. David’s Center employee certified to administer the Diana Screen. The test will be given in a private area where confidentiality is guaranteed, and no interruptions will occur. The screen will only be administered by staff who have received training from Abel Screening.

B. The screen will be completed after a job offer has been made. (or at a comparable time for volunteers, interns, others)

C. The Diana Screen consent form must be completed prior to taking the screen. Once the test has begun it cannot be stopped and restarted.

D. Individuals will not be given the results of the screening.

E. Results will be kept in a confidential database, and not in employee (or comparable) personnel files.

F. A failed test will not be the sole reason an individual will not be hired by St. David’s Center.

G. If applicable, PTT or a member of the hiring team will notify the applicant of the withdrawal of the conditional employment offer following the completion of The Diana Screen.

**Order for Immediate Removal Notices**

1. Upon receipt of an Order for Immediate Removal Notice from DHS, St. David’s Center personnel will verify in the Employee Portal system whether or not the individual listed on the notice is an active employee.

2. If the individual is employed, St. David’s personnel will:
   A. Notify the PTT Director to devise plan for suspension/termination
B. Notify the employee’s supervisor
C. Inform the employee either by telephone or through an in-person meeting at St. David’s Center
D. If an employee believes the notice is in error, the employee will be given five business days to dispute the notice with DHS. During this time, the employee will be suspended without pay. After three business days, the employee will be terminated. If the notice is subsequently resolved in the employee’s favor, and upon written confirmation from DHS, the employee may be eligible for rehire.

3. If the individual named in the DHS notice is not currently employed by St. David’s, St. David’s personnel will include the removal notice in the employee’s personnel file.
4. If the individual named in the DHS notice is not located in the Employee Portal system or was never employed by St. David’s, the notice will be placed in the applicant file. If an applicant file cannot be located, the notice can be shredded.

**Psychotherapist Reference Checks**

1. Prior to employing a psychotherapist, or allowing a psychotherapist in a direct contact role, St. David’s Center shall request the name and address of all current and former employers of the psychotherapist in the past five years. St. David’s will also obtain authorization from the psychotherapist to make inquiries concerning the occurrence of sexual contacts by the psychotherapist with patients or former patients of the psychotherapist.

2. St. David’s Center shall then make inquiries of all employers or former employers, for the five years proceeding, concerning the occurrence of sexual contacts by the psychotherapist with patients or former patients of the psychotherapist.

3. St. David’s Center may either rescind a conditional offer of employment or terminate a psychotherapist based upon the response to the inquiry of an employer or former employer concerning the occurrence of sexual contacts by the psychotherapist with patients or former patients of the psychotherapist.

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Authorization for Release of Information
Letter to psychotherapist’s former employer’s template
St. David’s Center offers its employees certain benefits as part of its employment and total compensation package. Eligibility for benefits is based on the employment status of the employee.

Eligibility:

Benefits are available based on employment status as listed below, but special consideration may be given at the discretion of the Chief Executive Officer.

1. Employees who are regular, full time employees, those who work 30 hours or more per week, may be eligible for benefits the first of the month following 30 days after hire date. The employee must physically work at least one day during that month to be eligible for benefits unless protected by a leave policy. Personal days, accrued vacation or sick leave may not be applied. Please reference Definition of Employee and Job Classification policy for more information.

2. Employees who are variable hour employees and who work on average 30 hours per week during the initial measurement period may be eligible for benefits.

   i) *The initial measurement period begins on the first of the month following the hire date and runs for twelve months. Should the employee meet this benefit eligibility requirement, they will be contacted by the PTT department, and benefits would start the first of the month following the completion of the initial measurement period. The employee must physically work at least one day during that month to be eligible for benefits unless protected by a leave policy. Personal days, accrued vacation or sick leave may not be applied. Please reference Benefits – PPACA Definitions and Administration policy for more information.
**Benefits** – The following benefits are available to all eligible staff (see above for eligibility):

1. **Medical Insurance**
   a. Medical insurance coverage and plans will depend on employee type (see Definition of Employee and Job Classification Policy).

2. **Health Savings Account (HSA)**
   a. All benefits eligible staff are eligible to enroll in and contribute funds to a Health Savings Account, subject to the terms of the applicable benefit plan and the eligibility conditions described in that plan document.

3. **403(b) Retirement Plan**
   a. All active employees are eligible to contribute funds to the St. David‘s Center 403(b) Retirement Plan at the beginning of employment, subject to the terms of the applicable benefit plan and the eligibility conditions described in that plan document.

4. **Short Term Disability, Accident, Cancer, Term Life, and Medical Bridge.**

5. St. David’s Center adheres to the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA insurance coverage will be offered to employees after qualifying events that would otherwise cause workers to lose their health benefits. Termination can be a qualifying event. For family members, qualifying events also include an employee’s death, divorce, or legal separation; an employee’s Medicare entitlement; and a child’s loss of dependent status. COBRA covers the continuance of health, dental, and life insurance where applicable.

**Benefits** – The following benefits, in addition to those listed above, are available to eligible in-center staff and Group Home Coordinators and Supported Living Services Coordinators:

1. **403(b) Retirement Plan**
   a. All eligible active employees become eligible to receive employer matching contributions to the 403(b) Retirement Plan on the first of the month following twelve months of employment (1,000 hours of service must be met). St. David’s Center will match 50% of what you contribute to the plan up to 6% of compensation. Ineligible employees include PCA, PCA Choice, Waivered Services Personal Support, Waivered Services In Home, Waivered Services Respite Support, Therapeutic Recreation Support, Mental Health Skills Training Support, and Autism Spectrum Disorder Support Services staff (except those classified as Coordinator or Supervisor).

   b. St. David’s Center has implemented a vesting schedule for all employees hired on or after 2/1/13. Any employee who was hired prior to 2/1/13 will not be subject
to the vesting schedule. Rather, the employee will remain 100% vested (have full ownership) in all employer contributions that St. David’s Center has made to the account.

Employees hired on or after 2/1/13 will be subject to the following vesting schedule:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>% Vested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1</td>
<td>0</td>
</tr>
<tr>
<td>1 but less than 2</td>
<td>33%</td>
</tr>
<tr>
<td>2 but less than 3</td>
<td>66%</td>
</tr>
<tr>
<td>3 or more</td>
<td>100%</td>
</tr>
</tbody>
</table>

The vesting schedule applies to employer contributions only. Individuals are always fully vested in the employee contributions that the employee makes to the account. The vesting schedule above is based on original hire date with St. David’s Center.

2. Health Savings Account (HSA)
   a. All benefits eligible staff are eligible to enroll and contribute funds to a Health Savings Account, subject to the terms of the applicable benefit plan and the eligibility conditions described in that plan document.
   b. Benefits eligible in-center staff and Group Home Coordinators and Supported Living Services Coordinators are eligible to receive a contribution from St. David’s Center into an employee HSA. The amount of contributed funds is dependent on selection of health insurance plan.

3. Flexible Spending Account (FSA)
4. Dental Insurance
5. Long Term Disability Insurance (LTD)
6. Term Life & Accidental Death Insurance
7. Short Term Disability, Accident, Cancer, Term Life, and Medical Bridge.
8. Child Care Discount
a. St. David’s Center regular, center-based employees who work 20 hours or more per week on a regular basis may be eligible for a discount on St. David’s Center Early Childhood Education Program and Therapeutic Recreation Programs.

b. Eligible employees may receive up to 50% off services or $375 per month for one child, $500 per month for multiple children, whichever is less, for an annual benefit up to $4,500 for one child and $6,000 for multiple children. This benefit may be used for the employees birth child(ren), adopted child(ren), foster child(ren), or grandchild(ren).

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Benefits Eligibility SOP

Specific plan documents for respective benefits

ND: 4812-3024-1302, v1
Policy:
This policy defines PPACA definitions, including the look-back measurement period.

Employee Eligibility – Look-Back Measurement Method
St. David’s Center offers coverage under its health plan (Plan) to full-time employees. A full-time employee is an employee who is employed, on average, for at least 30 hours of service per week or 130 hours of service in a calendar month. Full-time employees may also elect coverage for their spouses and dependent children up to age 26.

Effective 1/1/2015 St. David’s Center will use a look-back measurement method to determine whether an employee is a full-time employee for purposes of Plan coverage. The look-back measurement method is based on Internal Revenue Service (IRS) final regulations under the Affordable Care Act (ACA). Its purpose is to provide greater predictability for Plan coverage determinations.

The look-back measurement method applies to Variable Hour, Seasonal or Part-time Employees (see Definition of Employee and Job Classification Policy). Other groups of employees will be subject to monthly measurement.

The look-back measurement method involves three different periods:

- A measurement period for counting an employee’s hours of service (also called a standard measurement period or an initial measurement period);
- A stability period when the employee is either treated as full-time or non-full-time for Plan eligibility purposes; and
- An administrative period that allows time for Plan enrollment and disenrollment.

St. David’s Center establishes how long these periods will last, subject to specified IRS parameters.
The rules for the look-back measurement method are complex. They vary depending on whether an employee is an ongoing employee or a new employee, and whether a new employee is expected to work full-time or is a variable, seasonal or part-time employee. The Company intends to follow the IRS final regulations (including any subsequent guidance issued by the IRS on the look-back measurement method) when administering the look-back measurement method.

Upon completion of the measurement period, if an employee is determined to be eligible for benefits consistent with the ACA, the employee will receive benefits eligibility notification twice via personal electronic mail address as provided by the employee to St. David’s Center. If no response is received by St. David’s Center, a letter sent via U.S. Mail will be mailed to the address provided by the employee to St. David’s Center. If no response is received from the employee by the date indicated in the letter sent via U.S. Mail, St. David’s Center will consider this waived coverage.

**Ongoing Employees**

For ongoing employees, St. David’s Center determines full-time status by looking at a **standard measurement period (SMP)** lasting 12 months. The SMP starts on November 1 and ends on October 31. An employee’s hours of service during the SMP will determine his or her Plan eligibility for the stability period that follows the SMP.

An ongoing employee is one who has been employed by St. David’s Center for at least one complete SMP.

If an ongoing employee was employed, on average, for at least 30 hours of service per week (or 130 hours per month) during the SMP, the employee is treated as a full-time employee for a set period into the future, known as the **stability period**. This means that, as a general rule, the employee is eligible for Plan coverage during the stability period, regardless of the employee’s number of hours of service during the stability period, as long as he or she remains an employee.

The final IRS regulations include an exception for certain employees who have been continuously offered Plan coverage and who transfer to part-time positions during the stability period. If certain conditions are met, Plan eligibility for these transferred employees may end during a stability period. St. David’s Center intends to follow applicable IRS guidance, including the rules for changes in employment status, when administering the look-back measurement method.

If an ongoing employee was not employed, on average, for at least 30 hours of service per week (or 130 hours per month) during the SMP, the employee is not treated as a full-time employee during the stability period, regardless of the employee’s number of hours of service during the stability period.

The stability period starts January 1 and ends December 31.

St. David’s Center also uses an **administrative period** between the SMP and the stability period. The administrative period lasts two months, from November 1 through December 31. The administrative period overlaps with the prior stability period to prevent any gaps in coverage for employees enrolled in coverage because of their full-time status during a prior measurement period.

**New Employees Expected to Work Full Time**
For a new employee who is not a seasonal employee and who St. David’s Center reasonably expects at his or her start date to be a full-time employee, St. David’s Center will determine the employee’s status as a full-time employee based on the employee’s hours of service for each calendar month.

If the employee’s hours of service for the calendar month equal or exceed an average of 30 hours of service per week (or 130 hours per month), the employee is a full-time employee for that calendar month. Once the new employee becomes an ongoing employee (that is, he or she is employed for at least one complete SMP), the measurement rules for ongoing employees will apply.

**New Variable Hour, Seasonal or Part-time Employees**

Under the look-back measurement method, St. David’s Center determines whether new variable hour employees, new seasonal employees and new part-time employees are full-time employees by measuring their hours of service during an initial measurement period (or IMP).

- An employee is a **variable hour employee** if, at the employee’s start date, St. David’s Center cannot determine whether the employee is reasonably expected to be employed, on average, at least 30 hours per week because the employee’s hours are variable or otherwise uncertain.

- A **seasonal employee** is generally an employee who is hired into a position for which the customary annual employment is six months or less. Also, the period of employment for a seasonal employee should begin each calendar year in approximately the same part of the year, such as summer or winter.

- A **part-time employee** is a new employee who St. David’s Center reasonably expects to be employed, on average, less than 30 hours per week during the IMP.

Similar to the method for ongoing employees, the look-back measurement method for new variable hour, seasonal and part-time employees utilizes a stability period for when coverage may need to be provided, depending on the employee’s hours of service during the IMP. An administrative period is also used to make eligibility determinations and notify and enroll employees.

The IMP lasts 12 months and it begins on the first of the month following the hire date.

If a new variable hour, seasonal or part-time employee was employed, on average, at least 30 hours of service per week (or 130 hours per month) during the IMP, the employee is treated as a full-time employee for a set period into the future, known as the **stability period**. This means that the employee is eligible for Plan coverage during the stability period, regardless of the employee’s number of hours of service during the stability period, as long as he or she remains an employee.

If a new variable hour, seasonal or part-time employee was not employed, on average, at least 30 hours of service per week (or 130 hours per month) during the IMP, the employee is not treated as a full-time employee during the stability period, regardless of the employee’s number of hours of service during the stability period.
The final IRS regulations contain special rules for a new variable hour, seasonal or part-time employee who, before the end of the IMP, changes employment to a position or status where if the employee had started employment in the new position or status, he or she would have reasonably been expected to be employed full time as a non-seasonal employee. St. David’s Center intends to follow applicable IRS guidance, including the special rules for changes in employment status, when administering the look-back measurement method.

With respect to a new employee who is a part-time employee, variable-hour employee, or seasonal employee, the initial stability period is the 12-month period beginning on the first day of the second calendar month after the end of the IMP.

St. David’s Center also uses an administrative period between the IMP and the stability period. The Initial Administrative Period means all periods of time between the employee’s start date and the beginning of the employee’s initial stability period other than the employee’s IMP.

Once a new variable hour, seasonal or part-time employee has been employed for an entire standard measurement period, the employee will be tested for full-time status, beginning with that standard measurement period, at the same time and under the same conditions as other ongoing employees.

**Rehired Employees and Employees Returning from Unpaid Leave**

The following rules apply to rehired employees and employees returning from unpaid leave:

- If an employee goes at least 13 consecutive weeks without an hour of service and then earns an hour of service, he or she is treated as a new employee for purposes of determining the employee’s full-time status under the look-back measurement method. The Company will apply a rule of parity for periods of less than 13 weeks. Under the rule of parity, an employee is treated as a new employee if the period with no credited hours of service is at least four weeks long and is longer than the employee’s period of employment immediately before the period with no credited hours of service.

- For an employee who is treated as a continuing employee, the measurement and stability periods that would have applied to the employee had he or she not experienced the break in service will continue to apply upon the employee’s resumption of service.

In addition, a special averaging method applies when measurement periods include special unpaid leave (that is, leave under the Family and Medical Leave Act (FMLA) or the Uniformed Services Employment and Reemployment Rights Act (USERRA) or jury duty leave). This method only applies to an employee who is treated as a continuing employee upon resuming services for the employer, and not to an employee who is treated as terminated and rehired. Under the averaging method, the Company will either:

- Determine the average hours of service per week for the employee during the measurement period, excluding the special unpaid leave period, and use that average as the average for the entire measurement period; or
• Treat employees as credited with hours of service for special unpaid leave at a rate equal to the average weekly rate at which the employee was credited with hours of service during the weeks in the measurement period that are not special unpaid leave.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Code of Conduct

Policy Owner: Director of PTT
Policy Originated by: PTT
Date Written: 11/30/2017
Date Reviewed / Revised:

Applicable Programs: All
Date Reviewed and Approved by ELT: 12/01/2017
Statutory or Regulatory Citation: Signature if needed:

Policy: It is the goal of St. David’s Center to provide services in an environment that is aligned with ethical best practices and the highest level of integrity. It is also St. David’s Center’s expectation that employees conduct themselves in a manner that is consistent with its mission and values as well as the standards including, but not limited to, those stated below. These standards are intended as a guide and are not intended to create a contract or modify the employment-at-will relationship. St. David’s Center retains discretion to take disciplinary action up to and including termination, as determined by St. David’s Center.

Standards:

1. Support St. David’s Center’s Mission, Values and Goals and Adhere to its Policies
   Each employee of St. David’s Center is expected to support the goals of St. David’s Center and to adhere to its policies, practices and work rules.

2. Cooperative Working Relationships
   It is the goal of St. David’s Center to provide a work environment in which clients, employees and visitors are treated with courtesy and professionalism. Such an environment is free from negative, harassing, biased or threatening comments or actions directed toward others. It is expected that all of St. David’s Center’s employees promote a productive work atmosphere through professional interpersonal relationships within its work setting.

3. Ethical Client Relationships
   To provide the exceptional services and the highest standard of care, support and interventions of St. David’s Center’s clients and participants, all employees shall make every effort to avoid relationships which might impair professional judgment or which might increase the risk of client/participant exploitation in any form. Violations of ethical conduct will be reported to applicable professional licensing boards and in accordance with agency contracts, certifications and provider licenses.

4. Confidentiality
   Given the sensitive nature of the services provided to the persons served by St. David’s Center, it is expected that employees who have access to client information will consistently and uniformly maintain the privacy and confidentiality of this information. This expectation also applies to employees who have access to confidential personnel information. Staff is responsible for understanding any additional legal requirements related to confidentiality that go along with their particular position within the organization.
5. **Professional Licensure**
Staff have a responsibility (when applicable) to complete necessary education and training requirements, complete timely applications for and maintain their own licensure and operate in accordance with the regulatory and ethical standards of their respective governing boards. Violations of regulatory and ethical standards will be reported to the appropriate governing boards. Additional actions related to the employee will be determined by the employee’s supervisor and department senior director in conjunction with the CEO, COO and director of PTT.

6. **Safeguard Resources**
In order to fulfill job responsibilities, employees may be entrusted with resources belonging to St. David’s Center. These resources may be tangible in nature: e.g., money, supplies, food, and equipment or computer equipment or software. These resources may be intangible in nature: e.g., time or access to communications devices such as the telephone, cell phone, voice mail, electronic mail or the internet. All employees are expected to safeguard these resources and use them appropriately and for the purpose for which they were provided.

7. **Attendance**
In order to fulfill job responsibilities effectively, all of St. David’s Center’s employees are expected to maintain an acceptable attendance record as defined by the Attendance and Absenteeism Policy.

8. **Appearance**
All employees are expected to dress in a manner that is consistent with the purpose of their position and in accordance with our Dress Code and Professional Appearance Policy.

9. **Accuracy & Timeliness of Records**
In order to conduct St. David’s Center’s business, employees may be asked to complete a variety of forms or reports, including but not limited to payroll timecards, expense reports and client records. It is expected that each employee provide only information that is accurate and complete and do so in a manner that is free of any form of misrepresentation. It is expected that each employee complete and submit all required paperwork on a timely basis according to standards and policies established by St. David’s Center.

10. **Intellectual Property**
All work created by an employee in the course of employment with St. David’s Center, without regard to where it was created, is the property of St. David’s Center, is “work made for hire” under United States copyright law, and is and shall be owned exclusively by St. David’s Center.

11. **Conflict of Interest**
It is expected that every employee will hold the interests of St. David’s Center to be primary in all related business and ethical relationships. No employee of St. David’s Center shall hold any position outside of St. David’s Center or become involved in any personal, financial, or employment activity, including the acceptance of any type of gratuity, which conflicts, or might reasonably be thought by others to conflict, with their proper performance of St. David’s Center duties and responsibilities. St. David’s Center may require employees to sign a separate St.
David’s Center Conflict of Interest Statement to identify any possible conflicts. Refer to the Conflict of Interest Policy for additional information and forms.

12. Failure to Maintain Standards of Employee Conduct and Performance
It is expected that all employees will maintain an acceptable level of conduct and performance as determined by St. David’s Center throughout their employment. When an employee’s conduct or performance falls below what is expected by St. David’s Center, that employee may be subject to disciplinary action up to and including termination of employment.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Attendance and Absenteeism Policy
Conflict of Interest for Employees, Independent Contractors, and Volunteers Policy
Dress Code and Professional Appearance Policy
Policy:
St. David’s Center will comply with all applicable Federal and State laws and regulations relating to conflict of interest. St. David’s Center will provide a procedure so that actual and potential financial conflicts of interest are disclosed in order to ensure that employees of St. David’s Center perform their duties and carry out their responsibilities in a manner that is free from influence and conflicts of interest.

Additionally, as a social-service agency, St. David’s Center must provide services in a manner that is above reproach. Employees, independent contractors, and volunteers must avoid even non-financial conflicts of interest and situations which might give the appearance of a conflict of interest. Employees, independent contractors, and volunteers must avoid actions or relationships which might affect judgment or impair the performance of their duties.

Definitions:

1. “Compensation” includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

2. “Financial Conflict of Interest” occurs when an interested person has a financial interest, directly or indirectly, through business, investment, or family, in any of the following:

   A. An ownership or investment interest or leadership position in any entity with which St. David’s Center has a transaction or arrangement;

   B. A compensation arrangement with St. David’s Center or with any entity or individual with which St. David’s Center has a transaction or arrangement;
C. A potential ownership or investment interest or leadership position in, or compensation arrangement with, any entity or individual with which St. David’s Center is negotiating a transaction or arrangement;

3. “Immediate family member” means an interested person’s spouse, domestic partner, parent, child, sibling, grandparent, grandchild, housemate (any person living in the same household, regardless of whether related by marriage or blood), and the spouse of any such immediate family member.

4. “Interested person” means any employee, independent contractor, or volunteer of St. David’s Center, or any immediate family member thereof, who has a direct or indirect financial interest, or non-financial conflict of interest, as defined in this Policy.

5. “Non-financial Conflict of Interest” means an involvement outside of St. David’s Center that interferes with responsibilities at St. David’s Center or which could affect the ability to properly perform duties.

Procedure:

**Financial Conflicts of Interest**

1. **Identifying a Financial Conflict of Interest.** A potential Financial Conflict of Interest arises whenever St. David’s Center is considering a potential interest, transaction, or relationship, direct or indirect, with any interested person and from which the interested person may derive or receive material financial benefit (financial interest) as a consequence of the potential interest, transaction, or relationship. Examples include:

   A. A financial interest in a transaction involving the purchase or sale by St. David’s Center of any goods, materials, equipment, supplies, services, or property;

   B. Outside employment of an interested person that may interfere with or adversely affect the performance of the interested person;

   C. Employment of an immediate family member by an entity that does business with St. David’s Center;

   D. Consideration by St. David’s Center of a policy or other program or initiative that directly affects a matter involving the specific benefits of a member who is an interested person, employer, or immediate family member.

The above list is not meant to constitute an exhaustive list of all potential conflicts of interest and is offered by way of example only. Actual and potential conflicts of interest can take many forms under this Policy and Procedure and must be evaluated on a case-by-case basis.
2. **Duty to Disclose.** Employees with a potential conflict of interest are required to submit a *Conflict of Interest Disclosure Statement* form to the Human Resources Team annually. If an Interested Party becomes aware of a Financial Conflict of Interest, the Interested Party shall immediately submit an updated *Conflict of Interest Disclosure Statement* to the Human Resources Leadership Team.* Board members have a separate conflict of interest policy and reporting procedure.

3. **Determining Whether a Conflict Exists:** The Human Resources Team shall review all Conflict of Interest Disclosure Statements and determine, based on the facts and circumstances disclosed, if a Financial Conflict of Interest exists. Where it is determined that a Financial Conflict of Interest exists, the Chief Executive Officer and Board of Directors shall be notified.

4. **Abstention.** An employee, independent contractor, or volunteer with a conflict of interest shall not influence or participate in any decision or on any matter involving the potential conflict of interest.

5. **Failure to Disclose.** Should the Human Resources Team discover reasonable cause to believe that an Interested Person has failed to disclose an actual or potential Financial Conflict of Interest, they shall inform the Interested Person of the basis for such belief and afford the individual an opportunity to explain the alleged failure to disclose the actual or potential conflict of interest. The Interested Person’s response shall be reviewed and considered. If, after reviewing and considering the response and upon further investigation as warranted by the circumstances, a determination is made that the Interested Person has in fact failed to disclose an actual or potential Financial Conflict of Interest, appropriate disciplinary and corrective action shall be taken.

### Non-Financial Conflicts of Interest

1. **Identifying a Non-Financial Conflict of Interest.** A non-financial conflict of interest arises whenever an Interested Person may receive personal gain from interactions with program participants, clients, families or others receiving services from St. David’s Center. Employees, independent contractors, and volunteers must avoid any outside activities which might create an incentive to respond differently than usual with a child or family member. Employees, independent contractors, and volunteers are also expected to avoid all activities which would give rise to the appearance that the person involved will be given preferential treatment. Examples include:

   A. Demonstrating favoritism among children or families;

   B. Providing housekeeping, shopping, or other services for a family enrolled in a St. David’s Center program when those services are not a part of the St. David’s Center program;
C. Close personal relationships with program participants, families or other partners with the exception of family members who provide Life Phase Services to other family members through Life Phase Services programs.

D. If you are an employee of St. David’s Center and your family member receives services, this is a potential conflict of interest. Please complete the Conflict of Interest Disclosure Statement.

The above list is not meant to constitute an exhaustive list of all potential conflicts of interest and is offered by way of example only. Actual and potential conflicts of interest can take many forms under this Policy and Procedure and must be evaluated on a case-by-case basis.

Other Conflict of Interest Issues

1. **Gifts.** Employees, independent contractors, and volunteers must refuse any gifts of more than a nominal value (usually not more than $25 in value per year) from clients, program participants, mentors, and/or volunteers. The acceptance of personal favors such as yard work, car washes, favors, credit, loaned or discounted goods or services, trips, and hotel expenses are also prohibited. Acceptable gifts may include meals, refreshments, or entertainment of reasonable value under circumstances in which, if paid by you, would be reimbursable business expense.

2. **Use of Resources for Political Activities Prohibited.** St. David’s Center believes in improving the quality of life in the community and supports employees who volunteer for civic activities. However, laws prohibit using organizational time and resources for political campaigns, elections, conventions or caucuses. Employees, independent contractors, and volunteers are prohibited from using agency stationery, facilities, funds or equipment in support of any political activity.

3. **Nepotism.** Employees who are Immediate Family Members are prohibited from being involved in selection decisions or in direct reporting relationships with one another, except with respect to consumer-directed services.

4. **Volunteer Activities.** Employees, independent contractors, and volunteers may seek or accept part-time public service positions on school boards, municipal councils, and public boards and commissions. Employees, independent contractors, and volunteers may also accept election or appointment to civic commissions and boards of nonprofit organizations. Employees, independent contractors, and volunteers must establish with a supervisor beforehand that such outside activities do not interfere with duties and time commitments at St. David’s. In all cases, St. David’s knowledge and approval of an appointment or candidacy does not imply that an individual is serving at the direction or desire of St. David’s, nor does it imply endorsement of the organization or its purposes. If a conflict of interest arises between a volunteer or public position and a position at St. David’s, the conflict must be disclosed.
5. **Foster Care.** No Agency employee or board member may be licensed as a foster care provider by DHS under St. David’s Center’s Foster Care and Adoption License.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Conflict of Interest Disclosure Statement
Conflict of Interest Disclosure Statement for Staff Parents of Children Enrolled in the Early Childhood Education Program

ND: 4841-6641-4358, vl
Conflict of Interest Disclosure Statement

Name: _______________________________   Date: __________________

Title: _______________________________

Please describe below any relationships, positions or circumstances in which you are involved that you believe may constitute a Financial Conflict of Interest (as defined in St. David’s Policy on Conflicts of Interest for Employees, Independent Contractors, and Volunteers).

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed and agree to abide by the St. David’s Policy of Conflict of Interest for Employees, Independent Contractors, and Volunteers.

Signature: ____________________________   Date: _________________
Conflict of Interest Disclosure Statement for Staff Parents of Children Enrolled in the Early Childhood Education Program

Name: ___________________________ Date: ______________

Title: ___________________________

Supervisor: _______________________

Welcome to the Early Childhood Education Program at St. David’s Center. The early years are particularly special and we are honored to be able to be a partner and co-educator in your family’s journey through early childhood. Because you are a St. David’s Center employee and the early years can also be uniquely challenging, we want to take the time to walk through the benefits and challenges in walking this personal journey at your professional place of employment.

Please take the time to reflect on the following questions individually, and then with your supervisor.

1. What are you most looking forward to in having your child in the Early Childhood Program at St. David’s Center?

2. What are some hesitations you have about enrolling your child in the Early Childhood Program at St. David’s Center?

3. How will you know if your personal experiences as a St. David’s Center parent are interfering with your professional obligations as a St. David’s Center employee?
4. *Is there anything unique about your role, which would indicate a special conflict of interest with having your child enrolled in the Early Childhood Education Program? If so, what steps will be taken with your supervisor and/or the directors of the Early Childhood Education Program to mitigate that unique conflict of interest?*

5. *If there is a time when you are struggling with your child’s developmental journey, where will the safe space be in which you can address those concerns and with whom?*

6. *Within our program, we believe in an integrated and collaborative approach to working with our children and families. With the child’s best interest in mind, this could mean partnering with your colleagues on necessary information that is personal to your child or family. Currently, the only referral we would be unable to fulfill for staff parents would be a Mental Health referral. Otherwise, all others can take place within St. David’s Center.*

   Please take a moment to consider this and what you would be comfortable with as a parent and employee. Are you comfortable with on-site referrals or consulting regarding your child or family?

7. *If you ever disagree with a policy or decision made by the Early Childhood Education Program or the Chief Executive Officer of St. David’s Center, as it impacts your child or family, what steps will be taken to address that concern? Will the concern come as a parent, or an employee and how will you appropriately differentiate between the two?*
Commitments from the St. David’s Center Early Childhood Education Program:

- We are committed to working with you in your dual-role, as both a respected fellow colleague and a parent partner within our program.
- We are committed to working with your child and family and will always think in the best interest of that child and family.
- We are committed to adhering to data privacy policies, as it may pertain to your family and personal journey through early childhood. We will share information only on a need-to know basis for us to complete our work.
- If, at any time, this partnership feels uncomfortable from a programming perspective, our Program Director is committed to discussing the concerns openly with you and working towards a solution that meets both your needs and the program’s needs.

Commitments from the St. David’s Center Staff Member with a Dual Role:

- I commit to following the same rules, regulations and guidelines as any St. David’s Early Childhood Education client including, but not limited to; classroom communication expectations, enrollment, classroom placement, scheduling, tuition payment, etc.
- I commit to developing healthy professional and personal boundaries with other staff members and clients that do not interfere with my role as a staff member OR parent. I will lean on my supervisor to identify what this may look like.
- In dual-role situations, it is my responsibility to identify which role I am operating as (a parent or a staff member) when communicating with other St. David’s Center employees or clients. I will remove myself from work-related decisions or conversations in which my dual role would interfere with my ability to make an unbiased programmatic decision.
- I commit to identifying with my supervisor when conflict arises and will utilize a variety of strategies (such as email communication, in-person meetings and creative problem solving) to work through the situation appropriately.
- I will be open to feedback and suggestions from my supervisor or other leadership staff, as it relates to conflict of interest. I understand that this feedback is part of the organization’s commitment to support me in all my roles while at St. David’s Center.

I have reviewed and agree to abide by the St. David’s Policy of Conflict of Interest for Employees, Independent Contractors, and Volunteers. I hereby certify that the written in information set forth above is true and complete to the best of my knowledge. I have reviewed and understand the commitments made by both myself and the Early Childhood Education program in this conflict-of-interest relationship.

Staff Signature: ____________________________ Date: ________________

Supervisor Signature: ____________________________ Date: ________________
**DEFINITION OF EMPLOYEE AND JOB CLASSIFICATION**

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>HR Manager</th>
</tr>
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<tbody>
<tr>
<td>Policy Originated by (program or department):</td>
<td>PTT</td>
</tr>
<tr>
<td>Date Written:</td>
<td>10/01/13</td>
</tr>
<tr>
<td>Date Reviewed / Revised:</td>
<td>12/11/14, 02/17/15, 03/25/15, 10/20/15, 05/17/16</td>
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<tr>
<td>Applicable Programs:</td>
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<tr>
<td>Date Reviewed and Approved by ELT:</td>
<td>02/17/15, 04/21/15, 10/20/15, 05/17/16</td>
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<tr>
<td>Statutory or Regulatory Citation:</td>
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<td>Signature if needed:</td>
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**Policy:** Consistent with the requirements of the Fair Labor Standards Act (FLSA) and Minnesota Fair Labor Standards Act (MFLSA), employees will be placed into classifications based upon their compensation and primary job duties.

**Employment at Will Statement:** Employment with St. David’s Center is voluntary and is subject to termination by an employee or St. David’s Center at will, with or without cause (for any reason), and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of St. David’s Center employees. This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the Chief Executive Officer or the Board of Directors, whichever is applicable. Personnel policies, offer letters, or other documents are not intended to be a contract of employment or a legal document.

**Definitions:**

**Employee:** All persons who receive wages or salaries through St. David’s Center payroll.

**Job Classifications:**

**Nonexempt employees:** employees who are subject to all provisions of the Fair Labor Standards Act (FLSA) and the Minnesota Fair Labor Standards Act (MFLSA). These employees receive overtime pay for hours worked beyond 40 hours in any work week at one and ½ times their regular hourly rate. All overtime must be preapproved by supervisor.

**Exempt employees:** executive, professional, administrative, outside sales, and some computer professional employees who are excluded from the overtime provisions of the FLSA and MFLSA as amended. These employees do not receive overtime pay for hours worked beyond 40 hours in any workweek.
Employee Types:

Regular Full Time employees: employees whose normal work week is 30 hours per week or more, excluding field-based staff, and whose employment is not limited to a specific period of time or purpose. All regular full time employees are eligible for benefits provided by St. David’s Center.

Regular Part-time employees: employees who work less than 30 hours per week and whose employment is not limited to a specific period of time or purpose. Regular part-time employees are eligible for limited benefits as specified in the benefits section of the employee handbook.

Variable Hour employees:

Employees who work a variable hour schedule, where the hours for the position are not guaranteed and can fluctuate at any time. Because of this, there is the potential for the employee to receive medical benefit coverage, should they work on average 30 hours per week during the initial measurement period. Please see the Benefits Eligibility Policy for further details.

Temporary Full Time employees: employees whose service is intended to be of a limited duration, but who work the normal work week of 30 hours or more. Temporary full time employees are not eligible for paid holidays if they occur during the term of employment or for other employment benefits.

Temporary Part-time employee: Those employees whose service is intended to be of a limited duration, but who work less than 30 hours per week. They are not eligible for paid holiday or other employment benefits.

Interns:

Unpaid interns: students who contribute work hours to St. David’s Center in exchange for academic credit and learning opportunities in compliance with the FLSA and MFLSA. Such individuals are not eligible for any compensation or benefits, with the exception of workers compensation. Interns are not eligible to access operational or administrative support or resources for non-St. David’s Center related business or projects. Unpaid interns are not ‘employees’ under this definition. Interns are entitled to training, for the benefit of the intern. Interns do not displace regular employees. Interns are not necessarily entitled to a job at the conclusion of the internship St. David’s Center and interns are not entitled to wages. Interns must be attending a college or university in addition to receiving class credit for the internship.

Procedure:

1. The Employment Policies Handbook is not an employment contract and should not be interpreted as creating an employment contract. All employees are employees-at-will. Employment at-will means that either St. David’s Center or the employee may terminate the employment relationship at any time without prior notice and for any reason. Any representations to the contrary are not binding upon St. David’s Center unless signed by the Chief Executive Officer of St. David’s Center.

A. Exempt employees are not eligible for overtime pay under the Fair Labor Standards Act (FLSA) or Minnesota Fair Labor Standards Act (MFLSA). Exempt employees are paid a given amount of compensation for doing their job, regardless of the hours worked.
B. Non-exempt employees are paid by the hour for hours worked and overtime, if applicable. Non-exempt employees are subject to the overtime provisions of FLSA and/or MFLSA and are eligible for overtime pay equal to time and one half for hours in excess of 40 hours worked in any workweek. Non-exempt employees should not work overtime unless the overtime is approved in advance and in writing by the employee’s supervisor.

C. The exempt/non-exempt job classification status will be determined and approved by Policy, Training and Talent (PTT), St. David’s Center Executive Leadership Team and approved by the Chief Executive Officer following a review of each position’s job description and pay level compared with the guidelines of FLSA and MFLSA.

D. A non-exempt employee who works under 40 hours per week may apply and take on additional part-time hours up to 40 hours per week. A non-exempt employee already working 40 hours per week is not eligible to take on additional hours worked over 40 hours. Exempt staff may take on limited part time hours in a non-exempt role. Please consult with PTT on these scenarios for review and approval. All additional hours must be approved by PTT prior to working.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

ND: 4836-7840-4118, v1
Policy:
St. David’s Center’s staff and volunteers are expected to at all times present a professional image to clients, visitors, customers and the public. Acceptable personal appearance is an ongoing requirement of employment with St. David’s Center.

Procedure:

1. Workplace attire and grooming must be neat, clean and appropriate for the work being performed and the setting in which the work is performed. Natural and artificial scents may also become a distraction from a well-functioning workplace, and are also subject to this policy. Departments may determine appropriate workplace attire and grooming for their area. Supervisors should communicate their department’s workplace attire and grooming guidelines to staff during the orientation and evaluation period. Any questions about the department’s guidelines for attire should be discussed with your supervisor.

   A. St. David’s Center allows staff to dress in a casual fashion. Employees are still expected to present a neat appearance and are not permitted to wear ripped, frayed or disheveled clothing, tight, revealing or otherwise inappropriate clothing.

2. Certain staff may be required to meet special dress, grooming and hygiene standards, such as wearing uniforms or protective clothing, depending on the nature of their job. Uniforms and protective clothing may be required for certain positions and will be provided to employees by St. David’s Center.

3. In and around gym spaces with matting, staff should not be bare footed for sanitary reasons and should not be on mats with shoes that have heels or hard soles that might damage mats.

4. St. David’s Center recognizes the importance of individually-held religious beliefs to persons within its workforce. St. David’s Center will reasonably accommodate a staff member’s religious beliefs in terms of workplace attire unless the accommodation creates
an undue hardship or is unsafe. Staff members requesting a workplace attire accommodation based on religious beliefs should be referred to the Policy Training and Talent department.

5. Addressing workplace attire and hygiene issues

A. Any staff member who does not meet the attire or grooming standards set by his or her department will be required to take corrective action, for example leaving the premises to change clothing. Non-exempt staff will not be compensated for any work time missed because of failure to comply with designated workplace standards.

B. A supervisor should discuss the problem with the staff member in private and should point out the specific areas to be corrected. If the problem persists, supervisors should follow the normal corrective action process.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Statement:

It is the policy of St David’s Center that all staff that drive for business purposes maintain an acceptable driving record as defined in this policy. Staff will be required to complete a vehicle safety training prior to operating a St. David’s owned vehicle or if their job description identifies driving as an essential function.

Applies to Employee:

If an employee will regularly or frequently drive for business-related purposes
If an employee is required to transport clients for their job --(see job description)
If an employee drives a company vehicle

Procedure:

1. Evaluation of Employee Driving Record
   Employees regularly operating personal vehicles for agency business or if you use an agency vehicle are required to maintain acceptable driving records per our agency definitions.

   • In these cases, as a condition of employment, prospective employees will be required to have a state ID and/or a valid driver’s license dependent on the job description.

   • If the employee’s job description states that driving is an essential function the employee will complete a release of information allowing St. David’s Center to conduct a Motor Vehicle Record Check and will only be hired after obtaining an “acceptable” Motor Vehicle Record (MVR).

   • Employees are required to report any changes to their driving status and
record (i.e. accidents, moving violations, DUI) to their supervisor and PTT (Policy, Training & Talent) at the time of the occurrence (including those occurring during the use of a personal car).

2. Definition of an Unacceptable Motor Vehicle Record
An Unacceptable Motor Vehicle Record for any applicant or current employee is one major violation occurring in the last five years or minor violations as described below occurring in the last three years from the date of inquiry:

One major violation defined as:
- Any felony in which a vehicle is used including homicide resulting from the operation of any unreasonable risk or with high degree negligence.
- Driving under the influence of alcohol or illegal drugs.
- Implied Consent
- Refusal to take a breath analyzer test.
- Failure to stop, report, or comply with state statutes when involved in an accident.
- Driving while license is suspended or revoked.
- Reckless/Careless driving
- Racing
- Violation of a child passenger restraint
- Passing a stopped school bus with the stop arm extended and red lights flashing.

Unacceptable Motor Vehicle Record based on Minor violations are defined as:
- Three (3) or more moving violations within three (3) years not specifically listed above (i.e. speeding, seat belt, failure to obey traffic lights or signs), with not more than one being “excessive acceleration”
- Two (2) or more vehicle accidents within three (3) years.
- One (1) at vehicle accident and two (2) moving violations not specifically listed above

3. Disciplinary Action: St. David’s Center receives monthly alerts around driving records and if an employee develops an unacceptable record the following criteria will be applied:

- Employees whose job descriptions that state driving is a non-essential function will not be terminated. These employees and the families they are working with will be sent a certified letter stating they are not authorized to drive in any scope of their work with St. David’s Center.

- Job descriptions that state driving is an essential function will be terminated from their employment.
• If an existing employee has the opportunity to appeal their violation, St. David’s will temporarily suspend their driving privileges, subject to evidence of their violation in the appeal process. Evidence of this appeal process must be provided to St. David’s within 7 business days. If the appeal process is unsuccessful and driving is an essential function of their job description, they will be terminated from their employment at St. David’s Center. Drivers are responsible for notification to their supervisor of final disposition of a violation.

4. Driver Objectives: Use of Personal Vehicle
   Employees are expected to perform in accordance with these objectives:
   • Practice defensive techniques and obey all traffic laws to avoid vehicle accidents and traffic violations.
   • Keep vehicles well maintained. (Refer to #7 Vehicle Maintenance)
   • Employees that drive their personal vehicles for business purposes are required to maintain an active vehicle insurance policy and carry proof of insurance in your vehicle. Each employee is responsible for control of your own personal vehicle, regardless if for business purposes, therefore your personal automobile insurance is primary. Personal insurance deductibles must be paid by the employee as well.
   • Cell phone use (for talking or texting) is strictly prohibited while transporting a St. David’s Center client in a motorized vehicle.
   • Drugs and alcohol use is prohibited.
   • Check with your physician about possible side effects of prescription drugs that can impair your driving abilities.
   • Transport authorized St. David’s Center passengers only during scheduled work hours.
   • Seat belts or other safety restraints (car seats etc.) must be used by everyone in the vehicle. Remember that air bags are only as good as the restraints used to keep you in your seat.
   • All traffic violations are the employee’s personal responsibility and will be paid by the employee.

5. Driver Objectives: Use of Agency Owned vehicles
   • Practice defensive techniques and obey all traffic laws to avoid vehicle accidents and traffic violations.
   • Keep vehicles well maintained (See weekly vehicle checklist)
   • Keep vehicle locked and keys in a secure location.
   • Cell phone use (for talking or texting) is strictly prohibited while driving a motor vehicle.
   • No eating shall be allowed in any vehicle.
• Drugs and alcohol use is prohibited.
• Check with your physician about possible side effects of prescription drugs that can impair your driving abilities.
• Transport authorized St. David’s Center passengers only.
• Seat belts or other safety restraints (car seats etc.) must be used by everyone in the vehicle. Remember that air bags are only as good as the restraints used to keep you in your seat.
• All traffic violations are the employee’s personal responsibility and will be paid by the employee.

The use of agency owned vehicles is limited for authorized purposes only. The primary use of agency owned vehicles is transporting clients. If available, vehicles may be used to transport other items as well under the following conditions:

• Your manager must approve the use.
• The total weight of the occupants and cargo must not exceed the maximum weight limit per the vehicle owner’s manual.
• Contents must fit within the vehicle so that the doors lift gate and windows can remained closed.

Employee’s must use the most direct route in time and/or mileage when traveling and record mileage out and mileage in on the van sign out.

Personal use of agency vehicles is not permitted.

6. Driver Training
New employees assigned driving duties will undergo training at initial orientation. Topics will include, but are not limited to:
• Initial and annual MVR checks
• St. David’s policies and procedures for operation of St. David’s owned vehicles and use of personal vehicles for business
• Safe driving objectives and St. David’s expectations
• Driver training and incident reporting/response procedures
• Vehicle maintenance and inspection requirements
• Defensive driving training

7. Vehicle Maintenance
A. Employees operating either St. David’s vehicles or their own personal vehicle for business reasons are expected to perform a safety check before driving. This inspection should verify proper functioning of lights, horn, turn signals, brake lights, tire pressure and condition, and adjustment of mirrors.
B. Weekly and Monthly inspections of the agency vehicle are also required (see Vehicle Check Sheet), and record of those inspections must be maintained by
the Facilities Department. Group Home staff are required to complete the inspection check sheet for vehicles used primarily or exclusively by the group homes. The Facilities Manager will complete inspections for center-based vehicles.

The Facilities Department is responsible for coordinating and maintaining all records of agency owned vehicle maintenance including oil changes, lubrication, factory scheduled maintenance, repairs, etc. on agency vehicles. All maintenance will be recorded on a maintenance log that will be kept in the glove compartment of each St. David’s vehicle. All scheduled maintenance will be in accordance with the manufacturer’s recommendations. Employees are to communicate any problems they are having with the agency vehicle to their supervisor before the end of their shift. Group Home supervisors are required to assist with coordination of scheduled or required maintenance on agency owned vehicles used primarily or exclusively at St. David’s group homes.

8. Accident Reporting
In the event of an auto accident, the following procedure shall be followed:

a) Check all those involved to determine injuries.

b) Call 911 as necessary.

c) While on the accident scene, do the following:
   • Get name, address, phone number, make of vehicles, drivers license number, license plate number, name of other driver’s insurance providers, and names of other passengers and witnesses.
   • Carefully examine damage to all vehicles involved.
   • Discuss the accident with the police only.
   • Obtain police report at the scene if possible. If not, find out when and where to obtain one.

d) Report the accident to your supervisor immediately.

e) Following the accident, staff involved will be required to complete a post accident review with the Department Director, Supervisor, Director of Finance & Operations, and the Director of Policy, Training & Talent. Driving privileges will be temporarily suspended pending the outcome of the post accident review.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
DUAL RELATIONSHIPS

<table>
<thead>
<tr>
<th>Policy Owner: HR Manager</th>
<th>Date Written: 10/01/13</th>
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<tbody>
<tr>
<td>Policy Originated by (program or department): PTT</td>
<td>Date Reviewed / Revised: 03/25/15, 05/26/15, 09/21/16</td>
</tr>
<tr>
<td>Applicable Programs: All</td>
<td>Date Reviewed and Approved by ELT: 04/21/15, 05/26/15, 09/21/16</td>
</tr>
<tr>
<td>Statutory or Regulatory Citation:</td>
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</tr>
</tbody>
</table>

Policy:
St. David’s Center program participants may apply for, and be selected for an employment position, at St. David’s Center. Likewise, St. David’s Center employees or employee family members may be participants in St. David’s Center programs. These situations create a dual relationship for an employee who is also a program participant or a program participant who becomes an employee. This set of guidelines will apply to situations where a dual relationship exists, so as to create clear expectations regarding the relationship and appropriate boundaries.

St. David’s Center is committed to protect the data privacy of all program participants, regardless of employment status with St. David’s Center and of all employees, regardless of program participant status.

Definitions:
Participant within a St. David’s Center program refers to the participant and/or the participant’s responsible party.

Procedure:
1. Data privacy laws apply to both employment and program participant information. Employees who also participate in St. David’s Center programs are prohibited from using or disclosing any private information they learn as an employee. Program participants who are employees of St. David’s Center are prohibited from using or disclosing any private information they learn as a program participant with other employees or anyone else outside of that program.

2. St. David’s Center employees who are employed in more than one St. David’s Center program or department are prohibited from sharing program or departmental information with a separate program or department, including information about the participants in that program or account. Information may only be shared across St. David’s Center departments or programs if there is a legitimate business need to know.
3. Employees who are also program participants must keep employee responsibilities separate from program participant responsibilities and/or status.

4. An employee who works in a St. David’s Center department or program is a St. David’s Center employee even though they may participate in a separate program. Fellow program participants in a separate program the employee attends may view that employee as a representative of the program s/he works in even though s/he is not “at work” or being compensated during the time s/he attends the separate program as a program participant. Although employees must be cognizant of their dual roles and responsibilities, program participants who have a relationship with that employee as a professional or leader in their work program may continue to view that individual as a St. David’s Center professional. The employee must maintain their professionalism even while attending the program. For this reason, St. David’s Center employees may choose to participate in programs of other outside agencies rather than enter the dual employee /program participant role within St. David’s Center.

5. At times there may be requests from employees to access St. David’s Center services. In the event that the requested service is a Mental Health service, Mental Health Therapists may need to refer employees to programs outside of St. David’s Center to protect both the employee’s and the agency’s best interests. Employees requesting other services that potentially change the nature of their relationship with another employee warrants careful consideration by the employee providing services in consultation with program supervisor and director. These requests will be submitted and considered on a case by case basis by both the Managing Director and the Chief Executive Officer.

Reference or Attachment:
Policy:
St. David’s Center recognizes that problems of a personal nature can have an adverse effect on an employee’s job performance. It is also recognized that most personal problems can be dealt with successfully when identified early and referred to appropriate resources. The purpose of EAP is to provide these services through special arrangements with an outside counseling resource. The program is designed to deal with a broad range of human problems such as alcohol and/or drug, emotional/behavioral, family and marital, financial, legal, and other personal problems. The program provides problem assessment, short-term counseling, and referral. If costs are incurred for other services that are not covered by insurance or other benefits, such cost is the responsibility of the employee. The overall objective of EAP is to maximize the employee’s ability to function in personal matters and maximize job performance.

Procedure:
1. Employee Assistance and Drug-Free Awareness
   A. Illegal drug use and alcohol misuse have a number of adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from Policy, Training and Talent (PTT), who can provide staff with contact information for the Employee Assistance Program.
   B. St. David’s Center will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this or other policies. Such employees may be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety sensitive or that require driving or if they have violated this policy previously.
C. Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications’ effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

2. **Utilization of the Employee Assistance Program (EAP) is governed by the following:**

   A. The policy applies to all employees of the organization, regardless of job title or responsibilities that are currently enrolled in the agency’s group medical plan.

   B. EAP is available to employees and their families on a self-referral basis since problems at home can affect the job. If employees or family members have personal problems that may benefit from assistance, they are encouraged to use this program.

   C. Participation in EAP does not jeopardize an employee’s job security, promotional opportunities, or reputation, nor will it impair any rights of the employee or impede the organization in effecting disciplinary proceedings against any employee.

   D. All records and discussions will be treated as confidential information to the fullest extent allowed by the law. In cases referred by a supervisor or management, confidentiality requires that no information be revealed to supervisors or managers other than on a need-to-know basis for proper job functioning. All written records will be kept by the designated counseling resource and will not become a part of the employee’s personnel file.

   E. Employees are encouraged to seek assistance to determine if personal problems are causing unsatisfactory performance. If performance problems persist, normal corrective procedures will be followed.

3. **Access to the Program**

   To access EAP, the employee and/or family member should call **1-800-626-7944** (toll free) to talk to a qualified counselor.

4. **Cost**

   A. There is no cost to the employee for assessment and counseling sessions that the employee or family member may have with EAP. The employee and/or family member may receive up to three counseling sessions for each identified problem. Should the EAP participant require additional service beyond EAP, the Employee Assistance Counselor will refer the participant to an appropriate resource in accordance with the employee’s insurance benefits and ability to pay.

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for
violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy Title: Employee Gifts Policy

Policy Owner: Employer HR
Policy Originated by: PTT and Finance
Date Written: 03/09/2018
Date Reviewed / Revised:

Applicable Programs: ALL or name program
Date Reviewed and Approved by ELT:

Statutory or Regulatory Citation:
Signature if needed:

Policy: Employee Gifts Policy

Procedure:

1. Cash gifts, prizes and awards, and gift certificates, including gift cards, gift vouchers, etc.
   
   A. Cash gifts, prizes and awards to employees that are paid or given to employees by or from St. David’s Center constitute gross wages and are subject to federal and state income and FICA taxation.

   B. Gift certificates, including gift cards, gift vouchers, etc., are considered the equivalent of cash unless they meet a narrowly tailored exception. To qualify for this exception, the certificate must meet the following criteria:
      
      (1) it must be $25 or less, and
      (2) it must limit the purchase of items to one vendor.

      * Please note: the one exception to this section of the policy is for annual employee length of service award (tenure awards). An employee meeting a designated 5-year tenure benchmark may select a gift card to one specific vendor of their choice in the amount specified in the Tenure Awards Standard Operating Procedure (SOP). This gift card will be subject to federal and state income and FICA taxation.

2. Non-cash gifts, prizes and awards (excluding gift certificates/cards)

   A. Such tokens of appreciation given to employees are subject to taxation unless the items of recognition qualify as one of the following (subject to limitations):

      • a bereavement gift,
      • tangible item or gift benefit,
      • a length of service award,
      • a traditional retirement gift

   B. Tangible Item or Gift Benefit

      St. David’s Center may reward an employee’s noteworthy, work-related accomplishments by presenting an item of tangible personal property, such as, a
plaque or a memento without tax consequences provided the value of the item, in addition to other gifts, prizes or awards presented throughout the year to the employee, is not in excess of $99. The rationale is that these items of recognition constitute ‘de minimis’ fringe benefits that are considered so small that accounting for them would be unreasonable or administratively impracticable.

C. Length of Service Award

A length of service award (tangible gift item) may qualify as a non-taxable benefit; provided,
1) the employee has at least five years of consecutive service with St. David’s Center
2) the employee has not received a length of service award within the last five years.
3) the awards are presented as part of a meaningful ceremony and should not be determined based on an employee’s classification
4) As was stated above, if an employee selects a gift card to a specific vendor, this gift card value will be subject to federal and state and FICA taxation.

D. Traditional Retirement Gifts (treated separately from achievement awards)

St. David’s Center may provide a commemorative gift to an employee upon retirement. Any amount paid in excess of $400 should be reported to the Payroll department.

E. All Length of Service Awards will be managed by the Policy, Training, and Talent (PTT) department annually. PTT will identify those eligible for awards and will coordinate the selection of awards to eligible employees. PTT will work with program supervisors to coordinate the length of service and tenure ceremony.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**EMPLOYEE SOLICITATION AND COMMUNICATION**

<table>
<thead>
<tr>
<th>Policy Owner: HR Manager</th>
<th>Date Written: 10/01/13</th>
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<td>Date Reviewed / Revised: 03/25/15</td>
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<tr>
<td>Applicable Programs: All</td>
<td>Date Reviewed and Approved by ELT: 04/01/14, 04/21/15</td>
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<tr>
<td>Statutory or Regulatory Citation:</td>
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**Policy:** In order to prevent disruption in operations or services of St. David’s Center and in support of a respectful work environment, St. David’s Center has implemented the following policy regarding solicitation and distribution of non-St. David’s Center materials in any format by St. David’s Center employees and board members for commercial, personal business, religious, political, or other non-charitable causes, or for support of non-charitable outside organizations.

**Procedure:**

1. Employees are not permitted to solicit other employees, families, partners, vendors, visitors, or any other individuals for funds, contributions, memberships, sale of goods or services, promotions or other purposes during work hours and at St. David’s Center worksites unless all proceeds benefit St. David’s Center and sales receive pre-approval from the Chief Executive Officer.

2. Use of St. David’s Center communications systems (email, phone, etc.) to solicit the sale of goods is prohibited. General posting for sale of goods are not permitted except personal items for sale which may be posted on the bulletin board in the staff lounge only.

3. Promotional material that is not directly related to St. David’s Center may not be distributed at St. David’s Center work sites without the preapproval of the Chief Executive Officer.

4. St. David’s Center employees may not distribute non-St. David’s Center materials or literature for commercial, personal business, religious, political, or other causes or for support of outside organizations during working time or in work areas for any purpose.
A. An employee may distribute non-work related materials only if materials are: a) located or posted in non-work areas; and b) both employees are on non-working time.

B. Please note that for the purpose of this policy, “working time” includes all time that an employee is expected to be performing tasks or work duties for the company. “Working time” excludes authorized and/or scheduled work breaks, meal periods, and time before or after work.

5. Individuals not employed by St. David’s Center are not allowed to solicit or distribute at any time on St. David’s Center property or work sites.

6. All employees are expected to conduct professional and accurate communication regarding all interactions involving St. David’s Center. This includes activities and functions held away from St. David’s Center property such as the gala, field trips, conferences, seminars and/or workshops the employee may attend as a part of his/her employment with St. David’s Center.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
EMPLOYEE VACATION POLICY FOR IT & BUSINESS OPERATIONS EMPLOYEES

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Emily Walton</th>
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<td>Policy Originated by (program or department):</td>
<td>IT &amp; Compliance</td>
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<td>Date Written:</td>
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<td>Date Reviewed / Revised:</td>
<td>03/25/15, 05/17/16</td>
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<td>Applicable Programs:</td>
<td>IT, Finance, ELT</td>
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<td>Date Reviewed and Approved by ELT:</td>
<td>01/13/14, 02/17/15, 04/21/15, 05/17/16</td>
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<tr>
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Policy:

Employees in key positions (both IT and business process) are required to take five consecutive days of Paid Time Off (PTO). This requirement is intended to prevent one individual from handling a specific function(s) for an extended period of time in the absence of mitigating or compensating controls. This interruption may disclose processing irregularities or potential mishandling of information. If this requirement cannot be accommodated, at a minimum, the job function(s) should be periodically rotated.

In addition, departments should consider prohibiting employees from coming onsite and accessing the network and application systems remotely during the PTO period.

Procedure:

I. Key individuals from the organization are required to take five consecutive days of Paid Time Off (PTO). These individuals include the following:
   A. Finance
   B. IT & Compliance
   C. Executive Leadership Team
   D. Policy Training & Talent

II. When a key individual takes the five days of consecutive vacation, they should not come onsite or access the network and application systems remotely during the PTO period.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

This policy is in response to the Application System & Technical Infrastructure Analysis – Description of Controls in Support of Financial Statement Audit performed by St. David’s Center’s auditors dated September 9, 2014.
Policy:
St. David’s Center provides equal employment opportunities without regard to race, color, creed, religion, national origin, gender, pregnancy, sexual orientation, gender identity, age, disability, marital status, family status, covered veterans status, status with regard to public assistance, membership or activity in a local Human Rights-type commission, or any other classification protected by local, State, or federal law. This policy applies to all phases of employment including, but not limited to, recruitment, hiring, placement, promotion, demotion, transfer, layoff, termination, rates of pay, training, and participation in all employer-sponsored employee activities.

Procedure:
1. It is the responsibility of every supervisor of St. David’s Center to ensure the proper implementation of this policy. Failure of any employee to perform in a manner consistent with this policy shall constitute grounds for corrective action, which could include reprimand, suspension, demotion, or dismissal.

2. Any employee who becomes aware of discrimination or any other violation of this policy should report his/her concern to his/her supervisor immediately.

3. If an employee is uncomfortable reporting a violation to his/her supervisor, he/she should report the incident to the Chief Executive Officer in writing. Likewise, if an employee is uncomfortable reporting a violation to the Chief Executive Officer, he/she should report it to any member of Policy Training and Talent (PTT) or the Board of Directors in writing.
4. St. David’s Center prohibits retaliation against any employee for reporting a violation of this policy.

5. St. David’s Center will investigate any complaints made pursuant to this policy and will take timely and appropriate action based upon its investigation.

6. In addition to providing equal employment opportunity, St. David’s Center has an established Affirmative Action Plan which outlines our commitment to taking affirmative action in employment matters regarding qualified people of color, women, disabled individuals, Vietnam era veterans, and disabled veterans.

7. St. David’s adheres to Hennepin County’s AIDS Policy, which provides that no employee, applicant, or client shall be subjected to testing, removed from normal and customary status, or deprived of any rights, privileges, or freedoms because of his or her HIV/AIDS status except for clearly stated specific and compelling medical reasons.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
EXPENSE REIMBURSEMENT

Policy Owner: HR Manager  
Policy Originated by (program or department): PTT  

Date Written: 10/01/13  
Revised: 05/26/15, 05/17/16, 04/25/17  
Date Last Reviewed: 03/25/15, 05/17/16, 04/25/17

Applicable Programs: All  
Date Reviewed and Approved by ELT: 04/01/14, 04/21/15, 05/26/15, 05/17/16, 04/25/17

Statutory or Regulatory Citation:  
Signature:

Policy:  
St. David’s Center recognizes that board members, officers, and employees (“Personnel”) of St. David’s Center may be required to travel or incur other expenses from time to time to conduct business and to further the mission of this non-profit organization. The purpose of this policy is to ensure that (a) adequate cost controls are in place, (b) travel and other expenditures are appropriate, and (c) to provide a uniform and consistent approach for the timely reimbursement of authorized expenses incurred by Personnel. It is the policy of St. David’s Center to reimburse only reasonable and necessary expenses actually incurred by Personnel.

Procedure:

1. When incurring business expenses, St. David’s Center expects Personnel to:
   A. Exercise discretion and good business judgment with respect to those expenses.
   B. Be cost conscious and spend St. David’s Center’s money as carefully and judiciously as the individual would spend his or her own funds.
   C. Report expenses, supported by required documentation, as they were actually spent.

2. Expense Reimbursement
   A. St. David’s Center reimburses employees for work-related mileage and parking expenses incurred during trips from one work site to another work-related site. For example, such trips may be made from a St. David’s Center facility to a workshop, conference, home visit or meeting held off site. Pre-approved shopping trips made on behalf of St. David’s Center are also eligible for mileage and parking expenses reimbursement. Mileage or parking expenses associated to traveling to or from a staff celebration event are not eligible for reimbursement.
B. In order to receive reimbursement for mileage and parking fees related to work related trips, the staff member must complete the Mileage Reimbursement form available from the Finance Department or employee intranet and submit it to a supervisor for approval. Mileage Reimbursement forms must be completed and submitted for approval on a monthly basis. Reimbursement requests must be submitted to your supervisor by the end of the following month. It is suggested employees submit the reimbursement to their supervisor by the 5th of the month to allow enough time for review and approval. Supervisors should submit approved reimbursement form to Finance within 48 hours of end of the month. Receipts must be attached. Any reimbursements not compliant with policy will not be processed and will returned to sender.

C. Any Mileage Reimbursement form submitted outside of the month following the expenses incurred will not be eligible for reimbursement.

D. Reimbursements will be paid on the regular payroll cycle through a direct deposit combined with regular compensation. Mileage reimbursements will be paid at the currently approved agency rate.

3. Travel Time Pay and Mileage Reimbursement (Field-Based Staff)
   
   A. Travel Time Pay
      
      i. Employees traveling between clients will receive travel time pay at their normal hourly rate for breaks of 1 hour or less between client sessions.
      
      ii. Employees working with MHST (this may also include ASDSS clients) are eligible for pay during travel to and from client homes based on program funding and approval.
   
   B. Mileage Reimbursement
      
      i. Employees may be reimbursed for mileage for transporting clients during sessions based on program funding and approval. Seek supervisor guidance and approval.

4. Expense/Activity Reimbursements for Particular Programs
   
   A. There are limited expense funds for the Waivered Services (WS), Mental Health Skills Training (MHST), Autism Spectrum Disorders Support Services (ASDSS) programs and Residential Services Program only. Expenses incurred by the client will, in most cases, be the responsibility of the family. All reimbursements should be submitted by the 5th of the month AFTER which the expenses have incurred. (ex: If you have expenses in April, the reimbursement must be turned in by May 5th.) One month per reimbursement sheet. Receipts must be attached.
   
   B. WS Program
      
      i. Expenses may be reimbursed for pre-authorized community outings when there is a cost for the staff to attend an activity with a client (not including food, drink, video games, etc.). Movies may be reimbursed. Because community expense allocations are limited, staff may only submit
reimbursement for the amount authorized by the coordinator and documented with a receipt.

C. MHST Program

i. Mental Health Practitioners in the MHST Program may use funds (up to $15.00 per month) for interactive activities or resources that would encourage the client to practice treatment goals/skills in their community. Some acceptable resources may include: craft, journal, resource book related to client’s specific goal. Interactive activities may include: zoos, bowling, roller skating, museums, etc. Expenses/Activities cannot include food, drink, video games, movies etc. Please note that activities should not include those that are considered social skills building as these cannot be covered under the program. Staff should contact their Coordinator if they have any questions or need further clarification regarding expenses or activities.

D. ASDSS Program

i. Mental Health Practitioners in the ASDSS Program may use funds (up to $30.00 per month) for interactive activities or resources that would encourage the client to practice treatment goals/skills in their community. Some acceptable resources may include: craft, journal, resource book related to client’s specific goal. Interactive activities may include: zoos, bowling, roller skating, museums, etc. Expenses/Activities cannot include food, drink, video games, movies etc. Staff should contact their Coordinator if they have any questions or need further clarification regarding expenses or activities.

E. Residential Services:

i. Group Home staff must get coordinator approval for any activity reimbursement.

5. Expense Report

A. Expenses will not be reimbursed unless the individual requesting reimbursement submits a written Expense Report. The Expense Report, which shall be submitted at least monthly or within two weeks of the completion of travel if travel expense reimbursement is requested, must include:

i. The individual’s name.

ii. If reimbursement for travel is requested, the date, origin, destination and purpose of the trip, including a description of each company-related activity during the trip

iii. The name and affiliation of all people for whom expenses are claimed (i.e., people on whom money is spent in order to conduct St. David’s Center’s business).

iv. An itemized list of all expenses for which reimbursement is requested.

6. Receipts
A. Receipts are required for all expenditures billed directly to St. David’s Center, such as airfare and hotel charges. No expense in excess of $25.00 will be reimbursed to Personnel unless the individual requesting reimbursement submits with the Expense Report written receipts from each vendor (not a credit card receipt or statement) showing the vendor’s name, a description of the services provided (if not otherwise obvious), the date, and the total expenses, including tips (if applicable).

7. General Travel Requirements

A. All trips involving air travel or at least one overnight stay must be approved in advance by the individual’s supervisor and the appropriate member of ELT.

B. Necessity of Travel. In determining the reasonableness and necessity of travel expenses, Personnel and the person authorizing the travel shall consider the ways in which St. David’s Center will benefit from the travel and weigh those benefits against the anticipated costs of the travel. The same considerations shall be taken into account in deciding whether a particular individual’s presence on a trip is necessary. In determining whether the benefits to St. David’s Center outweigh the costs, less expensive alternatives, such as participation by telephone or video conferencing, or the availability of local programs or training opportunities, shall be considered.

C. Individuals traveling on behalf of St. David’s Center may incorporate personal travel or business with their company-related trips; however, Personnel shall not arrange company travel at a time that is less advantageous to St. David’s Center or involving greater expense to St. David’s Center in order to accommodate personal travel plans. Any additional expenses incurred as a result of personal travel, including but not limited to extra hotel nights, additional stopovers, meals or transportation, are the sole responsibility of the individual and will not be reimbursed by St. David’s Center. Expenses associated with travel of an individual’s spouse, family or friends will not be reimbursed by St. David’s Center.

8. Air Travel

A. Air travel reservations should be made as far in advance as possible in order to take advantage of reduced fares. St. David’s Center will reimburse or pay only the cost of the lowest coach class fare actually available for direct, non-stop flights from the airport nearest the individual’s home or office to the airport nearest the destination.

B. Personnel traveling on behalf of St. David’s Center are not required to stay over Saturday nights in order to reduce the price of an airline ticket. An individual who chooses to stay over a Saturday night shall be reimbursed for reasonable lodging and meal expenses incurred over the weekend to the extent the expenses incurred do not exceed the difference between the price of the Saturday night stay ticket and the price of the lowest price available ticket that would not include a Saturday night stay. To receive reimbursement for such lodging and meal expenses, the individual must supply, along with the Expense Report,
documentation in the amount of the difference between the price of the Saturday stay and non-Saturday stay airline tickets.

C. Personnel traveling on behalf of St. David’s Center may accept and retain frequent flyer miles and compensation for denied boarding for their personal use. Individuals may not deliberately patronize a single airline to accumulate frequent flyer miles if less expensive comparable tickets are available on another airline.

9. Lodging

Personnel traveling on behalf of St. David’s Center may be reimbursed at the single room rate for the reasonable cost of hotel accommodations. Convenience, the cost of staying in the city in which the hotel is located, and proximity to other venues on the individual’s itinerary shall be considered in determining reasonableness. Personnel shall make use of available corporate and discount rates for hotels. “Deluxe” or “luxury” hotel rates will not be reimbursed.

10. Out-Of-Town Meals

Personnel traveling on behalf of St. David’s Center are reimbursed for the reasonable and actual cost of meals (including tips) subject to a maximum per diem meal allowance of $64 per day (Standard per diem rate for FY2016: Breakfast $15, Lunch $16, Dinner $28, IE $5) and the terms and conditions established by St. David’s Center relating to the per diem meal allowance.

11. Ground Transportation

A. Employees are expected to use the most economical ground transportation appropriate under the circumstances and should generally use the following, in this order of desirability:

i. **Courtesy Cars.** Many hotels have courtesy cars, which will take you to and from the airport at no charge. The hotel will generally have a well-marked courtesy phone at the airport if this service is available. Employees should take advantage of this free service whenever possible.

ii. **Airport Shuttle or Bus.** Airport shuttles or buses generally travel to and from all major hotels for a small fee. At major airports such services are as quick as a taxi and considerably less expensive. Airport shuttle or bus services are generally located near the airport’s baggage claim area.

iii. **Taxis.** When courtesy cars and airport shuttles are not available, a taxi is often the next most economical and convenient form of transportation when the trip is for a limited time and minimal mileage is involved. A taxi may also be the most economical mode of transportation between an individual’s home and the airport.

iv. **Rental Cars.** Car rentals are expensive so other forms of transportation should be considered when practical. Employees will be allowed to rent a car while out of town provided that advance approval has been given by the individual’s supervisor and that the cost is less than alternative methods of transportation.
12. Personal Cars

Personnel are compensated for use of their personal cars when used for Company business. When individuals use their personal car for such travel, including travel to and from the airport, mileage will be allowed at the agency approved rate per mile. In the case of individuals using their personal cars to take a trip that would normally be made by air, e.g., Minneapolis to Milwaukee, mileage will be allowed at the currently approved rate; however, the total mileage reimbursement will not exceed the sum of the lowest available round trip coach airfare.

13. Parking/Tolls

Parking and toll expenses, including charges for hotel parking, incurred by Personnel traveling on Company business will be reimbursed. The costs of parking tickets, fines, car washes, valet service, etc., are the responsibility of the employee and will not be reimbursed. On-airport parking is permitted for short business trips. For extended trips, Personnel should use off-airport facilities.


Reasonable expenses incurred for business meetings or other types of business-related entertainment will be reimbursed only if the expenditures are approved in advance by [designated officer or director] of St. David’s Center and qualify as tax deductible expenses. Detailed documentation for any such expense must be provided, including:

A. date and place of entertainment;
B. nature of expense.
C. names, titles and corporate affiliation of those entertained.
D. a complete description of the business purpose for the activity including the specific business matter discussed.
E. vendor receipts (not credit card receipts or statements) showing the vendor’s name, a description of the services provided, the date, and the total expenses, including tips (if applicable).

15. Other Expenses

Reasonable St. David’s Center -related telephone and fax charges due to absence of Personnel from the individual’s place of business are reimbursable. In addition, reasonable and necessary gratuities that are not covered under meals may be reimbursed. Finally, emergency secretarial work and/or postal charges incurred are reimbursable for the purpose of work on behalf of St. David’s Center.


St. David’s Center maintains a strict policy that expenses in any category that could be perceived as lavish or excessive will not be reimbursed, as such expenses are inappropriate for reimbursement by a nonprofit, charitable organization. It is standard practice and policy to obtain approval for expenditures from your supervisor prior to incurring the expense. Expenses that are not reimbursable include, but are not limited to:

A. Travel insurance
B. First class tickets or upgrades

C. When lodging accommodations have been arranged by St. David’s Center and the individual elects to stay elsewhere, reimbursement is made at the amount no higher than the rate negotiated by St. David’s Center. Reimbursement shall not be made for transportation between the alternate lodging and the meeting site.

D. Limousine travel

E. Movies, liquor or bar costs

F. Membership dues at any country club, private club, athletic club, golf club, tennis club or similar recreational organization

G. Participation in or attendance at golf, tennis or sporting events, without the advance approval of the Chief Executive Officer

H. Spa or exercise charges

I. Clothing purchases

J. Business conferences and entertainment which are not approved by a designated officer or director of St. David’s Center

K. Expenses for spouses, friends or relatives. If a spouse, friend or relative accompanies Personnel on a trip, it is the responsibility of the Personnel to determine any added cost for double occupancy and related expenses and to make the appropriate adjustment in the reimbursement request.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**

ND: 4835-1017-3206, v1
Policy:
St. David’s Center supports alternative work schedules as a method of staff retention through work/life balance. Alternative scheduling is available to assist employees in meeting their personal work performance goals and family/personal needs. Alternative work scheduling is an opportunity to maintain employee productivity through various forms of creative work scheduling.

Procedure:
1. All St. David’s Center employees will be considered for alternative work scheduling on a case-by-case basis.
2. There are various alternative work schedule options available to employees. Below are a few possible options of alternative scheduling:
   A. Flex-time, which is a block of time at the start and end of traditional eight-hour shifts during which employees may report and complete their required shift hours of work.
   B. Ten-hour day, four-day workweek, in which an employee works ten hours per workday, reducing the workweek to four days a week. Employees would still receive regular holiday pay as outlined in the Holiday Pay Policy.
   C. Nine-hour day, one day off every other week, in which an employee works nine-hour workdays and permitting the approved employee to reduce every other workweek to a four-day workweek.
   D. Telecommute, where employee would be permitted to work from home when appropriate and when in-person meetings are not required.
   E. Job-sharing, defined as two part-time employees assigned to the same job equivalent as one full-time employee. The position is shared between the two employees. Job-sharing, as an alternative work schedule, must ensure the continuity of the work being done at the
same workstation with two individuals working as a team to accomplish one full-time position’s duties.

3. The department director/supervisor is responsible for identifying if any alternative staffing options is workable within his or her department. This includes determining if the entire department or an entire shift must convert to an alternative scheduling option. To determine whether it would be appropriate for volunteers to take on these work schedules, the director/supervisor must assess the impact and outcome in terms of production, quality and absenteeism, and if one or a combination of the above is in the best interests of the department, organization, and employee. There may be specific roles and departments in which alternative scheduling is not appropriate.

4. The Director of PTT has the general responsibility of overseeing the day-to-day implementation of this policy in accordance with payroll, legal requirements and reasonableness of request. Any requests for exceptions to this policy should be made in writing to the PTT department for review and approval. Only the Director, PTT, or his/her designee, in consultation with the Chief Executive Officer and the affected department director/supervisor, may grant such an exception.

Violation of this Policy or Procedure
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Reference or Attachment:

ND: 4824-6726-2742, v1
**Policy Overview:**
St. David’s Center considers interns under the following circumstances:

- Interns are attached to a college/university, are receiving college credit and are meeting conditions of their graduation.
- Interns are learning a new skill set that will go towards not only their graduation requirement, but also to gain skills for a future job in a similar field.

St. David’s Center and the Fair Labor Standards Act uses six factors in determining whether someone is an intern or an employee:

- The internship must be **similar to training** that would be given in an educational environment, such as a college, university or trade school.
- The training is for the **benefit** of the intern.
- The intern is not taking a job from a **regular employee**.
- The employer that provides the training derives **no immediate advantage** from the activities of the intern.
- The intern is **not necessarily entitled** to a job at the conclusion of the internship.
- The intern and the employer must both understand that the intern is not entitled to **wages**.

**Procedure:**
An agreement between St. David’s Center and universities is required in order to move forward with accepting and hiring students from a university. Hiring Supervisor should consult with PTT when considering entering into an agreement with universities so that both parties are aware of the agreement. The PTT Director must sign off on any contracts with universities.

For any questions on HIPAA related pieces (i.e. videotaping guidelines that may be required in student internships), please consult with the Clinic Supervisor in AHIM.

**Interviewing/Onboarding Process:**
- Hiring Supervisor follows Intern Hiring SOP located on SharePoint to interview and onboard candidate.
  - If candidate is touring the site/has exposure to clients during the interview process, candidate should sign the Volunteer & Visitor Non-Disclosure Agreement, located on SharePoint under Forms → AHIM Documents.
- All interns must attend NEO on or prior to their first day of their internship.
First 90 days of Internship:
- During first 90 days, Hiring Supervisor uses regular supervision meetings to address concerns, questions, and successes. This includes any evaluations or reviews required through school contracts in order to follow the school’s requirements for interns as well as the intern’s progress in the St. David’s Center internship program.

Parameters of internship:
- All interns should log their time in Dayforce and supervisors should approve according to the regular approval schedule.
- Interns and their internship supervisor will develop and implement a training plan that includes delivery of professional services and documentation thereof, awareness and adherence to professional ethics, and demonstration of clinical trainee-level competence in providing mental health services.
- Prior to providing direct mental health services, including any billable services, graduate-level interns must have completed a minimum of 2-3 months of shadowing and training with qualified practitioners and/or professionals. Additionally, the intern will have access to a direct supervisor. On-call support must be made available to interns at any time they are providing direct mental health services.
  - Each department is responsible for tracking training hours.
  - Approval for undergraduate-level interns to provide independent in-home services is required from Senior Program Director and PTT.

Billing:
- There are some payers that do not accept billing for services provided by an intern. Please contact your program’s Business Analyst with any questions.
- In situations in which the service provided by the intern is billable under Clinical Trainee requirements, the intern and supervisor will complete all required medical record documentation using supervisory oversight options within Evolv. All services must be documented prior to the end of internship.
- The intern and supervisor must agree to a caseload that meets the intern’s clinical experience requirements to complete their educational requirements.
- While billing for services provided by an intern offsets some of the costs incurred in training and supervising interns, it is understood that the amount billed will not be such that St. David’s Center derives an immediate advantage.

Violation of this Policy or Procedure
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Reference or Attachment:
Hiring Process Interns (located on SharePoint)
Policy:
It is the policy of St. David’s Center to allow currently employed staff members to apply for and be considered for internal openings. Currently employed staff members will be subject to the same hiring standards as non-employee applicants.

Procedure:
1. All openings will be posted online for five business days to provide all potential applicants an equal opportunity to apply to the position.
2. Hiring Supervisors considering internal applicants will solicit feedback from the applicant’s current supervisor regarding any performance concerns.
3. Applicants with an open PIP or Corrective Action may not be considered for the posted position.
4. Hiring Supervisor will schedule and interview as appropriate.
5. In the event a current employee is hired for a new position, a status change form and tech request will be completed for each employee who changes positions/departments/supervisors.
6. If the employee is changing departments or programs, the employee will be required to fill out a Background Check Release Form.
7. If the employee is changing positions or departments or programs and the position now requires an acceptable driving record as an essential function (see the Job Description) the staff will fill out a Motor Vehicle Report Check Release form.
8. If the employee was not previously in a position that was considered as a psychotherapist and the new position is, please provide the applicant with the Sexual Exploitation Check forms to fill out. PTT will submit these forms to previous employers.
Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Hiring Process Internal
St. David’s Center Recruiting, Interviewing and Onboarding Process:
Internal Applicants

Recruitment Contacts:
Natalie Young (x8637): ADT, ECE and CORE/Operations/Facilities positions
Rachel Southa (x8618): Entry-level Life Phase Services positions
Mckenzie Polacheck (x 5761): All other positions

Recruiting Process:
• Hiring Supervisor creates and reviews the job description to ensure it is updated: S:\Job Descriptions.
  o If position is new, title must be approved by PTT and Finance.
• Hiring Supervisor requests salary information from PTT, as necessary.
• Hiring Supervisor completes Position Requisition Form (PRF), secures appropriate signatures*; and submits the PRF and the updated job description to the Recruiter a minimum of 48 hours before the position needs to be posted.
  o *Note: PRFs must include the signature of both the Hiring Supervisor as well as one level of leadership above the Hiring Supervisor (Program Manager’s signature can stand alone).
  o The PRF can be found under the PTT intranet dropdown menu.
• Recruiter schedules meeting with Hiring Supervisor to discuss requisition, timeline, hiring strategy, and position-appropriate benefits information, as necessary.
• Recruiter posts the position to the St. David’s Center job board as “internal-only.”
  o Internal positions must be posted for a minimum of five business days to allow all candidates an equal opportunity to apply.
  o All internal job changes require a position to be posted on our job board and internal applicants must apply to be considered.
• Recruiter will receive and track all applicant information, forwarding qualified applicants to Hiring Supervisor.
  o If a current St. David’s Center intern applies for open position, please consult with PTT.
• Hiring Supervisor responds to each applicant received, informing Recruiter of one of two decisions regarding the candidate:
  1) “Decline candidate:” this means Hiring Supervisor is not interested in considering the applicant for the position.
     • It is an expectation that Supervisors communicate with all internal applicants, even if not being considered for position.
     • Please choose from the following list of decline reasons:
       ▪ Availability did not match scheduling needs
       ▪ Candidate selected for another position
       ▪ Declined interview-job parameters
       ▪ Declined interview-accepted another position
       ▪ Declined offer-accepted another position
       ▪ Declined offer-hours
       ▪ Declined offer-job parameters
       ▪ Declined offer-salary
       ▪ Declined phone screen-accepted another position
- Does not have a driver’s license
- Does not have reliable transportation
- Does not meet minimum qualifications-education
- Does not meet minimum qualifications-experience
- Does not meet minimum qualifications-licensure/certification
- Does not meet minimum qualifications-skills/knowledge
- Does not possess core competencies
- External candidate for internal-only position
- Lacking relevant experience
- Failed background investigation
- Failed MVR
- Former employee, not eligible for rehire
- Less than 18 years of age
- Location did not match scheduling needs
- No call no show for interview
- Offer accepted by another candidate-job closed
- Poor references
- Position cancelled
- Position placed on hold
- Submitted application after selection was made
- Unable to contact candidate

2) “Interview candidate:” this means the Hiring Supervisor plans to request an interview with the candidate.

Interviewing Process:

- Hiring Supervisors considering internal applicants will connect with current supervisor regarding any performance concerns. Please use the Reference Check form located under Forms → PTT Hiring on SharePoint to guide this conversation. This form will serve as the candidate’s reference, which is necessary to make an offer.
  - If candidate has an open PIP or Corrective Action plan, please consult with PTT.
- Hiring Supervisor contacts internal candidate to schedule interview.
  - As a best practice, this should be done within 48 hours of receiving the application.
  - Hiring Supervisor provides candidates with his/her contact information and hiring timeline.
  - An interview guide template is located on SharePoint.
- If the staff is changing departments/programs, starting in a driving position and/or interviewing for a psychotherapist position, the staff completes the Motor Vehicle Report form (MVR), Background Check Release form (BGS) and Sexual Exploitation Background Check forms (only applicable for psychotherapy positions; one form must be completed for each employer in last five years) at completion of the interview.
- MVR, BGS & Sexual Exploitation BGS process at interview:
  - When scheduling an interview, tell applicant to bring an acceptable form of ID to the interview (please see the “Acceptable Forms of Identification for DHS Background Studies” form on SharePoint).
  - Once you have interviewed an applicant, have applicant complete a motor vehicle record form, background study form (give privacy notice), and sexual exploitation BGS forms.
  - Have applicant fill in full name only on background study form. Supervisor will need to verify the identity of the applicant via an acceptable form of ID AND that the name listed on the acceptable form of ID matches the full legal name listed on the background study form EXACTLY. Whatever ID they provided and entered on form must be shown at the
fingerprint location, otherwise they will be turned away. The ID must be unexpired, original documentation. Once name is verified, have applicant fill in rest of form and provide them with an envelope to place and seal the forms.

- These IDs below are considered primary ID's*:
  - Driver's license
  - State issued identification card
  - U.S. Passport

*For more ID options, please see “Acceptable Forms of Identification for DHS background studies” form on SharePoint.

- Rachel will run MVR results prior to initiating BGS studies. Once we receive passing MVR results, Rachel will initiate the BGS study.

- Explain to applicant that once Rachel Southa in PTT initiates study, they will have 14 calendar days to complete the fingerprinting process. Supervisors should tell applicant that Rachel Southa in PTT will call and email applicant with instructions for fingerprinting and locations.
  - These instructions include a voucher for candidates to take with them when they are getting fingerprinted. PTT is available to print vouchers for staff without access to a Smartphone or printer. Please contact Rachel Southa at 952-548-8618 if you are aware that your applicant will need her to print their voucher.

- Route MVR, BGS and Sexual Exploitation background check forms to Rachel Southa in PTT in a sealed envelope to initiate after an offer has been made and accepted.

- If a potential candidate fails to complete the initial background study within the time frame provided by DHS, he/she will be given opportunity to complete a second background study. However, after two failed attempts, the individual may be disqualified from employment with St. David’s Center. This will then be communicated to the individual.

  - Hiring Supervisor should collect any copies of professional licenses that are required for the position at this stage as well.
  - Hiring Supervisor keeps Recruiter and candidates updated on the process until a hire is made.

**Offering Process:**

- Hiring Supervisor makes offer and discusses benefits, PTO (if applicable), and the candidate’s new supervisor at time of offer.
- Hiring Supervisor lets candidate know that the offer is contingent on the candidate passing the background check and motor vehicle check (if applicable).
- Hiring Supervisor notifies Recruiter of the accepted offer.
- Hiring Supervisor informs interviewed but not hired candidates of hiring decision.
- For selected (hired) candidates, please route application and hiring notes to Recruiter.
- For candidates not selected, include a brief note about why the candidate was not selected for the position in addition to the application and hiring notes.
Onboarding Process:

- Hiring Supervisor completes the following paperwork:
  - Status Change form—send to statuschanges@stdavidscenter.org
    - If new Offer Letter is required, indicate so on the Status Change Form. Recruiter will provide new Offer Letter.
  - Tech Request Form—send to staffchanges@stdavidscenter.org
    - If employee is moving into a supervisory position, make sure to include that they should be added to the ELEVATE email list.
- Hiring Supervisor conducts department-specific training.
  - Internal hires cannot receive client-specific training until the BGS clears.
- Hiring Supervisor coordinates any additional training that is necessary (CPI, CPR, first aid, etc.).
- If the employee is hired for a supervisor role (and they were not previously in a supervisor role), Hiring Supervisor will sign employee up for the next upcoming supervisor orientation session: S:\Sign-up Sheet\ELEVATE\Supervisor Orientation
- Hiring Supervisor copies all certifications and license documents and enters them into the Employee Portal (“Assignments” tab→”Additional Properties”).
- Hiring Supervisor places these documents into an orange training/credentialing files.
  - Supervisors are responsible for creating and maintaining this file for each employee within their department.
- If internal employee has not yet completed the PEP, Hiring Supervisor should email Mckenzie Polacheck to initiate a PEP Assessment. The PEP costs $25 and the new hire will receive an email from Gaye Lindfors with instructions on how to complete it.

Recommended Department-Specific Onboarding Trainings

- Accident/incident reporting
- Timesheet process and payroll schedule
- Time off requests (including calling in sick)
- Emergency procedures
- Supervisor/employee communication expectations
- Team meeting expectations
- Professionalism and boundaries
- Vehicle information (parking rules, company vehicles, etc.)

First 90 days of Employment

- During the first 90 days, Hiring Supervisor uses regular supervision meetings to address concerns, questions, and successes.
- At 60 days, Hiring Supervisor schedules the employee’s 90-day Review (see “90 Day Review” form located under PTT Performance on SharePoint) and provides employee with 90-day Review form to answer employee self-review questions on page 1.

Additional Information:

- If a PCA Choice staff is moving to another role within the organization, additional paperwork may be required and staff must also attend NEO if this has not already occurred. Please contact Mckenzie Polacheck for more information.
- If new hire has not yet completed the PEP assessment and the Hiring Supervisor would like to do this, email Mckenzie Polacheck. PEP Assessments cost $25 and the new hire would receive an email from Gaye Lindfors with instructions on how to complete the assessment.
Policy:
St. David’s Center will provide its employees time away from work as provided in its policies or as required by law. The following types of leaves are included in this policy:

A. Family and Medical Leave Act (FMLA)
B. Employee Medical Leave for those not eligible under FMLA
C. Personal Leave
D. Sick or Injured Child Care Leave
E. School Conference and Activities Leave
F. Bereavement Leave
G. Jury Duty Leave
H. Voting Leave
I. Election Judge
J. Military Leave
K. Bone Marrow Donation Leave

Procedure:
A. Family and Medical Leave

1. In accordance with the Family and Medical Leave Act (hereafter referred to as FMLA), St. David’s Center will grant job-protected, unpaid FMLA leave to eligible employees for any one of the following reasons:
a. The birth of a child, care of such child, or the placement of a child with the
employee for adoption or foster care (leave for this reason must conclude within
the 12-month period following the child’s birth or placement with the employee

b. In order to care for an immediate family member (spouse, child under 18 years of
age or is 18 years or older and incapable of self-care because of a mental or
physical disability at the time FMLA leave starts, or parent) of the employee if
such immediate family member has a serious health condition

c. The employee’s own serious health condition that makes the employee unable to
perform the functions of his/her position

d. Any qualifying exigency arising out of the fact that the employee’s spouse, son or
daughter (regardless of age), or parent is a covered military member on active
duty (or has been notified of an impending call or order to active duty) in support
of a contingency operation Eligible employees with a spouse, son, daughter, or
parent on active duty or call to active duty status in the National Guard or
Reserves in support of a contingency operation may use their 12-week leave
entitlement to address certain qualifying exigencies.

e. FMLA also includes a special leave entitlement that permits eligible employees to
take up to 26 weeks of leave to care for a covered service member during a single
12-month period. A covered service member is: (1) a current member of the
Armed Forces, including a member of the National Guard or Reserves, who is
undergoing medical treatment, recuperation or therapy, is otherwise in outpatient
status, or is otherwise on the temporary disability retired list, for a serious injury
or illness, or (2) a veteran who was discharged or released under conditions other
than dishonorable at any time during the five-year period prior to the first date the
eligible employee takes FMLA leave to care for the covered veteran, and who is
undergoing medical treatment, recuperation, or therapy for a serious injury or
illness.

2. This policy is intended to be a general summary of the FMLA. Each situation will be
evaluated on a case-by-case basis in accordance with 29 United States Code Section
2601, et seq. and Title 29 Code of Federal Regulations (CFR) Part 825.100, et seq. A
complete copy of FMLA is available upon request. Employees should contact PTT to
receive a copy.

3. **Eligibility.** To be eligible for an FMLA leave without pay, an employee must work
1,250 hours during the 12 months preceding the start of the leave and have been
employed for at least 12 months prior to the FMLA leave.

4. **Length of Leave.** The maximum length of FMLA leave shall be 12 weeks during any
12-month period. St. David’s Center uses a “rolling” 12-month period to measure
employee eligibility for FMLA leave. If both spouses work for St. David’s Center,
their total leave in any 12-month period may be limited to an aggregate of 12 weeks if
the leave is taken for either birth or placement for adoption or foster care of a child or
to care for a sick parent. FMLA leave shall be taken simultaneously with Minnesota Parenting Leave, if applicable.

A. An employee who returns to work for at least 30 calendar days is considered to have returned to work at St. David’s Center following a FMLA Leave. The one exception to this rule is if an employee transitions directly from the FMLA leave, or within the 30 day period following the FMLA leave, to retirement. In that case, the employee is deemed to have returned to work.

5. **Intermittent or Reduced Leave.** An employee is eligible for intermittent or reduced FMLA leave under any of the following conditions:

   a. **When Medically Necessary.** An employee may take leave intermittently (a few days or a few hours at a time) or on a reduced leave schedule to care for an immediate family member (spouse, child under 18 years of age or is 18 years or older and incapable of self-care because of a mental or physical disability at the time FMLA leave starts, or parent) with a serious health condition or because of a serious health condition of the employee when “medically necessary.” “Medically necessary” means that there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule. The employee may be required to transfer temporarily to a position with equivalent pay and fringe benefits that better accommodates recurring periods of leave when the leave is planned based on scheduled medical treatment.

   b. **For Birth or Placement for Adoption or Foster Care.** An employee may take FMLA leave intermittently or on a reduced leave schedule for birth or placement for adoption or foster care of a child only with the consent of his/her supervisor.

6. **Notice Requirement.**

   a. Employees wishing to take FMLA leave are asked to notify St. David’s Center of their need for the leave by providing sufficient information to put St. David’s Center on notice that they need leave that may qualify for FMLA leave. An employee is required to give 30 calendar days’ notice in the event of a foreseeable FMLA leave. After preliminary approval by his/her supervisor, the employee must submit a written request for leave of absence and return to PTT. *Request for FMLA Leave or Other* form should be completed by the employee and returned to a member of PTT. In unexpected or unforeseeable situations, an employee should provide as much notice as is practicable, usually verbal notice within one or two business days of when the need for leave becomes known, followed by the *Request for FMLA Leave or Other* form within 10 calendar days.

   i. If an employee fails to give 30 calendar days’ notice for a foreseeable leave with no reasonable excuse, the leave may be delayed until 30 calendar days after the employee provides notice.

   b. All documentation related to the employee’s or family member’s medical condition will be held in strict confidence and maintained in a separate employee health file.

   c. At any time during the leave, the supervisor may request that a health care provider certify the need for FMLA leave, and if such a certification is requested,
the employee will have at least 15 days to obtain the certification. In addition, a health care provider’s release will be required from employees returning to work from FMLA leave.

d. At its discretion, St. David’s Center may require a second medical opinion and periodic recertification at its own expense. If the first and second medical opinion differ, St. David’s Center, at its own expense, may require the opinion of a third health care provider approved by St. David’s Center and the employee. If the employee unreasonably refuses to agree on a third health care provider, St. David’s Center may designate the provider. This third opinion is binding on St. David’s Center and the employee for purposes of this policy.

7. **Effect on Insurance.** An employee granted FMLA leave under this policy will continue to be covered under St. David’s Center’s group health insurance plan and life insurance plan under the same conditions as coverage would have been provided if the employee had been continuously employed during the leave period but with the following conditions:

   a. Employee contributions will be required through payroll deduction while wages for hours worked or paid time off are issued. After all wages for hours worked and paid time off have been issued, the employee on leave shall issue direct payment to St. David’s Center for the cost of their benefit premiums. The employee should request information regarding the amount and method of payment. Employee contribution and payment amounts are subject to any change in rates that may occur while the employee is on leave.

   b. If an employee’s contribution is more than 30 calendar days late, St. David’s Center may terminate the employee’s insurance coverage.

   c. If an employee elects not to return to work upon completion of an approved unpaid leave of absence, St. David’s Center may recover from the employee the cost of any premiums paid to maintain the employee’s coverage, unless the failure to return to work was for the continuation of a serious health condition of the employee or a covered family member or for reasons beyond the employee’s control.

8. **Effect on Other Benefits**

   A. **Sick leave and vacation time.** Employees on FMLA leave must use any accrued Paid Time Off or accrued Sunshine Fund hours during a FMLA qualified leave. PTO and Sunshine Fund will be automatically applied beginning with the first day of leave until it is exhausted. PTO does not accrue while an employee is on leave, unless leave hours are covered by PTO.

   a. **Holidays.** Holidays shall not be paid during an FMLA leave if the employee is in an unpaid status.

   b. **Length of service benefits.** Length of service benefits shall continue to accrue during the 12-week FMLA leave.

   c. **Salary review.** If salary review and adjustments occur during an approved FMLA, the salary review date may be adjusted.
9. **Job Protection**

a. In general, an employee returning from an FMLA leave shall be entitled to return to employment in the employee’s former position or in a position of comparable duties, number of hours, pay, and classification.

b. The employee’s restoration rights are the same as they would have been had the employee not been on leave. Thus, if the employee’s position would have been eliminated or the employee would have been terminated but for the leave, the employee would not have the right to be reinstated upon return from leave.

c. An exception to the Job Protection provisions of this policy may be made if the employee on leave is a salaried employee and is among the 10 percent highest paid of St. David’s Center’s employees within 75 miles of the employee’s worksite and restoring employment of the employee would result in substantial economic injury to St. David’s Center. In this situation, the employee will be notified of St. David’s Center’s intent to deny restoration in advance of the leave and the employee will be given an opportunity to seek other options.

d. St. David’s Center may cancel a leave of absence at any time if the employee utilizes the leave for purposes other than stated when the leave was granted. An employee may cancel an approved leave of absence and return to work with the approval of his/her supervisor.

e. St. David’s Center may require an employee who is on leave to confirm that he/she intends to return to work at the end of the leave.

f. An employee exceeding the authorized leave period without giving proper notice to his/her supervisor or member of the Policy, Training, & Talent team shall be considered to have voluntarily terminated his/her employment with St. David’s Center.

B. **Employee Medical Leave for those not eligible under FMLA**

An employee who does not meet the eligibility requirements for leave under FMLA and is unable to work because of his/her own medical condition may request unpaid job-protected leave for his/her own medical condition or twelve weeks under the MN Parental Leave Act under the Women’s Economic Security Act (WESA). Accrued personal time off must be exhausted during the course of the leave. Requests for personal leave are subject to Program Director approval and must be submitted in writing a minimum of two weeks prior to the start of the leave.

For personal medical leaves, insurance benefits will continue through the end of the month in which the leave begins. The employee can continue insurance benefits under COBRA following the first day of the next month. St. David’s Center will pay for the employer portion of COBRA, the employee will be responsible for their portion of the premiums and any applicable administrative fees for the first four weeks. Any additional COBRA expense (the employee and employer portion of the premium and administrative fees) after four weeks will be the responsibility of the employee. Benefits will be reinstated once the employee returns to working a benefit eligible schedule. If an employee is eligible for MN Parental Leave under the Women’s Economic Security Act (WESA), then employee benefits will be continued at the employee’s expense. If an
employee needs more time off due to his/her medical condition, he/she must communicate his/her need for additional time off before the expiration of the initial six-week medical leave (twelve weeks under MN Parental Leave). Additional leave may be granted for up to one year if the employee provides adequate medical documentation of his/her inability to work. This additional medical leave may not be job protected and the employee could return to work in another position, with different hours, or on a different schedule. If no position or work is available at the time the employee is able to return to work, he/she will be given the first opportunity for work when a position he/she is qualified for becomes available.

C. Personal Leave

After the introductory period, an employee may request an unpaid personal leave of absence if time off is needed beyond the availability of vacation and is not covered by any other leave policy. It is at the discretion of the employee’s supervisor to grant the leave subject to the operational needs of the organization. An employee must exhaust his/her usage of other eligible leaves and vacation prior to being considered for a personal leave. If an employee is granted a personal leave, the supervisor along with Policy, Training, & Talent should document the terms and conditions of the leave and provide a copy to the employee. For personal leaves, insurance benefits will continue through the end of the month in which the leave begins. The employee can continue insurance benefits under COBRA following the first day of the next month. St. David’s Center will pay for the employer portion of COBRA, the employee will be responsible for their portion of the premiums and any applicable administrative fees for the first four weeks. Any additional COBRA expense (the employee and employer portion of the premium and administrative fees) after four weeks will be the responsibility of the employee. Benefits will be reinstated once the employee returns to working a benefit eligible schedule.

D. Sick Child Care Leave

A. An eligible employee may use personal sick leave benefits provided by the employer for absences due to an illness of the employee’s child for such reasonable periods as the employee’s attendance with the child may be necessary, on the same terms the employee is able to use sick leave benefits for the employee’s own illness. This section applies only to sick leave benefits payable to the employee from the employer’s general assets. The child must be under 18 years of age, or is 18 years or older and incapable of self-care because of a mental or physical disability at the time FMLA leave starts.

E. School Conference and Activities Leave

A. An eligible employee will be granted a leave of up to a total of 16 hours during any school year to attend school conferences or school-related activities related to the employee’s child, provided the conference or school-related activities cannot be scheduled during non-work hours. When the leave cannot be scheduled during non-work hours and the need for the leave is foreseeable, the employee must provide reasonable prior notice of the leave and make a reasonable effort to
schedule the leave so as not to unduly disrupt the operations of the employer. This policy also applies to pre-kindergarten regular or special education conferences, activities, and monitoring. This policy only applies to an employee’s child who is under 18 years of age or up to 20 years of age if still in high school.

B. Nothing in this section requires that the leave be paid, except that an employee may substitute any accrued paid vacation leave or other appropriate paid leave for any part of the leave under this section.

F. Bereavement Leave

A. Regular, active employees may be granted up to three days of leave with pay in the event of a death in the immediate family. Immediate family includes spouse, domestic partner, child, sibling, parent, father or mother-in-law, grandparent, or grandchild.

B. Employees must notify their supervisor in advance for the need to take Bereavement Leave and the dates of the leave of absence.

G. Jury Duty Leave

St. David’s Center’s policy is to encourage all employees to serve on jury panels. An employee should inquire about the duration of the jury trial and notify his/her supervisor for scheduling purposes. Employees must contact their supervisor promptly after receiving notification to appear for jury duty. If an employee’s jury duties end before the end of regular business hours, the employee shall notify his/her supervisor, who will determine whether the employee should return to work for the remainder of the workday. St. David’s Center will pay an employee called to jury duty his/her regular earnings for up to two weeks. Employees shall reimburse St. David’s Center for the jury stipend received (less mileage and parking reimbursement).

H. Voting Leave

Every employee who is eligible to vote in an election has the right to be absent from work for the time necessary to appear at the employee’s polling place, cast a ballot, and return to work on the day of that election, without penalty or deduction from salary or wages because of the absence. Employees are requested to schedule this time off with their supervisor to ensure proper work coverage.

I. Election Judges

With at least 10 days advance written notice, active regular employees are also provided with time off without pay to serve as an election judge. St. David’s Center does not make up the difference in pay between election judge pay and St. David’s Center pay.

J. Military Leave

St. David’s Center will provide a military leave of absence in accordance with State and Federal law. Generally speaking, employees who must be absent from work due to service in the uniformed services may be eligible for such a leave. Employees needing such a leave are required to provide St. David’s Center with advance notice of their military service obligations. However, no such advance notice is required if military necessity precludes such notice or if it is otherwise impossible or unreasonable for the
employee to provide the notice. Military leaves of absence will be without pay, but employees may elect to use any accrued vacation time in lieu of unpaid military leave. Employees on military leave will be provided with the same benefits provided to employees upon any other approved leave of absence. Following a military leave of absence, employees who have met the requirements for reinstatement will be reinstated to the position they would have attained had they not gone on military leave, unless legally allowed exceptions apply. Employees are urged to consult with St. David’s Center for further information on military leave if the need for such a leave arises.

K. Bone Marrow Donation Leave

An employee who is scheduled to undergo a medical procedure to donate bone marrow will be granted a paid leave not to exceed 40 hours. The employee must be regularly scheduled 20 hours or more per week to be eligible for this leave. Verification by the attending physician for the purpose, length, and timing of each leave may be required. Employees are asked to notify their supervisor in advance of this impending leave.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

ND: 4825-4042-4214, v1
Policy:
It is the policy of St. David’s Center to require current licensure or certification for staff whose job description requires licensure or certification. It is the employee’s responsibility to maintain their licensure in good standing and report any variance in their licensure status to their supervisor. Disciplinary action, including involuntary separation, may result from non-compliance with this policy.

Procedure

1. Employees are responsible for submitting copies of licensure, certificates, and CEU’s to their supervisor. Supervisors will maintain individual files for each employee for the purpose of monitoring licensure.

2. St. David’s Center requires staff to notify their supervisor immediately of an adverse change in licensure or certification status.

3. For purposes of this policy, “adverse change in licensure or certification status” includes termination, suspension or restriction on an employee’s license or certification, any agreement for corrective action entered into between the employee and the licensing or certification authority, or any pending investigation by a licensing or certification authority.

4. Coaching and Discipline may be implemented in response to adverse changes in licensure or certification status, and/or failures to timely notify a supervisor of an adverse change in licensure or certification status.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for
violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy:
St. David’s Center will provide accommodations for employees who are nursing.

Procedure:

1. Nursing mothers will be provided reasonable break times as needed to express breast milk. St. David’s Center has designated rooms available at both Minnetonka and SLP.

2. Breast milk stored in the refrigerator must be appropriately labeled. Any nonconforming products stored in the refrigerator may be discarded. Nursing mothers storing milk in the refrigerator assume all responsibility for the milk.

3. Nursing mothers who wish to use the Mother’s Room must request/reserve the room through the Outlook calendar system.

4. Nursing mothers who work off-site or in other locations will be accommodated with a private area.

5. Any break of more than 20 minutes in length will be unpaid, and the employee should indicate this break period on her time record. Breaks taken for nursing must, if possible, run concurrently with any break time already provided to the employee.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
Reference or Attachment:

ND: 4834-6963-5862, v1
Policy: On Call staff will receive compensatory personal time off for on call shifts, and group home staff who are On Call must stay current with training requirements and staff meetings.

Procedure:

1. St. David’s Center employees who are required to carry a cell phone during non-work hours will receive additional personal leave time for the added responsibility.

2. Cell Phone Paid Time Off is allocated per the following guidelines:
   a. Employees who carry a cell phone less than two weeks per year or who occasionally carry a pager or cell phone for a specific purpose are not eligible for additional leave time.
   b. Employees who carry a cell phone at least two weeks per year earn four hours of Cell Phone Leave Time per week that the cell phone is carried, with a maximum of 40 hours extra leave time per fiscal year. If cell phone is carried during Holiday weeks, hours earned are doubled.
   c. Cell Phone On Call Leave Time is not added to regular Paid Time Off (PTO), and is tracked separately by supervisors.
   d. Cell Phone On Call Time must be used within the fiscal year it is earned, or it is lost and is not paid out upon termination of employment.

3. For group home staff that are On Call, staff must also stay current by complying with the following:
a. Attend the monthly staff meetings, or if the individual is unable to attend s/he must connect with the coordinator by phone or in-person prior to working a shift and must read the meeting minutes.

b. Stay current with all necessary training in accordance with St. David’s Center’s Performance Evaluations and Progressive Disciplinary Process and Training and Professional Development Policies.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**Policy:**
St. David’s Center will provide paid holidays in accordance with this policy, or as otherwise determined by the Chief Executive Officer.

**Procedure:**

1. St. David’s Center will provide paid holidays to active, regular center-based employees who regularly work at least 20 hours per week (not applicable to Therapeutic Recreation Support Staff):
   
   a. The individual would regularly have worked on the day the organization is closed due to the holiday, and
   
   b. The individual actually worked, or were on an approved paid leave of absence on the regularly scheduled workday either immediately before or after the holiday.

2. A holiday cannot be an employee’s final day of employment.

3. On-Call, temporary and substitute employees are not eligible for Holiday pay.

4. The intention of paying for holidays is not to provide an extra holiday bonus, but to replace income for employees who cannot work because the organization is closed. Therefore, employees are not paid for holidays when their regular schedule does not include the day on which a holiday falls. An employee whose regular schedule does not include a holiday is not eligible for holiday pay, even if that employee works during that week as a substitute.
5. Employees who are eligible for holiday pay will receive pay based on their regular number of hours worked up to 10 hours per holiday if they would have been otherwise scheduled to work on that day.

6. St. David’s Center is typically closed for holidays on the following days each fiscal year:
   a. New Year’s Day
   b. Martin Luther King Day
   c. President’s Day
   d. Memorial Day
   e. Independence Day
   f. Labor Day
   g. Thanksgiving Day
   h. Day after Thanksgiving
   i. Winter Holiday (Dec) (typically two days)

   If date-specific holidays (e.g. the 4th of July) fall on a weekend, the Chief Executive Officer will determine the date to be observed for that holiday, if any.

7. Employees who have received approval by their supervisor to work on a St. David’s Center designated holiday as defined above shall receive either time off on another day or regular pay for the day plus additional pay at the rate of one-half time for the hours worked. Holiday pay will be given up to a maximum of 8 hours. Occasionally, employees may be required by their supervisor to work on a holiday.

8. Group Home Only:
   - It is assumed you will work on the holiday if it falls on your regularly scheduled shift. If you would like to take the holiday off, you must request time off through your supervisor. Time off is approved in accordance with the Request of Time Off procedure.
   - If you work on the observed holiday, you will receive compensation at one and one half times your regular rate of pay. These hours should be coded on your timesheet as “Holiday Pay, T+1/2”
   - Holiday pay starts at 6:00 a.m. on the morning of the holiday and ends at 6:00 a.m. the following morning.
   - Holiday Pay Based on Full-time Status:
     If you were scheduled to work on the holiday and were given approval to take the holiday off, or you are unable to work because the facility closes, you are eligible for Holiday Pay. You will receive up to 8 hours of your regular rate for your regularly schedule hours on the observed holiday. These hours should be coded on your timesheet as “Holiday Pay.” Employees are not paid for holidays when their regular schedule does not include the day on which a holiday falls.
Group Home Holiday Schedule

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>January 1</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
<td>3rd Monday in January</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Last Monday in May</td>
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<tr>
<td>4th of July</td>
<td>July 4</td>
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<tr>
<td>Labor Day</td>
<td>1st Monday in September</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>4th Thursday in November</td>
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<tr>
<td>Day after Thanksgiving</td>
<td>4th Friday in November</td>
</tr>
<tr>
<td>Holiday Break</td>
<td>December 24</td>
</tr>
<tr>
<td>Holiday Break</td>
<td>December 25</td>
</tr>
<tr>
<td>New Year’s Eve</td>
<td>December 31</td>
</tr>
</tbody>
</table>

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**

ND: 4825-3439-4902, v1
PAYROLL, TIMESHEETS, OVERTIME, AND BREAKS

**Policy Owner:** HR Manager  
**Policy Originated by (program or department):** PTT

<table>
<thead>
<tr>
<th>Date Written:</th>
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<tr>
<td><strong>Date Last Reviewed:</strong></td>
<td>03/25/15, 09/15/15, 04/04/18</td>
</tr>
<tr>
<td><strong>Date Last Revised:</strong></td>
<td>07/21/15, 09/15/15, 10/20/15, 08/01/18</td>
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**Applicable Programs:** All

| Date Reviewed and Approved by ELT: | 04/01/14, 04/21/15, 07/21/15, 09/15/15, 10/20/15, 08/01/18 |

| Statutory or Regulatory Citation: | Signature: |

**Policy:**
St. David’s Center staff are responsible for filling out and submitting their timesheets to St. David’s Center as required, and for understanding St. David’s Center pay cycle and adhering to the deadlines for submitting timesheets. St. David’s Center complies with all statutes and regulations regarding over time and break periods.

**Procedure:**

1. **Work Hours**
St. David’s Center Minnetonka and St. Louis Park sites are open from 7:00 a.m. to 6:00 p.m. Monday through Friday. Program leadership determines scheduled hours for their programs and departments based on the coverage needs of those various areas. Individual employee work schedules, therefore, depend upon the programming and business needs of the organization and are established by the employee’s supervisor.

Work schedules for employees working at other St. David’s Center locations or in the community may differ from St. David’s Center office sites.

2. **Work Week**
For St. David’s Center purposes, a work week begins at 12:00 AM Sunday morning and ends at 11:59 PM Saturday night. A full time work week is defined as 40 hours of work per week for Center-based employees, Group Home Support Staff, Personal Care Assistants, Waivered Services support staff, and Supported Living Services staff.
3. **Time Keeping**

   a. All non-exempt employees must accurately record time worked on a time card for payroll purposes. Employees are required to record their own time at the beginning and end of each work period, including before and after breaks. Filling out another employee’s time card, allowing another employee to fill out your time card, or altering/falsifying any time card will be grounds for disciplinary action up to and including termination. Salaried exempt employees also may be required to record their time for organization management and staffing purposes. Any errors on a time card should be reported immediately to your supervisor, who will attempt to promptly correct legitimate errors.

   b. Center-based, exempt employees must complete a time card biweekly. This timecard is to be completed with the dates any paid or unpaid time off was taken, the amount of time in hours, and the reason for that pay period. The timecards are due to the employee’s supervisor no later than the Monday following the last day of the pay period.

   c. Non-exempt, field-based employees must complete a timecard weekly. This timecard is to be completed with the times the employee begins and ends work, including any unpaid break times for each day worked during the week. Timecards are due to the employee’s supervisor or other designated individual no later than the Monday following the week in which the work was performed.

   d. **Time cards that are received late or without appropriate supporting documentation as determined by the program area will be subject to disciplinary action up to and including termination.** Do not delay submitting a timesheet due to a lack of parent or caregiver signature. A staff member will still be required to obtain parent or caregiver signature, but may have to do so after submitting timesheets.

   e. Work start and end times are to be rounded to the nearest quarter hour.

   f. Group Home Staff must turn in one timesheet for each house worked at during each work week if applicable.

   g. There are five ways for staff to submit timesheets, depending on the requirements of a particular program or department:

      i. **Complete an electronic timesheet** via the Employee Portal.

      ii. **Fax timesheets** to St. David’s Center – Community Special Needs Services FAX: 1-866-821-0449. Please note: When you FAX in your timesheets, do not send an additional back-up copy. The faxed copy is all we need. You must retain a copy of a receipt that your fax was received in order to avoid a reduction in pay due to late timesheets.

      iii. **Mail timesheets** in Attn.: CSNS Payroll
iv. **Bring timesheets** to the main reception area at either the Minnetonka or St. Louis Park sites during business hours, Monday through Friday 7:00 a.m. until 6:00 p.m.

v. Drop off, there is a mail slot next to the west employee door marked “Time Sheets”. This door is located directly under the address to our building on the Plymouth Rd side. You may drop your timesheets in the slot after business hours or when the building is closed due to holidays. You may also drop off your timesheets at the St. Louis Park site in the dropbox outside the door to the office.

4. **“Off the Clock” Work**

   a. No work shall be performed by non-exempt employees prior to “clocking in” at the beginning of their work day, during their lunch break when they are “clocked out”, or after they have “clocked out” at the end of their work day. If work is performed outside of a nonexempt employee’s scheduled work hours, the hours will be counted as work time and therefore paid, however the employee may be subject to disciplinary action up to and including termination. No one at St. David’s Center has the authority to ask, or encourage, or insinuate that you should work “off the clock”. If at any point you believe you are being pressed to work “off the clock” by anyone within the organization, please notify PTT or the Chief Executive Officer immediately.

   b. Staff who work unauthorized hours will be subject to the St. David’s Center discipline process, which could lead to termination of employment. Examples of unauthorized hours are: Unapproved over-time, working after a Supervisor has informed staff that client services &/or employment are currently suspended, working when a client’s Service Authorization has expired.

5. **Pay Cycle and Pay Checks**

   a. The pay cycle is every other Thursday. If the pay date falls on a St. David’s Center holiday then the pay date will be on the Wednesday before. Please refer to the pay schedule for these dates.

   b. St. David’s Center offers Direct Deposit of pay checks to employees’ bank account(s) at any and all financial institutions that accept electronic funds transfer, are members of the Federal Reserve, and in the United States. The funds are credited to the account(s) each payday, and the employee may view their a statement online via the Employee Portal showing gross pay, net pay, all deductions and the same information that is attached to paper checks.

   c. Pay does not continue to go to a closed account. St. David’s Center will receive a #secure# email from the bank regarding the closed account (Notification of Pay Return – ACH Transaction). A copy of the pay voucher associated with the closed account is then printed and submitted with a check request to Accounts Payable department. A live check is generated to the employee for the net amount. The closed bank account is removed from the employee’s direct deposit screen. Payroll communicates this to the employee and requests that a new Direct Deposit Form is provided.
d. If an employee closes an account to which s/he has authorized for Direct Deposit purposes, the employee must notify Payroll in advance of doing so. Any other changes will also necessitate notifying Payroll.

e. St. David’s Center also offers Direct Deposit of pay checks to a pay card. The funds are credited to the pay card each payday, and the employee may view their statement online, via the Employee Portal. This shows gross pay, net pay, and all deductions.

6. Services when Clients are Hospitalized

Staff cannot provide services when a client is hospitalized or in out of home placement due to state regulations for Medical Assistance services. If a client is in the hospital, please contact a supervisor for further instruction.

7. Overtime

a. Overtime is defined by the Federal Fair Labor Standards Act (FLSA) for non-exempt employees, as any time worked in excess of 40 hours in one work week. Overtime is compensated at the rate of one and one-half times the normal hourly rate for all non-exempt employees. For employees who may incur overtime while working at multiple hourly rates, the overtime pay rate will be determined based on an average of the pay rates. Please consult with PTT for additional information.

b. Overtime must be approved in advance by the employee’s supervisor. Employees who work overtime without approval will be subject to disciplinary action, up to and including involuntary termination.

c. According to the FLSA regulations, employees in exempt positions are not eligible for overtime pay.

8. Break Periods

a. St. David’s Center recognizes the need for breaks during the work day to allow employees brief time away from their workstations. The scheduling of breaks is determined by the supervisor to maintain appropriate staffing levels dependent upon program needs.

b. Breaks may not be exchanged for late arrival, early departure or extended lunches.

c. Breaks of less than 20 minutes are considered paid breaks. Breaks of 20 minutes or more are considered unpaid breaks.

d. When Center-based employees are scheduled to work at least 8 consecutive hours in a day, they are allowed 30 to 60 minutes for a lunch break without pay. Length and scheduling of lunch breaks is determined by the employee’s supervisor to assure proper coverage within the department.

e. Exempt, Center-based Break Periods

   i. Exempt, center-based employees may schedule their break periods including lunch around their responsibilities with supervisory approval to maintain appropriate staffing levels as determined by program need.
f. Non-exempt, Center-based Break Periods.
   i. Non-exempt, center-based employees may take daily breaks as determined by their supervisor.

g. Field-based Break Periods
   i. Field-based employees are often the only adults available to provide services to a program participant, and thus must schedule their own restroom and meal breaks accordingly.

In compliance with Minnesota law, Employees should be aware of their rights under Minnesota Statute 181.172, which provides that St. David’s Center shall not:

1. Require nondisclosure by an employee of his or her wages as a condition of employment;
2. Require an employee to sign a waiver or other document which purports to deny an employee the right to disclose the employee’s wages; or
3. Take any adverse employment action against an employee for disclosing the employee’s own wages or discussing another employee’s wages which have been disclosed voluntarily.
4. Retaliate against an employee for asserting rights or remedies under Minnesota Statute 181.172 and this Wage Disclosure Protection policy.

Although employees have these rights under Minnesota law that does not mean that an employee is obligated to discuss their wages with any other person or business. Also, all policies and agreements restricting employees from disclosing confidential and/or proprietary information (e.g. trade secrets, client data, restricted financial data, etc.) to third parties (outside of the St. David’s Center) are in effect and not limited by this law.

To be clear, you are –
- Not obligated to disclose your wages to any other person or business;
- Restricted from communicating proprietary, confidential, trade secret or information that is otherwise subject to a legal privilege or protected by law; and
- Restricted from disclosing wage information of other employees at St. David’s Center to one of our competitors.

An employee may bring a civil action against the Company for any violation of (1) through (4) above. If a court finds that St. David’s Center has violated any of (1) through (4), the court may order reinstatement, back pay, restoration of lost service credit, if appropriate, and the expungement of any related adverse records of an employee who was the subject of the violation. If you have any questions regarding your rights or obligations under this policy, please direct your questions to the Policy, Training and Talent department.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
Reference or Attachment:

ND: 4849-3410-3318, v1
PERFORMANCE EVALUATIONS AND PROGRESSIVE DISCIPLINARY PROCESS

Policy Owner: HR Manager  
Policy Originated by (program or department): PTT  
Date Written: 10/01/13  
Revised: 08/01/2018  
Date Last Reviewed: 03/25/15, 04/04/18

Applicable Programs: All  
Date Reviewed and Approved by ELT: 04/01/14, 04/21/15, 11/28/17, 08/01/2018

Statutory or Regulatory Citation: Minn. Stat. 245D.09  
Signature:

Policy:
St. David’s Center strives to recruit and retain highly qualified and dedicated individuals who will carry out the mission, vision and values of St. David’s Center. To achieve this, St. David’s Center requires both employees and supervisors to maintain accountability for the quality of work performed, as well as for the continued professional growth of each employee.

Procedure:

1. St. David’s Center expects supervision to include the following general principles:

   A. Regular: Meetings between supervisor and supervisee should be regular and dependable. The frequency of supervision meetings may vary from area to area, however, supervision meetings occur on a regular and predictable schedule.

   B. Collaborative: Supervision is collaborative. Supervisor and supervisee should share responsibility to problem solve individual work issues and to facilitate the ongoing professional development of the supervisee.

   C. Reflective: Supervision is an opportunity for self-reflection, to look objectively at the whole situation including one’s own reactions and internal responses, and to recognize the impact of one’s work and its effect on others. The process of self-reflection within the supervisory relationship helps the supervisee to become more attuned and responsive to others.

2. 90 Day Review – Probationary Period
A. All staff will be subject to a 90-day review, to take place 90 days after the first day of employment. This provides the employee and supervisor with the opportunity to discuss what is going well during the first 90 days, what training is still needed, and where changes can be made for greater success. The purpose of the review is to provide feedback, clarify expectations, review training requirements, and develop goals with timelines.

B. During the 90-day review, supervisors will review training requirements with staff and ensure that all mandatory training requirements have been met.

3. Annual Performance Review and Documentation of Fulfillment Training Requirements

   A. St. David’s Center supervisors strive to maintain relationships that offer continuous opportunity for feedback and professional development. The annual performance review is a formalized review of what the supervisor has learned about the performance of the employee through supervision meetings and observation of the employee’s work. It is also an opportunity to collaborate with the employee to set appropriate goals for the next review period.

   B. All staff members will be contacted by their primary coordinator or supervisor prior to the annual review period or the anniversary of their date of hire. At this time, staff will be informed of their upcoming annual review, and the requirements for the evaluation.

   C. Staff will be evaluated based on a self-evaluation, client/responsible party evaluation (as applicable), and the supervisor’s evaluation.

   D. Staff must demonstrate at the annual review that they have met annual program-specific training requirements, which may include, but are not limited to:

      i. Vulnerable Individuals (complete post-test)

      ii. OSHA/Blood Bourne Pathogens (complete post-test)

      iii. HIPAA (complete post-test)

      iv. Medicare Fraud, Waste & Abuse Compliance (complete post-test)

      v. St. David’s Center Employee Policies (provide electronic access to employee and complete post-test)

   E. The annual performance reviews conducted for each employee will be documented in the personnel file.

   F. Following an annual review, every 90-180 days, the supervisor and employee will meet to discuss any goals that were set during the annual evaluation. These meetings will be documented in the individual’s personnel file.

   G. All staff must fulfill the annual evaluation and training requirements. Failure to do so will result in suspension of employment until the individual has undergone an annual review and demonstrated compliance with training requirements.
4. Progressive Discipline

Overview

St. David’s Center supervisors strive to help employees identify any performance issues and provide tools and training to overcome them within the scope of regular supervision meetings. However, when performance issues persist or are of a severe nature, additional measures may be necessary to manage the issues. Situations in which a corrective action may be used include, but are not limited to: policy violations, unprofessional behavior, failure to meet performance standards, and poor attendance.

Steps:

The following steps serve as a guide for the St. David’s Center progressive disciplinary process.

A. The first step in all supervisory relationships is to have deliberate development/coaching with the employee. This step is to build accountability with the employee and provide feedback on behaviors or performance concerns. The supervisor shall document the coaching and include it in the employee’s personnel file.

B. The next step is to follow a Performance Improvement Plan (PIP) when there is a pattern of failure to follow a policy, poor attendance or unprofessional behavior which has not been adjusted through coaching/development. The PIP shall be documented and included in the employee’s personnel file.

C. The last step may be a Final Corrective Action Plan which should be completed by the supervisor that includes observed problem behavior and previous discussion information, the impact this behavior is having on the team/position, the expected behavior from the employee, and the goals and timeline to follow. The employee should review this form and have sufficient time to make any additional comments to the form. The employee and supervisor will sign this form and it will be included in the employee’s personnel file.

D. Should an employee behave in a way that would violate the St. David’s Center policies or violate any licensing standards of behavior per their license, these complaints/reports may result in a report to the applicable licensing board.

E. The progressive performance disciplinary process outlined above will apply in most circumstances, but in no way prevents St. David’s Center from taking immediate employment action, up to and including termination of employment, where appropriate. This policy does not alter the at-will employment relationship between St. David’s Center and its employees, which means that the employment relationship may be terminated at any time for any reason not prohibited by law.

5. Wrongful Acts Against Clients

The conduct of St. David’s Center employees, subcontractors, volunteers, and others who come into contact with clients is governed by all of St. David’s Center’s policies and procedures. Where it has been alleged that specific wrongful acts have been committed by
an employee, subcontractor, volunteer, or other individual who comes into contact with clients, St. David’s Center will immediately investigate such allegations and take appropriate action depending on the results of the investigation. Specific wrongful acts include, but are not limited to, theft of the client’s property or abusive or neglectful behavior toward a client. Where specific wrongful acts against a client have been substantiated, St. David’s Center reserves the right to immediately terminate the responsible employee, subcontractor, volunteer, or other individual.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
ND: 4826-7308-1878, v1
PERSONAL TIME OFF POLICY

Policy Owner: HR Manager
Policy Originated by (program or department): PTT

Date Written: 10/01/13
Revised: 07/21/15, 05/17/16, 04/24/17, 7/21/2017, 8/22/2017, 2/23/18
Date Last Reviewed: 03/25/15, 04/25/17, 7/21/2017, 8/22/2017, 2/23/18

Applicable Programs: All
Date Reviewed and Approved by ELT: 04/01/14, 04/21/15, 07/21/15, 05/17/16, 04/25/17, 8/22/2017

Statutory or Regulatory Citation: Signature:

Policy: St. David’s Center Staff will commit to scheduled times with clients/families and will follow through as scheduled unless there is an emergency, unexpected circumstance, or the absence is otherwise excused by the requirements of the Minneapolis Sick and Safe Time Ordinance (the “SST Ordinance”). Definition of SST applies to employees who perform work within the city of Minneapolis. Supervisors and families need adequate notice in order to make alternative arrangements. Staff will be accountable for following through on all scheduled shifts and rescheduling cancelled shifts in programs that are applicable, to the extent allowed by law.

Procedure:

1. In Center Paid Time Off (PTO)

   A. The following employees are eligible for PTO
      i. Regular, center-based employees who regularly work at least 20 hours per week

   B. The following employees are not eligible for PTO:
      i. Temporary employees
      ii. On-call employees
      iii. Substitute employees

   C. Whenever possible, a request to use PTO should be submitted to the individual’s supervisor at least two weeks prior to the planned time off, except for foreseeable Safe and Sick Time (“SST”) reasons, in which case an employee must provide at least 7 days’ notice. For unexpected absences, the request for PTO should be
submitted to the supervisor as soon as practicable. The use of PTO, other than for SST reasons, must be approved by an employee’s supervisor. Failure to request and/or lack of supervisory approval of PTO, other than for SST reasons, may result in unpaid time off.

D. PTO may be used for any reason the employee chooses, including but not limited to vacation, personal reasons, or any of the SST reasons set forth below in Paragraph 1(E).

E. SST includes the following reasons for taking PTO:

i. an employee’s own mental or physical illness, injury, or health condition; need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or need for preventive medical or health care;

ii. care of a family member with a mental or physical illness, injury, or health condition; who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or who needs preventive medical or health care;

iii. an absence due to domestic abuse, sexual assault, or stalking of the employee or employee’s family member, provided the absence is to: seek medical attention related to physical or psychological injury or disability caused by domestic abuse, sexual assault, or stalking; obtain services from a victim services organization; obtain psychological or other counseling; seek relocation due to domestic abuse, sexual assault, or stalking; or take legal action, including preparing for or participating in any civil or criminal legal proceeding related to or resulting from domestic abuse, sexual assault, or stalking;

iv. the closure of the employee’s place of business by order of a public official to limit exposure to an infectious agent, biological toxin or hazardous material or other public health emergency;

v. to accommodate the employee’s need to care for a family member whose school or place of care has been closed by order of a public official to limit exposure to an infectious agent, biological toxin or hazardous material or other public health emergency; and

vi. to accommodate the employee’s need to care for a family member whose school or place of care has been closed due to inclement weather, loss of power, loss of heating, loss of water, or other unexpected closure.

F. Staff members may use PTO in one hour increments.

G. Employees may carry over accrued and unused PTO, up to a balance of 80 hours, into a new calendar year. PTO balances in excess of 80 hours at the start of a new calendar year will be converted into the Sunshine Fund hours up to 160 hours.
Sunshine Fund hours are only eligible for use for FMLA or personal medical leave purposes.

H. St. David’s Center does not provide financial compensation for unused PTO, except upon voluntary termination of employment. Accrued but unused PTO will be paid out to the employee on the next regularly-scheduled payroll cycle following voluntary termination of employment (if all conditions described below are met). Accrued but unused PTO will be paid out to employees who are considered to be in good-standing (i.e.):

i. all billing for client services has been submitted in full;

ii. all company property has been returned, for example computers, cell phones, keys, etc.; and

iii. sufficient resignation notice has been submitted as outlined in the Staff Employment Termination Policy.

I. Sunshine Fund hours are not eligible for payout upon termination of employment.

Paid Time Off Accrual Schedule

J. PTO hours are accrued as follows:

i. 1st Year .0615/hr

ii. 2nd Year .0654/hr

iii. 3rd Year .0692/hr

iv. 4th Year .0731/hr

v. 5th Year .0769/hr

vi. 6th Year .0808/hr

vii. 7th Year .0846/hr

viii. 8th Year .0885/hr

ix. 9th year .0920/hr

x. 10th – 13th year .100/hr

xi. 14th – 15th year .103/hr

xii. 16th + years .115/hr

2. Field-Based Requests for Time Off

A. Notification and Approval

i. Staff will notify the Responsible Party or supervisor as soon as the staff member knows of the amount of PTO needed. There is a minimum requirement of a 2-week notice, except for SST reasons, in which case staff must provide 7 days’
notice for foreseeable requests, or as soon as practicable for unforeseeable requests.

ii. In some instances, staff may seek to reschedule the hours at another time. This will be up to the family’s and staff’s discretion.

**Group Home Only**

iii. Group Home staff must obtain approval for PTO from their supervisor at least one month in advance to guarantee shift coverage, except for SST reasons, in which case staff must provide 7 days’ notice for foreseeable requests, or as soon as practicable for unforeseeable requests.

iv. If PTO is requested with less than one month’s notice, it is the Group Home staff’s responsibility to locate replacement coverage by an alternate staff in the home, except for SST reasons. In the event a replacement staff member is not located and the supervisor is required to provide coverage, formal disciplinary action may be taken.

v. Frequent requests for shift coverage by alternative staff may be subject to review by the supervisor, and abuse of PTO requests may lead to permanent replacement of shifts with an alternative support staff. With respect to SST reasons for PTO, employees may be asked to present verification documents if there is clear evidence of abuse or after three consecutive days of absences.

B. Cancellation of Services with less than 24 hours’ notice (emergency and SST reasons)

i. If a staff member must cancel a shift with less than 24 hours’ notice for an unforeseeable SST reason or due to circumstances that are beyond their control, the following procedure will be followed:

   1. Staff must contact both the parent/guardian(s) and program coordinator to cancel the scheduled time. Staff should utilize voicemail if necessary. During weekends or after regular office hours, staff should utilize the on-call cell phone when they are unable to reach the Responsible Party and/or Program Coordinator.

   2. The Responsible Party will implement the back-up plan if necessary.

   3. Group Home/Adventure staff will contact their coordinator and/or look for a replacement staff, except for SST reasons, in which case staff are not required to find a replacement staff.

   4. Email is not an acceptable means of communicating an emergency cancellation.

C. Cancellation with less than 24 hours’ notice (non-emergency and non-SST reasons)

i. If a staff member cancels a scheduled shift with less than 24 hours’ notice and/or does not show up for work and does not call, the following procedure may be followed:
1. Staff members who do not receive their supervisor’s approval for absence from a scheduled shift are considered to have an unexcused absence. Unexcused absences are subject to the disciplinary process up to and including involuntary termination.

2. If a pattern arises that affects the consistency of scheduled shifts with a client, staff members will be subject to the disciplinary process.

3. A staff member who is absent from work for two consecutive shifts without notifying his/her coordinator, or who does not return from an approved leave of absence on the scheduled return date, may be considered to have voluntarily resigned from his/her employment with St. David’s Center.

3. Minneapolis Sick and Safe Time Additional Clarification

A. St. David’s Center follows the Minneapolis SST Ordinance, which allows employees to accrue and use paid leave for work performed in Minneapolis. Staff members who are not eligible for Center Based PTO nevertheless accrue paid leave while performing work in the city of Minneapolis, pursuant to the SST Ordinance.

B. The paid leave policy is administered as follows:

- Employees may take paid leave for only those reasons set forth above in Paragraph 1(E).
- Employees working within the city limits of Minneapolis will earn 1 hour of paid leave for every 30 hours worked in the city of Minneapolis, up to a maximum of 48 in one calendar year.
- Employees who are not primarily assigned to a Minneapolis work location are responsible for reporting any hours spent working within the city limits of Minneapolis.
- Employees will not accrue paid leave for hours spent travelling through the city limits of Minneapolis if they make no work-related stops in Minneapolis.
- New employees must work 80 hours within Minneapolis before accruing paid leave.
- New hires may use SST after completing a 90-day probationary period of employment.
- Current employees who have worked 90 days or more may use paid leave as they accrue it.
- Employees may carry over any unused paid leave to the next year, but at no time may an employee carry a paid leave balance exceeding 80 hours.
- Minneapolis SST may only be used for work that is scheduled in Minneapolis, or work that typically takes place in Minneapolis.
- Employees who have been rehired within 90 days of termination will have any previous balance of unused paid leave restored.
- Accrued SST hours that are not used, are not eligible to be paid out upon termination.
Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

St. David’s Center prohibits interference with, restraint, or denial of the exercise of, or attempted exercise of, any right protected under the Minneapolis Sick and Safe Time Ordinance. St. David’s Center also prohibits any discipline, discrimination, retaliation, or adverse employment action of any kind against an employee because he or she requested or has taken leave under this policy, or otherwise exercised his or her rights in good faith under this policy, or for any other reason prohibited by applicable law.

Employees with any questions about SST, PTO, or the Paid Leave Policy must contact Human Resources.
Reference or Attachment
### PERSONNEL RECORDS

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>HR Manager</th>
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<tbody>
<tr>
<td>Policy Originated by (program or department):</td>
<td>PTT</td>
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<tr>
<td>Date Written:</td>
<td>10/01/13</td>
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<td>Minn. Stat. 245D.095 and 604.202</td>
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**Policy:**
St. David’s Center will maintain and preserve the confidentiality of employment-related records of current and past employees as required by State and Federal employment laws.

**Procedure:**

1. Employees have the right to review their own personnel records once every six (6) months. To exercise this right, the employee must submit a written request to Policy, Training and Talent (PTT). The employee will be permitted to review his or her records in the PTT office during regular business hours. If necessary, the employee may request, in writing, a copy of his or her file.

2. An employee may dispute information in a personnel record by submitting a written request to PTT. The request shall include a description of the disputed information and basis for the dispute. If the dispute cannot be resolved, St. David’s will include the disputed summary, not to exceed five pages, in the personnel file.

3. When asked by a third party to release information related to a past or present employee, no information will be given out over the phone, except for verification of employment, which shall be limited to employee’s dates of employment, job title, and date of separation, if any. St. David’s contracts with a third party to complete these verifications.

4. Under the law, personnel data may be shared with labor organizations to the extent that it is needed to conduct elections, notify individuals of fair share fee assessments, and implement various provisions of MN Stat. Chap. 179A. Personnel data may be shared with these organizations and with the Bureau of Mediation Services to the extent that the Director of Mediation Services orders or authorizes such sharing. Additionally, personnel
and payroll data may be shared with the U.S. Internal Revenue Service (IRS) and Social Security Administration (SSA); insurance contractors; the Public Employees Retirement Association/Minneapolis Employees Retirement Fund (PERA/MERF); and the Minnesota Departments of Revenue, Economic Security, and Labor Industry.

5. Under law, if St. David's Center receives a specific written request by another employer or prospective employer of the psychotherapist, engaged in the business of psychotherapy, concerning the existence or nature of the sexual contact, and St. David’s knows of the occurrence of sexual contact by the psychotherapist with patients or former patients of the psychotherapist, St. David’s shall disclose the occurrence of the sexual contacts.

6. Information not listed as public under the Act, which is maintained as part of an employee’s personnel record, is private and will not be shared with anyone but those members of St. David’s staff or appointing authorities whose work assignment requires access, and as authorized by law.

7. St. David's will maintain a personnel record of each employee to document and verify staff qualifications, orientation, and training. The personnel record must include:
   a. the employee's date of hire, completed application, an acknowledgement signed by the employee that job duties were reviewed with the employee and the employee understands those duties, and documentation that the employee meets the position requirements as determined by the license holder;
   b. documentation of staff qualifications, orientation, training, and performance evaluations, including the date the training was completed, the number of hours per subject area, and the name of the trainer or instructor; and
   c. a completed background study where required
   d. **245d Programs only**: For employees hired after January 1, 2014, St. David’s Center will maintain documentation in the personnel record or elsewhere, sufficient to determine the date of the employee's first supervised direct contact with a person served by the program, and the date of first unsupervised direct contact with a person served by the program.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
ND: 4852-8485-1990, v1
Policy: St. David’s Center is committed to providing equal opportunity in all aspects of employment to qualified persons with disabilities as defined in the Americans with Disabilities Act (ADA) or applicable state law.

Procedure:

1. Upon request, St. David’s Center will make reasonable accommodations for a current or prospective employee who is disabled and capable of performing the essential functions of the job only with such accommodation, unless doing so would place an undue hardship upon St. David’s Center.

2. This policy governs all aspects of employment including selection, assignment, promotion, transfer, demotion, compensation, disciplinary action, and reasonable access to benefits and training. An employee with a disability for which reasonable accommodation is needed should contact PTT to discuss possible accommodations.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

ND: 4840-9907-9702, v1
Policy: St. David’s Center is committed to providing equal opportunity in all aspects of employment to qualified persons regardless of religious beliefs and/or practices.

Procedure:
1. Upon request, St. David’s Center will make reasonable accommodations for a current or prospective employee due to religious beliefs or practices, unless doing so would cause more than a minimal burden on St. David’s Center operations.

2. This policy governs all aspects of employment including selection, assignment, promotion, transfer, demotion, compensation, disciplinary action, and reasonable access to benefits and training. An employee with a request for a religious accommodation should contact PTT to discuss possible reasonable accommodations.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

ND: 4840-9907-9702, v1
SEXUAL CONDUCT ZERO TOLERANCE

Policy Owner: HR Manager
Policy Originated by (program or department): PTT

Date Written: 10/01/13
Revised:
Date Last Reviewed: 03/25/15

Applicable Programs:

Date Reviewed and Approved by ELT:
04/01/14, 04/21/15

Statutory or Regulatory Citation:

Signature:

Policy:
St. David’s Center is committed to ensuring the safety and security of every participant in all of our programs. Accordingly, St. David’s Center follows a “Zero Tolerance” policy for any form of sexual conduct involving a client.

Definitions:
Sexual conduct includes, but is not limited to, kissing, the intentional touching by the actor of the complainant's intimate parts; the touching by the complainant of the actor's, the complainant's, or another's intimate parts; the touching by another of the complainant's intimate parts; in any of the cases listed above, touching of the clothing covering the immediate area of the intimate parts; or the intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

"Intimate parts" includes the primary genital area, groin, inner thigh, buttocks, or breast of a human being.

Procedure:

1. All employees, staff, volunteers, and other personnel are strictly prohibited from engaging in any sexual conduct involving a client.

2. Consensual sexual conduct between adults when one adult is a recipient of St. David’s Center services is also strictly prohibited, may be a violation of law, and may require a mandatory report.

3. In the event that St. David’s Center receives a report of suspected or actual sexual conduct involving a St. David’s client, the incident will be immediately reported to the Chief Executive Officer and an Accident/Critical Incident form shall be filled out.
4. All reports of suspected sexual conduct involving a client will be investigated. The subject of the report may be suspended without pay pending the investigation.

5. St. David’s Center will take immediate action with respect to suspected sexual conduct involving a client, including, as appropriate, reporting the incident to licensing authorities, law enforcement, and/or Common Entry Point.

6. Violation of the policy will result in employment action, up to and including termination.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Accident and Critical Incident Policy
SOCIAL MEDIA POLICY

Policy
Policy Owner: HR Manager
Policy Originated by (program or department): PTT
Policy Written: 01/14/16
Policy Reviewed / Revised: 01/19/16
Applicable Programs: ALL
Statutory or Regulatory Citation: Signature if needed:

Policy:
Social media (including but not limited to personal and professional websites, emails, blogs, chat rooms, social networks, Facebook, LinkedIn, Twitter, Google+, Instagram, Pinterest, video-sharing sites, YouTube, and any other form of electronic communication) are a common means of communication and self-expression. As a health care provider and multi-service organization, St. David’s Center is required to protect client information under federal and state privacy laws. Because online postings can conflict with the interests of St. David’s Center and its clients, and must comply with federal and state privacy laws, we have adopted the following policy.

The same principles and guidelines found in all of St. David’s Center policies and procedures apply to your online activities. Ultimately, you are solely responsible for what you post online. Before creating online content, consider the risks and rewards that are involved. Social media is an acceptable form of communication if, and only if, the communication is professional and complies with federal and state law.

Procedure:

Know and Follow the Rules
Carefully read this policy, and ensure your postings are consistent with this policy. Employees are required to follow this policy, whether engaging in social media or electronic communication while on-duty, while off-duty, while using a personal computer or electronic device, and while using St. David’s Center computers or electronic devices. When posting on social media, St. David’s Center expects you to:

I. Comply with All St. David’s Center Policies and Procedures
   a. Your social media content must not violate St. David’s Center’s policies or procedures, including but not limited to, Data Privacy for All Covered Programs, Acceptable Computer Use, Anti-Harassment, and Electronic Communication policies.

II. Speak for Yourself and Use Disclosures
   a. Do not create a link from your blog, website, or other social networking site to a St. David’s Center website without identifying yourself as a St. David’s Center employee.
   b. Express only your personal opinions. Never represent yourself as a spokesperson for St. David’s Center. If St. David’s Center is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it
clear that your views do not represent those of St. David’s Center, fellow employees, clients, or people working on behalf of St. David’s Center. If you do publish a blog or post online related to the work you do or subjects associated or affiliated with St. David’s Center, make it clear that you are not speaking on behalf of St. David’s Center. It is best to include a disclaimer such as “The postings on this site are my own and do not necessarily reflect the views of St. David’s Center.”

III. Respect the Privacy of Others and Comply with HIPAA and State Privacy Laws
   a. Never share client information, including pictures of clients and information that references or relates to clients. You may think that the information you post is de-identified, or it is permissible because it does not contain the client's name, but information can easily be pieced together. Sharing client information, even information that you think does not identify the client, could be a violation of federal or state privacy laws and St. David’s Center policies and procedures.
   b. Maintain the confidentiality of clients, co-workers, and others. You must at all times comply with St. David’s Center’s policies pertaining to confidentiality of client information.
   c. You must also maintain the confidentiality of St. David’s Center trade secrets and private or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications. You must also respect financial disclosure laws.

IV. Be Honest and Accurate
   a. Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything and even deleted postings can be searched.
   b. Never post any information or rumors that you know to be false about St. David’s Center, fellow employees, officers, directors, or others working on behalf of St. David’s Center or competitors.

V. Post Only Appropriate and Respectful Content
   a. As a health care provider and multi-service organization, St. David’s Center’s employees may be exposed to unusual or sensitive situations and information. Only post appropriate and respectful content. Even if information may not seem to identify a patient, the information may not be appropriate and respectful to post. Pause before posting and consider whether the benefit outweighs the risk, and how the post may appear to anyone who sees it.
   b. Always be fair and courteous to fellow employees, co-workers, clients, and others.
   c. Keep in mind that you are more likely to resolve work-related complaints by speaking directly with your co-workers or by discussing with PTT than by posting complaints through social media. However, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, and threatening; that disparage clients or employees; or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm an individual’s reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion, or any other protected status.
   d. If you choose to disclose your affiliation with St. David’s Center in an online
communication, then you must treat all communications associated with the disclosure as professional communications governed by this and other St. David’s Center policies.

e. Inappropriate postings that may include discriminatory remarks, harassment and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action, including termination.

f. Use caution when commenting on a post or a tweet. Depending on specific social media settings, comments may be seen by a large number of people. An original posting may not violate privacy laws or policy, but subsequent comments might.

VI. Using Social Media at Work

a. Refrain from using social media while on work time, unless it is work-related as authorized by your manager or consistent with St. David’s Center Internet Access and Device Acceptable Use Policy. Do not use your St. David’s Center email address to register on social networks, blogs, or other online tools utilized for personal use.

b. Outside the workplace, you have a right to participate in social media and networks using your personal email address. You should separate your professional social website activity from your personal social website activity, if you may have personal activities that wouldn’t generally be considered professional.

VII. St. David’s Center Social Media Sites

a. Individual departments of St. David’s Center are not permitted to have their own social media page on any social media network or service unless approved. This includes but is not limited to services such as Facebook or Twitter.

b. Only authorized employees can prepare and modify content for any St. David’s Center website and/or social media site. If you see something in a social media post that St. David’s Center should address, do not respond and alert St. David’s Center.

VIII. Personal Liability

a. Employees of St. David’s Center are personally liable for all communications and information they publish online. Employees can be held personally liable if they make statements that violate federal or state privacy laws, an obligation of confidentiality, violate the rights of others, violate copyright laws, or for defamatory, libelous, or obscene statements.

Examples of Conduct that May Violate Policy

I. Tweeting about a client who is routinely late to appointments and disparaging that client for her rudeness, without naming the client.

II. Posting a picture of a client, even without the client’s name, to Instagram or Facebook.

III. Commenting on a co-worker’s Facebook post with threatening or harassing messages.

IV. Commenting on a client’s Facebook post with patient identifiable information, such as posting “Brian and I had a great therapy session yesterday.”

Right to Search

St. David’s Center reserves the right to monitor and record all internet and electronic mail usage, to search and retrieve all such property to determine whether an employee is using resources or an inappropriate purpose or is otherwise engaged in inappropriate conduct. No employee should have an expectation of privacy in his or her St. David’s Center systems or property usage.

Violations
Violations of this policy should be reported to a supervisor or PTT. Appropriate disciplinary action, up to and including immediate termination of employment, may be taken against any employee violating this policy.

If these guidelines are violated, we may require employees to correct, edit, or remove a post, tweet, or statement.

**Retaliation is prohibited**
St. David’s Center prohibits taking negative action against any employees for reporting a possible violation of this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible violation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Nothing in this policy is designed or intended to restrict an employee’s right to engage in protected activity under the NLRA.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
<table>
<thead>
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<th>STAFF EMPLOYMENT REINSTATEMENT</th>
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<tr>
<td><strong>Policy Owner:</strong> HR Manager</td>
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<tr>
<td><strong>Policy Originated by (program or department):</strong> PTT</td>
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<tr>
<td><strong>Date Written:</strong> 10/01/13</td>
</tr>
<tr>
<td><strong>Revised:</strong> Date Last Reviewed: 03/25/15, 04/04/18</td>
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<td><strong>Applicable Programs:</strong> All, except Foster Care Program</td>
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<tr>
<td><strong>Date Reviewed and Approved by ELT:</strong> 04/01/14, 04/21/15, 08/01/18</td>
</tr>
<tr>
<td><strong>Statutory or Regulatory Citation:</strong> Signature:</td>
</tr>
</tbody>
</table>

**Policy:**
A staff member who has resigned from active employment with St. David’s Center will need to make contact with their supervisor, and possibly re-apply for employment, before working with families and being considered before working at St. David’s Center.

**Procedure:**
1. A staff member who has resigned from active employment with St. David’s Center may be re-instated within one year after employment has ended.

2. To reinstate employment:
   A. The staff member must reapply and interview for the open position.
   B. If employment was terminated with good performance records, and if there are client openings that fit the staff’s skills, schedule, client and area preferences, the staff member’s employment may be reinstated.
   C. Re-hire paperwork and processes including a new motor vehicle record check, background study, Diana Screen, and reference, if applicable, must be completed prior to reinstatement.

3. A staff member whose employment terminated more than one year prior to the request for reinstatement must go through the application and orientation process as a new applicant.

4. Supervisors must follow the Rehire Process and Checklist located on SharePoint.
Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Rehire Process and Checklist

ND: 4820-1601-7942, v1
### STAFF EMPLOYMENT TERMINATION

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**Policy:**
Staff may voluntarily resign or have their employment terminated in the manner stated in these procedures.

**Procedure:**

1. St. David’s Center staff members may voluntarily resign from their position(s). If a staff member voluntarily resigns, he or she should:
   - A. Submit a letter of resignation to the Coordinator/ Supervisor indicating intended last date of employment.
   - B. Staff working in all programs should also notify the families with which they are working.
   - C. Staff must give an appropriate notice period for resignation
     - i. All staff working directly with clients, all Supervisors, Program Directors, Senior Directors and ELT members must give at least a four-week notice.
     - ii. All other staff must give at least a two-week notice.
   - D. Resignation date in HRIS system and IT termination date must correlate. Please see Documentation & Progress Notes Policy for further clarification around expectations for documentation upon resignation.

2. Staff may be terminated within St. David’s Center’s discretion, including, but not limited to, for violation of policy or procedure or performance issues. This is considered an involuntary termination.

3. If staff has not worked a shift at St. David’s Center for four consecutive months, the following procedure will be followed:
A. The staff member will receive a letter from the Program Coordinator or Supervisor indicating that the staff member’s employment has been terminated. This will be considered a voluntary resignation.

B. If the staff member receives the letter and is interested in continued employment with St. David’s Center, s/he must call the Program Coordinator/Supervisor to express his/her intentions. If the staff member would like to continue employment a new background check must be run and cleared before the staff member can return to work.

C. Employees remain at-will employees and employment is not guaranteed for any length of time and either the employee or the organization can terminate the relationship at will, at any time, with or without cause.

4. Collect organization property (computer, cell phone, iPad, hot spot, credit card, business cards and other equipment as necessary).

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**TOBACCO, DRUGS, AND ALCOHOL-FREE WORK PLACE**

<table>
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<td>Policy Originated by (program or department): PTT</td>
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<td>Date Last Reviewed: 02/17/15, 03/25/15</td>
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<tr>
<td>Applicable Programs: All</td>
<td>Date Reviewed and Approved by ELT: 02/17/15, 04/21/15, 10/20/15</td>
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<td></td>
<td>Signature:</td>
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**Policy:**
St. David’s Center has a longstanding commitment to provide a safe and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of employees and to the security of our equipment and facilities. It is the policy of St. David’s Center to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, interns, and volunteers.

**Procedure:**
St. David’s Center considers violation of this policy as failure to meet performance expectations and will follow the Performance Evaluations and Progressive Disciplinary Process and/or Employee Assistance Program Policy to address the performance issue.

1. **Use of Tobacco**
   A. St. David’s Center Minnetonka campus is a tobacco free campus. Tobacco products include smoking, electronic cigarettes, chewing or using snuff:
   a. Minnetonka campus includes all land, buildings, structures, parking lots and means of transportation owned by St. David’s Center.
   B. St. David’s Center also prohibits the use of tobacco in any form while on duty in the community (including home, community and residential settings) as a representative of St. David’s Center. This includes employees attending meetings or conferences outside of St. David’s Center as a representative of the organization.
2. Possession and Use of Controlled Substances
   A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
   B. The possession, use, sale or distribution of controlled substances, including alcohol, paraphernalia, drugs, and other chemicals is forbidden in or on St. David’s Center premises, in our vehicles, or while conducting St. David’s Center business, including in or at worksites, and is cause for disciplinary or corrective action up to and including termination.
   C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee’s ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.
   D. St. David’s Center is obligated to refer to outside legal authorities if any illicit substances are found on agency property, as well as related information.
   E. Criminal conviction for the sale of narcotics, illegal drugs or other chemicals will result in corrective action up to and including termination. All employees will notify St. David’s Center of any criminal drug statute conviction for a drug law violation. This notice must be given to St. David’s Center no later than five days after a conviction.
   F. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or in our vehicles, and will result in corrective action up to and including termination.
   G. Employees who are conducting business-related activities that may involve alcohol consumption (e.g., client dinners, company sponsored events) may consume alcohol on those occasions, but must remember that they are representing St. David’s Center as a professional. Accordingly, such employees are expected to limit their consumption of alcohol so as to remain under the legal limit for being considered under the influence of alcohol in the state in which the event occurs. Employees who do not adhere to this policy may be subject to discipline up to and including discharge or termination.
   H. No alcohol is allowed at agency functions unless the Executive Director has authorized its use on site.

3. Treatment
   Employees suffering from substance abuse may be allowed appropriate time off from work without pay to address this issue under the Family and Medical Leave Act.

4. Prescription Drugs
   A. An employee may not perform their duties while taking prescribed drugs that adversely affect the employee’s ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.
B. An employee using prescription medications may be assigned to other duties, or may be required to not work until not under the influence of the medication.

C. The employee may request Paid Time Off, if available or Family and Medical Leave, if applicable.

5. Reporting and Inspections

A. The program’s designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

B. St. David’s Center reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline up to and including discharge.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

ND: 4813-6242-7414, v1
Policy:
St. David’s Center will invest in employees’ professional development through agency and program specific training opportunities and by funding professional community development opportunities. Staff must complete required training to be eligible to work with clients and their programs. Staff are required to complete CEU’s according to their licensure level and in consultation with their supervisor in order to support program needs and goals.

Procedure:
1. New Employee Orientation & Training Requirements
   A. All staff will receive New Employee Orientation which will include a review of all St. David’s Center’s Policies and Procedures and Employee Policies.

2. Client-Specific and/or Program-Specific Training Requirements
   A. Training requirements may include specific training for certain programs, which may include:
      i. CPR Training/First-Aid
      ii. Nonviolent Crisis Intervention Certification (CPI)
      iii. Medication Administration/Medical Procedures
      iv. Client Information (Review Care Plan, Treatment Plan or Risk Management Plan)
      v. Program Documentation (Progress notes, Goal Documentation, Accountability sheets)
      vi. Culturally competent service delivery (training plan to be determined by the employee and supervisor and included in annual performance goals or otherwise documented as a plan in personnel file)

3. Training Fees
A. Any staff that do not show up for or do not give the required cancellation notice for contracted trainings, such as CPR, First-Aid, CPI, and Medication Administration/Medical Procedures, etc. will be assessed a training fee. This training fee will be the full cost of the training the staff was signed up to attend.

B. Individuals who are late to training may be required to register for another class and will be assessed a training fee.

C. Employment may be suspended until all required trainings are complete.

4. Annual Training Requirements

A. One day per year, the agency will host a day of mandatory training and development for all center-based employees. Field-based staff may be required to attend as assigned by their supervisor. The day will be comprised of agency updates, annual compliance training and targeted training sessions that will promote professional development for staff in areas relevant to our agency Mission, Vision and Values.

B. Program and administrative directors are responsible for identifying specific program team building needs, targeted team training needs, opportunities to build team competencies, and strategic plan commitments. Each program director or administrative director / manager will build expenses into their annual budget to meet the needs and goals.

C. It is a mandated requirement that all staff complete the evaluation and training requirements annually. Failure to do so will result in suspension of employment, without pay for one week until the staff member is in compliance with all annual requirements. If the staff has not completed the annual training requirements within one week after suspension, the staff will be terminated.

5. Orientation and Annual Training for Foster Care Employees and Volunteers

A. Orientation. Within the first five working days of an employee's or volunteer's starting date, St. David’s Center must provide orientation that addresses agency staff and volunteer responsibilities for:
   i. reporting maltreatment as specified in Minnesota Statutes, section 626.556; and
   ii. protecting information on clients as required by Minnesota Statutes, chapter 13.

B. Annual training. St. David’s Center must provide or arrange for the provision of at least 12 hours of training annually for staff members and volunteers who provide services to Foster Care clients. For people in their first year of service to St. David’s Center, orientation hours provided can be applied toward the 12 hours of annual training. Training must reflect the emphasis in Minnesota Statutes, section 260C.215, subdivision 6, on cultural diversity and children with special needs.

6. Training requirements for those providing EIDBI services

A. Level Three Providers must complete the following.
   i. ASD Strategies in Action (Formerly ASD 101)
   ii. Early Intensive Developmental and Behavioral Intervention (EIDBI) 101: Overview of the Benefit
   iii. Multicultural Competence Training: Providing Culturally Relevant Direct-Care Services in Diverse Populations

7. Requests to Attend Training and Reimbursement
A. Requests to attend a workshop, conference, seminar and/or training and receive Professional Leave for training must be submitted to a supervisor in writing at least two weeks prior to the event.

B. St. David’s Center may pay the costs of attending a training activity. The employee’s supervisor may authorize agency funds for the learning opportunity if the workshop, conference, seminar and/or training:

   i. is directly related to an advanced skill or ability that will advance St. David’s Center’s mission and/or program responsibilities;

   ii. the program budget has allocated the funding necessary for this purpose; and

   iii. the employee’s supervisor has approved the time.

C. The following structure will guide budgeting and decision making for funds available for training of professional level staff members: amounts may vary per fiscal year depending on budget sustainability and are occasionally frozen to accommodate budgetary issues.

<table>
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<tr>
<td>Teachers, Coordinators &amp; Admin Staff</td>
<td>$150.00</td>
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<tr>
<td>Social Workers; Mental Health Practitioners &amp; Supervisors</td>
<td>$200.00</td>
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<tr>
<td>Master's level Mental Health Professionals</td>
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<td>Program and Administrative Directors</td>
<td>$400.00</td>
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<tr>
<td>Pediatric Therapists</td>
<td>$450.00</td>
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</table>

D. The costs and course material for training, workshops, conferences, or seminars not authorized by a supervisor will not be funded by St. David’s Center. An employee may request Paid Time Off to attend a learning opportunity not authorized by his/her supervisor as a part of the related requirements for his/her job.

8. Specialized Training

St. David’s Center may, at times, have financial resources to provide specialized trainings and seminars to staff that go beyond the annual training allocation.

A. These trainings may be supported if they: 1) provide training in an evidence based practice that will benefit the clients of St. David’s Center, 2) increase a specific skill deemed necessary for job performance (not resulting from a performance concern), 3) provide technical knowledge deemed necessary for the business and/or program activities of St. David’s Center.
B. In order to attend a training, staff must complete the application process required for the specific training, complete the Specialized Training Agreement and obtain approval from the Program Director.

C. Staff who do not complete the trainings or terminate their employment within one year of completion of training requirements will be expected to reimburse St. David’s Center for the cost of the trainings. This fee may be waived if the employee’s reason for departure is deemed by their Program Director as being beyond their control.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Specialized Training Agreement
ND: 4817-3708-3926, v1
**Specialized Training Agreement**

St. David’s Center supports the professional development of its employees and may pay the cost of attending certain training activities. The employee’s supervisor may authorize agency funds for learning opportunities that may include, but are not limited to: workshops, conferences, seminars and other trainings.

Staff who do not complete the trainings or terminate their employment within one year of completion of training requirements will be expected to reimburse St. David’s Center for the cost of the trainings. This repayment amount may be waived if the employee’s reason for departure is deemed by their Program Director as being beyond their control.

**By signing this document, I agree to the following terms and conditions:**

1.) In the event I voluntarily resign from St. David’s Center during the one (1) year following completion of training, I agree to repay all costs and expenses incurred (this includes, but is not limited to: registration fees, transportation to and from the training site, food, lodging, salary and/or wages for any time spent by employee traveling to and from the training and attending the training, and any other costs or expenses directly related to the training).

2.) I understand that I may request a subsequent employer pay the amount owed to St. David’s Center, but I shall remain personally liable until the entire amount owed is paid in full.

3.) I agree to sign such further documents, if any, requested by St. David’s Center to confirm the precise sum of the amount owed by myself to St. David’s Center following notice of termination of employment.

4.) I understand and agree that any books, technology equipment, CD’s, original certificate, program keys, and other documents, lists, catalogs, information of any kind received in connection with the training remains the property of St. David’s Center and must be surrendered upon termination of employment.

5.) I understand that if it becomes necessary to enforce this contract and judgment is entered against me, I will pay all costs and expenses incurred by St. David’s Center including reasonable attorney fees.

6.) Program specific training terms to be noted: _______________________________________

_____________________________________________________________________________________

_______________________________________________________________
Please complete the following

Employee Name: ________________________ Employee Title: ________________________

Department: ___________________________ Supervisor: ___________________________

Training: _______________________________ Dates of Attendance: ___________________

Training Cost (including books, materials, etc.): $____________________

Employee Signature: ______________________________    Date: ______________________

Director Signature: _______________________________ Date: ______________________
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<td>Date Reviewed / Revised: 01/08/16</td>
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<td>Applicable Programs: All</td>
<td>Date Reviewed and Approved by ELT: 01/19/16</td>
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<tr>
<td>Statutory or Regulatory Citation: 245C, Hennepin County, DHS</td>
<td>Signature if needed:</td>
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**Policy:**
This policy defines when a volunteer background check (BGS) is required. All volunteers requiring a completed and “passed” background study will not be allowed to begin volunteering until they have passed the background study process.

It is the responsibility of the appointed person in each department in which the volunteer is volunteering to ensure these guidelines are being met, and that the volunteer has passed their BGS before they begin volunteering. The appointed individual in each department is responsible for the volunteer and therefore is subject to consequences stated below for violating this policy and procedure.

**Definitions:**
I. Volunteers who require a BGS
   a. Any volunteer in a St. David’s Center Foster Care program.
   b. Any volunteer or student volunteer who will have direct contact with persons served by a St. David’s Center program if the volunteer is not under the continuous, direct supervision of a St. David’s Center employee.
   c. Any volunteer who interacts with clients more than one time, with or without supervision.
   d. Any volunteer who is exposed to private and/or sensitive administrative files (i.e. PHI, SSN, payroll files, credit card information, client files)

II. Volunteers who DO NOT require a BGS
   a. One time volunteers and groups
   b. Event volunteers
   c. Volunteers under the age of 15 (15 and under must also volunteer with an adult)

   **Note:** All volunteers that have not received a background check and are interacting with clients must be under an employees supervision at all times.

**Procedure:**
I. Each department will decide if a volunteer is a good fit for their program.
II. If a volunteer is a good fit, the department will reach out to Community Relations to process additional paperwork. At this time, the department will tell Community Relations if a background check is required, based on the criteria listed above.
III. Community Relations will collect the BGS and send to PTT for processing.
IV. PTT will send out an e-mail to departmental leads and Community Relations to share a volunteer’s BGS status.
V. Once PTT has received a results status of “passed”, the department can allow the volunteer to begin volunteering.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy:
St. David’s Center is committed to providing a safe working environment. Staff are required to ensure the safety of program participants, volunteers, visitors and themselves. The agency makes serious efforts to comply with all applicable federal, state, and local health and safety regulations and provides a work environment as free as possible from recognized hazards. It is the responsibility of all employees to comply with all safety and health requirements whether established by the agency or by federal, state or local law.

Procedure:
1. Violence in the Workplace
   A. Conduct that threatens, intimidates or coerces another employee, customer, vendor or business associate will not be tolerated. St. David’s Center resources may not be used to threaten, stalk or harass anyone at the workplace or outside the workplace. St. David’s Center treats threats coming from an abusive personal relationship as it does other forms of violence.

   B. Indirect or direct threats of violence, incidents of actual violence and suspicious individuals or activities should be reported as soon as possible to a supervisor, security personnel, Policy, Training and Talent (PTT), or any member of senior leadership. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

   C. Employees should promptly inform PTT of any protective or restraining order that they have obtained that lists the workplace as a protected area. Employees are encouraged to report safety concerns with regard to intimate partner violence. St. David’s Center will not retaliate against employees making good-faith reports. St. David’s Center is committed to supporting victims of intimate partner violence by
providing referrals to St. David’s Center’s Employee Assistance Program (EAP) and community resources and providing time off for reasons related to intimate partner violence.

D. St. David’s Center will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. St. David’s Center will not retaliate against employees making good-faith reports of violence, threats or suspicious individuals or activities. In order to maintain workplace safety and the integrity of its investigation, St. David’s Center may suspend employees suspected of workplace violence or threats of violence, either with or without pay, pending investigation.

E. Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

F. St. David’s Center encourages employees to bring their disputes to the attention of their supervisors or PTT before the situation escalates. St. David’s Center will not discipline employees for raising such concerns.

2. **Safety**

   A. It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a client.

   B. Although most safety regulations are consistent throughout each department and program, each employee has the responsibility to identify and familiarize her/himself with the emergency plan for his/her working area. Each facility shall have a posted emergency plan detailing procedures in handling emergencies such as fire, weather-related events and medical crises.

   C. It is the responsibility of the employee to complete an Accident and Critical Incident Report for each safety and health infraction that occurs by an employee or that the employee witnesses. Failure to report such an infraction may result in employee disciplinary action, including termination.

   D. Furthermore, management requires that every person in the organization assumes the responsibility of individual and organizational safety. Failure to follow company safety and health guidelines or engaging in conduct that places the employee, client or company property at risk can lead to employee disciplinary action and/or termination.

3. **On the Job Safety:**

   A. If staff has concerns for their individual on-the-job safety, they should immediately express such concerns to their supervisor, who will work with them to assess the situation and look at options available for addressing the situation. In emergencies that demand urgent response, 911 should be called immediately.
B. Any staff who has experienced a threat or assault will alert his/her supervisor or the on-call cell phone (if applicable), and local enforcement agencies as soon as possible. Within 24 hours following such incident, the employee is responsible for completing and submitting an incident report form. Staff should contact PTT to complete the First Report of Injury form within 24 hours of sustaining an on-the-job injury, accident, or exposure to a blood borne pathogen.

C. All supervisors will respond immediately to any staff expressing concern for their on-the-job safety. Supervisors will discuss options that will provide support, anticipate future risks and make an effort to reduce risks.

4. Safety in a Home Setting
   A. If staff recognize anything in the environment that threatens their safety or the safety of the client that is not covered in this document they are to contact a supervisor to help assess the situation, or if it is an emergency should call 911.

   B. Anytime staff leave a situation or have concerns about a situation at work they are responsible to contact their supervisor to discuss the situation.

5. Alcohol/illegal substances
   If, while at work, a staff member finds that they are in a situation where another person is under the influence of drugs or alcohol, or a staff member finds themselves in the presence of an illegal substance, the staff member should leave the premise and consult their supervisor for support. If there is an immediate danger to staff or client, 911 should be called.

6. Smoking
   Staff have the right to ask that no one smoke while they are working in that environment. Staff may refuse assignment in homes where smoking occurs.

7. Weapons
   Weapons must be properly secured, if those items are not properly secured staff should leave the premises and report the incident to their supervisor. In an urgent situation, 911 should be called.

8. Pets
   A. Animal behavior is not always predictable, especially if the animal is under stress or feels threatened. Prior to staff entering a client home, the client will be required to restrain all pets in an appropriate manner (cage, kennel, or unoccupied room) even if the animal has no history of biting or aggressive behavior. This will protect staff from injury from an animal while in the home. The animal will be required to be kept contained for the duration of the time staff is in the home. If regular visits are made to the home, the staff and family may agree to the procedure below.

   B. All animals must be properly restrained while staff are working in or visiting the homes of clients if requested by the employee.
C. If after a period of time it is agreed upon by staff, staff supervisor and client that the animal is appropriate to be free to intermix with staff then a plan to introduce the staff and animal(s) will be utilized.

D. If at any time it is reported that the animal is biting, scratching, or acting in an inappropriate manner (growling, nipping, showing teeth, hissing etc.), the animal will need to be returned to being kept in a place that it is properly restrained anytime the staff is working in the home from that time forward.

9. **Environmental Conditions**

There may be incidents in which other environmental conditions may pose a hazard to the safety of our staff. Examples may include, but are not limited to, the presence of noxious substances or fumes in the home, rodents or other pests such as cockroaches, unsafe spaces, structures or equipment, unsafe sidewalks/driveways in the winter etc. Because all conditions are not able to be anticipated, staff are expected to use their judgment, determine whether a safe working situation exists at each visit and report any concerning situations to their supervisor and 911 as appropriate.

10. **Non-Residents in the Home**

It is the responsibility of the families being served to ensure that all non-residents in their home are safe and pose no threat to staff. In the event that staff feel their safety is not able to be secure due to non-residents in the home, they are encouraged to take reasonable steps necessary to secure their safety.

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Guidelines for Field Safety
Anti-Harassment Policy
GUIDELINES FOR FIELD SAFETY

Prior to Leaving the Office

1. Make sure your cell phone is charged and with you. Know where your cell phone is at all times.
2. Only carry your cell phone, pen, paper, and case file for the client being seen in the bag you take with you to the visit.
3. Make sure someone is aware when you are going to work and provide them with a contact number (department emergency number, supervisor’s number, or main number) for St David’s Center.
4. If you have the opportunity to speak to the client prior to the appointment, request that animals or weapons be properly secured prior to your arrival. Ask who all lives in the home. If there are multiple families, explain that you will need a private place to meet. This also provides information as to whether others are in the home.
5. Use of cell phones while operating your motor vehicle is prohibited by our Driver Safety Policy.

When in the field

1. Arrive at the destination prior to your scheduled appointment time. If there is an alley, drive through the alley and look at the back of the property. Observe if there appears to be an excess of chemicals near the trash. Observe if there is a group of people gathered in the back yard or on the back porch. Look for the same signs at the front of the property.
2. If there is a large group gathered in front of the property, call your appointment and let them know you are there. Ask them if they can come out. If they ask why, appropriate answer can be, “I am not sure I am at the right house” or “it seems you are busy now – there are a lot of people out front.”
3. Be observant of excessive foot traffic/police activity in the neighborhood.
4. If you enter the home and there are a lot of people and you are not comfortable, ask if they want to reschedule for another time. Or let them know you need to protect the privacy of the person you are there to see. Ask if they would prefer to meet on the front steps, front porch, to take the kids to the park and meet there, etc. If you feel that something is not right in the house, DO NOT stay in the house.
5. Be observant of odors in the home, ashtrays, counter tops, etc.
6. If possible, sit on a hard chair (i.e., wood, plastic, vinyl). If the client finds this odd, you can always state you have back problems and that it’s hard to get up from soft furniture; if there are cockroaches/bedbugs in the home, you are less likely to have a problem using a hard surfaced chair. If you are aware before you enter the home that roaches/bedbugs may be a problem, leave your bag, purse, and coat in the car.
7. Lock purse in the trunk prior to leaving office.
8. Avoid wearing expensive jewelry or items on your clothing that can be easily grabbed (i.e. neck ties, scarves, loose clothing). If you have long hair, be aware that a ponytail can be easily grabbed.

9. Do not use your cell phone while walking to and from your car. This causes you to pay attention to the conversation, not to your surroundings.
Policy:
St. David’s Center strives for a safe and healthy work environment for its employees. It is the policy of St. David’s Center to minimize the impact of a work-related injury by the immediate reporting of an injury, prompt care, treatment, and the return to work as soon as possible.

Procedure:
1. An employee who suffers a work-related injury must immediately report the incident to his/her department supervisor, and in any event no later than 24 hours after the injury. The employee will be directed to the Policy, Training and Talent (PTT) for assessment and care. If emergency treatment is necessary, the employee should seek medical treatment at the nearest hospital’s emergency department.

2. Prompt, quality medical treatment can be assured through the use of St. David’s Center’s preferred primary care provider, but employees may also use their own preferred medical provider.

3. The employee will be asked to complete the First Report of Injury form with the assistance of PTT. A copy of the First Report of Injury will be sent to the workers’ compensation provider. If the work-related injury causes a loss of work time for the employee, the employee’s supervisor and PTT will coordinate with the employee’s medical provider and the workers’ compensation provider to ensure workers’ compensation payments are promptly made to the employee and that a return to work care plan is established.

4. PTT will maintain the Occupational Safety & Health Administration (OSHA) log on all required recorded injuries for St. David’s Center. PTT will post the summary log of work-related injuries in St. David’s Center’s office area from February 1 to April 30 of each year.
5. St. David’s Center supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. This practice serves the best interest of our employees and our organization. St. David's Center may be able to offer an employee a light duty or transitional job, such as filing, answering phones, data entry, documentation, mail, or cleaning.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
First Report of Injury
POLICY AND PROCEDURE MANUAL

III. ALL PROGRAM POLICIES

1. Admission and Placement into Programs
2. Behavior Guidance
3. Cancellation of Scheduled Services by Client
4. Cancellation of Scheduled Services by St. David’s Center
5. Client Funds
6. Client Grievance (Including 504 Grievance)
7. Client Satisfaction Surveys
8. Clinical Supervision
9. Consent for Treatment and Admission
10. Demission and Discharge
11. Diagnostic Assessment
12. Disability Communication Policy
13. Documentation and Progress Notes
14. Emergency Use of Manual Restraints
15. Family Referral of Direct Support Professionals
16. Foster Provider Evaluation and Progressive Disciplinary Process
17. Health Service Coordination and Care
18. Health Summary and Immunization Record Requirement
19. Home Living Skills
20. Ill Clients
21. Individual Health Plans
22. Individual Mental Health Treatment Plans
23. IT Equipment Usage in Residential Settings
24. Meals and Snacks
25. Medication Administration
26. Medication Errors
27. Non-Discrimination Policy (Client)
28. On Call Foster Care
29. “On Hold” Status
30. Parent Conferences
31. Parent Observation of Groups
32. Parent Visits to Early Childhood Classrooms
33. Professional Meetings, Consultation, and Litigation
34. Quality Assurance for Supported Living Services
35. Rehabilitation Therapy Physician Orders
36. Service Termination
37. Temporary Service Suspension
38. Therapeutic Foster Care Respite
Policy: St. David’s Center is committed to the provision of appropriate admission/placement within each program as applicable and for each client. St. David’s Center will never discriminate against potential and/or current clients on the basis of race, color, creed, religion, national origin, gender, pregnancy, sexual orientation, age, disability, marital status, family status, covered veterans status, status with regard to public assistance, HIV/AIDS status, or any other classification protected by local, State, or federal law. St. David’s Center reserves the right not to admit a potential client or to demit a current client from programming, if it is determined that the individual cannot be adequately served or, with respect to HIV/AIDS status, for clearly stated specific and compelling medical and/or public health reasons.

Procedure:

1. Central Office of Resources and Enrollment (“CORE”) Staff work with program leadership staff to determine whether a client admission or placement is appropriate.

2. The decision to admit and/or place a client in a program is based on multiple factors.
   a. Each program has its own enrollment criteria for admission / placement.
   b. Even if a potential client meets all enrollment criteria for a program, such individual is not guaranteed admission and/or placement into a program.

<table>
<thead>
<tr>
<th>Program</th>
<th>Admission and/or Enrollment Criteria</th>
</tr>
</thead>
</table>
| Adventure Program (Therapeutic Recreation) | • Individual is at least 11 years old, except for Junior Adventure in the summer need to be at least 6 years old.  
• Individual is able to participate in a supervised group setting safely when staffed at a 1:2 or 1:3 ratio. |
| Autism Day Treatment (ADT)              | • Children ages 18 months through 4 years at the time of evaluation.  
• Child’s primary diagnosis is one of autism spectrum disorder.  
• Diagnostic criteria for occupational and speech therapy may be applied.  
• Family commitment to a 5 mornings or 5 afternoons per week. |
<table>
<thead>
<tr>
<th>Program</th>
<th>Admission and/or Enrollment Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder Support Services</td>
<td>• Individuals ages 1.5 through 26 years of age.</td>
</tr>
<tr>
<td>(ASDSS)</td>
<td>• Individual has either a medical diagnosis of autism spectrum disorder or, per school assessments, is in the education category of autism spectrum disorder.</td>
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<tr>
<td></td>
<td>• Individual is insured by Medica (and the plan covers this service).</td>
</tr>
<tr>
<td>Children’s Mental Health Case Management</td>
<td>• Individual resides in Hennepin County.</td>
</tr>
<tr>
<td>(CMHCM)</td>
<td>• Individual has not yet graduated from high school.</td>
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<td></td>
<td>• Individual has a severe emotional disturbance diagnosis.</td>
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<tr>
<td>Destination Anywhere (Therapeutic Recreation)</td>
<td>• Individual is at least 16 years old.</td>
</tr>
<tr>
<td></td>
<td>• Individual is able to participate in a supervised group setting safely when staffed at 1:3 ratio.</td>
</tr>
<tr>
<td>Early Childhood Education (ECE)/ In-Center</td>
<td>• Children ages 16 months through six 6 years old (age 7 may be accepted for summer session).</td>
</tr>
<tr>
<td>Respite</td>
<td></td>
</tr>
<tr>
<td>Early Childhood Home Visiting (ECHV)</td>
<td>• Children ages 0 through 5 years.</td>
</tr>
<tr>
<td></td>
<td>• Child’s behavior is socially and emotionally concerning.</td>
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<tr>
<td></td>
<td>• Child /guardian resides in Hennepin County.</td>
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<tr>
<td></td>
<td>• Family income equals 175%-200% of poverty level.</td>
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<tr>
<td>Family Place Day Treatment (FPDT)</td>
<td>• Children ages 33 months through kindergarten.</td>
</tr>
<tr>
<td></td>
<td>• Per a diagnostic evaluation, the child must receive a mental health diagnosis and must meet criteria for a severe emotional disturbance.</td>
</tr>
<tr>
<td></td>
<td>• Family commitment to programming 5 mornings or 5 afternoons per week.</td>
</tr>
<tr>
<td>Foster Care – Therapeutic (TFC)</td>
<td>• Children ages 0 through 17 years who are referred through their county for out of home placement in a therapeutic foster care setting.</td>
</tr>
<tr>
<td>Foster Care – Treatment Foster Care Oregon</td>
<td>• Children ages 6 through 11 years who are referred through Hennepin County for out of home placement in a treatment setting.</td>
</tr>
<tr>
<td>(TFCO)</td>
<td></td>
</tr>
<tr>
<td>Group Homes (GH)</td>
<td>• Individuals ages 18 years and older.</td>
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<tr>
<td></td>
<td>• The client must be screened and authorized to receive Waivered Services (Developmental Disability waiver) in accordance with Minnesota Statutes § 256B.092.</td>
</tr>
<tr>
<td></td>
<td>• The individual must have a negative Mantoux (or physician’s statement indicating that the person is free of communicable diseases and has had a negative chest x-ray) dated within 1 week of admission.</td>
</tr>
<tr>
<td></td>
<td>• For crisis admission, the supervisor/ designee will secure documentation of Mantoux status from the previous provider.</td>
</tr>
<tr>
<td>Mental Health – Outpatient Therapy (MHOP)</td>
<td>• In general, there is no age restriction.</td>
</tr>
<tr>
<td></td>
<td>• Typically, adults served in this program have a connection to children receiving supports within St. David’s Center.</td>
</tr>
<tr>
<td>Multidisciplinary Diagnostic Assessment &amp;</td>
<td>• Children ages 2 through 5 years (in certain cases, older children may be served).</td>
</tr>
<tr>
<td>Testing (MDAT)</td>
<td>• Child presents with need for at least 2 out of the 3 categories of assessment: mental health, speech therapy, occupational therapy.</td>
</tr>
<tr>
<td>Mental Health Skills Training (MHST)</td>
<td>• Individuals ages 4 through 18 years.</td>
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<tr>
<td></td>
<td>• Individual resides in Hennepin County.</td>
</tr>
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<td></td>
<td>• Individual has a mental health diagnosis.</td>
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<tr>
<td>Music Therapy</td>
<td>• Children ages 16 months through 12 years.</td>
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<tr>
<td></td>
<td>• Client needs to qualify for treatment with MH diagnosis and/or Music Therapy evaluation.</td>
</tr>
<tr>
<td>Occupational Therapy (OT)</td>
<td>• Children ages 12 months through 13 years.</td>
</tr>
<tr>
<td></td>
<td>• Client needs to qualify for treatment diagnosis through the evaluation process.</td>
</tr>
<tr>
<td>Program</td>
<td>Admission and/or Enrollment Criteria</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Personal Care Assistance (PCA)</td>
<td>- Needs to work under referral of primary physician.</td>
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<tr>
<td></td>
<td>- Individual is eligible for Medical Assistance (MA) or TEFRA.</td>
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<tr>
<td></td>
<td>- Public health nurse assessment completed.</td>
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<tr>
<td></td>
<td>- Individual / family selects St. David’s Center as their provider.</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>- Children ages 0 to 12 years</td>
</tr>
<tr>
<td></td>
<td>- In general diagnosis of developmental delay, genetic disorders (including Down Syndrome), and cerebral palsy</td>
</tr>
<tr>
<td></td>
<td>- In general would not treat orthopedic or spinal cord injuries</td>
</tr>
<tr>
<td>School Linked Mental Health (SLMH)</td>
<td>Children who meet the criteria for a mental health disorder, have barriers accessing outpatient mental health treatment and are referred by school personnel in the following locations:</td>
</tr>
<tr>
<td></td>
<td>- Referrals go directly through program.</td>
</tr>
<tr>
<td>Speech Therapy (ST)</td>
<td>- Children ages 12 months through 13 years</td>
</tr>
<tr>
<td></td>
<td>- Client needs to qualify for treatment diagnosis through the evaluation process.</td>
</tr>
<tr>
<td></td>
<td>- Needs to work under referral of primary physician.</td>
</tr>
<tr>
<td>Waivered Services (WS)</td>
<td>- Individuals screened and authorized to receive Waivered Services</td>
</tr>
<tr>
<td></td>
<td>(Developmental Disability- DD and/or Community Alternatives Inclusion-CADI) in accordance with Minnesota Statutes § 256B.092.</td>
</tr>
</tbody>
</table>

245D Licensed Programs

1. Pre-admission
   Before admitting a person to the program, the program must provide the following information to the person or the person’s legal representative:
   A. Information on the limits to services available from the program, including the knowledge and skill of the program staff and the program’s ability to meet the person’s service and support needs.
   B. A copy of the fact sheet the program received from a law enforcement authority or corrections agent for a person who is a registered predatory offender currently being served by the program when the fact sheet includes a risk level classification for the offender. The fact sheet received by the program should not be altered when it being provided and should contain the following information: (1) name and physical description of the offender; (2) the offender's conviction history, including the dates of conviction; (3) the risk level classification assigned to the offender under section 244.052, if any; and (4) the profile of likely victims. If a person is being admitted to the program who is a registered predatory offender and the program has received a fact sheet, a copy of the fact sheet must be provided to all persons currently served by the program, or their legal representative. [APPLIES ONLY TO 245D LICENSED PROGRAMS THAT MEET THE DEFINITION OF BEING A HEALTH CARE FACILITY UNDER SECTION 243.166, SUBD. 4b, INCLUDING ADULT FOSTER CARE HOMES, COMMUNITY RESIDENTIAL SETTINGS, ICFs/DD, AND SLFs.]

2. Service initiation
   A. Service recipient rights
      Upon service initiation the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights
under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. The program will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.

B. Availability of program policies and procedures
The program must inform the person, or the person’s legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:

- Grievance policy and procedure.
- Service suspension and termination policy and procedure.
- Emergency use of manual restraints policy and procedure.
- Data privacy.

C. Handling property and funds
The program will obtain written authorization from the person or the person's legal representative and the case manager whenever the program will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually thereafter. At the time initial authorization is obtained, the program will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. The program will document the preference. The program will document changes to these preferences when they are requested.

3. Refusal to admit a person
   A. Refusal to admit a person to the program must be based on an evaluation of the person’s assessed needs and the licensed provider’s lack of capacity to meet the needs of the person.
   B. This licensed program must not refuse to admit a person based solely on:
      a. the type of residential services the person is receiving
      b. person’s severity of disability;
      c. orthopedic or neurological handicaps;
      d. sight or hearing impairments;
      e. lack of communication skills;
      f. physical disabilities;
      g. toilet habits;
      h. behavioral disorders; or
      i. past failure to make progress.
   C. Documentation of the basis of refusal must be provided to the person or the person’s legal representative and case manager upon request.

4. No St. David’s Center client shall be subjected to testing, removed from normal and customary status, or deprived of any rights, privileges, or freedoms because of his or her
HIV/AIDS status, except for clearly stated specific and compelling medical and/or public health reasons.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment: N/A**
Policy: It is the policy of St. David’s Center that Staff guide the behavior of children according to the procedures established below, including when Staff are addressing a child’s unacceptable behavior.

Definitions:

“Corporal punishment”: includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.

“Emotional abuse”: includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, and using language that threatens, humiliates, or frightens the child.

Procedure:

I. General Requirements

A. St. David’s Center Staff rely on written behavior guidance policies and procedures. These policies and procedures:

1. Ensure that each child is provided with a positive model of acceptable behavior;
2. Are tailored to the developmental level of the children St. David’s Center serves;
3. Redirect children away from problems toward constructive activity in order to reduce conflict;
4. Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict;

5. Protect the safety of children and Staff; and

6. Provide immediate and directly related consequences for a child's unacceptable behavior.

II. Persistent Unacceptable Behavior

A. When St. David’s Center Staff are dealing with persistent unacceptable behavior that requires an increased amount of Staff guidance and time, Staff will:

1. Observe and record the behavior of the child and Staff response to the behavior; and

2. Develop a plan to address the behavior documented in consultation with the child's parent(s) or guardian(s) and with other Staff and Providers, when appropriate.

III. Prohibited Actions

A. St. David’s Center prohibits the following actions by or at the direction of Staff:

1. Subjection of a child to corporal punishment, which includes but is not limited to:
   a. Rough handling
   b. Shoving
   c. Hair pulling
   d. Ear pulling
   e. Shaking
   f. Slapping
   g. Kicking
   h. Biting
   i. Pinching
   j. Hitting
   k. Spanking

2. Subjection of a child to emotional abuse, which includes but is not limited to:
   a. Name calling
   b. Ostracism
   c. Shaming
   d. Making derogatory remarks about a child or the child’s family
   e. Using language that threatens, humiliates, or frightens the child

3. Separation of a child from the group except as provided in section 4 below.
4. Punishment for lapses in toilet habits.

5. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.

6. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.

7. The use of mechanical restraints, such as tying.

IV. Separation from the Group

A. Separation Procedures

1. No child may be separated from the group unless St. David’s Center Staff have tried less intrusive methods of guiding the child's behavior, which have been ineffective, and the child's behavior threatens the well-being of the child or other children at St. David’s Center.

2. A child who requires separation from the group will remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a St. David’s Center Staff person.

3. When separation from the group is used as a behavior guidance technique, the child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.

4. Children between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

B. Separation Report

1. All separations from the group must be noted on a daily log. St. David’s Center Staff will ensure that notations in the log include:
   a. The child's name;
   b. Staff person's name;
   c. Time, date, and information indicating what less intrusive methods were used to guide the child's behavior; and
   d. How the child's behavior continued to threaten the well-being of the child or other children at St. David’s Center.

2. If a child is separated from the group three (3) times or more in one (1) day, the child's parent will be notified and notation of the parent notification will be indicated on the daily log.
3. If a child is separated five (5) times or more in one (1) week or eight (8) times or more in (2) two weeks, the procedure in section II will be followed.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Early Childhood Programs Daily Separation Log
Policy: Cancellation of Scheduled Services by Client

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tennessen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Originated by Program</td>
<td>Date Written: 10/1/2013</td>
</tr>
<tr>
<td></td>
<td>Revised: 04/21/15</td>
</tr>
<tr>
<td></td>
<td>Date Last Reviewed:</td>
</tr>
<tr>
<td>Applicability: Center-Based Therapy and Supports, Community-Based Therapy and Supports, Group Homes</td>
<td>Reviewed and approved by ELT date: 3/11/14, 04/21/15</td>
</tr>
<tr>
<td>Statutory or Regulatory Citation:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Minn. Stat. § 256B.0659, subd. 28(2)</td>
<td></td>
</tr>
<tr>
<td>Minn. Stat. § 245D.10</td>
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</tbody>
</table>

**Policy:** It is the policy of St. David’s Center that clients and families served will use their best efforts in attending and participating meaningfully in all scheduled appointments.

**Definitions:**

“No Call, No Show”: means when neither the client nor a representative of the client calls St. David’s Center to provide notice that the client will not be in attendance at an upcoming scheduled appointment.

“Pattern of ‘No-Call, No-Show’ Conduct”: means three (3) or more “No-Call, No-Show” incidents within sixty (60) days.

**Procedure:**

I. General Procedures

A. St. David’s Center will clearly communicate its expectation that all clients and families served use their best efforts to attend and participate meaningfully in all scheduled appointments.
   1. Clients will be provided with program cancellation guidelines upon admission.
   2. Clients will be reminded of cancellation guidelines, including through the use of reminder phone calls.
      a. St. David’s Center staff will never leave a message on a client’s voicemail that mentions the nature of the client’s appointment or includes the Provider’s specialty because other people may have access to that message, which could compromise the client’s privacy.
B. Each client, or a representative of the client, is expected to notify St. David’s Center in advance of missing an upcoming scheduled appointment, for any reason.
   1. Notice can be provided by calling the:
      a. St. David’s CORE Line;
      b. St. David’s Program Main Line;

C. In order to avoid the assessment of late cancellation fees, the client must provide notice of an absence and cancel services:
   1. At least 48 hours in advance for psychological testing appointments;
   2. At least 24 hours in advance for all other appointments.

D. If the client incurs late cancellation fees, they will be assessed as follows:
   1. For psychological testing services, the client may be charged $160.00 if he or she does not cancel services more than 48 hours in advance of the scheduled testing date.
   2. For mental health the client may be charged $50.00 if he or she does not cancel services more than 24 hours in advance of the scheduled appointment date.

E. If the client does not call to provide advance notice of an absence and cancel services, it will be considered a “No-Call, No-Show” incident.
   1. The client may be discharged from services after a pattern of “No Call, No Show” conduct has been established- pattern is defined as 3 No Call, No Show.

F. Discretion. St. David’s Center reserves the right to address, on a case-by-case basis, those instances when a client does not meet expectations regarding cancellation of services.
   1. Because St. David’s Center recognizes that each child is different, St. David’s Center may decide not to discharge a client from services once a pattern of “No Call, No Show” conduct has been established, upon recommendation from the treatment team or treating Provider.

II. Program-Specific Procedures

A. Autism Spectrum Disorder Support Services, Personal Care Assistance Program, In Home Waivered Services, and Mental Health Skills Training
   1. Canceled Services
      a. If services are canceled more than 24 hours in advance of a scheduled shift, Staff will be expected to reschedule the shift.
      b. If the family elects not to reschedule, Staff will receive pay for either the number of hours s/he was scheduled to work or four (4) hours, whichever is less.

   2. Absent Client
a. If Staff arrive for a scheduled shift but find the client to be absent, Staff will remain available to commence services for one half-hour following the time services were scheduled to begin.

b. If the client does not return home by the half-hour point, Staff will leave a written note, which includes the following information:
   i. Staff name;
   ii. Date and time at which note is written;
   iii. Scheduled time of shift.

3. Ill Client
   a. If Staff is not notified of a client’s illness and arrives for a scheduled shift, Staff will receive pay for either the number of hours s/he was scheduled to work or four (4) hours, whichever is less.
   b. Staff cannot provide services to clients that are hospitalized or in out-of-home placement due to state regulations for Medical Assistance services.
      i. If a client is hospitalized or placed outside of the home, Staff will contact his or her supervisor for further instruction.

4. All Situations
   a. Staff will not be reimbursed for transportation to and from client’s home for cancellations and absent/ill clients.
   b. Staff will contact his or her Coordinator to inform the Coordinator of all client cancellations and “No Call, No Shows,” and will document the cancellation or “No Call, No Show” on his or her timesheet for payroll and billing purposes.
   c. Should the client cancel services less than 24 hours in advance of a scheduled appointment or fail to provide any advance notice of an absence three (3) or more times within sixty (60) days, Staff may be reassigned to a different client on a permanent basis.
      i. Exceptions may also be made on a case-by-case basis by the Program Director.

B. Group Homes and Waivered Services Residential Homes
   1. Coordinator will notify Staff of a canceled shift as soon as the Coordinator becomes aware of the schedule change.
   2. Coordinator may assign other duties around the house for Staff to complete.
   3. If Staff is benefit-eligible, he or she can use paid time off (“PTO”) to supplement the hours lost.
      a. S/he is not required to use PTO and will not be penalized should he or she fall below the required thirty (30) hours per week.
   4. Staff may pick up other available shifts within the home to make up for lost hours.

C. Autism Day Treatment, Pediatric Therapy, Family Place, Therapeutic Recreation
   1. It is the responsibility of the client, or a client representative, to call and provide Staff with advance notice of any absence.
      a. To do so, families are instructed to contact the client’s Provider.
2. Families planning extended vacations are instructed to discuss such plans with the client’s Provider as far in advance of the planned vacation as possible.  
   a. Children are expected to attend 90% or more of their scheduled treatment days because consistent attendance assists the child in maintaining skills, forming relationships, and maintaining a predictable and consistent daily routine, and because inconsistent attendance can disrupt progress toward treatment goals.

3. Poor attendance—even when the client, or a representative of the client, calls to cancel—will result in a meeting between the family and the Provider to discuss attendance concerns and to create a plan for improved attendance.

4. If attendance continues to be a problem, services to the client may be discontinued.

D. Respite Providers
   1. Families will notify Respite Providers as soon as possible when the Respite Provider’s services will not be needed due to a sudden client illness or emergency situation.
   2. Any and all other service cancellations will be made as soon as possible, and in advance whenever possible, to ensure providers are able to schedule other children for the open respite time.
   3. Respite Providers will not be reimbursed for cancelled services.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
MHCP Provider Billing Manual
**Policy: Cancellation of Scheduled Services by St. David’s Center**

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tenessen</th>
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<tr>
<td>Date Written:</td>
<td>03/25/11</td>
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<td>Revised:</td>
<td>10/08/13, 04/21/15, 03/10/16</td>
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**Applicability:** Center-Based Therapy and Supports, Community-Based Therapy and Supports

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<th>Reviewed and approved by ELT date:</th>
<th>04/21/15</th>
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**Statutory or Regulatory Citation:**

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**Policy:** It is the policy of St. David’s Center that when a St. David’s Provider is unable to provide services to a client as scheduled, the Central Office of Resources & Enrollment (“CORE”) will interface with clients and their families to ensure families are made aware of cancellations with as much advance notice as possible and to facilitate prompt rescheduling of all canceled appointments.

**Procedure:**

**I. General Procedures**

**A. Provider Obligations**

1. **Staff/Providers** will provide notice of their need to cancel a client appointment by calling the sick line after hours (952)-548-8799 and leaving an explanatory message. CORE staff pick up those calls at 7:00 and 7:30 a.m. – in the event staff have a client who may already be in transit to an early appointment staff should call the family directly if possible. Staff will also notify CORE and their supervisor. During work hours notify CORE and supervisor.

   a. Staff/Provider will include in this message, name of client, services to be provided, time seen and whether a client is appropriate or not appropriate for a substitute therapist.

**B. CORE Obligations**

1. The CORE Assistant will contact the client and inform them that their Staff/Provider has a conflict with their scheduled appointment.

2. The CORE Assistant will offer one of the following options:

   a. A substitute Staff/Provider, if available, and if the client is one for whom a substitute Staff/Provider would be appropriate;
b. Available dates to reschedule the appointment with the client’s regular Staff/Provider.

II. Program-Specific Procedures

A. Back-Up Plans
   1. A reliable back-up plan must be established for all clients participating in Life-Phase Services programs, Mental Health Skills Training, and Respite Foster Care.
   2. Back-Up Plans are established and maintained by each client’s responsible party, to address situations when Staff/Providers do not arrive for scheduled shifts or must cancel such shifts.
   3. The Back-Up Plan will designate caregivers other than the responsible party who could be contacted in the event of an emergency.
      a. No St. David's Center Staff or Provider may be designated as an alternative responsible caregiver in a Back-Up Plan.
   4. Each client’s responsible party will provide their Program Coordinator with a finalized copy of the Back-Up Plan.
   5. Each client’s responsible party will notify their Program Coordinator when Staff/Providers do not arrive for a scheduled shift.
   6. In the event that the responsible party does not return when they are expected, and the Staff/Provider is unable to reach the responsible party, the Staff/Provider will implement the Back-Up Plan.

B. Respite Providers
   1. Non-emergency cancellation of services by a Respite Provider
      a. If a Respite Provider needs to cancel scheduled respite time in advance, the Respite Provider will notify the client’s family in advance and discuss whether or not they would like to reschedule respite time.
         i. If the family is willing to reschedule the time, Providers may reschedule directly with the family.
         ii. If the family unwilling or unable to reschedule the time, it is the Provider’s responsibility to contact the Program Coordinator to discuss alternative options.
   2. Emergency cancellation of services by a Respite Provider
      a. If a Provider needs to cancel a scheduled visit due to sudden illness or circumstances that are beyond their control, the Provider will contact the family or ensure the Program Coordinator notifies the family of the need to cancel respite care due to the given emergency.
         i. The Provider may need to access the on-call cell phone if they cannot reach the family and it is after regular business hours.
      b. The Program Coordinator will attempt to secure an emergency Provider.
         i. If no Provider can be found, the parent is responsible for his or her child.
3. Frequent cancellations.
   a. If a provider cancels scheduled respite times on a frequent basis, the following procedure may be followed:
      i. The Provider will be contacted to discuss the situation, which may be documented in the program complaint log and/or the Provider’s file.
      ii. The Provider may receive a warning.
      iii. The Provider may lose current placement, and in some instances, may not receive additional placements.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Back-Up Plan Template
**CLIENT FUNDS**

<table>
<thead>
<tr>
<th><strong>Policy Owner:</strong> Erica Tennessen</th>
<th><strong>Date Written:</strong> 10/1/2013</th>
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<tr>
<td><strong>Policy Originated by (program or department):</strong> Program</td>
<td><strong>Date Reviewed / Revised:</strong> 06/01/16</td>
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<tr>
<td><strong>Applicable Programs:</strong> Community-Based Therapy and Supports, Group Homes</td>
<td><strong>Date Reviewed and Approved by ELT:</strong> 03/11/14, 06/01/16</td>
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<tr>
<td><strong>Statutory or Regulatory Citation:</strong> Minn. Stat. § 245D.06, subd. 4</td>
<td><strong>Signature if needed:</strong></td>
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**Policy:** It is the policy of St. David’s Center that when a client’s Self-Management Assessment (“SMA”) Community Support and Service Plan (“CSSP”) or goals state the need for St. David’s Center Staff/Providers to assist the client with financial matters, Staff will assist such clients according to the procedures established below.

**Procedure:**

1. St. David’s Center will ensure that clients retain the use and availability of personal funds or property unless restrictions are justified in the client's CSSP.

2. St. David’s Center will ensure separation of client funds from St. David’s Center funds, program funds, and Staff funds.

3. Whenever St. David’s Center assists a client with the safekeeping of funds or other property, St. David’s Center will have written authorization to do so by the client or the client's legal representative, and the client’s case manager, if any.
   a. Typically, the written authorization will be in the form of the attached 245D Funds and Property Authorization Form

4. In addition, St. David’s Center will:
   a. Document receipt and disbursement of the client's funds or the property;
   b. Annually survey, document, and implement the preferences of the client, client's legal representative, and the case manager regarding frequency of receiving a statement that itemizes receipts and disbursements of client funds or other property; and
   c. Return to the client upon the client's request, funds and property in St. David’Center’s possession subject to restrictions in the client's CSSP, as soon as possible, but not later than three working days after the date of the request.
5. St. David’s Center and Staff shall not:
   a. Borrow money from a client;
   b. Purchase personal items from a client;
   c. Sell merchandise or personal services to a client; or
   d. Require a client to purchase items for which the license holder is eligible for reimbursement.
   e. Use funds of persons served by the program to purchase items for which the facility is already receiving public or private payments.

6. On an annual basis, clients and/or their legal representatives and the case manager will complete and sign the 245D Funds and Property Authorization Form.
   a. The 245D Funds and Property Authorization Form indicates to St. David’s Staff the nature and extent of the permission granted to assist the client with financial matters.
   b. The client and the legal representative will also indicate the frequency with which they wish to receive records of the status of the personal funds.
   c. The authorization may be revoked or changed by the client or their legal representative at any time.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
245D Funds and Property Authorization Form
Policy: It is the policy of St. David’s Center that Staff/Providers follow the procedures described below to ensure each client’s physical safety while providing services in the community, client homes, and group homes. Specifically, this Policy addresses the following:

- Substance Use/Abuse;
- Water Safety;
- Transportation Safety;
- Client Safety Information;
- Staff Encounters with Animals in Client Homes;
- Safe Client Handling;

Procedure:

I. Substance Use/Abuse

A. If Staff/Provider actually observes the use of an illegal substance and/or the abuse of a legal substance (such as alcohol or prescription medication) in the home, Staff/Provider will immediately consult with the Program Coordinator during office hours or the on-call cell phone. At the Program Coordinator’s direction, the procedures in section B below may be followed.

B. If Staff/provider believes the observed substance use/abuse may result in imminent harm, Staff/provider will call 911.
C. If Staff/Provider suspects alcohol or drug abuse by the Responsible Party, the Staff/Provider will call the Program Coordinator during office hours or on-call cell phone to consult about the situation.

D. If the Responsible Party is actually impaired or incapacitated and is not able to care for a client due to alcohol or drug use or for any other reason, alternate care will be secured in one of the following ways:
   1. If there is a non-impaired adult available to resume care of the client, Staff/Providers may transfer responsibility to that individual.
   2. If no non-impaired adult is available to resume care of the client and the Responsible Party exhibits signs of impairment and is unable to care for the client, Staff/Providers will remain with the client and immediately call 911.

E. Staff/Provider will consult the Vulnerable Individuals Policy and Accident/Critical Incidents Policy, and will make reports as required.

F. If Staff/Provider was not able to speak with the Coordinator directly during the situation, the Staff/Provider will call the client’s Coordinator within 24 hours to debrief the situation.

II. Water Safety

A. St. David’s Center does not allow Staff/Providers to take clients swimming unless a lifeguard is on duty.
   1. Staff/Providers cannot be the designated lifeguard on duty.
   2. Swimming areas include: local pools, private pools, health club pools, lakes, etc.

B. Staff/Providers will be attentive and keep the client within arm’s reach when involved in any activities in or around water.
   1. This includes, but is not limited to, activities such as walking near a lake or fishing off a dock.
   2. Staff/Providers must be in the water with clients at all times, even if the client is a good swimmer.

C. St. David’s Center does not allow Staff/Providers to take clients on boats, canoes, paddle boats, rafts, row boats, surf boards, or anything that floats on water.

III. Transportation of Clients

A. St. David’s Center will ensure the following regarding safe transportation:
   1. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
   2. Vehicles are to be kept clean (interior and exterior).
   3. Staff will report all potential mechanical problems immediately.
   4. Staff will report all potential equipment, supply and material problems immediately.
   5. Staff will report all accidents immediately.
   6. Staff will report all vehicle maintenance and concerns to the Coordinator.
B. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.

C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person’s equipment, staff will utilize the following assistive techniques:

1. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
2. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
3. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
4. Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections 169.685 and 169.686 when transporting a child.
   i. Infants (under 20 pounds and one year of age) must be in a rear-facing safety seat.
   ii. Children under the age of 9 years must be secured in a safety seat that meets federal safety standards.
   iii. Children weighing less than 80 pounds and/or measuring less than 4 feet, 9 inches in height are to be fastened in an appropriate child safety seat or booster seat.
   iv. Children under the age of 13 years should always sit in the rear of a vehicle, regardless of the airbag technology a vehicle may or may not have.
   v. All Staff/Providers who serve one or more clients under the age of 9 years are required to complete training in car seat/booster seat safety.
   vi. This training is mandatory for all Foster Care and Waivered Services Staff/Providers.
   vii. In the PCA and ASDSS programs, the applicable Supervisor(s) will direct training needs on a case-by-case basis.

D. Program vehicles are to be utilized exclusively to for the purpose of transporting persons served by this program, and equipment and supplies related to the program.

E. Staff will be responsible for the supervision and safety of persons while being transported.

1. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
2. Staff must be prepared to intervene in order to maintain safety if a person being transported engages is known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.
F. In the event of a severe weather emergency, staff will take the following actions:
   1. Monitor weather conditions. Listen to local television or radio or a weather-radio
      for weather warnings and watches.
   2. Follow directions for the need to change plans and activities, or seek emergency
      shelter.
   3. Inform passengers why plans and activities have changed. Assist passengers
      remain calm.

G. All staff are required to follow all traffic safety laws while operating the program
   vehicle. This includes maintaining a valid driver’s license, wearing seatbelts, and
   obeying traffic signs while operating program vehicle.

H. All staff are prohibited from smoking, eating, drinking, or using cellular phones or
   other mobile devices will operating the program vehicle.

IV. Client Safety Information

A. Each client has a notebook with individual client information and emergency forms.

B. It is critical that Staff/Providers bring the client notebook along wherever the client
   goes (such as playgrounds, stores, community activities, etc.). The client
   “Emergency Billing Information” Form and the “Medical Care Authorization” Form
   will be essential in case of an emergency.

V. Staff Encounters with Animals in Client Homes

A. Clients are required to restrain all pets in an appropriate manner, even if the animal
   has no history of biting or aggressive behavior, prior to staff entering a client home,
   for a minimum of the first two visits Staff made to the client’s home.
   i. The animal must be kept contained for the duration of the staff member’s visit
      to the home.
   ii. Appropriate restraint is defined as any/all animals being secured in a cage,
       kennel, unoccupied room, or another suitable enclosure.

B. If regular visits are made to the client’s home and if agreed upon by the Staff person,
   Staff Supervisor, and the client, the animal can be introduced as deemed appropriate.

C. If at any time it is reported that the animal is biting, scratching, or acting in an
   inappropriate manner (including growling, nipping, showing teeth, hissing, etc.), the
   client must resume the practice of restraining the animal at all times when the Staff
   person is working in the home, from that time forward.

VI. Safe Client Handling Techniques

A. When a Plan of Care or Individual Service Plan indicate the need for Staff to lift,
   transfer and/or position a client, the Coordinator will establish a Safe Client Handling
   Plan for that client.
B. The Coordinator will consult with the client, their family, case manager, staff and RN Consultant at St. David's Center in developing the Safe Client Handling Plan. The Plan will include the following information:
   i. An assessment of hazards with regard to the clients' handling:
   ii. Considers the clients' handling tasks as they relate to the Staffs' shift with the client;
   iii. considers the client’s weight, height, and ability to bear weight;
   iv. considers the environment in which Staff and client will partake in activities.
C. A summary of the equipment available to assist the client and Staff.
D. Identify initial and ongoing training of Staff on the proper use of the equipment, as well as safe lifting, positioning, and transferring techniques.
E. The Plan will be reviewed and signed by the RN consultant prior to implementation.
F. Ongoing assessment of the Plan will occur on an as needed basis and annually.

VII. Group Home/SLS Specific Procedures

A. Hazardous Substances
   1. All substance containers must be labeled with the following information:
      i. The name of the hazardous substance contained;
      ii. The appropriate hazard warning;
      iii. The name and address of the chemical manufacturer, importer or other responsible party.
   2. Information data sheets covering hazardous effects/properties of hazardous substances and harmful physical agents to which Staff or clients may be exposed will be obtained from the manufacture.
   3. Information data sheets will be available for review.
   4. Information data sheets will be updated as needed and filed.
   5. Hazardous materials will be stored in a secured area when not in use.
   6. Chemicals, detergents, and other hazardous or toxic substances will not be stored with food products or in any way that poses a hazard to persons receiving services.
B. First Aid Kits
   1. First Aid Kits will be kept at each home and in each vehicle used to transport clients.
   2. First Aid Kits will be updated yearly and replenished as needed.
   3. First Aid Kits will be accompanied by a first aid booklet
   4. First Aid Kits will contain the following items according to licensing standards.
C. Sharps Containers
   1. All needles, lancets or other medical equipment used to pierce or cut the skin must be disposed of in an appropriate container. An appropriate container is a container that is
      i. Closable;
      ii. Puncture-resistant;
      iii. Leak-proof on sides and bottom;
      iv. Clearly labeled as a “sharps container.”
D. Sharps containers will be stored in a locked cabinet if there is a risk that a client may tamper with the container.
   1. Sharps containers will be maintained in an upright condition at all times.
   2. Sharps containers will be replaced routinely.
   3. Sharps containers will never be allowed to overflow.

E. Hazardous Waste
   1. Hazardous waste shall be disposed of as directed by the Minnesota Department of Health or by the guidelines provided by the county of residence.
   2. Hazardous waste shall be handled as per guidelines provided by the Occupational Safety and Hazard Association.

VIII. Client Visits to Staff Homes

A. Staff are responsible for providing services and coordinating activities according to the client’s plan of care and/or goals. These services should be provided in the client’s home or community as appropriate. A staff may ask for approval to have a client visit staff’s home for some regular activity. This must be pre-approved by the client’s program coordinator. It may not be appropriate for some clients.

B. If this is approved, the coordinator will conduct a home check of the staff’s home and a waiver must be completed and signed by the client’s responsible party prior to services being provided in the staff’s home.

C. Client visits to staff homes are not allowed in the PCA or MHST programs.

IV. Cell Phones

Cell phone use is for emergencies only during working hours. Use of cell phones for personal phone calls, texting, social networking is not permitted during work hours.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action, up to and including termination.

Reference or Attachment:
Emergency Billing Information Form
Medical Care Authorization Form
It is the policy of St. David’s Center to solicit feedback from clients on an annual basis to evaluate client satisfaction level and facilitate continuous improvement of service quality.

Procedure:

I. General Procedures:

A. Clients and their families will be given a satisfaction survey annually.

B. Completed surveys will be returned to St. David’s Center.

II. Group Home Procedures:

A. An annual report that compiles all survey information will be prepared by the Group Home Supervisor and distributed to all family members and legal representatives.

B. Areas identified in the survey as needing improvement will be promptly addressed.

C. The Group Home Supervisor will actively listen to the requests or opinions of clients, family members, case managers, and other agency personnel and respond or make recommendations in a professional and polite manner.

D. The Group Home Supervisor will make and implement decisions regarding these requests or opinions as soon as possible.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.
Reference or Attachment:
Policy: It is the policy of St. David’s Center that clinical supervision be conducted by a qualified supervisor according to each supervisee’s written supervision plan.

Definitions:

"Clinical supervision": means the documented time a clinical supervisor and supervisee spend together to discuss the supervisee's work, to review individual client cases, and for the supervisee's professional development. It includes the documented oversight and supervision responsibility for planning, implementation, and evaluation of services for a client's mental health treatment.

"Clinical supervisor": means the mental health professional who is responsible for clinical supervision.

"Supervisee": means an individual who requires clinical supervision because the individual does not meet mental health professional standards in part 9505.0371, subpart 5, item A.

"Cultural competence" or "culturally competent": means the mental health provider's:

A. Awareness of the provider's own cultural background, and the related assumptions, values, biases, and preferences that influence assessment and intervention processes;

B. Ability and will to respond to the unique needs of an individual client that arise from the client's culture;

C. Ability to utilize the client's culture as a resource and as a means to optimize mental health care; and

D. Willingness to seek educational, consultative, and learning experiences to expand knowledge of and increase effectiveness with culturally diverse populations.
"Cultural influences": means historical, geographical, and familial factors that affect assessment and intervention processes. Cultural influences that are relevant to the client may include the client's:

A. Racial or ethnic self-identification;
B. Experience of cultural bias as a stressor;
C. Immigration history and status;
D. Level of acculturation;
E. Time orientation;
F. Social orientation;
G. Verbal communication style;
H. Locus of control;
I. Spiritual beliefs; and
J. Health beliefs and the endorsement of or engagement in culturally specific healing practices.

Procedure:

I. Clinical Supervision Plan

A. Each supervisor will base supervision upon each supervisee's written supervision plan.
   1. The plan will:
      a. Promote professional knowledge, skills and values development;
      b. Model ethical standards of practice;
      c. Promote cultural competency by:
         i. Developing the supervisee's knowledge of cultural norms of behavior for individual clients and generally for the clients served by the supervisee regarding the client's cultural influences, age, class, gender, sexual orientation, literacy and mental or physical disability;
         ii. Addressing how the supervisor's and supervisee's own cultures and privileges affect service delivery;
         iii. Emphasizing the supervisee's commitment to maintaining cultural competence as an ongoing process;
   2. The plan will recognize the client's family has knowledge about the client and will continue to play a role in the client's life and encourage participation among the client, client's family and providers as treatment is planned and implemented.
   3. The plan will monitor, evaluate, and document the supervisee's performance of assessment, treatment planning and service delivery.
   4. The plan will be developed by the supervisor and supervisee.
   5. The plan will be reviewed and updated at least annually.
   6. New Staff will have a plan implemented within thirty (30) days of the new Staff's employment.
   7. The plan will be clearly identified as a St. David’s Center document and will include the following elements:
      a. The name and qualifications of the supervisee;
      b. The name, licensure, and qualifications of the supervisor;
      c. The number of hours of individual and group supervision to be completed by the supervisee, including whether supervision will be in person or by
some other method approved by the Minnesota Commissioner for Health and Human Services;

d. The policy and method that the supervisee must use to contact the clinical supervisor during service provision to a supervisee;

e. Procedures that the supervisee must use to respond to client emergencies;

f. Authorized scope of practices, including:
   i. Description of the supervisee's service responsibilities;
   ii. Description of client population;
   iii. Treatment methods and modalities

II. Clinical Supervision Procedures

A. Clinical supervision will be conducted by a qualified supervisor using individual (one to two persons face to face) or group supervision.
   1. If group supervision is conducted via electronic communications, such supervision will utilize interactive telecommunications equipment that includes, at a minimum, audio and video equipment for two-way, real-time, interactive communication between the supervisor and supervisee and meets the equipment and connection standards established by the Minnesota Administrative Rules.

B. Clinical supervision will be recorded in the supervisee's supervision record. The documentation will include:
   1. Date and duration of supervision;
   2. Identification of supervision type as individual or group supervision;
   3. Name of clinical supervisor;
   4. Subsequent actions that the supervisee must take; and
   5. Date and signature of the clinical supervisor.

C. Clinical supervision pertinent to client treatment changes will be recorded by a case notation in the client record after supervision occurs.

Procedures around non-compliance of above noted procedures:
Failure to maintain adherence to the above policies and protocols will result in the following:

1. The clinical supervisor's supervisor will develop performance improvement plan in collaboration with clinical supervisor to address performance concern(s) according to agency policy.
2. Failure to comply with the performance improvement plan will result in further disciplinary action.

Reference or Attachment:
Clinical Supervision Agreement
Policy: It is the policy of St. David’s Center to ensure compliance with valid client directives regarding the use of resuscitative measures.

Procedure:

I. Client has a Valid Do Not Resuscitate (“DNR”) Order:
   A. A valid DNR order will be kept in the client's medical file.
      1. All Staff will be informed of and trained on the protocol described in such order.
   B. If a client is not breathing and has no pulse, Staff will call 911.
      1. Staff will inform the 911 dispatcher of the situation and also state that the client has a valid DNR order.
   C. Staff will follow directions provided by the 911 dispatcher and emergency personnel, upon their arrival.
   D. Staff will call the Group Home Coordinator and/or Supervisor.

II. Client does NOT have a valid DNR Order:
   A. If a client is not breathing and has no pulse, Staff will call 911.
   B. Staff will commence cardiopulmonary resuscitation (“CPR”).
      1. Staff will continue CPR until relieved by emergency personnel, relieved by another Staff person, or until Staff becomes exhausted and no qualified person is available to assist.
   C. Staff will call the Group Home Coordinator and/or Supervisor.

Procedures around non-compliance of above noted procedures:
Failure to follow above procedures will result in disciplinary action including and up to termination of employment.
Reference or Attachment:
Policy:  It is the policy of St. David’s Center that all clients receiving any form of mental health, rehabilitation therapy, community-based therapy or supports, or educational services from St. David’s Center shall have a signed “Consent for Treatment/Admission” Form on file. The “Consent for Treatment/Admission” Form must be signed by the person(s) legally authorized to provide such consent. A copy of the signatory’s Minnesota Driver’s License or other photographic identification will be made and kept on file.

St. David's Center requires providers to take reasonable precautions to protect health information from unnecessary disclosure. By signing our consent to treat form, clients acknowledge and agree to the incidental disclosure of patient identity as a result of St. David's Center's open and transparent treatment room configuration and the presence of other families, visitors and staff in the facilities.

Procedure:

I. General Procedures

A. Each client must sign the “Consent for Treatment/Admission” Form at the initiation and re-initiation of services.

1. At the time of the initial intake and enrollment process, Program Staff, Central Intake, or Admissions Staff will request that the “Consent for Treatment/Admission” Form be signed.

   a. If a program participant signs the “Consent for Treatment/Admission” Form prior to the date of the initial appointment, the individual does not become a client of St. David’s Center until treatment is initiated.
A program participant may choose to wait to sign the “Consent for Treatment/Admission” Form until he or she has discussed it with his or her Provider.

i. In this situation, the “Consent for Treatment/Admission” Form must be signed no later than the date of the program participant’s initial enrollment date or initial appointment with the Provider (regardless of whether or not such appointment is at St. David’s Center’s Minnetonka facility or another location, but only when the service is provided by St. David’s Center Staff/Providers).

2. If there is a lapse in treatment and the client’s file has been closed, the client must sign a new “Consent for Treatment/Admission” Form upon any re-initiation of services.

3. If the client is receiving services consecutively, there is no requirement for an annual renewal of the “Consent for Treatment/Admission” Form.

B. Determination of who will sign the “Consent for Treatment/Admission” Form will be made considering the following parameters:

1. An adult client with no court appointed guardian will be expected to sign his/her own “Consent for Treatment/Admission” Form.

2. The guardian of an adult client with a court appointed guardian will be expected to sign the “Consent for Treatment/Admission” Form.

   a. A copy of the court order appointing the guardian must also be in the client file.
   
   b. The client will be asked to sign, if able.

3. Staff/Providers will consult the attached “Consent for Treatment/Admission Decision Tree,” when the client is a minor.

   a. This decision tree contains procedural practices that St. David’s Center believes to be reasonable and consistent with other mental health/community-based support services/education services organizations.

II. Special Circumstances

A. At times, situations may require additional consideration, such as when a family is experiencing divorce.

B. In special circumstances involving a minor, St. David’s Center will follow the procedures outlined in the attached “Consent for Treatment/Admission Decision Tree” and will consult a Statement of Custodianship for further information, if such is available.

C. To the extent Staff/Providers have questions regarding client consent that are not addressed by this policy or its attachments, Staff/Providers are encouraged to consult with the St. David’s Center Compliance Officer.
D. In cases where there is uncertainty as to whom may sign the Consent for Treatment/Admission Form, the client or client’s parent(s) or guardian(s) will be referred to their personal attorney for counsel.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**References/Attachments:**

**Addendum 1**
Consent for Treatment /Admission Decision Tree (When Client is a Minor)
(6) Statement of Custodianship located: S:\AHIM\CORE Client Documents & Processes\Agency Intake Documents\Universal Intake Document Set\Statement of Custodianship 10.15.doc
Policy: It is the policy of St. David’s Center that all Diagnostic Assessments completed by Providers employed by St. David’s Center, as well as Diagnostic Assessments from outside sources involved in service eligibility determinations, meet minimum criteria as determined by Minnesota Medical Assistance (“MA”) guidelines and accepted standards and best practices.

Definitions:

“Diagnostic Assessment”: means a written assessment that documents a clinical and functional face-to-face evaluation of the client's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the client, and identifies the client's strengths and resources. Diagnostic Assessments are used to determine medical necessity of services and to inform the client’s course of treatment and services provided. A. To be eligible for MA payment, a Diagnostic Assessment must:

1. Identify a mental health diagnosis and recommended mental health services, which are the factual basis to develop the recipient's mental health services and treatment plan;
2. Include a finding that the client does not meet the criteria for a mental health disorder.

“Mental Health Professional”: means a person who is enrolled to provide Medical Assistance services and is qualified in one of the following ways:

1. In clinical social work, a person must be licensed as an independent clinical social worker by the Minnesota Board of Social Work under Minnesota Statutes, chapter 148D until August 1, 2011, and thereafter under Minnesota Statutes, chapter 148E
2. In psychology, a person licensed by the Minnesota Board of Psychology under Minnesota Statutes, §§ 148.88 to 148.98, who has stated to the board competencies in the diagnosis and treatment of mental illness;
3. In psychiatry, a physician licensed under Minnesota Statutes, chapter 147, who is certified by the American Board of Psychiatry and Neurology or is eligible for board certification;
4. In marriage and family therapy, a person licensed as a marriage and family therapist by the Minnesota Board of Marriage and Family Therapy under Minnesota Statutes, §§ 148B.29 to 148B.39, and defined in parts 5300.0100 to 5300.0350;
5. In professional counseling, a person licensed as a professional clinical counselor by the Minnesota Board of Behavioral Health and Therapy under Minnesota Statutes, § 148B.5301;
6. A tribally approved mental health care professional, who meets the standards in Minnesota Statutes, § 256B.02, subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe; or
7. In psychiatric nursing, a registered nurse who is licensed under Minnesota Statutes, §§ 148.171 to 148.285, and meets one of the following criteria:
   a. Is certified as a clinical nurse specialist;
   b. For children, is certified as a nurse practitioner in child or adolescent or family psychiatric and mental health nursing by a national nurse certification organization; or
   c. For adults, is certified as a nurse practitioner in adult or family psychiatric and mental health nursing by a national nurse certification organization.

“Mental Health Practitioner working as a Clinical Trainee”: means a person who is:
1. Complying with requirements for licensure or board certification as a mental health professional, including supervised practice in the delivery of mental health services for the treatment of mental illness; or
2. A student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional defined; and
3. The mental health practitioner's clinical supervision experience is helping the practitioner gain knowledge and skills necessary to practice effectively and independently. This may include supervision of:
   a. Direct practice;
   b. Treatment team collaboration;
   c. Continued professional learning; and
   d. Job management.

Procedure:

I. General Procedure

A. A Diagnostic Assessment that does not meet minimum criteria fails to provide a thorough assessment of the client and family needs. As such, St. David’s Center is committed to providing clear, concise and thorough Diagnostic Assessments.

B. When a client is referred to St. David’s Center for mental health services, a Diagnostic Assessment will be completed by a licensed and credentialed Mental Health Professional or by a Mental Health Practitioner working as a Clinical Trainee.
C. Diagnostic Assessments for specialty populations, such as early childhood and autism, will be completed by clinicians with specific training in those areas and, if necessary, a consulting relationship with a Mental Health Professional with demonstrated competence in assessing and working with those populations.

D. For certain services, such as Mental Health Skills Training, a Diagnostic Assessment completed in the past 180 days by a Mental Health Professional not employed by St. David’s Center may be used to initiate services.
   1. For service areas that are able to use outside Diagnostic Assessments, the clinical supervisor of that service area will be responsible for reviewing the Diagnostic Assessment to ensure that it meets minimum criteria as determined by Minnesota Medical Assistance guidelines and accepted standards and best practices.

II. Procedure for Diagnostic Assessments not billed to Medical Assistance or Prepaid Medical Assistance Plan

Because commercial insurance plans are not required to follow Minnesota Administrative Rule 9505.0372, each determination of whether an extended Diagnostic Assessment should be provided and whether the “DC: 0-3R” diagnostic system should be used will be made by program supervisors/directors considering clinical need and reimbursement limitations.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Diagnostic Assessments for which St. David’s Center May be Reimbursed by MA, Pursuant to Minn. R. 9505.0372
Minnesota Health Care Programs Provider Manual, Chapter 16
Diagnostic Assessments for which St. David’s Center May be Reimbursed by MA, Pursuant to Minn. R. 9505.0372

1. **Standard Diagnostic Assessment** must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee.

The standard diagnostic assessment must be done within the cultural context of the client and must include relevant information about:

   (1) the client's current life situation, including the client's:
       (a) age;
       (b) current living situation, including household membership and housing status;
       (c) basic needs status including economic status;
       (d) education level and employment status;
       (e) significant personal relationships, including the client's evaluation of relationship quality;
       (f) strengths and resources, including the extent and quality of social networks;
       (g) belief systems;
       (h) contextual nonpersonal factors contributing to the client's presenting concerns;
       (i) general physical health and relationship to client's culture; and
       (j) current medications;

   (2) the reason for the assessment, including the client's:
       (a) perceptions of the client's condition;
       (b) description of symptoms, including reason for referral;
       (c) history of mental health treatment, including review of the client's records;
       (d) important developmental incidents;
       (e) maltreatment, trauma, or abuse issues;
       (f) history of alcohol and drug usage and treatment;
       (g) health history and family health history, including physical, chemical, and mental health history; and
       (h) cultural influences and their impact on the client;

   (3) the client's mental status examination;

   (4) the assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

   (5) the screenings used to determine the client's substance use, abuse, or dependency and other standardized screening instruments determined by the commissioner;

   (6) assessment methods and use of standardized assessment tools by the provider as determined and periodically updated by the commissioner;

   (7) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and

   (8) the client data that is adequate to support the findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association; and any differential diagnosis.
2. **Extended Diagnostic Assessment** must include a face-to-face interview with the client and contain a written evaluation of a client by a mental health professional or practitioner working under clinical supervision as a clinical trainee.

The face-to-face interview is conducted over three or more assessment appointments because the client's complex needs necessitate significant additional assessment time. Complex needs are those caused by acuity of psychotic disorder; cognitive or neurocognitive impairment; need to consider past diagnoses and determine their current applicability; co-occurring substance abuse disorder; or disruptive or changing environments, communication barriers, or cultural considerations as documented in the assessment. For child clients, the appointments may be conducted outside the diagnostician's office for face-to-face consultation and information gathering with family members, doctors, caregivers, teachers, and other providers, with or without the child present, and may involve directly observing the child in various settings that the child frequents such as home, school, or care settings. To complete the diagnostic assessment with adult clients, the appointments may be conducted outside of the diagnostician's office for face-to-face assessment with the adult client. The appointment may involve directly observing the adult client in various settings that the adult frequents, such as home, school, job, service settings, or community settings. The appointments may include face-to-face meetings with the adult client and the client's family members, doctors, caregivers, teachers, social support network members, recovery support resource representatives, and other providers for consultation and information gathering for the diagnostic assessment.

The components of an extended diagnostic assessment include the following relevant information:

1. for children under age 5:
   a. utilization of the DC:0-3R diagnostic system for young children;
   b. an early childhood mental status exam that assesses the client's developmental, social, and emotional functioning and style both within the family and with the examiner and includes:
      i. physical appearance including dysmorphic features;
      ii. reaction to new setting and people and adaptation during evaluation;
      iii. self-regulation, including sensory regulation, unusual behaviors, activity level, attention span, and frustration tolerance;
      iv. physical aspects, including motor function, muscle tone, coordination, tics, abnormal movements, and seizure activity;
      v. vocalization and speech production, including expressive and receptive language;
      vi. thought, including fears, nightmares, dissociative states, and hallucinations;
      vii. affect and mood, including modes of expression, range, responsiveness, duration, and intensity;
      viii. play, including structure, content, symbolic functioning, and modulation of aggression;
      ix. cognitive functioning; and
      x. relatedness to parents, other caregivers, and examiner; and
   c. other assessment tools as determined and periodically revised by the commissioner;
(2) for children ages 5 to 18, completion of other assessment standards for children as determined and periodically revised by the commissioner; and
(3) for adults, completion of other assessment standards for adults as determined and periodically revised by the commissioner.

3. Brief Diagnostic Assessment must include a face-to-face interview with the client and a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee.

The professional or practitioner must gather initial background information using components of a standard diagnostic assessment and draw a provisional clinical hypothesis. The clinical hypothesis may be used to address the client's immediate needs or presenting problem. Treatment sessions conducted under authorization of a brief assessment may be used to gather additional information necessary to complete a standard diagnostic assessment or an extended diagnostic assessment.

4. Adult Diagnostic Assessment Update includes a face-to-face interview with the client, and contains a written evaluation of the client by a mental health professional or practitioner working under clinical supervision as a clinical trainee who reviews a standard or extended diagnostic assessment.

The adult diagnostic assessment update must update the most recent assessment document in writing in the following areas:
   (1) review of the client's life situation, including an interview with the client about the client's current life situation, and a written update of those parts where significant new or changed information exists, and documentation where there has not been significant change;
   (2) review of the client's presenting problems, including an interview with the client about current presenting problems and a written update of those parts where there is significant new or changed information, and note parts where there has not been significant change;
   (3) screenings for substance use, abuse, or dependency and other screenings as determined by the commissioner;
   (4) the client's mental health status examination;
   (5) assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;
   (6) the client's clinical summary, recommendations, and prioritization of needed mental health, ancillary, or other services, client and family participation in assessment and service preferences, and referrals to services required by statute or rule; and
   (7) the client's diagnosis on all axes of the current edition of the Diagnostic and Statistical Manual and any differential diagnosis.
Policy: It is the policy of St. David’s Center that Staff/Providers document services rendered to clients pursuant to service and/or funding requirements. All documentation, including Progress/Daily Notes, will meet minimum content standards as established by the Minnesota Administrative Rules, appropriately identify St. David’s Center as the provider, where required, and be maintained and released in accordance with HIPAA and Minnesota data practices laws.

Procedure:

General Documentation Procedure
1. The content and format of service recipient and program records will be uniform and legible.
2. St. David’s Center will keep a written or electronic register, listing in chronological order the dates and names of all persons served by the program who have been admitted, discharged, or transferred, including service terminations initiated by the license holder and deaths.
3. St. David’s Center will maintain a record of current services provided to each person on the premises where the services are provided or coordinated.
   A. When the services are provided in a licensed facility, the records must be maintained at the facility, otherwise the records must be maintained at the license holder's program office.
4. Records will include the following information for each person:
   A. an admission form signed by the person or the person's legal representative that includes
i. identifying information, including the person's name, date of birth, address, and telephone number; and

ii. the name, address, and telephone number of the person's legal representative, if any, and a primary emergency contact, the case manager, and family members or others as identified by the person or case manager;

B. service information, including service initiation information, verification of the person's eligibility for services, documentation verifying that services have been provided as identified in the coordinated service and support plan or coordinated service and support plan addendum, and date of admission or readmission;

C. health information, including medical history, special dietary needs, and allergies, and when the license holder is assigned responsibility for meeting the person's health service needs:

i. current orders for medication, treatments, or medical equipment and a signed authorization from the person or the person's legal representative to administer or assist in administering the medication or treatments, if applicable;

ii. a signed statement authorizing the license holder to act in a medical emergency when the person's legal representative, if any, cannot be reached or is delayed in arriving;

iii. medication administration procedures;

iv. a medication administration record documenting the implementation of the medication administration procedures, and the medication administration record reviews, including any agreements for administration of injectable medications;

v. a medical appointment schedule when the license holder is assigned responsibility for assisting with medical appointments

D. the person's current coordinated service and support plan or that portion of the plan assigned to the license holder;

E. copies of the individual abuse prevention plan and assessments;

F. a record of other service providers serving the person when the person's coordinated service and support plan or coordinated service and support plan addendum identifies the need for coordination between the service providers, that includes a contact person and telephone numbers, services being provided, and names of staff responsible for coordination;

G. documentation of orientation to service recipient rights and maltreatment reporting policies and procedures;

H. copies of authorizations to handle a person's funds;

I. documentation of complaints received and grievance resolution;

J. incident reports involving the person;

K. copies of written reports regarding the person's status, progress review reports, progress or daily log notes that are recorded by the program, and reports received from other agencies involved in providing services or care to the person; and
L. discharge summary, including service termination notice and related documentation, when applicable.

**Center-Based Therapy and Supports and Community-Based Therapy and Supports Documentation Procedure**

1. Staff/Providers will document each occurrence of a health service provided as condition for payment.
   A. Such documentation may include timesheets, progress notes, daily notes and/or data sheets submitted by St. David’s Center per service requirements.
   B. All documentation, including Progress Notes/Daily Notes, will be legible.

2. Each Progress/Daily Note entry will contain the following information:
   A. Date of service;
   B. Date entry is made;
   C. Type of service provided;
   D. Length of service in clock time (if amount paid depends on length of service) or units of service;
   E. Persons present when service was delivered;
   F. Signature and title of the person who provided the service; and
   G. When applicable, the countersignature of the supervisor.

3. When a Progress/Daily Note is used to document a therapy session, the entry will:
   A. Document the client’s progress or response to treatment or interventions;
   B. Be completed within 24-48 hours of the session;
   C. For any mental health services in which sessions include different types of services provided on the same day, (i.e. individual and family skills) a session Progress Note will be written for each type of service;
   D. Describe what happened during the session, specific goals addressed and interventions used, response of client to intervention and plan moving forward.

4. Detailed Documentation Procedures
   A. Progress/Daily Notes will indicate persons other than the client by their relationship to the client, not by name for mental health records. For example, “Met with Jane and her mother for family therapy.”
   B. Progress/Daily Notes will document any referrals made for other services.
   C. Progress/Daily Notes will describe client strengths and limitations in achieving Treatment Plan and/or Plan of Care goals and objectives. For example, “Jane continues to struggle with depressive symptoms, however, notes that she is now taking her antidepressants as prescribed.”
   D. Progress/Daily Notes will document when a client misses an appointment.
   E. For sessions in which Staff/Provider travel time is charged, travel time to the session and travel time from the session shall be noted as two distinct times, rather than totaled.
F. Progress/Daily Notes will be signed by the provider and include the clinical supervisor’s signature, when necessary. Signatures will include professional credentials when applicable.

Procedures for non-compliance of above noted standards and procedures:

1. For any program area that a timesheet or reimbursement serves as a source document:
   A. Because a timesheet or reimbursement form serves as the source document for billing, formal documentation must be submitted with the employee timesheet.
   B. Such documentation must cover the date of service in accordance with the St. David’s Center Timesheet Policy.
   C. If documentation is not provided according to policy, disciplinary actions may result, up to and including:
      i. Verbal warning;
      ii. Corrective action;
      iii. Formal report to appropriate licensing/supervisory board; and/or
      iv. Termination.

2. All Other Programs that Bill to Third Party Insurance
   A. Appropriate and timely documentation is required within 24 hours of session completion or the next business day for sessions that occur prior to weekends.
   B. Documentation must cover the date of service(s) in accordance with the St. David’s Center Timesheet Policy.

3. Supervisors and/or Program Coordinators will follow the below outlined procedure in the event of non-compliance.
   A. If a timesheet is submitted without corresponding documentation, the Staff/Provider’s immediate supervisor will remind Staff/Provider by phone or e-mail that documentation is required and must be submitted in conjunction with timesheets.
   B. If documentation has not been received within one (1) week of the phone or mail reminder, a corrective action letter will be sent.
   C. If documentation has not been received within thirty (30) days of service, a formal complaint may be filed with the appropriate licensing/supervisory board (i.e. Social Work, Marriage & Family Therapy, Behavioral Health & Therapy), and termination will be considered.
   D. Termination of employment.

5. Upon an employee’s resignation, it is the responsibility of that employee to ensure the records are up to date and complete prior to the last day of employment. In the event a client record is found to be incomplete, this may result in a lack of good standing with St. David’s Center and impact any future rehire capability and as applicable a report to licensing board of the employee.
6. St. David’s Center may bypass any or all of the procedural steps set forth in section 3 immediately above if such action is deemed necessary due to the persistent or severe nature of the issue at hand.

Reference or Attachment:
Policy: It is the policy of St. David’s Center to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

"Restrictive procedures" means application of an action, force, or condition that controls, constrains, or suppresses the action, behavior, intention, bodily placement, or bodily location of a child in a manner that is involuntary, unintended by that child, depriving, or aversive to that child. St. David’s Center allows only the following restrictive procedures: 1) Physical escort, and 2) Physical holding in programs serving emotionally disturbed children in accordance with the procedures outlined in this policy.

Procedure for Rule 245D Programs:

I. Positive support strategies and techniques required

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:
Examples of positive support strategies that could be used include:

- Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
- Shift the focus by verbally redirect the person to a desired alternative activity;
- Model desired behavior;
- Reinforce appropriate behavior;
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to a person and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person’s need for physical space and/or privacy.

B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:
   1. eliminate the use of prohibited procedures as identified in section III of this policy;
   2. avoid the emergency use of manual restraint as identified in section I of this policy;
   3. prevent the person from physically harming self or others; or
   4. phase out any existing plans for the emergency or programmatic use of aversive or deprivation procedures prohibited.

II. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person’s coordinated service and support plan addendum.

A. Physical contact or instructional techniques must be used the least restrictive alternative possible to meet the needs of the person and may be used to:
   1. calm or comfort a person by holding that person with no resistance from that person;
   2. protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;
   3. facilitate the person’s completion of a task or response when the person does not resist or the person’s resistance is minimal in intensity and duration; or
   4. briefly block or redirect a person’s limbs or body without holding the person or limiting the person’s movement to interrupt the person’s behavior that may result in injury to self or others.
B. Restraint may be used as an intervention procedure to:
   1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
   2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.
   3. position a person with physical disabilities in a manner specified in the person’s coordinated service and support plan addendum

III. Prohibited Procedures

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:
   1. chemical restraint;
   2. mechanical restraint;
   3. manual restraint;
   4. time out;
   5. seclusion; or
   6. any aversive or deprivation procedure.

IV. If Manual Restraints are Not Allowed in Emergencies

A. If a program does not allow the emergency use of manual restraint the following alternative measures must be used by staff to achieve safety when a person’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

   Examples of strategies include:
   - Continue to utilize the positive support strategies;
   - Continue to follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
   - Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
   - Remove objects from the person’s immediate environment that they may use to harm self or others
   - Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.
   - Refer to the individual’s plan for client specific guidance

B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated for a person. This
program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services).

V. Conditions for Emergency Use of Manual Restraint

A. Emergency use of manual restraint must meet the following conditions:
   1. immediate intervention must be needed to protect the person or others from imminent risk of physical harm;
   2. the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety; and
   3. the manual restraint must end when the threat of harm ends.

B. The following conditions, on their own, are not conditions for emergency use of manual restraint:
   1. the person is engaging in property destruction that does not cause imminent risk of physical harm;
   2. the person is engaging in verbal aggression with staff or others; or
   3. a person’s refusal to receive or participate in treatment or programming.

C. Types of Manual restraints allowed in emergencies:
   1. Kick Block
   2. Wrist Grabs Release- one handed, two handed
   3. Hair Pull Release- one handed hair pull, two handed hair pull
   4. Choke holds Release- front facing, back facing
   5. Bite Release
   6. CPI Children’s Control Position
   7. CPI Team Control Position
   8. CPI Transport Position

VI. Restrictions When Implementing Emergency Use of Manual Restraint

Emergency use of manual restraint must not:
   1. be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury;
   2. be implemented with an adult in a manner that constitutes abuse or neglect;
   3. be implemented in a manner that violates a person’s rights and protection;
   4. be implemented in a manner that is medically or psychologically contraindicated for a person;
   5. restrict a person’s normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, or necessary clothing;
   6. restrict a person’s normal access to any protection required by state licensing standards and federal regulations governing this program;
   7. deny a person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;
8. be used as a substitute for adequate staffing, for the convenience of staff, as punishment, or as a consequence if the person refuses to participate in the treatment or services provided by this program;
9. use prone restraint. “Prone restraint” means use of manual restraint that places a person in a face-down position. It does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, and the person is restored to a standing, sitting, or side-lying position as quickly as possible; or
10. apply back or chest pressure while a person is in a prone or supine (meaning a face-up) position.

VII. Monitoring Emergency Use of Manual Restraint

A. The program must monitor a person’s health and safety during an emergency use of a manual restraint. The purpose of the monitoring is to ensure the following:
   1. only manual restraints allowed in this policy are implemented;
   2. manual restraints that have been determined to be contraindicated for a person are not implemented with that person;
   3. allowed manual restraints are implemented only by staff trained in their use;
   4. the restraint is being implemented properly as required; and
   5. the mental, physical, and emotional condition of the person who is being manually restrained is being assessed and intervention is provided when necessary to maintain the person’s health and safety and prevent injury to the person, staff involved, or others involved.

B. When possible, a staff person who is not implementing the emergency use of a manual restraint must monitor the procedure.

C. A monitoring form, as approved by the Department of Human Services, must be completed for each incident involving the emergency use of a manual restraint.

VIII. Reporting Emergency Use of Manual Restraint

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

When the emergency use of manual restraint involves more than one person receiving services, the incident report made to the legal representative and the case manager must not disclose personally identifiable information about any other person unless the program has the consent of the person.

B. Within 3 calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the
program’s designated coordinator the following information about the emergency use:
1. who was involved in the incident leading up to the emergency use of a manual restraint; including the names of staff and persons receiving services who were involved;
2. a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of a manual restraint;
3. a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the emergency use of a manual restraint was implement. This description must identify when, how, and how long the alternative measures were attempted before the manual restraint was implemented;
4. a description of the mental, physical, and emotional condition of the person who was manually restrained, leading up to, during, and following the manual restraint;
5. a description of the mental, physical, and emotional condition of the other persons involved leading up to, during, and following the manual restraint;
6. whether there was any injury to the person who was restrained before or as a result of the use of a manual restraint;
7. whether there was any injury to other persons, including staff, before or as a result of the use of a manual restraint; and
8. whether there was a debriefing with the staff and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident. Include the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned.

C. A copy of this report must be maintained in the person’s service record. The record must be uniform and legible.

D. Each single incident of emergency use of manual restraint must be reported separately. A single incident is when the following conditions have been met:
1. after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person’s conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
2. upon the attempt to release the restraint, the person’s behavior immediately re-escalates; and
3. staff must immediately re-implement the manual restraint in order to maintain safety.

IX. Internal Review of Emergency Use of Manual Restraint

A. Within 5 business days after the date of the emergency use of a manual restraint, the program must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
B. The internal review must include an evaluation of whether:
1. the person’s service and support strategies need to be revised;
2. related policies and procedures were followed;
3. the policies and procedures were adequate;
4. there is need for additional staff training;
5. the reported event is similar to past events with the persons, staff, or the services involved; and
6. there is a need for corrective action by the program to protect the health and safety of persons.

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

D. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

E. The program has identified the following person or position responsible for conducting the internal review and for ensuring that corrective action is taken, when determined necessary:

   The program director will be responsible to conduct the internal review.


A. Within 5 working days after the completion of the internal review, the program must consult with the expanded support team to:
1. Discuss the incident to:
   a. define the antecedent or event that gave rise to the behavior resulting in the manual restraint; and
   b. identify the perceived function the behavior served.
2. Determine whether the person’s coordinated service and support plan addendum needs to be revised to:
   a. positively and effectively help the person maintain stability; and
   b. reduce or eliminate future occurrences of manual restraint.

B. The program must maintain a written summary of the expanded support team’s discussion and decisions in the person’s service recipient record.

C. The program has identified the following person or position responsible for conducting the expanded support team review and for ensuring that the person’s coordinated service and support plan addendum is revised, when determined necessary:

   The program coordinator or director will conduct expanded support team review

XI. External Review and Reporting of Emergency Use of Manual Restraint
Within 5 working days after the completion of the expanded support team review, the program must submit the following to the Department of Human Services using the online behavior intervention reporting form which automatically routes the report to the Office of the Ombudsman for Mental Health and Developmental Disabilities:

1. report of the emergency use of a manual restraint;
2. the internal review and corrective action plan; and
3. the expanded support team review written summary.

XII. Staff Training

Before staff may implement manual restraints on an emergency basis the program must provide the training required in this section.

A. The program must provide staff with orientation and annual training as required in Minnesota Statutes, section 245D.09.
   1. Before having unsupervised direct contact with persons served by the program, the program must provide instruction on prohibited procedures that address the following:
      a. what constitutes the use of restraint, time out, seclusion, and chemical restraint;
      b. staff responsibilities related to ensuring prohibited procedures are not used;
      c. why such prohibited procedures are not effective for reducing or eliminating symptoms or undesired behavior;
      d. why prohibited procedures are not safe; and
      e. the safe and correct use of manual restraint on an emergency basis according to the requirements in the 245D HCBS Standards, section 245D.061 and this policy.
   2. Within 60 days of hire the program must provide instruction on the following topics:
      a. alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;
      b. de-escalation methods, positive support strategies, and how to avoid power struggles;
      c. simulated experiences of administering and receiving manual restraint procedures allowed by the program on an emergency basis;
      d. how to properly identify thresholds for implementing and ceasing restrictive procedures;
      e. how to recognize, monitor, and respond to the person’s physical signs of distress, including positional asphyxia;
      f. the physiological and psychological impact on the person and the staff when restrictive procedures are used;
      g. the communicative intent of behaviors; and
      h. relationship building.
B. Training on these topics received from other sources may count toward these requirements if received in the 12-month period before the staff person's date of hire or in the 12-month period before this program’s 245D-HCBS license became effective on Jan. 1, 2014.

C. The program must maintain documentation of the training received and of each staff person's competency in each staff person’s personnel record.

Procedure for Programs Serving Emotionally Disturbed Children-adapted from MN Stat 245.8261

St. David’s Center programs serving Emotionally Disturbed Children will limit the use of restrictive procedures to physical escort and physical holding. Programs will implement the following continuum of behavior management techniques.

**Continuum of Behavioral Management Techniques**

There are three general categories:

1.) Overall environmental supports that foster adaptive and pro-social behavior
2.) De-escalation procedures when a child becomes agitated.
3.) Special treatment procedures when the intensity and duration of the reaction is such that usual de-escalation procedures no longer work.

These categories are further defined in the Guidelines for Behavioral Support Management-Attachment A.

When environmental supports and de-escalation procedures are ineffective, trained staff may employ one of the following procedures:

1.) "Physical escort" means physical intervention or contact used as a behavior management technique to guide or carry a child to safety or away from an unsafe or potentially harmful and escalating situation.
2.) "Physical holding" means physical intervention intended to hold a child immobile or limit a child's movement by using body contact as the only source of physical restraint. The term does not mean physical contact:
   a. used to facilitate a child's response or completion of a task when the child does not resist or the child's resistance is minimal in intensity and duration; and
   b. necessary to conduct a medical examination or treatment.

St David’s Center staff will **not** engage in the practice of seclusion. Seclusion is defined as (MN Statutes 245.8261 Subd 3 (j) "Seclusion" involves the confining of a child alone in a room from which egress is beyond the child's control or prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the child from leaving the room.

§Subd. 4. Allowable procedures
A provider may use one or more of the following restrictive

**(245.8261 Subd. 5.) Parental consent and notification.**
Parental consent for use of seclusion and restraint procedures must be obtained when a child begins receiving services; the agreement must be reviewed at least quarterly. A provider shall notify the child's parent or guardian of the use of a restrictive procedure on the same day the procedure is used, unless the parent or guardian notifies the provider that the parent or guardian does not want to receive notification or the parent or guardian requests a different notification schedule.

Refer to Attachment B-Autism Day Treatment Behavior Management Form and Attachment C Family Place Behavior Management Form.

(245.8261 Subd 6. ) Physical escort requirements.

The physical escort of a child may be used to control a child who is being guided to a place where the child will be safe and to help de-escalate interactions between the child and others. A provider who uses physical escorting with a child shall meet the following requirements:

1.) staff shall be trained according to subdivision 11;
2.) staff shall document the use of physical escort and note the technique used, the time of day, and the names of the staff and child involved; and
3.) the use of physical escort shall be consistent with the child's treatment plan.

(245.8261 Subd 7) (in part-references to seclusion deleted) Physical holding or seclusion.

Physical holding may be used in emergency situations as a response to imminent serious risk of physical harm to the child or others and when less restrictive interventions are ineffective. A provider who uses physical holding shall meet the following requirements:

1.) an immediate intervention must be necessary to protect the child or others from physical harm;
2.) the physical holding used must be the least intrusive intervention that will effectively react to an emergency;
3.) the use of physical holding must end when the threat of harm ends;
4.) the child must be constantly and directly observed by staff during the use of physical holding;
5.) the use of physical holding must be used under the supervision of a mental health professional;
6.) staff shall contact the mental health professional to inform the mental health professional about the use of physical holding and to ask for permission to use physical holding as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding;
7.) before staff uses physical holding with a child, staff shall complete the training required in subdivision 11 regarding the use of physical holding at the program;
8.) when the need for the use of physical holding ends, the child must be assessed to determine if the child can safely be returned to the ongoing activities at the program;
9.) staff shall treat the child respectfully throughout the procedure;
10.) the staff person who implemented the use of physical holding shall document its use immediately after the incident concludes and the documentation must include at least the following information:
   a. a detailed description of the incident which led to the use of physical holding
   b. an explanation of why the procedure chosen needed to be used;
   c. why less restrictive measures failed or were found to be inappropriate;
   d. the time the physical hold began and the time the child was released;
   e. documentation of the child's behavioral change and change in physical status for each 15-minute interval the procedure is used; and
   f. the names of all staff involved in the use of the procedure and the names of all witnesses to the use of the procedure; and

(245.8261 Subd. 8.) Exempt techniques and procedures.

Use of the instructional techniques and intervention procedures listed in this subdivision is not subject to the restrictions established by this section. The child's individual treatment plan, as defined in section 245.4871, subdivision 21, and as required in section 245.4876, subdivision 3, must address the use of these exempt techniques and procedures. Exempt techniques and procedures include:

1.) corrective feedback or prompt to assist a child in performing a task or exhibiting a response;
2.) physical contact to facilitate a child's completion of a task or response that is directed at increasing adaptive behavior when the child does not resist or the child's resistance is minimal in intensity and duration;
3.) physical contact or a physical prompt to redirect a child's behavior when:
   a. the behavior does not pose a serious threat to the child or others;
   b. the behavior is effectively redirected with less than 60 seconds of physical contact by staff; or
   c. the physical contact is used to conduct a necessary medical examination or treatment; and
4.) manual or mechanical restraint to treat a child's medical needs or to protect a child known to be at risk of injury from an ongoing medical or psychological condition.

The exemptions under this subdivision must not be used to circumvent the requirements for controlling the use of manual restraint. The exemptions under this subdivision are intended to allow providers the opportunity to deal effectively and naturally with instruction and treatment interventions.

(245.8261 Subd 9.) Conditions on use of restrictive procedures.

Restrictive procedures must not:

1.) be implemented with a child in a manner that constitutes sexual abuse, neglect, or physical abuse under section 626.556, the reporting of maltreatment of minors;
2.) restrict a child's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, or necessary clothing or to any protection required by state licensing standards and federal regulations governing the program;
3.) be used as punishment or for the convenience of staff; or
4.) deny the child visitation or contact with legal counsel and next of kin.

(245.8261 Subd 10.)Prohibitions.
The following actions or procedures are prohibited:

1.) using corporal punishment such as hitting, pinching, slapping, or pushing
2.) speaking to a child in a manner that ridicules, demeans, threatens, or is abusive;
3.) requiring a child to assume and maintain a specified physical position or posture, for example, requiring a child to stand with the hands over the child's head for long periods of time or to remain in a fixed position;
4.) use of restrictive procedures as a disciplinary consequence;
5.) totally or partially restricting a child's senses, except at a level of intrusiveness that does not exceed:
   a. placing a hand in front of a child's eyes as a visual screen; or
   b. playing music through earphones worn by the child at a level of sound that does not cause discomfort;
6.) presenting an intense sound, light, noxious smell, taste, substance, or spray, including water mist;
7.) denying or restricting a child's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication boards that facilitate the child's functioning, except as provided under paragraph a.
   a. When the temporary removal of the equipment or device is necessary to prevent injury to the child or others or serious damage to the equipment or device, the equipment or device shall be returned to the child as soon as possible.

(245.8261 Subd 11.) Training for staff.
Staff who use restrictive procedures shall successfully complete training in the following skills and knowledge areas before using restrictive procedures with a child:

1.) the needs and behaviors of children;
2.) relationship-building;
3.) alternatives to restrictive procedures, including techniques to identify events and environmental factors that may trigger behavioral escalation;
4.) de-escalation methods;
5.) avoiding power struggles;
6.) documentation standards for the use of restrictive procedures;
7.) how to obtain emergency medical assistance;
8.) time limits for restrictive procedures;
9.) obtaining approval for use of restrictive procedures;
10.) the proper use of the restrictive procedures approved for the program, including simulated experiences of administering and receiving physical restraint;
11.) thresholds for employing and ceasing restrictive procedures;
12.) the physiological and psychological impact of physical holding and seclusion;
13.) how to monitor and respond to the child's physical signs of distress; and
14.) recognizing symptoms of and interventions with potential to cause positional asphyxia.
   a. Training under this subdivision must be repeated every two years.

**Review and reporting:**
Each program will develop a process for reviewing the use of restrictive procedures. A Quarterly review will be completed at the Mental Health Supervisor Meeting. An annual report will be submitted to DHS according to DHS guidelines.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
Attachment A: Guidelines for Behavioral Support
Attachment B: Autism Day Treatment Behavior Management Form
Attachment C: Family Place Behavior Management Form
Attachment A:

Guidelines for Behavioral Support Management

Adapted from NATSAP – National Association of Therapeutic Schools and Programs.

Introduction:
When dealing with at-risk, oppositional, acting out, and deregulated children, program staff may be required to employ a range of behavioral support techniques to foster adaptive, appropriate and pro-social behavior and assure the safety of the individual child/youth, other program participants and program staff. The behavioral support management techniques range from environmental management, verbal and relationship based persuasion to minimal and time limited physical interventions.

Behavioral support management techniques are designed to foster pro-social behavior and to reduce negative behavior for the overall goal of optimal development for the child. Behavioral support techniques are individually developed for the special needs and issues of each child as we strive to understand the thoughts, feelings and goals of each child’s behaviors and how to best integrate the information into program planning. Typical treatment room techniques may include social modeling, redirection, reinforcement, appropriate negotiations, offering choices, and supportive relationship based interventions.

In all cases, program staff create an environment that fosters pro-social behavior, and because it’s a treatment model, program staff also work to carefully and thoughtfully challenge children to change behavior that is not appropriate, to move children along the developmental continuum and to manage their emotional state. This application of the “just right challenge” is an active, dynamic process that involves the active engagement of the child in meaningful, goal-directed activities which are selected based on the specific needs of the child. This process of playfulness and goal directed challenges in the context of strong rapport and sensitive interaction between the staff and the child are the hallmark of this program. The goal of this creative and playful challenge is to move children to new and advanced abilities that increase skills and processing. Just as the focus of activities may vary from child to child, the reaction to the “challenge” may vary from child to child and moment to moment. As children move through this process they have many reactions, and in some cases those reactions may be very emotional and physical. In those cases, staff must make a judgment regarding how to help the child and what behavior support to utilize. In all cases staff begins with the least intrusive method and move along the continuum of behavior management with the overall goal of protecting the safety, dignity and privacy of the children.

Continuum of Behavioral Management Techniques
There are three general categories:

1. Overall environmental supports that foster adaptive and pro-social behavior
2. De-escalation procedures when a child becomes agitated.
3. Special treatment procedures when the intensity and duration of the reaction is such that usual de-escalation procedures no longer work.

Environmental Support
Creating a classroom that is safe, supportive and challenging is the first and most important behavior management technique. The treatment room spaces create a safe and secure environment, with limits on distractions and a meaningful routine of activities that engage and challenge children. Working to understand each child’s unique gifts and challenges and the underlying thoughts, feelings and goals of behavior helps staff to engage in positive and
meaningful ways with children. Staff who are well trained and knowledgeable about each child’s needs and trained in working with children on the spectrum provide an environment with optimal opportunity for engaging, challenging and learning. All staff strives to understand the developmental needs of each child, including verbal and non-verbal communication, language processing and emotional and physical skills. This level of understanding helps staff create effective techniques for individual interactions, guide program activities, prepare for transitions, and recognize “triggers” that might initiate acting-out behavior. The more staff know, understand and can anticipate children’s interaction and reactions, the more time will be spent on positive behavioral supports.

**De-escalation Procedures**

De-escalation procedures fall on a continuum from verbal and non-verbal supportive efforts to help a child calm or more directive approaches such as quiet/calming time or therapeutic holds. At the less restrictive end of the continuum staff may do the following: change the physical environment; provide prompting of pro-social behavior; engage in active listening; suggest re-direction to a preferred or positive activity; or utilize other types of comforting support through words or touch. On the higher end of the de-escalation continuum staff may use a brief therapeutic hold or quiet time or a calming space with the defined conditions and restrictions. De-escalation should always start with the least-restrictive behavioral interventions.

Therapeutic holds and time-outs are documented in the daily treatment record.

**Helpful thoughts:**

Staff members need to mentally prepare and know their limits within the program, within situations and with children in the program. Remain calm, be aware of what the child is saying or doing, and always feel respect for the child not the behavior. Ask for help and when in doubt consult.

Share your observations with the child and listen to what is being processed, understanding that in some cases talking simply amplifies the situation.

Identify what is causing the issues or feelings, both for your own future planning and to help the child process.

Assist the child in developing more productive avenues to express feelings and needs.

Ask for help from team members, and if needed, take a time out from working with a child who is especially challenging for you. Don’t let your own frustration take over the situation.

**Special Treatment Procedures**

In some cases, when all other types of interventions have been exhausted, children may need additional behavior support. They may need to be removed from the distractions of the program to a calming space directly adjacent to the program or require a brief physical hold. Brief physical holds should only be used when other behavior management techniques have been used and it is determined that a child is either: a) a danger to self; or b) danger to others. Calming time and physical holds should not exceed 30 minutes, after 15 minutes staff should consult with a mental health professional to assess continuing for the full 30 minutes. Mental Health Professionals will determine if a calming time or physical hold should exceed 30 minutes. Any staff using a physical hold must be trained in the proper techniques and should be attended by another staff. In almost all cases a basket hold is most effective, face down holds are prohibited. Calming spaces are child friendly, quiet spaces with safe soft surfaces and toys/games/books to support redirection. Children are never put in calming spaces alone.
or stay in calming spaces alone – staff are expected to assist the child in regulating or redirecting during their calming time.

When brief physical holds and calming time are consistently ineffective the program mental health professionals must meet with parents and create a behavior plan in collaboration with the family. Behavior plans should have very specific, individualized interventions and a clear plan of action in regards to a continuum of responses. In summary a specific behavior plan will be an agreement with parents/guardians about what methods will be used, when and for how long. This agreement will be clearly documented in the treatment plan and any occurrence will be documented in the daily notes. In the event that a child cannot calm down after repeated attempts, asking parents to remove the child during that day might be a viable option in the behavior plan.

Definitions

| CALMING TIME | is an intervention in which the program participant is given time away from the regular scheduled activity in order to gather themselves and/or reestablish the locus of control within themselves in order to de-escalate agitated behavior that may lead to safety concerns. Calming space time may take program participants away from stimuli that may be contributing to the escalation of behaviors that create potential safety issues... Time in the calming space should not exceed 30 minutes and children at no time are left alone or unattended. **Calming time that exceed 30 minutes become EXTENDED DISREGULATION EVENTS** and meet the criteria for a “Special Treatment Procedure” and the appropriate procedures and documentation. |
| THERAPEUTIC HOLD | means the brief physical holding of a client, without undue force, used for the purpose of providing emotional comfort and/or calming to the client, or physical safety to the client, other clients, staff member(s) or others. The purpose is to provide the minimum resistance necessary to keep the student in place and calm. Therapeutic holds meet the criteria for De-escalation procedures and requires charting in the client file. |
| BRIEF PHYSICAL HOLD: | means the application of physical force without the use of any device, for the purposes of restraining the free movement of a client's body for a period of no longer than 30 minutes. It is direct contact between persons where reasonable force is positively applied against resistance to restrict movement or mobility or to disengage/protect from harmful behaviors to prevent serious injury or harm. Physical holding meets the criteria for Special Treatment Procedure and requires the appropriate charting and procedures for Special Treatments. |
| **Note:** Physical holds/interventions do not include: hand over hand assistance; physical redirection for a limited time, a hand on the back or arm or holding a child’s hand, escorting or carrying a child to safety, or physical contact necessary to conduct basic first aid or medical treatment as needed. |
| MECHANICAL RESTRAINT | means use of a mechanical device(s) to physically restrict a client's freedom of movement, performance of physical activity, or normal access to his or her body. All mechanical restraint is prohibited in the program. |

PROHIBITED INTERVENTIONS/PROCEDURES

**Mechanical restraints:** Mechanical restraint is defined by the state of Minnesota as: “the use of devices such as mittens, straps, restraint chairs, or papoose boards to limit a person’s movement or hold a person immobile as an intervention precipitated by a person’s behavior. The term does not apply to mechanical restraining used to treat a person’s medical needs, to
Protect a person known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness, or to position a person with physical disabilities to a manner specified in the person’s individual program plan.”

In the day treatment program all mechanical restraints are prohibited unless they are used to treat “medical need” which will be determined by rehab staff or a physician.

In light of this, the Rifton chair, or any chair’s belt tray or other restricting device cannot be used unless adaptive seating is indicated because the child needs postural or stabilizing support due to an orthopedic impairment. The Rifton chair’s belt or tray or any restraint should not be used for cueing, providing a secure area, reminder to sit or participate in an activity, for behavioral management or help in understanding person boundaries. The need for the restraining device must be indicated in the child’s individual treatment plan by the rehab staff and discussed with and signed off by parents. Rifton chairs may still be used as general seating for children.

Calming time: Unsupervised use of calming spaces are not allowed. Children in calming spaces are supervised and time limited with staff providing optional behavior choices and a calm presence to assist the child to regulate.

**OTHER PROHIBITED PROCEDURES/INTERVENTIONS:**
- Procedures that deny a nutritionally adequate diet
- Physically abusive punishment
- Any behavior support management intervention that is contrary local, state and/or national licensing or accrediting bodies, should school or program so licensed and/or accredited.
- Application of consequences that are not in accordance with the program participants rights.
- Brief physical holds are never used as punishment.

**Procedures for Documentation/Notification of parent/guardian:**
De-escalation Activities that require therapeutic holds and calming space time should be documented in daily chart notes. Discussion with parents is a judgment by the program staff.

Any physical injury, no matter what the circumstances, must be documented, signed by the Mental Health Professional, reported to parents, charted in the client chart and reported to the safety committee.

Special treatment procedures that require physical holding and extended use of calming spaces (more than 30 min. with a 15 minute check) should be documented on the Incident report the same day or within 24 hours. Mental Health Practitioners or Mental Health Professionals may complete these reports, however all incident reports must be reviewed by the treatment rooms Mental Health Professional. Parents are notified by the Practitioner or Professional and given a copy of the Incident report. The program director and the safety committee also receive copies of the report.

**Policy on Training:**
*All staff and interns must be trained in CPI.* Interns cannot do any Special Treatment Procedures, such as assigning or monitoring calming space time or physical holds. If an intern is working with a child and de-escalating a situation and their attempts are unsuccessful they must have a regular program staff intervene at that point.

No one is allowed to do any holds until they are trained. A refresher course is required on an annual basis. Staff must be current and updated on their training and this must be documented in their employee file.
THE PRINCIPLES OF GOOD PRACTICE

General principles

Good decision-making about restrictive physical interventions and therapeutic holding requires that in all settings where children and young people receive care and treatment, there is:

- an attitude of caring and respect for the child's rights, where the use of restrictive physical interventions or therapeutic holding without the child/young person's consent are used as a last resort and are not the first line of intervention
- A consideration of the legal implications of using restrictive physical interventions. Careful documentation and discussion with parents and guardians both before and after interventions.
- an openness about who decides what is in the child's best interest — where possible, these decisions should be made with the full agreement and involvement of their parent or guardian
- a clear mechanism for staff to be heard if they disagree with a decision
- a policy in place which is relevant to the client/patient group and the particular setting and which sets out when restrictive physical interventions or therapeutic holding may be necessary and how it may be done and time limits.
- a sufficient number of staff available who are trained and confident in safe and appropriate techniques and in alternatives to restrictive physical interventions and therapeutic holding of children and young people
- A record of events. This should include why the intervention was necessary, who held the child, where the intervention took place, the method used, the length of time and any techniques needed to reduce the future need for restrictive physical interventions of therapeutic holding.

“Children do well if they can. If they can’t we need to figure out why, so we can help them.” – Ross Greene, the Explosive Child

“Every challenging behavior can be thought of as a child’s solution to a problem and a form of communication.”

“We cannot assume that the purpose of the behavior is what we’re seeing.”

Separate the child from the behavior—e.g., ask why they can’t do the preferred behavior, not why they won’t do it)

Tips for Managing Challenging Behaviors:

- Be proactive and plan ahead
- Work on building a trusting relationship
- Create an environment that supports the behavior you want to see
- Any behavior that persists is working for the child! Find a replacement behaviors that meets the same needs; teach child socially acceptable ways to get needs met (you can’t always change the need, but can change how is met)
- Avoid power struggles, plan ahead for changes in schedules/activities, and give 2 choices when decisions are needed, be clear and consistent in communication, model the behavior you want to see, capitalize on strengths, and stay calm
- Be on the same page w/ the child’s family/school/etc…
- Consult, consult, consult…
Attachment B

ADT Behavior Management Plan

Client Name: ___________________ DOB: ________ MH Professional: ___________________

Behavior Management Plan Effective Dates: ______________ through ______________

A Behavior Management Plan will be put in place when:

• significant concerns are present that may result in harm to self/others or damage to property
• on-going physical hold/extended time outs are being implemented, that do not appear to be related to significant environmental change or other known factor, and are not resolving
• basic intervention strategies have been unsuccessful, child’s behavior does not respond to intervention strategies, and/or behavior appears to be escalating
• behavior is affecting client’s ability to consistently participate in programming

The Goal of a Behavior Management Plan is to:

• engage both the treatment team and the family in developing a plan to support the child
• determine the frequency/duration of behavior, setting(s) in which behavior occurs, potential contributing factors to the behavior, and interventions that have been attempted
• identify a clear and consistent response to the behavior
• track response to intervention, inform goals and recommendations, establish timelines

Description of Behavior(s): _____________________________________________________________
_____________________________________________________________________________________
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Frequency/Duration of Behavior(s): _____________________________________________________
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Setting(s) in Which Behavior(s) Occur:
Context:  □ Home    □ ADT    □ Community    □ School    □ Other:
Partner:  □ Adults    □ Peers    □ Familiar    □ Unfamiliar    □ Other:
Group Size:  □ One to one    □ Dyad    □ Small Group    □ Large Group    □ Other:
Activity (circle):  Easy/Difficult    Familiar/Unfamiliar    Structured/Unstructured    Preferred/Non-preferred
Motor based/Sedentary    Language based/Non-Language based    Adult directed/Child directed

What do you think this behavior is about?
□ Difficulty Communicating    □ Dysregulation    □ Impulse Control    □ Emotional Tension/Release
□ Sensory-Seeking    □ Sensory Avoidance    □ Ill/Tired    □ Gain Attention    □ Difficult Task
□ Anxiety    □ Escape/Avoidance    □ Seeking Predictable Consequence    □ Seeking Control    □ Transition
□ Denied Access to Preferred Object/Activity/Environment    □ Other: __________________________

Recent changes in sleep, appetite, medication, health, family/living situation, treatment program:

What interventions have been effective in the past?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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What interventions have not been effective or have lost effectiveness?

_____________________________________________________________________________________
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Environmental changes that may support behavior we want to see (e.g., changes in staffing or peer groups, change in location, minimize distractions/sensory input, sensory strategies, alternate method of communication)?

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Possible replacement behaviors-what need is current behavior meeting? Is there another behavior that could meet the same needs? Other socially acceptable way to get this need met?

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What are the child’s primary relationships (e.g., staff, parent, peers)? Are there ways to establish, engage, or strengthen those and other relationships?

_____________________________________________________________________________________
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ADT BEHAVIOR MANAGEMENT PLAN:
Behavior #1: __________________________ Review Date: ______________________
Proactive Strategies:
- 
- 
- 
- 
Response to Behavior:
- 
-
**Behavior #2:** __________________________ Review Date: ______________________
Proactive Strategies:
- 
- 
- 
Response to Behavior:
- 
- 
- 

**Behavior #3:** __________________________ Review Date: ______________________
Proactive Strategies:
- 
- 
- 
Response to Behavior:
- 
- 
- 

**Communication with family will occur:**
**Frequency:**
☐ After Each Incident  ☐ Daily  ☐ Weekly  ☐ at End of Behavior Management Plan

**Mode:**
☐ In Person ☐ Written ☐ Phone Call  ☐ Schedule Meeting: ______________________

St. David’s protocol is to follow the above interventions in de-escalating the behavior. In a situation in which an individual is at risk for injury, another person is at risk of injury, or damage to property may occur, and intervention strategies noted above have been unsuccessful, St. David’s staff will follow the policy on emergency use of Nonviolent Physical Crisis Intervention. If staff are not certified, or if the crisis situation puts staff or program participants in immediate danger, they will call 911.

☐ I understand and agree that St. David’s staff will follow the above plan and that Nonviolent Physical Crisis Intervention may be used.

Parent(s)/Guardian Signature: ____________________________ Date: ________________

MH Professional Signature: ____________________________ Date: ________________
Behavior Management Plan-Tracking Form: Client Initials- _____________ DATE: _____________

On a daily basis have form available for staff in all treatment locations and record the following:

- Time/location, possible antecedent, behavior of concern, intervention/support offered, response to intervention (e.g., calmed, returned to group/activity, escalated)
- Physical Holds/Extended Timeouts may be documented on Physical Hold/Extended Timeout Form or Tracking Form below when Behavior Management Plan is in place
- Accident/Incident Forms must always be completed & signed by family within 24 hours (e.g., bite, scrape, head injury); Staff Injuries must always be reported to HR w/in 24 hours

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Family Place Behavior Management Plan

Client Name: ___________________ DOB: __________ MH Professional: ___________________
Behavior Management Plan Effective Dates: ______________ through ______________

A Behavior Management Plan will be put in place when:

• significant concerns are present that may result in harm to self/others or damage to property
• on-going physical hold/extended time outs are being implemented, that do not appear to be related to significant environmental change or other known factor, and are not resolving
• basic intervention strategies have been unsuccessful, child’s behavior does not respond to intervention strategies, and/or behavior appears to be escalating
• behavior is affecting client’s ability to consistently participate in programming

The Goal of a Behavior Management Plan is to:

• engage both the treatment team and the family in developing a plan to support the child
• determine the frequency/duration of behavior, setting(s) in which behavior occurs, potential contributing factors to the behavior, and interventions that have been attempted
• identify a clear and consistent response to the behavior
• track response to intervention, inform goals and recommendations, establish timelines

Description of Behavior(s):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Frequency/Duration of Behavior(s):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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Setting(s) in Which Behavior(s) Occur:

Context: □ Home □ FP □ Community □ School □ Other:
Partner: □ Adults □ Peers □ Familiar □ Unfamiliar □ Other:
Group Size: □ One to one □ Dyad □ Small Group □ Large Group □ Other:
Activity (circle): Easy/Difficult  Familiar/Unfamiliar Structured/Unstructured  Preferred/Non-preferred
Motor based/Sedentary  Language based/Non-Language based  Adult directed/Child directed

What do you think this behavior is about?

□ Difficulty Communicating  □ Dysregulation  □ Impulse Control  □ Emotional Tension/Release
□ Sensory-Seeking  □ Sensory Avoidance  □ Ill/Tired  □ Gain Attention  □ Difficult Task
□ Anxiety □ Escape/Avoidance □ Seeking Predictable Consequence □ Seeking Control □ Transition
□ Denied Access to Preferred Object/Activity/Environment □ Other: __________________________

Recent changes in sleep, appetite, medication, health, family/living situation, treatment program:

_____________________________________________________________________________________
_____________________________________________________________________________________

Attachment C
What interventions have been effective in the past?
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________

What interventions have not been effective or have lost effectiveness?
_____________________________________________________________________________________
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Environmental changes that may support behavior we want to see (e.g., changes in staffing or peer groups, change in location, minimize distractions/sensory input, sensory strategies, alternate method of communication)?
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Possible replacement behaviors—what need is current behavior meeting? Is there another behavior that could meet the same needs? Other socially acceptable way to get this need met?
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What are the child’s primary relationships (e.g., staff, parent, peers)? Are there ways to establish, engage, or strengthen those and other relationships?
_____________________________________________________________________________________
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The child’s Individual Treatment Plan will be altered to reflect the emphasis being placed on reducing; 1) danger to self, 2) danger to others and 3) damage to facility and property. This ITP will continue to be monitored every ninety days or more frequently based on the assessment of the assigned Mental Health Professional. A Physical Hold Form will be filled out every time physical intervention is utilized. This will be attached to the child’s daily progress note and will be used to inform the team, the family and to track client progress and intervention effectiveness.

Communication with family will occur:
Frequency: □ After Each Incident □ Daily □ Weekly □ At End of Behavior Management Plan
Mode: □ In Person □ Written □ Phone Call □ Schedule Meeting: ____________________________

St. David’s protocol is to follow the above interventions in de-escalating the behavior. In a situation in which an individual is at risk for injury, another person is at risk of injury, or damage to property may
occur, and intervention strategies noted above have been unsuccessful, St. David’s staff will follow the policy on emergency use of Nonviolent Physical Crisis Intervention. If staff are not certified, or if the crisis situation puts staff or program participants in immediate danger, they will call 911.

☐ I understand and agree that St. David’s staff will follow the above plan and that Nonviolent Physical Crisis Intervention may be used.

Parent(s)/Guardian Signature: __________________________ Date: ______________
MH Professional Signature: __________________________ Date: ______________

Copies provided to: □ Parent □ Program Supervisor □ Reviewed with Family Place Team □ Client File

Behavior Management Plan-Tracking Form: Client Initials- _____________ DATE: _____________

On a daily basis have form available for staff in all treatment locations and record the following:
- Time/location, possible antecedent, behavior of concern, intervention/support offered, response to intervention (e.g., calmed, returned to group/activity, escalated)
- Physical Holds/Extended Timeouts may be documented on Physical Hold/Extended Timeout Form or Tracking Form below when Behavior Management Plan is in place
- Accident/Incident Forms must always be completed & signed by family within 24 hours (e.g., bite, scrape, head injury); Staff Injuries must always be reported to HR w/in 24 hours

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Policy: It is the policy of St. David’s Center that client parent(s) or guardian(s) who recruit and refer their own direct support professionals follow the hiring procedure of St. David’s Center to ensure that such workers are hired and oriented in the same manner as outside applicants.

Procedure:

I. Process for Traditional PCA and WS program, not including Personal Support

   A. When a client’s family identifies an individual they wish to work with the client, the candidate will be interviewed and his or her references will be checked before he or she begins working in the client’s home.

   B. The hiring process is as follows:

      1. A client’s parent(s) or guardian(s) will contact their Program Coordinator, PCA Qualified Professional, or Life-Phase Services Administrative Manager to provide them with the candidate’s name and contact information.

      2. The Life-Phase Services Administrative Manager will refer the candidate to the Human Resources (“HR”) Recruiter to set up an interview, to occur as quickly as possible.

      3. The Life-Phase Services Administrative Manager will interview the candidate and HR will conduct reference checks and submit a background study prior to scheduling the candidate for orientation.

      4. Based on the interview and reference check results, the Life-Phase Services Administrative Manager will offer the individual a position, and will schedule the new Staff for orientation, follow-up, and Nonviolent Crisis Intervention training (if necessary).
5. The new Staff will complete orientation and will be considered hired specifically for the referring family.
6. The Life-Phase Services Administrative Manager will determine the Staff’s pay rate based on experience.
7. Staff will not be permitted to begin work until their background check is satisfactorily completed.
   a. New Staff will be notified when this happens, along with the referring family, by the Life-Phase Services Administrative Manager.
   b. If the new Staff is disqualified through the background check process, such Staff will immediately be terminated from employment with St. David’s Center.

II. Exceptions

A. Exceptions to this policy will be considered on a case-by-case basis by the Senior Program Director of Life-Phase Services.

B. Every effort will be made to assure that the procedure is followed in all but the most emergent situations.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
St. David's Center
Child & Family Development

FIRST AID ADMINISTRATION

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tennessen</th>
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<tbody>
<tr>
<td>Policy Originated by (program or department):</td>
<td>Program</td>
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<tr>
<td>Date Written:</td>
<td>10/1/2013</td>
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<tr>
<td>Date Reviewed / Revised:</td>
<td>4/19/2018, 6/28/18</td>
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<tr>
<td>Applicable Programs:</td>
<td>Center-Based Therapy and Supports, Community-Based Therapy and Supports</td>
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<tr>
<td>Date Reviewed and Approved by ELT:</td>
<td>4/19/18, 6/28/18</td>
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<tr>
<td>Statutory or Regulatory Citation:</td>
<td>Minn. R. 9503.0090</td>
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<td>Minn. R. 9503.0110</td>
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<td>Minn. R. 9503.0140</td>
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Policy: It is the policy of St. David’s Center to administer first aid promptly to program participants, when needed, to follow established procedures to avoid injuries, burns, poisoning, choking, suffocation, traffic accidents and pedestrian accidents, and to daily inspect St. David’s Center facilities for potential hazards.

Procedure:

A. Procedures for Administering First Aid

1. St. David’s Center Staff/Providers are trained in the provision of First Aid and administer First Aid to program participants, when needed.

2. The child care center will ensure all teachers and assistant teachers are trained in pediatric first aid and infant and child CPR within 90 days of the start of work. There will be an individual trained in pediatric first aid and infant and child CPR present in the facility during all hours of operation as well as on field trips and when transporting children.

2. St. David’s Center maintains a First Aid kit containing at least the following items:
   a. Sterile bandages and band-aids;
   b. Sterile compresses;
   c. Scissors;
   d. Ice bag or cold pack;
   e. Oral or surface thermometer;
   f. Adhesive tape; and
   g. Current first aid manual.
3. The First Aid kit and manual are accessible to Staff/Providers at St. David’s Center and are a First Aid kit and manual are always taken with Staff/Providers when accompanying program participants on group outings, such as field trips.

B. Safety Procedures for Avoiding Injuries, Burns, Poisoning, Choking, Suffocation, Traffic Accidents and Pedestrian Accidents

1. St. David’s Center Staff/Providers follow established procedures for avoiding each of the following:
   a. Injuries;
   b. Burns;
   c. Poisoning;
   d. Choking;
   e. Suffocation;
   f. Traffic Accidents;
   g. Pedestrian Accidents.

2. St. David’s Center Accident Prevention Procedures are outlined below:

   A. Injuries – Children will be monitored within site and sound of a teacher at all times. Daily hazard checks, transition tracking, and a risk reduction plan have all been put in place to help evaluate any potential risks of injury and addressed on an individual basis.

   B. Burns – Children will not have access to matches and they will be supervised when cooking. Candles are not to be used on the premises. Water temperature in sinks cannot exceed 120°. No hot liquids are permitted in classrooms.

   C. Poisoning – Any poisonous substance is either kept in a locked box (medications) or out of the reach of all children.

   D. Choking – Children are under constant supervision. Any situation that could possibly cause injury is dealt with immediately.

   E. Suffocation – All areas are kept free of any objects that could cause suffocation.

   F. Traffic Accidents – St. David’s Center does not provide transportation to and from the center, except for field trips, in which case, children are to follow bus safety rules at all times.

   G. Pedestrian Accidents – Children’s routes to the playgrounds, forest and outdoor classroom spaces are all fenced in. Parents are cautioned about being careful when bringing their children into the school and when walking in the parking lot. When crossing streets with a group of children, teachers should be located at the front and back of the group.
H. Electrical Outlets – Plastic safety covers on all unused outlets, although outlets are designed to be child-proof even without covers.

I. High Chairs and Strollers – Children are strapped in at all times.

J. Potential Hazards (Daily Inspections) – A staff person will be designated at each site to inspect the outdoor activity area, hallways, bathrooms, gym/motor rooms and kitchens to insure no hazardous condition exists.

Each classroom teacher is responsible for checking his/her own room before the children arrive each day. Teachers should watch for and put away potential hazardous items that may result in injury. Any hazard will be documented in a daily hazard inspection.

Potential hazardous items include, but are not limited to, the following:

* Sharp scissors and knives
* Matches
* Fans without adequate guards
* Unstable equipment or furnishings
* Extraneous chairs and tables in gym area
* Folding chairs/ladders
* Equipment needing repair
* Tree limbs and other items that children may trip over
* Windows without screens that fail to protect against insect bites
* Glasses, glass bottles
* Stairs with items on them to trip over
* Cluttered corridors
* Wet spots on floors
* Loose rugs
* Inadequate lighting
* Icy, slippery walkways

* Hot liquids

* Blind cords

C. Procedures for the Daily Inspection of Potential Hazards

1. St. David’s Center Staff/Providers follow established procedures relating to the daily inspection of St. David’s Center facilities for potential hazards, inside and outdoor activity area.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
Policy: It is the policy of St. David’s Center that all foster providers receive regular oversight to ensure that the safety and well-being of children placed in their homes is maintained. This oversight includes: regular home visits to monitor the environment and check on child functioning, annual evaluations, implementation of training and professional development, correction orders, and initiating of licensing investigations upon notification of grievance and/or alleged maltreatment of minors.

Procedure:

1) While children are placed in foster homes, regular announced and unannounced visits to foster provider homes occur at a minimum 1 to 2 times per month in accordance with contracted requirements.
2) Annual evaluations/licensing reviews are completed.
3) Annual goals and professional development training plans are developed and implemented for each foster provider.
4) Correction orders are issued in the event that foster providers do not adhere to statutes, policies, procedures and/or foster provider agreement.
5) Upon notice of grievance, staff will adhere to the grievance policy and comply with all DHS procedures governing licensing of foster homes.
6) Allegations of maltreatment of minors, as defined by the maltreatment of minors act will result in mandated reporting. Any allegations that result in open investigations and/or pose imminent threat to children’s safety will result in immediate removal of child from placement.
7) Upon notification of disqualification, St. David’s Center will complete the process for revocation of license with the state.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for
violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Vulnerable Individuals Policy, Critical Events, Foster Parent Agreement
HEALTH SERVICE COORDINATION AND CARE

Policy Owner: Erica Tennessen  
Policy Originated by (program or department): Program  

Date Written: 10/1/2013  
Date Reviewed / Revised:  

Applicable Programs: Community-Based Therapy and Supports, Group Homes  

Date Reviewed and Approved by ELT: 3/11/14  

Statutory or Regulatory Citation:  
Minn. Stat. § 245D.10, subd. 3  
Minn. Stat. § 245D.11, subd. 2(2)  
Minn. Stat. § 245D.05, subd. 1  

Signature if needed:  

Policy: It is the policy of St. David’s Center to meet the health service needs of each person being served as defined and assigned in each person’s coordinated service and support plan (CSSP) or CSSP addendum. Further, it is the policy of St David’s Center to promote the continuity and quality of care and support provided to clients by other vendors when the provision of St. David’s Center services to such clients is temporarily suspended or terminated.

Procedure:

I. Health Changes

A. When discovered, the program will promptly notify the person’s legal representative, if any, and the case manager of changes in a person’s physical and mental health needs affecting health service needs assigned to the program in the person’s CSSP or CSSP addendum.

B. If the program has reason to know that the change has already been reported, it is not necessary to report.

C. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, on the Health Needs Change Notice.

D. When assigned the responsibility for meeting the person’s health service needs in the person’s CSSP or the CSSP addendum, the program will maintain documentation on how the person’s health needs will be met, including a description of the procedures to follow in order to:
1. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;
2. Monitor health conditions according to written instructions from a licensed health professional;
3. Assist with or coordinate medical, dental and other health service appointments; or
4. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

II. Temporary Service Suspension or Termination

A. The Coordinator will coordinate services with other vendors who also provide support to the client, consulting the St. David’s Center Service Termination Policy and Temporary Service Suspension Policy, as needed.

B. If client services are suspended or terminated, the Coordinator will work with appropriate county agencies to develop reasonable alternatives to protect the individual and others.

C. Every effort will be made to give the client, legal representative, case manager, and care worker(s) sixty (60) days notice in the event that services will be suspended or terminated.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Health Needs Change Notice
Temporary Suspension of Services Policy
Termination of Services Policy
HEALTH NEEDS CHANGE NOTICE

This program must report any change in a person’s physical and mental health needs when assigned in the coordinated service and support plan or coordinated service and support plan addendum.

Person name: ____________________________________________________________

Program name: __________________________________________________________

Date a change in physical and/or mental health needs was discovered: ________________

Completed by: ____________________________ Date of this report: ________________

Date of notification to:

Legal Representative: ____________________________ Case Manager: ________________

Describe in detail the change in the person’s physical and/or mental health needs:

Was the Health Needs Record form updated as a result of this notice? □ Yes □ No

If you have questions you can contact the Designated Coordinator at:

__________________________________
Policy: It is the policy of St. David’s Center to require that the parent(s) or guardian(s) of a child newly admitted to the Early Childhood Education program provide certain health information regarding the child within 30 days of the child’s admission and to require that such information be updated annually.

Procedure:

I. Health Summary

A. Before a child is admitted to St. David’s Center or within 30 days of admission, St. David’s Center will obtain from the child’s parent(s) or guardian(s) a completed health summary, signed by the child's source of medical care.

B. For children already admitted, St. David’s Center will obtain from the child’s parent(s) or guardian(s) an updated health summary, signed by the child's source of medical care at least annually or whenever a child 24 months or older advances to an older age category within St. David’s Center, whichever is sooner.

II. Immunization Record

A. Before a child is admitted to St. David’s Center or within 30 days of admission, St. David’s Center will obtain one of the following:
   1. Documentation of current immunization according to Minnesota Statutes, §121A.15;
   2. A signed notarized statement of parental objection to the immunization; or
   3. Documentation of a medical exemption.
B. For children already admitted, St. David’s Center will obtain from the child’s parent(s) or guardian(s) an updated immunization record, signed by the child's source of medical care at least annually or whenever a child 24 months or older advances to an older age category, whichever is sooner.

1. This requirement does not apply to child whose parent(s) or guardian(s) who provided a notarized statement of parental objection to immunizations or documentation regarding a medical exemption at the time of the child’s admission.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Policy: It is the policy of St. David’s Center that Staff should only perform housekeeping tasks related to assisting a client with activities of daily living and/or self-care. This policy serves to clarify for Staff and families when performance of limited home living tasks related to the client may be appropriate.

Definitions:

“Housekeeping tasks”: means tasks such as cleaning, laundry, and meal preparation that are not included in a client’s Plan of Care or Waivered Outcome.

Procedure:

Staff will assist clients with activities of daily living and self-care, when such tasks are related to the client and the client’s Plan of Care or Waivered Outcome. For example:

1. Staff may assist with meal preparation and clean up, for the client only.
   a. Staff should not be asked to do clean-up for meals occurring before a shift begins.

2. Staff may assist the client in changing clothes and/or his/her bedding.
   b. Staff should not be asked to do laundry accumulated before Staff’s shift begins.

3. Staff will clean up after accidents and spills related to themselves and clients.

4. Staff may assist in teaching home living skills or self-care skills to a client, if:
   a. Achievement of such skill development is a part of the client's Plan of Care, Waivered Outcome or Treatment Plan; and
   b. The client is of appropriate age (i.e., a teenager or young adult).
c. In such a case, Staff will not actually perform the tasks, but will work with the client to teach him/her these skills in preparation for more independent living.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
### Inclusive Communications Policy

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tennessen</th>
<th>Date Written:</th>
<th>8/17/15</th>
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<tbody>
<tr>
<td>Policy Originated by:</td>
<td>(program or department): AHIM/ADT</td>
<td>Date Reviewed / Revised:</td>
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<td>Applicable Programs:</td>
<td>ALL</td>
<td>Date Reviewed and Approved by ELT:</td>
<td>08/26/15, 10/24/17</td>
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<tr>
<td>Statutory or Regulatory Citation:</td>
<td>DHS Office of Civil Rights, Medicare</td>
<td>Signature if needed:</td>
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**Policy:** St. David’s Center will take reasonable steps to ensure meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. It is the policy of St. David’s Center to ensure meaningful communication with clients and their authorized representatives involving their services and treatment. This policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patience/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpreter services. All staff will be provided notice of this policy and procedure.

St. David’s Center will conduct a regular review of the language access needs of our patience population, as well as update and monitor the implementation of this policy and procedures as necessary.

This policy includes the following:

1. **Interpreter Guidelines**
   1. Process for identification of individuals in need of assistance
   2. Methods to inform persons that services are available

2. **Individuals with limited English proficiency (LEP)**
3. **Individuals who are deaf or hard of hearing**
4. **Individuals who are blind or have low vision**
5. **Individuals who have other impaired sensory, manual or speaking skills**

1. **Interpreter Guidelines:**
   1. St. David’s center is responsible for arranging the interpreter service and paying the interpreter. If a recipient comes to an appointment with an interpreter, St. David’s Center is not required to use that interpreter.
b. For sign language interpreter services, the interpreter may be on a video screen when using video remote interpreter services.

c. For spoken language interpreter services, the interpreter may communicate by phone or teleconference.

d. St. David’s Center staff who are bilingual may interpret for the client, but this will not be billed as an interpreter session in conjunction with another service.
   i. Example: If the provider delivers a clinical service while communicating in the recipient’s language, it is not interpreting and not separately billable as an interpreter service

e. Minor children will never be used as interpreters.

f. Clients may request to use a family member or friend as an interpreter. However, family members or friends will not be used as interpreter unless specifically requested by that individual and AFTER the client has understood that an offer of an interpreter at no charge is available. If a client chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.
   i. If a client chooses to use a family/friend (declining the offer of an interpreter), this will be documented in the client's medical record.


g. St. David’s Center partners with a select group of interpreter agencies. All agencies have a signed business associate agreement on file, in addition to meeting quality standards, which include:
   i. Use the appropriate mode of interpreting given the situation (e.g., consecutive, simultaneous, summarization, or sight translation).
   ii. Have received appropriate “interpreter” training that includes instruction in the skills and ethics of interpreting, and rules of confidentiality and data privacy.
   iii. Understand their role as interpreters without deviating into other roles, such as counselor or legal advisor.
   iv. Are culturally sensitive.

h. St. David’s Center staff will inform individuals that an interpreter is available to them at no cost. All St. David’s Center staff will be provided this policy and procedure. It is the responsibility of all staff at St. David’s to ensure that at the first moment of engagement with our agency, clients/parents/guardians are informed that an interpreter is available to them at no cost. St. David’s Center CORE Office of Intake & Enrollment is the traditional starting place for clients/families, however, there may be times a client/family begins their process uniquely, therefore all staff must be aware and follow this policy/procedure. If during the initial call with a client/family, the staff member determines an interpreter is necessary, they will make the necessary steps to obtain an interpreter on the call or schedule a future call with an interpreter to ensure the family is aware that this service is available and that their needs are met.

i. Identifying Individuals with Limited English Proficiency (LEP), or those who need sign language interpreters. St. David’s Center staff will work to promptly identify the communication needs and language needs. St. David’s Center Electronic Medical Records will include notes regarding the language or assistive services used to communicate with the client/parent/guardian for any formal clients or referrals.
   i. An interpreter should be called:
      1. When a client/parent/guardian requests an interpreter.
2. When a staff member cannot understand the information being conveyed by the client.
3. When the client/parent/guardian is assessed as needing an interpreter by staff because of difficulty in communicating in English.
4. When a staff member cannot understand the information being conveyed by the parent/guardian and their input is necessary for the services of the client.
5. When a client prefers to speak and is more fluent in a language other than English.
6. When a client/parent/guardian communicates in sign language or indicates that they cannot communicate verbally.

2. Individuals with Limited English Proficiency:
   a. Obtaining a qualified interpreter:
      i. St. David’s Center partners with select agencies offering interpreting services. As stated previously in this policy, all agencies have a current business associate agreement on file.
      ii. Directions for how to access a qualified interpreter are available to all staff on the shared drive in the following folder:
         1. S:\AHIM\CORE Client Documents & Processes\Agency Interpreter Directions
         2. Staff can obtain an interpreter immediately through a phone center (for phone calls), schedule an appointment time with a specific interpreter for a phone call to a client/family, or schedule an in person interpreter.
      3. Current Interpreter Agencies St. David’s Center partners with include:
         a. Betmar Interpreting: 877-770-5559
         b. GBR Interpreting 763-241-0002
         c. Intelligere 952-920-6160
   b. Obtaining Translated Documents. When translation of vital documents is needed, the department will resubmit documents for translation to the Director of Administration & Health Information Management (AHIM). The AHIM Director will review the request, and provide approved translated materials free of charge for the LEP individual. If it is determined that translation of documents is not feasible, an interpreter will be provided to verbally review the documents with the LEP individual. St. David’s Center will continue to set benchmarks for interpreting its top requested languages into critical intake documents.

The following documents are currently available in Spanish & Somali:
   i. Authorization to Disclose Health & Developmental Information
   ii. Consent for Treatment
   iii. Authorization to Exchange Information with your Primary Care Physician
   iv. Permission Authorization
   v. Consent for Liability of Payment
   vi. Universal Intake Form
   vii. Notice of Privacy Practices
   viii. Statement of Custodianship
   ix. Policy on Interpreter Services
   x. Non-Discrimination Policy
3. Individuals who are deaf or hard of hearing:
   a. Providing Interpreters and Auxiliary Services
      i. In the event that an in-person interpreter is needed for individuals who are deaf or hard of hearing, St. David’s Center will contact the following agencies:
         1. Current Interpreter Agencies St. David’s Center partners that offer American Sign Language interpreting include:
            a. GBR Interpreting 763-241-0002
            b. Intelligere 952-920-6160
      ii. Communication by telephone with persons who are Deaf or Hard of Hearing:
         1. St. David’s Center utilizes a relay service for external telephone numbers with TTY users.
            a. The Minnesota Relay Number for TTY, Voice, ASCII, Hearing Carry Over is 1-800-627-3529
         2. A specially trained communications assistant (CA) facilitates the telephone conversation between a person with a hearing or speech disability and other individuals. Calls can be made to anywhere in the world (standard charges apply for long-distance calls), 24 hours a day, 365 days a year. All calls are completely confidential.
         3. To contact a person who uses a single-line CapTel™, dial 1-877-243-2823 and then enter the telephone number of the CapTel user.
      iii. Additional Auxiliary Services. St. David’s Center staff will work with the client/parent/guardian to determine if additional auxiliary services would be beneficial or appropriate. We request a one week notice to prepare any auxiliary services prior to the appointment. Auxiliary services include:
         1. Note Takers
         2. Computer-Aided Transcription services
         3. Telephone handset amplifiers
         4. Written copies of oral announcements
         5. Assistive Listening Devices
         6. Open and closed captioning
         7. Videotext displays

4. Individuals who are blind or have low vision:
   a. St. David’s Center staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explain these forms to persons who are blind or who have low vision.
   b. Additional Auxiliary Services available to individuals who are blind or have low vision. St. David’s Center CORE Navigators are available to assist with these services at 952-548-8705. We request a one week notice to prepare any auxiliary services prior to the appointment. Auxiliary Services include:
      i. Qualified Readers
      ii. Reformatting into large print
      iii. Taping or recording or print materials not available in alternate format
      iv. In addition, CORE Navigator staff are available to assist persons who are blind or have low vision in filling out forms and in otherwise providing information in a written format.
5. **Individuals who have other impaired sensory, manual or speaking skills:**
   a. To ensure effective communication with persons with speech impairments or other sensory or manual impairments, St. David’s Center staff will contact the Director of Administration and Health Information Management (AHIM), who is responsible to provide the aids and services in a timely manner. We request a minimum of one week to prepare available aids prior to the appointment.
   b. Available aids include:
      i. Writing materials
      ii. Laptop computers/iPads for temporary check-out onsite
      iii. Flashcards
      iv. Alphabet boards
      v. Communication boards
      vi. Note takers
      vii. Computer-aided transcriptions services
      viii. Speaker phones

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
S:\AHIM\CORE Client Documents & Processes\Agency Interpreter Directions
INDIVIDUAL HEALTH PLANS

Policy Owner: Erica Tennessen  
Policy Originated by (program or department): Program  
Date Written: 8/23/05  
Date Reviewed / Revised: 12/12/11

Applicable Programs: Early Childhood Education, Pediatric Therapies, Autism Day Treatment, Family Place  
Date Reviewed and Approved by ELT: 2/25/14

Statutory or Regulatory Citation: Minn. R. 9503.0140, subp. 7  
Date Reviewed and Approved by Medical Director (signature required annually and upon any changes):  
09/18/15, 10/06/16, 10/17/19

Policy: It is the policy of St. David’s Center that any client who has a special health need that requires monitoring or intervention will have an Individual Health Plan (“IHP”) that is developed by Medical Professional and may include consultation with Staff/Providers and parent(s) or guardian(s).

Procedure:

1. Staff/Providers will notify Program Director of any child in their program who has a special health need, such as severe allergy, daily medication, seizure disorder, Epi-Pen orders, etc. to determine if there are contraindications or precautions that need to be considered during programming or therapy.

2. Program Director will notify the Nurse Consultant of need for an IHP by submitting a completed “Request for IHP” Form or the therapist will obtain a physician’s clarification order prior to initiating services.

3. Nurse Consultant will develop IHP with the input of Staff/Providers and parent(s) or guardian(s), as well as the child’s physician as appropriate.

4. Training will be provided by Nurse Consultant for Staff/Providers on any medical procedure and/or other medical issues deemed necessary by the Program Director.

5. Nurse Consultant will update IHP every 6 months and as needed.
a. A new IHP is required for each new program year.

6. The IHP will be kept in the client’s file, and a copy will be kept in the central office.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
Individual Health Plan Form
Policy: It is the policy of St. David’s Center that all mental health Individual Treatment Plans completed and/or approved by mental health providers employed by St. David’s Center comply with Minnesota Medical Assistance requirements.

Definitions:

"Individual Treatment Plan" (or “ITP”): means a written plan that outlines and defines the course of treatment. The ITP delineates the following:

- Goals;
- Measurable objectives;
- Target dates for achieving specific goals;
- Main participants in treatment process;
- Recommended services that are based on the client's Diagnostic Assessment; and
- Other meaningful data that are needed to aid the client's recovery and enhance resiliency.

Procedure:

1. Each client will be involved in the development, review, and revision of his or her ITP.

2. Each client’s ITP will be:
   A. Based on the client's current Diagnostic Assessment;
   B. Developed by identifying the client's service needs and considering relevant cultural influences to identify planned interventions that contain specific treatment goals and measurable objectives for the client; and
   C. Reviewed at least once every 90 days, and revised as necessary.
i. Revisions to the initial ITP do not require a new Diagnostic Assessment unless the client's mental health status has changed markedly.

3. For all mental health services and medication management, the ITP and subsequent revisions of the ITP will be signed by the client before treatment begins.
   i. The mental health professional or practitioner shall request the client, or other person authorized by statute to consent to mental health services for the client, to sign the client's ITP or revision of the ITP.
   ii. In the case of a child, the child's parent, primary caregiver, or other person authorized by statute to consent to mental health services for the child shall be asked to sign the child's ITP and revisions of the ITP.
   iii. If the client or authorized person refuses to sign the plan or a revision of the plan, the mental health professional or mental health practitioner shall note on the plan the refusal to sign the plan and the reason or reasons for the refusal.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Diagnostic Assessment Policy
### IT EQUIPMENT USAGE IN RESIDENTIAL SETTINGS

| **Policy Owner:** Erica Tennessen | **Date Written:** 10/1/2013 |
| **Policy Originated by (program or department):** Program | **Date Reviewed / Revised:** |
| **Applicable Programs:** Community-Based Therapy and Supports | **Date Reviewed and Approved by ELT:** 3/11/14 |
| **Statutory or Regulatory Citation:** | **Signature if needed:** |

**Policy:** It is the policy of St. David’s Center to provide certain equipment and technology to Staff in residential services settings, for business purposes.

**Procedure:**

1. St. David’s Center provides internet connectivity, a computer, and an all-in-one office unit (printer, fax, copier) for business purposes in residential services settings.

2. St. David’s Center equipment may not be used for personal reasons by residents or Staff.

3. Staff will use their “Netgain” account when using the St. David’s Center equipment.

4. Staff and/or residents who wish to have computer access for personal reasons must provide their own equipment (computer, printer, scanner, copier, ink, etc.) and are responsible for providing their own technology support for issues that may arise.

5. Staff or residents that wish to use the wireless internet connection for personal use will be allowed access.
   a. Such Staff or Residents must have current anti-virus and anti-spam software that is run on a regular basis on any computer that is used to connect to the St. David’s Center wireless network, to ensure that Staff or Residents do not connect an infected computer to the wireless network.
   b. To connect to the wireless network, Staff or Residents should select the network named “SDCGH” from the available networks, and enter “SDCguest” as the key.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
**MEALS AND SNACKS**

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<tr>
<th><strong>Policy Owner:</strong></th>
<th>Erica Tennessen</th>
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<td>10/1/2013</td>
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<tr>
<td><strong>Date Reviewed / Revised:</strong></td>
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<td><strong>Applicable Programs:</strong></td>
<td>Early Childhood Education</td>
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<tr>
<td><strong>Date Reviewed and Approved by ELT:</strong></td>
<td>3/11/14</td>
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<tr>
<td><strong>Statutory or Regulatory Citation:</strong></td>
<td>Minn. R. 9503.0090</td>
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<tr>
<td></td>
<td>Minn. R. 9503.0145</td>
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<td></td>
<td>7 C.F.R. § 226.20</td>
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<td><strong>Signature if needed:</strong></td>
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**Policy:** It is the policy of St. David’s Center to ensure children are well-nourished and well-hydrated while present at St. David’s Center.

**Procedure:**

**I. Meals and Snacks**

A. Each meal offered by St. David’s Center provides one-third of each child's daily nutritional needs as specified by the United States Department of Agriculture, Food and Nutrition Service.

B. St. David’s Center menus comply with the nutritional requirements of the United States Department of Agriculture, Food and Nutrition Service.

C. St. David’s Center provides or ensures the availability of:

1. A snack for each child in attendance for more than two (2) hours, but fewer than five (5) hours;

2. One (1) meal and two (2) snacks or two (2) meals and one (1) snack for a child in attendance five (5) to ten (10) hours unless four (4) or more of these hours are spent in sleep;

3. A minimum of two (2) meals and two (2) snacks for a child in attendance more than ten (10) hours unless four (4) or more of these hours are spent in sleep; and

4. Program Staff, who are seated with the children during meal and snack times.
II. Prescribed Dietary Needs

A. St. David’s Center provides for each child's dietary needs as prescribed by the child's source of medical care, whenever possible.
   1. However, if St. David’s Center cannot provide for a child’s dietary needs as prescribed by the child’s source of medical care, St. David’s Center will require such child’s parent(s) or guardian(s) to provide the prescribed diet items that are not part of the approved menu plan.

B. For each child who has a prescribed diet, St. David’s Center will keep the diet order and its duration specified in the child's record.

C. All Staff designated to provide care to a child with a prescribed dietary need must be informed of the diet order.

III. Food Allergy Information

A. Information about food allergies of the children at St. David’s Center will be available in the area where food is prepared and served to children with allergies.

B. All Staff providing care to a child with a known food allergy must be informed of the allergy.

IV. Water

A. St. David’s Center has a safe water supply.

B. St. David’s Center Staff ensure drinking water is available to children throughout the hours of operation and is offered at frequent intervals.

C. Drinking water for children is provided in single service drinking cups and from drinking fountains accessible to children.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
<table>
<thead>
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<th>Non-Discrimination Policy (Client)</th>
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<td><strong>Policy Owner:</strong> Erica Tennessen</td>
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<tr>
<td><strong>Policy Originated by (program or department):</strong> Administration</td>
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<td><strong>Applicable Programs:</strong> ALL</td>
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<td><strong>Statutory or Regulatory Citation:</strong> Title VI – Civil Rights Act; Section 504 Rehabilitation Act; Age Discrimination Act; also referenced as Title 45 Code Federal Regulations part 80, 84 and 91. Also included: Section 1557 – Patient Protection and Affordable Care Act of 2010, 42, U.S.C., 18116.</td>
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<tr>
<td><strong>Date Reviewed / Revised:</strong></td>
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<tr>
<td><strong>Date Reviewed and Approved by ELT:</strong> 08/26/15</td>
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<tr>
<td><strong>Signature if needed:</strong></td>
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**Policy:** As a recipient of Federal Financial Assistance St. David’s Center does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sexual orientation, gender identity, or religion in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by St. David’s Center directly or through a contractor or any other entity with which St. David’s Center arranges to carry out its programs and activities.

**Procedure:**

The following statement will be included in all written materials, websites, position postings and public communication. In addition we will post this statement in our service area lobbies or entrances.

*St. David’s Center does not discriminate against any person on the basis of race, color, national origin, disability, age, gender or sexual orientation in admission, treatment, or participation in its programs and activities. For further information about this policy contact Lisa Curtis 952-562-5734, Minnesota Relay Number for TTY, Voice, ASCII, Hearing Carry Over 1-800-627-3529.*

Questions regarding this policy should be directed to the 504 Coordinator, Lisa Curtis

Telephone: 952-562-5734

TDD: 1-800-627-3529
Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy: Foster Care Providers have access to “24 hour availability” of St. David’s Center Foster Care staff through the On Call foster care line.

Definitions: On Call foster care hours is defined as 6:00 pm – 8:00 am Monday-Friday, weekends and holidays.

Procedure: On Call Staff
1. Foster Providers use the On Call Number between the hours of 6:00 pm – 8:00 am Monday-Friday, weekends, holidays for the following reasons:
   A. Child is displaying behaviors difficult to manage and phone coaching is needed.
   B. The child has an evening/weekend family visit scheduled and an unforeseen circumstance occurred and the Foster Provider is unable to reach the visitation center or county worker to notify of their late or canceled status.
   C. After hours respite care is needed for a foster child or sibling group due to emergency.
   D. The foster child ran away and refuses to return or their whereabouts are unknown. Foster Providers are also to call 911 in these circumstances.
   E. Foster child is sick or injured and needs emergency services. Foster Providers are also to call 911 in these circumstances.
   G. The foster child’s is exhibiting high-risk behaviors or statements of intent to harm self or others. Foster Providers are also to call 911 or the County crisis response team.

2. On Call Staff is expected to:
   A. Respond to on call phone calls promptly to provide support, assist in de-escalation, problem solve, and help to ensure the safety of everyone in the foster home.
   B. Assess the situation and take appropriate action. Appropriate action may include
      ▪ Providing support over the phone.
      ▪ Directing foster parent to call the Crisis Support Line or calling the Crisis Support Line on their behalf.
      ▪ Calling Senior Director of Foster Care Programs for additional support.
      ▪ Directing Foster Provider to call 911 or calling 911 on their behalf
   C. Follow up with the Foster Provider the next day and the child’s county worker regarding any updates when necessary.
3. Circumstances in which the child leaves the foster home due to on call decisions:
   A. Child is transported to the hospital for medical purposes:
      - Foster Provider and On Call staff will determine individual that is able to stay with the child at the hospital until further instruction is received regarding their needs.
      - On Call staff is responsible to notify the county worker and/or their supervisor for permission for hospitalization. Hospitalization can still occur without their permission at the discretion of the admitting hospital/clinic.
      - On Call staff provides detailed information to the St. David’s Center coordinator and Program Supervisor to ensure adequate follow-up can occur.
   B. Child is transported to the hospital for behavioral health purposes:
      - Foster Provider and On Call staff will determine individual that is able to stay with the child at the hospital until further instruction is received regarding their needs.
      - On Call staff is responsible to notify the county worker and/or their supervisor for permission for hospitalization. Hospitalization can still occur without their permission at the discretion of the admitting hospital/clinic.
      - On Call staff provides detailed information to the St. David’s Center coordinator and Program Supervisor to ensure adequate follow-up can occur.
      - In circumstances in which hospitalization does not occur and the Foster Provider and On Call staff determine returning to their usual placement is not feasible, the On Call staff will attempt to find emergency respite placement or one-to-one staff identified person to provide extra support in the foster home. On call staff must seek approval from the Program Supervisor and/or Senior Director regarding a child returning to placement and the county worker/supervisor must be notified prior.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy: It is the policy of St. David’s Center that clients will not be “on hold” for services requested by parent or guardian for more than 21 days, in order to adequately serve clients on caseload and to prevent long and unnecessary waiting periods for clients on our wait lists who wish to initiate skilled and medically necessary services.

Procedure:

1. Client families may not request to have services “held” for more than 21 days with the expectation of resuming the same schedule of services, with the same Provider.

2. Client families requesting service “holds” for 22 days or longer will be told that such action would result in the client being:
   a. Discharged with a written discharge report;
   b. Placed on or returned to the applicable program wait list;
   c. Re-evaluated when an opening becomes available.

3. Requests to be re-evaluated and treated by the same Provider after the discharge will be honored whenever possible.
   a. Honoring such requests may prolong the time a client must wait to resume skilled and medically necessary services.

4. Exceptions to this policy will be made on a case-by-case basis by the Clinical or Department Director.
   a. Providers should consult with their Supervisor regarding exceptions to this policy and to ask for assistance enforcing the policy.

Procedures around non-compliance of above noted procedures: NA
Reference or Attachment:
Policy: It is the policy of St. David’s Center to ensure that parent(s) and guardian(s) are informed of their child’s progress through periodic parent conferences.

Procedure:

1. Individual parent conferences are planned and offered by St. David’s Center Staff at least twice annually.

2. St. David’s Center Staff will maintain documentation in each child's record that individual parent conferences were planned and offered.

3. St. David’s Center Staff report the status of the child's intellectual, physical, social, and emotional development to the child’s parent(s) or guardian(s) during such conferences.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Policy: It is the policy of St. David’s Center that a client’s parent(s) or guardian(s) are not permitted in the room when mental health services are being delivered to the client in a group therapy setting. St. David’s Center may permit a client’s parent(s) or guardian(s) to be present in the room when rehabilitation therapy services are being delivered in a group therapy setting.

Definitions:

“Mental Health Services”: includes individual, group and family mental health therapy, mental health testing and consultation, Family Place Day Treatment, Autism Day Treatment, Autism Support Services, Mental Health Skills Training, and Children's Mental Health Case Management.

“Rehabilitation Therapy Services”: includes, feeding therapy, music therapy, occupational therapy, and speech-language pathology.

Procedure:

1. St. David’s Center believes in the importance of service delivery not being interrupted. When services are being delivered in the group setting, an interruption can be disregulating to the entire group.

2. To promote effective service delivery in the group setting, St. David’s Center will communicate its position on service interruptions to clients and their parent(s) or guardian(s) upon the initiation of services.
   A. Parents will be directed to wait outside the room, in the lobby, or in other suitable locations outside of the therapy room being used.
   B. At times, a “Do not Interrupt, Session in Progress” sign may be placed on the door of the therapy room being used.
3. When **Mental Health Services** are being delivered to a group of two or more clients, no parent of any client is permitted in the room.

4. When **Rehabilitation Therapy Services** are being delivered to a group of two or more clients, the parent(s) or guardian(s) of any client may be permitted in the room, to the extent such persons can be present without disrupting the delivery of services.
   A. St. David’s Center Providers may ask observing parent(s) or guardian(s) to leave if their visit is disrupting or distracting from therapy.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
Policy: It is the policy of St. David’s Center that the parent(s) or guardian(s) of enrolled children may visit the center any time during the hours of operation.

Procedure:

1. Parent(s) and guardian(s) will be instructed to check-in with Front Desk Staff prior to proceeding to their child’s classroom when visiting during program hours.

2. Parent(s) and guardian(s) will be instructed to provide advance notification, whenever possible, when picking their child up early.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Policy: It is the policy of St. David’s Center that at least once a year the organization will assess the performance of its total operation to ensure appropriate utilization of services and to determine whether the organization’s policies are followed in providing services to patients through employees or under arrangements with others.

485.729(a) Standard: Clinical-Record Review – A sample of active and closed clinical records is reviewed quarterly by the appropriate health professionals to ensure that established policies are followed in providing services.

485.729(b) Standard: Annual Statistical Evaluation – An evaluation is conducted annually of statistical data such as number of different patients treated, number of patient visits, condition on admission and discharge, number of new patients, number of patients by diagnosis (es), sources of referral, number of and cost of units of service by treatment given, and total staff days or work hours by discipline.

Procedure:

Clinical Record Review
1. Medical Records will select a sample of clinical records from active and closed files for clinical review.
2. The sample will be large enough to be a meaningful representation of the number of clients served which will vary based on number of therapists and number of clients served. At least 3 reports will be reviewed by every therapist quarterly.
3. The sample will reflect each service offered by the organization.
4. In instances where a patient is receiving multiple services, the record may be included in the sample of each service rendered.
5. The sample will include Evaluations, Plan of Treatments, and Discharge Summaries.
6. Therapists will receive an alert to review and complete a Quality Assurance Record Review within Evolv based on the sample chosen by Medical Records. The Review will be completed within 14 days.
7. Results from the Review will be compiled into a report that reflects percentage of compliance within each area reviewed.
8. The Clinical-Record Review Committee (consisting of a representative from Medical Records and a representative from each service area) will review the report quarterly making sure that open and closed records from each service area were represented.

9. Areas that are out of compliance will be addressed by the Senior Director of Pediatric Therapy. Action will be variable based on the identified compliance issue but taken prior to the next quarterly review.

10. The report from the Clinical-Record Review and related action taken to any identified compliance issues will be shared as part of the Annual Program Evaluation.

Annual Statistical Evaluation
1. A report will be generated that captures the services provided within outpatient rehabilitation services. The report will include:
   A. The number of different patients treated
   B. The number of total patient visits
   C. Condition on admission and discharge
   D. Number of new patients
   E. Number of patients by diagnosis (es)
   F. Referral source
   G. Number of and cost of units of service by treatment given
   H. Total staff days or work hours by discipline

2. The report will include the following: the names and titles of staff that participated in gathering the data, the source of the data, the dates that data was collected and the dates that the data represents.

3. The report will include results from the Clinical-Record Review.

4. The report will be shared with the governing board at a meeting annually and will include a summary of action items specific to any identified performance issue, with reference to any specific policy violation.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy: It is the policy of St. David’s Center that Providers employed by St. David’s Center may participate in professional meetings, consultations, and litigation where doing so is ethical, consistent with the best interests of clients served, and logistically possible, given Provider scheduling constraints.

Procedure:

I. Professional Meetings and Consultations. In regards to providing additional services to current client’s Providers may attend additional meetings or perform additional professional tasks designed to facilitate multi-disciplinary team collaboration, upon the client’s request.

A. Examples include:
   1. Lengthy phone consults with physicians, mental health professionals or other professionals; and
   3. Requested attendance at an “off-site” meeting regarding a client or additional extra consultation regarding clinical issues.

B. There is a fee of $150.00/hour for meetings or lengthy phone consultations with other professionals. Staff’s ability to attend outside meetings will be determined by program supervisor. Requests for assessments or on-going support and consultation that cannot be billed to insurance will be billed at $150.00/hour. This will include any required paperwork or documentation in addition to direct contact.
   Evaluations or consultation requested:
   1. The fee is applied when the meeting requires therapist time that goes above and beyond the usual and customary meeting and collaboration efforts needed to provide a skilled and necessary service.
2. This fee is not billable to client health insurance or Minnesota Medical Assistance.

II. **Litigation.** As requested or mandated, St. David’s Center Providers will participate as appropriate in litigation representing the services he/she provides or provided to a client.
   A. The Provider always reserves the right to consult with a supervisor or attorney and verify with the appropriate Board of Ethics and Professional Practice Board(s) that the requested participation is correct and appropriate.
   B. An hourly fee of $150.00 is applied to such services including but not limited to:
      1. Court time preparation.
      2. Travel time and mileage to/from court or other offices outside of St. David’s.
      3. Time spent in court or other meetings designed to address the issue.
      4. Report or other documentation preparation.
      5. Administrative fees for document or record preparation.
      6. Consults that the Provider may have with St. David’s legal representation.

**Procedures around non-compliance of above noted procedures:**
Non-compliance may lead to disciplinary action.

**Reference or Attachment:**
QUALITY ASSURANCE FOR SUPPORTED LIVING SERVICES

Policy Owner: Erica Tennessen  
Policy Originated by (program or department): Program  
Date Written: 10/1/2013  
Date Reviewed / Revised:  
Applicable Programs: Community-Based Therapy and Supports- Group Homes  
Date Reviewed and Approved by ELT: 3/11/14  
Statutory or Regulatory Citation: Minn. Stat. § 245D.10  
Signature if needed: 

Policy: It is the policy of St. David’s Center that on-going quality assurance checks will be done for St. David’s Center’s residential homes funded through Supported Living Services under Traditional Developmental Disabilities Waivers to ensure the provision of quality services.

Procedure:

1. **Initial Approval and Opening of homes.** The initial approval of Supported Living Services homes will include completion of a Home Safety Checklist and a review of the physical plant’s compliance with city codes for rental properties.
   a. This will be conducted by St. David’s Center Operations Staff.
   b. Upon assessment of successful compliance, St. David’s Center Operations Staff will inform the Program Supervisor of approval.

2. **Routine auditing of all client and staff files.** All residential services at St. David’s Center are governed by the Minnesota Department of Human Services - Consolidated Standards (Rule 245D). St. David’s must follow the management and service guidelines outlined in the standards to maintain its license.
   a. Daily auditing will be completed by the Program Coordinator and will include the Beginning of the Shift Coordinator Checklist.
   b. Semi-Annual audits will be completed by the Program Supervisor and will include the DHS Self-Monitoring Checklist
   c. DHS will audit the site every two (2) years to ensure compliance with the Consolidated Rules.
      i. However, DHS may audit St. David’s Center client and Staff files at any time.
3. **Routine auditing of the physical plant.** St. David’s Center will conduct, or will contract out for, ongoing auditing of Supported Living Services homes for compliance with applicable standards on a semi-annual basis. The St. David’s Center auditing protocol will include monthly, semi-annual and annual audits, and St. David’s Center reserves the right to initiate these at any time unannounced.

   a. The monthly auditing will be completed by the Program Coordinator and will include the Quality Assurance Checklist.

   b. The semi-annual audits will be completed by the Program Supervisor and will include Completion of a Home Safety Checklist, Quality Assurance Checklist, and Review of the Physical Plant Binder.

   c. The annual audits will be completed by Operations Staff at St. David’s Center and will include the same process as the initial approval, with the addition of a review of the Physical Plant Binder.

   d. All audits will result in a documented report that will provide detail for any changes needed to maintain compliance. It is expected that response and/or corrections needed as a result of audit be completed within a 30 day period. Staff who complete auditing will be responsible to follow-up on completion of all activity related maintain compliance.

**Procedures around non-compliance of above noted procedures:**

Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**

Beginning of the Shift Monitoring Checklist

DHS Self-Monitoring Checklist
**REHABILITATION THERAPY PHYSICIAN ORDERS**

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tennessen</th>
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<tr>
<td>Policy Originated by:</td>
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<td>Date Written:</td>
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<td>Date Reviewed / Revised:</td>
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<td>Applicable Programs:</td>
<td>Center-Based Therapy and Supports, Community-Based Therapy and Supports</td>
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<td>Date Reviewed and Approved by ELT:</td>
<td>3/11/14, 03/16/17</td>
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**Policy:** It is the policy of St. David’s Center that Rehabilitation Therapists are responsible for treating clients only to an extent consistent with a physician’s valid orders.

**Procedure:**

1. To comply with the billing requirements of Medicare, Minnesota Medical Assistance, and third party payers, the following steps will be followed:

   A. Administrative Support Staff will secure initial physician orders at the time the first Rehabilitation Therapy evaluation/encounter is scheduled.

   B. The initial Plan of Care will be
      i. Dated;
      ii. Indicate a time-sensitive period of treatment;
      iii. Signed by the ordering physician.

   C. Subsequent Progress Notes will be dated and indicate an ongoing, time-sensitive period of subsequent treatment.

   D. Any increases in frequency of treatment must be approved/signed by the ordering physician, a telephone order will be obtained if increases are made within the middle of a treatment period; otherwise all other changes (e.g., information related to precautions, addition of another treatment diagnosis, changes in duration of treatment) will be documented in the next Plan of Treatment.

   E. The following procedure will be used to make a valid change to a client’s Plan of Care:
i. The physician will be called to request the change;
ii. The request will be written out on the “Phone Order” Form;
iii. The completed “Phone Order” Form will be returned to Administrative Support Staff;
iv. Administrative Support Staff will fax the completed “Phone Order” Form to the physician;
v. When the Form is signed by the physician and returned, it will be placed in the client’s medical chart and become part of the client record.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
Physician Phone Order Form
Policy:  It is the policy of St. David’s Center to thoroughly investigate, document and perform follow-up regarding any event in which a client or client family member incurs serious physical injury (including death) or psychological injury during the course of mental health service delivery, or faces the risk thereof, as well as any potential event for which a recurrence would carry a significant chance of a serious adverse outcome.

Definitions:

“Sentinel Event”: means unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof, even if the outcome was not death or major permanent loss of function. Such events are called “sentinel” because they signal the need for immediate investigation and response. The Joint Commission establishes certain Sentinel Events for health care facilities and additionally requires each Joint Commission-accredited organization to define its own Sentinel Events and put into place monitoring procedures to detect these events and a procedure for root cause analyses.

Procedure:

1. Staff will implement emergency procedures to immediately intervene for the safety and health of individuals involved.

2. The Staff will notify supervising staff and executive agency administration immediately.

3. The St. David’s Center “Code Red” Policy will be implemented, if appropriate.

4. The Staff and supervisor will work together to notify and document the date of contacting the appropriate parties or entities regarding the event. This includes but is not limited to:
a. Immediate family members/guardians;
b. Managed care company;
c. The client's physician and other treating medical and mental health personnel;
d. School-based service providers;
e. County Case Managers
f. The Ombudsman's office shall be notified of all deaths.

5. The county licensor shall be notified of all deaths.

6. Timely and thorough discussions will occur to ensure that adverse clinical actions are appropriately reported and reviewed. The staff person(s) will also attempt to identify the proximal cause of the event and develop and policies and procedures to ensure minimal reoccurrence of such an event. Specific documentation will be recorded including but not exclusive to the following:
   a. Date of the conversation(s);
   b. Identified action plan(s);
   c. Identity of party responsible for completing the action plan(s);
   d. Timeline for completing the action item(s);
   e. Date the action item was completed and by whom;
   f. “Accident/Critical Incident Report” Form (completed by Staff);
   g. “Death and Serious Injury Report” Form to be submitted to the Minnesota Department of Human Services (completed by Staff);
   h. Health Progress Notes (Group Homes only).

7. The third-party payer will also be notified in the event of a patient death or any other unusually severe circumstance.

8. The Staff’s licensing board will be contacted and informed of the event. In the event that specific action is recommended by the licensing body, the executive leadership team will determine the course of action. Specific documentation will include:
   a. Date of the conversation(s);
   b. Follow-up items;
   c. Date follow up items were completed;
   d. Other information, as appropriate.

Procedures around non-compliance of above noted procedures:
Failure to follow above procedures will result in disciplinary action including and up to termination of employment.

Reference or Attachment:
Accident/Critical Incident Reporting Form
Death and Serious Injury Report Form
Policy: It is the policy of St. David’s Center that notice of intended terminations will be given to the client and the client’s case manager in writing at least sixty (60) days prior to the proposed termination becoming effective. The written notice will include the reasons for and projected date of the intended termination and resources and services recommended to meet the client’s needs, including those situations that begin with temporary suspensions.

Procedure:

I. General Procedure

A. St. David’s Center will notify the person, the person’s legal representative and the case manager in writing of the intended service termination, the reason for that termination, the person’s right to appeal, and the person’s right to seek a temporary order staying the termination of service according to the procedures in Minnesota Statutes, section 256.045, subdivision 4a or 6, paragraph (c).

B. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
   
   i. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
   
   ii. For those persons receiving other services licensed under Minnesota Statutes, chapter 245D, the notice must be provided at least 30 days before the proposed effective date of service termination.

C. The program will limit service termination to the following situations: For the person’s welfare due to the programs inability to meet there needs, the safety of the person or others is at risk and positive support strategies have not achieved or maintained safety, the health of the person is endangered, the program has not been paid for services, the program ceases to operate, or the person has been terminated from waiver eligibility.
D. If the termination is from a residential setting (St. David’s Center Group Home) the program will provide notification to the Commissioner of the Department of Human Services.

E. The program must provide information requested by the person or the person’s legal representative or case manager upon notice of service termination.

F. Prior to giving the written notice of service termination, the program must document the actions taken by the program to minimize or eliminate the need for service termination.
   1. a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions if St. David’s Center has not billed and been paid for services.
   2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the license holder was unable to take the action specified in clauses (1) and (2), the license holder must document the specific circumstances and the reason for being unable to do so.

G. During the service termination notice period the program will work with the appropriate county agency to develop reasonable alternatives to protect the person and others and to support the continuity of care.
   1. the notice must include the reason for the action, a summary of actions taken to minimize or eliminate the need for temporary service suspension as required under this paragraph, and why these measures failed to prevent the suspension.

H. The program must maintain information about the service termination including the written termination notice in the person’s record.

I. The program must provide a copy of this policy to the person or the person’s legal representative and case manager within five working days of service initiation.

II. Working Unauthorized Hours

A. Staff who work unauthorized hours will be subject to the St. David’s Center discipline process, which could lead to termination of employment.

B. Examples of unauthorized hours include:
   i. Unapproved over-time;
   ii. Working after a Supervisor has informed Staff that client services and/or when Staff’s employment is currently suspended;
   iii. Working when a Client’s Service Authorization has expired.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for
violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**Policy:** It is the policy of St. David’s Center to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

**Procedure:**

A. Temporary Service Suspension

1. The use of temporary service suspension by this program is restricted to situations in which the conduct of the person being served poses an imminent risk of physical harm to self or others and less restrictive or positive support strategies would not achieve safety, situations in which past due balances are not paid in an appropriate time frame, or if the program is unable to meet an individual’s medical needs.

2. The program must notify the person or the person’s legal representative and the case manager in writing of the intended temporary service suspension.

3. Notice of temporary service suspension will be given on the first day of the service suspension.

4. The program must provide information as requested by the person or the person’s legal representative or case manager when services are temporarily suspended.

5. Prior to giving notice of temporary service suspension, the program must document the actions taken by the program to minimize or eliminate the need for temporary service suspension. For example:

   a. The person’s behavior that is prompting the temporary service suspension, including the frequency, intensity and the duration of the behavior.

   b. The events leading up to the temporary service suspension.

   c. Consultations with others on methods to minimize or eliminate the need for temporary service suspension.
i. a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions if St. David’s Center has not billed and been paid for services.

ii. If, based on the best interests of the person, the circumstances at the time of the notice were such that the license holder was unable to take the action specified in clauses (1) and (2), the license holder must document the specific circumstances and the reason for being unable to do so.

6. During the period of temporary service suspension the program will work with the person’s interdisciplinary team to develop reasonable alternatives to protect the person and others.

   a. the notice must include the reason for the action, a summary of actions taken to minimize or eliminate the need for temporary service suspension as required under this paragraph, and why these measures failed to prevent the suspension.

7. If the entirety of the person’s interdisciplinary team agrees the reason for suspension has been alleviated, the person has the right to return to the program. When making that decision the program will consider the recommendations from a healthcare professional, if any. If the program makes a decision contrary to the recommendation of a health care professional, the rationale will be documented.

8. The program must maintain information about the temporary service suspension in the person’s record.

9. If the suspension is from a residential setting (St. David’s Center Group Home), the program will provide notification to the Commissioner of the Department of Human Services.

10. Notification sent to the Commissioner will be sent on the first day of services suspension and will include the reason for the suspension, a summary of the actions taken to prevent the suspension, and the reasons why those actions failed to prevent the service suspension.

   **In the event of a lapse of insurance, we will suspend services after 30 days until eligibility is reinstated.**

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for
violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy:
Foster Providers use their approved respite days within the established timeframe. Respite is on an accrual basis per individual child.

Procedure:
Foster Providers accrue a specified amount of respite days starting the first date of placement. For a child with a DOC score below 141 points or a MAPCY Level K and below receive 14 days for a 12 month placement of paid respite. For a child that has a DOC score above 141 points or a MAPCY Level L and above receive 24 days for a 12 month period. Providers may schedule respite days based on an accrual rate schedule per month based on the child’s DOC score:

<table>
<thead>
<tr>
<th>DOC 140 and below</th>
<th>DOC 141 and above</th>
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<tr>
<td>MAPCY Levels B through G</td>
<td>MAPCY Levels H through Q</td>
</tr>
<tr>
<td>1.17 days per month accrual rate</td>
<td>2.0 days per month accrual rate</td>
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Accrued respite days will carry over into the next month if not used; however, respite days need to be used within one year from the initial date of placement. You may not carry over respite days beyond 12 month placement year period. Respite days are not to be used within the last 2 weeks of a known discharge for the child.

If a Foster Provider exhausts their respite days, the Foster Provider may seek approval from the St. David’s Center Program Supervisor for additional respite. However, the Foster Provider will not be paid their daily + DOC and/or MAPCY reimbursement rate for these specified dates.

All respite days are to be coordinate through the St. David’s Center staff, not Foster Provider to Respite Provider initiated. St. David’s Center cannot guarantee respite days that do not include coordination from the program staff.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**Policy:**  St. David’s Center expressly prohibits the abuse, neglect or financial exploitation of its clients. All employees, agents, consultants, volunteers, and others who provide services to St. David’s Center clients (collectively, “St. David’s Center personnel”) are mandatory reporters and will report any apparent or suspected abuse, neglect, or financial exploitation that comes to their attention. All such reports will conform to applicable statutory requirements.

**Definitions:**

“Vulnerable Individual” (or “VI”): means any person defined as either a vulnerable adult or minor by Minnesota law.

“Vulnerable Adult” (or “VA”): means any person, 18 years of age and older, who is a resident or a patient of a facility such as a hospital, group home, nursing home, day service facility, day activity center, adult foster care home, or a person who receives services from an agency such as a home care agency or personal care service. VA also means an adult, regardless of where he or she lives or what type of services he or she receives, who possesses a physical or mental infirmity or other physical, mental or emotional dysfunction that impairs the individual’s ability to provide adequately for his or her own care without assistance and because of the

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1 Many of the following definitions are abbreviated. For full definitions and frequently asked questions regarding these definitions, see the resources available at http://www.dhs.state.mn.us.
dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect him or herself from maltreatment.

“Minor”: means any unemancipated person less than 18 years of age.

“Mandated Reporter”: means any professional/professional’s delegate while engaged in providing any services to persons in the hospital or in providing care to a VI regardless of the location of the care, including:

1. Administrative services personnel
2. Supervisors
3. Social Services
4. Therapeutic or rehabilitative services
5. Licensed services (e.g. MD, NPP, RN, LPN, NA)
6. Interns and volunteers
7. Clergy

“Common Entry Point” (or “CEP”): means the agency responsible for taking the report.

“Maltreatment”: means abuse, neglect or financial exploitation.

“Abuse”: means assault, the use of drugs to injure or facilitate crime, solicitation or promotion of prostitution, criminal sexual conduct, hitting, slapping, kicking, pinching, biting or corporal punishment, use of repeated or malicious oral, written or gestured language, or treatment that is disparaging, derogatory, humiliating, harassing or threatening, any aversive or deprivation procedures, sexual contact or penetration between a facility staff or a person providing services in the facility and a resident or patient, or forcing a VI to perform services for the advantage of another against the person’s will.

“Neglect”: means the failure of a caregiver to supply a VI with care or services like food, clothing, shelter, health care or supervision which is reasonable and necessary for the VI’s physical or mental health or safety or comfort considering the physical or mental capacity or dysfunction of the VI.

“Financial exploitation”: means an unauthorized expenditure of funds entrusted to the actor (who has a fiduciary relationship with the VI) or failure by the actor to use the financial resources of the VI to provide for the VI in detriment to the VI. Financial exploitation also means to acquire possession or control of funds or property of a VI through undue influence, harassment, duress, deception or fraud or to force, coerce or otherwise entice a VI to perform services for the profit or advantage of another against the VI’s will. In the absence of legal authority a person, willfully uses, withholds, or disposes of funds or property of a vulnerable adult.
Procedure:

I. Emergency or Remedial Action to Address Maltreatment

A. St. David’s Center personnel observing or discovering maltreatment of a vulnerable individual (“VI”) will immediately intervene, provide First Aid and/or obtain qualified medical assistance, and otherwise secure the safety of the individual using any available resources or assistance required. If you know of or suspect immediate danger, you must call 911.

B. If the individual is injured, an “Accident/Critical Incident Reporting” Form must be completed.
   1. The “Accident/Critical Incident Reporting” Form does not constitute a VI maltreatment report, which is also required.

II. Reporting Maltreatment

A Mandated Reporter who has reason to believe a VI is being or has been maltreated, or who has knowledge that a VI has sustained a physical injury, which is not reasonably explained, will either report such information internally (see “A” below) and/or externally (see “B” below). St. David’s Center encourages Staff/Providers to use the internal reporting procedures explained below. However, this is not required by law and Staff/Providers can report (externally) directly to the CEP at any time.

In cases requiring immediate assistance/intervention, law enforcement may be contacted first, followed by making a CEP report.

A. Internal Reporting
   1. When VI Maltreatment is suspected, it will be reported immediately to the appropriate Program Coordinator unless there is reason to believe said Coordinator is involved in the alleged or suspected maltreatment, in such case the Program Director will be notified immediately. If after hours, persons suspecting or observing maltreatment will contact the on-call cell phone.
   2. The internal reporter may be asked to complete a written report. That report, as well as the oral report, must enable St. David’s Center to identify:
      a. the VI,
      b. the caregiver,
      c. the nature and extent of the suspected maltreatment,
      d. any evidence of previous maltreatment,
      e. the name and address of the reporter,
      f. the time, date and location of the incident, and
      g. any other information the reporter believes might be helpful in investigating the suspected maltreatment.
   3. A Mandated Reporter meets the reporting requirements of Minnesota law by reporting internally. Upon receiving an internal report of suspected VI
maltreatment, the program coordinator or director will be responsible for making required VI maltreatment reports to the CEP (see “B” below).

a. St. David’s Center shall give a person who reports internally a written notice stating whether St. David’s Center has reported the incident to the CEP. The written notice will be:
   i. Provided within two working days; and
   ii. In a manner that protects the confidentiality of the reporter.

b. The written response provided by St. David’s Center to the Mandated Reporter shall note that if the reporter is not satisfied with the action taken by St. David’s Center, the reporter may report externally (see “B” below) to the CEP.

c. St. David’s Center shall not prohibit a Mandated Reporter from reporting externally, and shall not retaliate against a Mandated Reporter who reports suspected VI maltreatment to the CEP in good faith.
   i. The written notice provided by St. David’s Center to the mandated reporter will inform the mandated reporter of this protection from retaliation for reporting externally.

B. **External Reporting by St. David’s Center or Mandated Reporters**

1. The Program Director shall receive all Internal Reports of VI maltreatment, and determine whether the internally reported information meets the state law requirements for a VI report of maltreatment.

2. If it does, the Program Director shall make a report of such information to the CEP immediately (not later than 24 hours after the information is learned by St. David’s Center).

3. Staff/Providers observing or learning of suspected maltreatment of a VI may report externally as described below, and/or internally as explained in “A” above.

4. All reports concerning suspected abuse or neglect of children occurring in this program must be made to the Department of Human Services, Licensing Division’s Maltreatment Intake line at (651) 431-6600.

To make a VI report, contact the appropriate CEP:

- Minnesota Adult Abuse Reporting Center 1-844-880-1574
- Hennepin County Child Protection 612-348-3552
- Anoka County Child Protection 763-422-7125
- Dakota County Child Protection 952-891-7459
- Ramsey County Child Protection 651-266-4500
- Carver County-Community Social Services Child 952-361-1600
- Wright County Human Services Agency Child 763-682-7449 or 763-361-1600

If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.
5. A formal internal written report must be completed by the Appropriate Program Coordinator. Copies of the report will be provided by the Program Coordinator to the Program Director and Executive Director. The Program Director will provide Social Services with a copy of the report, which will be filed in a designated location at the St. David’s Center Minnetonka site for further reference. A written report to the agencies listed above within 72 hours, exclusive of weekends and holidays.

6. The appropriate Program Coordinator shall work with Staff/Providers to ensure that information regarding the VI report is documented in the VI’s chart.

C. Contents of the VI Report:
1. Identity of the VI;
2. Identity of the caregiver;
3. Nature and extent of suspected maltreatment;
4. Any evidence of previous maltreatment;
5. Name and address of reporter;
6. Time, date and location of incident;
7. Any other information useful to the investigation.

D. Conditions of Reporting
1. Everyone (including persons other than Mandated Reporters) may and should report cases of known or suspected VI Maltreatment internally and/or to the CEP.
2. The identity of Mandated Reporters may not be disclosed. Any person who makes a good faith VI report either internally or externally is immune from liability and shall not be subject to retaliation by anyone in authority or employed by St. David’s Center.
3. Any person who negligently or intentionally fails to report suspected maltreatment of a VI is liable for damages caused by the failure.
4. A person is not required to make a report if the reporter knows or has reason to know a report has already been made to the CEP.
5. Any person who intentionally makes a false VI report is liable in a civil suit for any actual damages, punitive damages and attorneys’ fees.

E. Internal Review Procedures
1. When St. David’s Center has reason to know that an internal or external report of alleged or suspected maltreatment has been made, St. David’s Center will complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable individuals and that review will be completed within 30 calendar days.
   a. Such internal review will include an evaluation of whether:
Related policies and procedures were followed;

ii. The policies and procedures were adequate;

iii. There is a need for additional staff training;

iv. The reported event is similar to past events with the VIs or the services involved; and

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

b. The internal review will be completed by the designated Coordinator, unless there is reason to believe such Coordinator is involved in the alleged or suspected maltreatment. In such a case, the Program Director will decide who will complete the internal review.

c. The designated Coordinator will document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner’s request.

d. Based on the results of the internal review the designated coordinator will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or St. David’s Center, if any.

e. The internal review will be accessible to the commissioner of human services or a commissioner’s designated representative upon request.

III. Orientation/Intake of Clients and Families

A. All clients and/or representatives of a site or program will receive orientation regarding internal reporting procedures, in a manner they are able to comprehend, within 24 hours of admission.

B. Clients and families using Minnesota Statute § 245D licensed services will also be oriented to the IAPP (Individual Abuse Prevention Plan) in a manner they are able to comprehend within 24 hours of admission, when applicable.

1. Client Representatives shall have the opportunity to be included in the orientation and must be notified when the orientation will be provided.

C. If a client would benefit by delaying orientation, orientation may take place within the first 72 hours following admission, provided the reason for the delay is documented at the time of admission.

D. If a determination is made that a client is unable to comprehend the orientation, this requirement may be waived.

1. Such waiver must be documented in the IAPP.

2. In this case, representatives shall have the opportunity to receive the orientation on behalf of the client.

IV. Employee and Volunteer Requirements

A. Staff/Providers/Volunteers will receive an orientation within 72 hours of his or her first
shift providing direct contact services to a VI and annually thereafter.

B. The orientation and annual review will inform the Mandated Reporters of statutory reporting requirements and definitions, and St. David’s Center internal policies and procedures related to the prevention and reporting of maltreatment of clients.

**Procedures around non-compliance of above noted procedures:**
Staff not complying with the above noted procedure may be subject to corrective action.

**Reference or Attachment:**
Accident/Critical Incident – Emergency Response and Reporting Policy
Accident/Critical Incident Reporting Form
IV. PROGRAM SAFETY, SANITATION, AND EMERGENCY RESPONSE POLICIES (ERICA TENNESSEN)

1. Cleaning and Sanitation
2. Client Safety and Campus Security
3. Emergency Response Reporting and Review
Policy:
St. David’s Center will follow emergency closure procedures due to inclement weather consistent with this procedure.

Procedure:
1. The decision to close St. David’s Center, start programs late, or close early due to inclement weather or other conditions will be made by the Chief Executive Officer (CEO), Chief Operating Officer (COO) and members of the Executive Leadership Team as determined by the CEO.

2. Types of Closures
   A. Early closure of the agency or targeted programs
   B. All Agency Closure for full day
   C. Targeted Program Closure for full day
   D. Late Start – e.g. No morning preschool (ECE Morning Three Hour Classrooms; FP AM Groups; ADT AM Groups).

3. The decision to close the agency or cancel morning preschool will be made by 5:30 am.

4. In the event of no morning preschool, clinical programs will stay open and attempts will be made to call parents if specific therapists are unable to arrive on time for appointments due to road conditions. Each therapist is responsible to call the CORE office to request that calls be made to parent if arriving late.

5. In the event of a closure or late opening, the decision will be communicated to staff and parents via one or all of the following:
A. TV network (KSTP, WCCO, KMSP, KARE 11)- by Director of Facilities
B. Weather Line – Front Desk Staff Member
C. St. David’s Center’s Facebook, Twitter and webpage – by CRD Staff Member
D. “All Users” email message – by CEO or COO
E. Phone trees used as needed by specific programs
F. Parent and transportation companies - by specific program staff

6) **Employee expectations and hours:**

A. **Program specifics and employee pay when full agency closing** (or employee’s worksite is closed):
   - Center-based employee are not expected to report to work, but will be paid for regular scheduled hours.
   - Employees who work at a site that is closed due to weather are not expected to report to work and are permitted to leave work if work-site is closed early due to weather (i.e. Adventure afterschool sites, School Linked Mental Health sites), but will be paid for regular scheduled hours.
   - Center Based-Temporary, On-call and Substitute employees that are scheduled the day of closure would be paid for regular scheduled hours.
   - Community-Based employees (Waivered Services, PCA, MHST, ASDSS, TR) should cancel shifts with families, but will not be paid for cancelled hours.
   - SLS and Group Home employees who have scheduled shifts will be paid time and a half and expected to report to their work sites.

B. **St. David’s Center determines that programs will start late due to inclement weather,** employees are expected to work their regular scheduled hours. However, if an employee is unable to get to work due the conditions of the roads on his/ her commute, the following two options will be available:
   - The employee may use PTO or unpaid leave with approval from supervisor
   - The employee may seek supervisor approval to work from home if the position does not require presence in the building and allows for a work from home capacity

C. **If St. David’s Center determines that programs will close early due to inclement weather,** employees are expected to work their regularly scheduled hours. However, if an employee decides that they are unable to finish the remainder of their regular shift due to the conditions of the roads on his/ her commute, the following two options will be available:
   - The employee may use PTO or unpaid leave
• The employee may seek supervisor approval to work from home if the position does not require presence in the building or already allows for a work from home capacity (e.g. service coordinator, home visitor)

D. In any event, if an employee was using a **scheduled PTO day**, the PTO will still be deducted as originally planned.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**

ND: 4849-5673-6534, v1
Policy: It is the policy of St. David’s Center to effectively respond to all emergencies and as applicable report, and review, to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

Definitions:

“Emergency” means any event that affects the ordinary daily operation of the program including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.

II. Response Procedures

A. Safety procedures

1. Fires. Additional information on safety in fires is available online at: [http://www.ready.gov/fires](http://www.ready.gov/fires). Agency Fire Prevention strategies include: Routine drills, execution of a preventative maintenance schedule for mechanical systems, routine checks of fire alarms, fire extinguishers, and sprinkler system. Fire drills are practiced monthly as training for staff on carrying out fire procedures. Administration
keeps a log detailing dates and times. In the event of a fire emergency, staff will take
the following actions:

In the event of an actual fire, Staff will:

- Close the door of the premises or area where the fire is located help contain the fire
  and slow its spreading.
- Evacuate all individuals in the immediate area of the fire to safety. Teachers and program
  staff are responsible for getting their children and clients out of the building. All other staff
  will assist programs and participates as needed.
- Activate the building fire alarm if it has not been automatically activated, or implement the
  warning system for the program.
- Utilize a fire extinguisher as trained, if appropriate.
  1. Pull the pin.
  2. Aim the nozzle at the base of the fire. Hitting the tops of the flame with the
     extinguisher won't be effective. ...
  3. Squeeze the trigger. In a controlled manner, squeeze the trigger to release the agent.
  4. Sweep from side to side. Sweep the nozzle from side to side until the fire is put out
- Call the Minnetonka Fire Department at 952-939-8598 or (911 unless otherwise noted)
  and provide the following information: caller's name; Address of fire; type of fire, if known;
  and extent of fire, if known.
- Evacuate all others to the designated meeting place outside and account for each person,
  closing doors as you go.
- Upon reaching the designated meeting place, Staff will wait for the fire
  department and provide specific information to them when they arrive.
- Everyone should remain outside until given permission to reenter by fire officials.
  If remaining outside jeopardizes the health and/or safety of individuals, everyone
  should go to an alternate meeting place
- Contact the Supervisor or designee.
- Once the fire is out the supervisor or designee will consult with the fire
  department to determine if the building is habitable.
- If the building is uninhabitable, an emergency shelter site will be designated in
  advance for each Group Home. Emergency shelter sites are intended for short-
  term use only while alternative arrangements are made. Arrangements will be
  made for additional Staff and supports as needed.
- After appropriate arrangements have been made to meet everyone's immediate
  needs, the supervisor or designee will: notify the program director; notify the
  appropriate manager/designee; contact the county case manager; contact parents
  and guardians; contact the home owner, if not St. David’s Center; arrange for the
  completion of an incident report by the Staff who was in charge at the time of the
  fire; notify licensing personnel as appropriate.

2. **Severe weather and natural disasters.** Additional information on safety in severe
weather or natural disasters is available online at: [http://www.ready.gov/natural-
disasters](http://www.ready.gov/natural-disasters). The agency conducts monthly tornado drills from April to September and
maintain a log of times and dates that drills were completed In the event of a severe
weather emergency, staff will take the following actions:
Monitor weather conditions: Listen to local television or radio or a weather-radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

3. **Power failures.** Additional information on safety during power failures is available online at: [http://www.ready.gov/technological-accidental-hazards](http://www.ready.gov/technological-accidental-hazards). In the event of a power failure emergency, staff will take the following actions:

- Report power failures to the local power company.
- Use emergency supplies (flashlights, battery-operated radio).
- Account for the well-being of all people receiving services.
- Inform people why plans and activities are changing and what they are doing to keep them safe.

4. **Emergency shelter.** Additional information on emergency shelter is available online at: [http://www.ready.gov/shelter](http://www.ready.gov/shelter). Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.

Follow directions of local emergency personnel to locate the closest emergency shelter.
If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.

At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.

Remain calm and keep everyone informed of why events are occurring.

Use of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

5. **Emergency evacuation.** Additional information on emergency evacuation is available online at: [http://www.ready.gov/evacuating-yourself-and-your-family](http://www.ready.gov/evacuating-yourself-and-your-family). Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

Account for the well-being of all people receiving services.

Inform people why they are leaving the program and what is being done to keep them safe.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

6. **Temporary closure or relocation.** Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff.

Inform people why the program is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.

Follow directions received from administrative staff, police, fire, and other emergency personnel.
If time allows, remove from the program medication and medical supplies, medical and programs books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.

Closure or relocation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

7. In case of severe weather, all persons in the building will take refuge in specified interior hallways or interior rooms with no or few windows. Individuals must not sit in front of doorways directly below heavy objects that may fall.

8. A member of the Crisis Management Team will communicate with local emergency management officials, law enforcement officials, or other appropriate state or local authorities in cases of emergency, which include fire, situations requiring emergency sheltering, or situations requiring emergency evacuation.

9. In the event a long-term closure is needed due to an emergency at St. David’s Center, the agency will do its best to service clients at temporary new location(s) or work with clients to find a new provider.

B. For Waivered Services &/or Early Childhood Education only:

Additional safety procedures for Day Services Facilities and Community-Based Facilities

1. First aid and CPR
   a. Training
      1) A staff person trained in first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
      2) A staff person trained in cardiopulmonary resuscitation (CPR) will be available on site when required in a person’s coordinated service and support plan or coordinated services and support plan addendum whenever a person receiving services is present and staff are required to be at the site providing direct service.
      3) CPR training must include in-person instruction, hands-on practice, and an observed skill assessment under the direct supervision of a CPR instructor.
   b. First aid kits
      1) First aid kits must be readily available for use by staff and must meet the needs of the persons receiving services. First aid kits are located in each home.
      2) First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.

2. Emergency equipment (http://www.ready.gov/build-a-kit)
   A flashlight and portable radio and television that can be used in the event of a power failure must be at our program. Emergency contacts
a) A list of emergency telephone numbers is posted, next to a non-coin operated telephone that must be readily accessible at all times. The mental health crisis intervention team number must be posted, when available. In our program 911 is listed as the emergency number, typically emergency numbers are also noted and include the local fire department, police department, emergency transportation, and poison control center.

b) The names and telephone numbers of each person’s representative, physician, and dentist must be readily available.

4. Written emergency response plan
An emergency response plan must be readily available to staff and persons receiving services. The emergency response plans are developed for St. David’s Center sites and in each residence. The plan must include:

a. Procedures for emergency evacuation and emergency sheltering, including:
   1) How to report a fire or other emergency;
   2) Procedures to notify, relocate, and evacuate occupants, including use of adaptive procedures or equipment to assist with the safe evacuation of persons with physical or sensory disabilities; and
   3) Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.

b. Floor plan that identifies:
   1) Location of fire extinguishers;
   2) Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems;
   3) Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and
   4) Location of emergency shelter within the facility.

c. Site plan that identifies:
   1) Designated assembly points outside the facility;
   2) Locations of fire hydrants; and
   3) Routes of fire department access.

d. Responsibilities each staff person must assume in case of emergency.

e. Procedures for conducting monthly fire drills and monthly tornado trills April to September each year and recording the date of each drill in the file of emergency plans.

f. Procedures for relocation or service suspension when services are interrupted for more than 24 hours.

g. Floor plan that identifies the location of an enclosed exit stairs (only applies to a community residential setting with three or more dwelling units).

h. Emergency escape plan for each person

i. Provide for the training of staff persons to carry out the fire procedures.

Reporting Procedures
Emergency reports will be completed using the program’s emergency report and review form as soon possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:
1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the emergency and whether a person’s coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the emergency; and
6. The results of the review of the emergency (see section IV).

**Review Procedures**

This program will complete a review of all emergencies.
1. The review will be completed using the program’s emergency report and review form by the program director or their designee.
2. The review will be completed within 30 days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

**Record Keeping Procedures**

A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
B. Emergency reports will be maintained in an electronic file.

**Reference or Attachment:**

Accident/Critical Incident Policy
POLICY AND PROCEDURE MANUAL

V. HIPAA & IT (EMILY WALTON)

1. Acceptable Computer Use
2. Account Setup for System Administrators
3. Clinical Intern and PHI
4. Data Privacy for All Programs
5. Designation of Compliance Officer
6. Electronic Communication
7. HIPAA Administrative Document Retention
8. Hybrid Entity Statement
10. Minimum Necessary Access and Disclosure
11. Non-Disclosure Agreement
12. Off-Site Work Security
13. Privacy and Security Incident Response (Breach)
14. Privacy and Security Violations Sanctions
15. Privacy Notice Content and Delivery
16. Request for Inspection or Copy of Client’s Own Records
17. Right to Accounting of Disclosures of One’s PHI
18. Right to Receive Confidential Communications
19. Right to Request Restrictions on One’s PHI
Acceptable Use of Technology Systems

**Policy Owner:** Emily Walton  
**Policy Originated by (program or department):** Combination of previous Internet Access and Device Acceptable Use and Acceptable Computer Use policies

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**Applicable Programs:** All Covered Programs (refer to Hybrid Entity Statement Policy)

| Date Reviewed and Approved by ELT: | 3/11/14; 1/5/17 |

**Statutory or Regulatory Citation:**

**Signature if needed:**

**Policy:** This policy sets forth the acceptable use of St. David’s Center’s Technology Systems. For purposes of this Policy, “Technology Systems” includes all systems (including, but not limited to, the St. David’s Center network) and equipment (including, but not limited to workstations, laptops, and mobile devices) that are used to create, access, maintain, or transmit St. David’s Center electronic information.

Use of Technology Systems is limited to business purposes/work duties. Staff (including interns and volunteers), board members, contracted providers, and business associates must comply with this policy and all other applicable policies established by St. David’s Center.

**Purpose:** Users of Technology Systems share responsibility for maintaining the security of St. David’s Center’s information assets. Each workstation connected to the network and each device storing or accessing our protected information is a point of vulnerability that can potentially weaken security controls. This policy describes acceptable use of St. David’s Center’s Technology Systems.

**Scope:** While St. David’s Center recognizes the importance of securing information communicated through all mediums, this policy is focused on Technology Systems and the security of electronic information. This policy applies to all users of our Technology Systems, including employees, interns, volunteers, board members, contracted providers, and business associates, and other third parties who have been granted electronic access privileges. This policy applies to all Technology Systems used for St. David’s Center business, regardless of ownership.

**Table of Contents:**

- No Expectation of Privacy
• Unacceptable Use of Technology Systems
• Internet Use
• Computers and Other Electronic Equipment
• Software
• Data Sharing Applications and Tools
• Copiers and Faxing
• Security and Updates
• Other Policy References
• Discipline
• Terminated Employees

No Expectation of Privacy
All use of St. David’s Center’s Technology Systems is subject to review at any time by St. David’s Center. Review may occur for purposes that include, but are not limited to, measuring, monitoring, and addressing the use, performance, or health of Technology Systems, and addressing security issues. In the course of conducting such a review, St. David’s Center may provide information about the use of Technology Systems by one or more specific individuals to an external party without prior notification to those individuals. Therefore, users have no expectation of privacy when using Technology Systems.

Unacceptable Use of Technology Systems
Any unacceptable or unauthorized use of Technology Systems is prohibited. Examples of unacceptable and unauthorized use of Technology Systems include, but are not limited to:

1. accessing personal email using St. David’s Center Technology Systems;
   a. Users are only permitted to access personal email accounts or data using their personal devices and utilizing our guest Wi-Fi network on personal time.

2. accessing sites that are inconsistent with the diversity policies within St. David’s Center including racially offensive sites;

3. posting, viewing, downloading or otherwise receiving or transmitting offensive defamatory, pornographic or sexually explicit material;

4. engaging in computer “hacking” or other related activities;

5. attempting to disable or compromise the security of any Technology System;

6. accessing game sites;

7. accessing gambling sites;

8. supporting, establishing, or conducting any private business operation or commercial activity;

9. attempting to gain unauthorized access to any portion of St. David’s Center’s Technology Systems;

10. violating St. David’s Center policy of prohibiting discrimination against individuals on the basis of race, gender (including sexual harassment), pregnancy, religion, age, color, creed, national or ethnic origin, disability, marital status, sexual orientation, status as a Vietnam-era
or disabled Veteran, status with regard to public assistance, membership on a local human rights commission, or any other classification protected under local, State or Federal law;

11. intentionally disseminating, accessing, or providing a hyperlink to obscenity, as that term is defined by the law;

12. engaging in political activities;

13. destroying, altering, compromising the integrity or security, or making inaccessible St. David’s Center Technology Systems;

14. utilizing St. David’s Center Technology Systems or other resources with the purpose of intentionally interfering with others’ use of Technology Systems or the conduct of St. David’s Center business;

15. compromising the privacy of users of St. David’s Center Technology Systems;

16. violating any Federal, State, or local law;

17. copying of software in violation of a license or when copying is not authorized;

18. violating any St. David’s Center policy;

19. participating in non-work related chat rooms and live conversations on real time chat lines, including but not limited to, instant messaging programs such as Windows Instant Messenger, AIM, and ICQ; and

20. subscribing to non-work related email lists or other services using your St. David’s Center email account.

**Internet Use**

1. Use of St. David’s Center Technology Systems, including use of the St. David’s Center network to connect to the Internet, is limited to business purposes/work duties only.

2. Personal use of St. David’s Center Technology Systems is prohibited. Personal use of the Internet is only authorized on personal devices utilizing the guest Wi-Fi network on the user’s personal time, and when such Internet use is compliant with all other provisions of this policy.

3. Information posted, viewed, or downloaded from the Internet may be protected by copyright laws. Reproduction of protected information is permitted only if such reproduction is a fair use based on express permission given by the copyright owner that is on file with St. David’s Center.

4. Only authorized IT personnel may establish Internet or other external network connections. Other connections may cause or allow unauthorized access to St. David’s Center Technology Systems and electronic information and are prohibited.

5. St. David’s Center reserves the right to block websites from use and to monitor users’ Internet activity.

**Computers and Other Electronic Equipment**
1. Computers and other electronic equipment provided for staff use by St. David’s Center are the property of St. David’s Center and are to be cared for and protected at all times from unauthorized access, damage, or theft.

2. If staff are found to be negligent in the damage or loss of company-owned electronic equipment, they may be held responsible for costs related to repair or replacement of the equipment.

3. St. David’s Center acquires, repairs, and disposes of all computers and other electronic equipment through the IT department.

**Software**

1. Only officially-approved software may be used on St. David’s Center-owned devices. Users should not download or attempt to install any software at any time.

2. Any requests to have additional software installed on a computer must be submitted to the IT Department.

3. Staff may not install St. David’s Center-owned software and/or licenses on their personal devices unless IT has specifically authorized such installation.

**Data Sharing Applications and Tools**

1. The use of data sharing tools/applications that are not provided by St. David’s Center IT is prohibited.

2. Data sharing tools cannot be used to share or store St. David’s Center information, unless permission has been granted by the IT & Compliance team. Data sharing tools include, but are not limited to:
   a. Box.net
   b. Catch
   c. Dropbox
   d. Evernote
   e. Google Docs
   f. Google Drive
   g. OpenDrive
   h. SugarSync
   i. Microsoft OneDrive (personal)

3. Approved data sharing tools include SDC’s SharePoint and OneDrive for Business (for internal use only).

**Copiers and Faxing**

1. Copy machines and facsimile machines are to be used for business purposes/work duties.

2. Occasional personal use of copy and facsimile machines is permitted during break periods, lunch periods and other non-work time. The cost for such use is 10¢ per copy/fax. Employees who use St. David’s Center copy and facsimile machines should submit payment to the front reception desk.
Security and Updates
1. Individual passwords for Technology Systems are confidential and may not be posted or shared with anyone. If a user’s password is learned by someone else, it must be changed immediately. Each user is responsible for activity performed using their account. No user may attempt to obtain access to another user’s account.
2. Administrative passwords should only be known to and used by account administrators.
3. Technology Systems will periodically need to undergo software updates critical to security. Staff must not interfere with these automatic update and security protection processes, and should report issues to the IT department as soon as possible.
4. All users must report immediately any suspected security incidents or breaches, violations of acceptable use, and the unsecure transmission of protected health information (PHI), to department supervisors, the Compliance Officer, or IT.
5. Users must lock or log out of the computer when leaving a workstation unattended.
6. Users must reasonably ensure that their workstation screens are not visible to the public. Screen filters should be used when repositioning a workstation is not feasible.
7. Portable workstations (laptops and smaller) must be secured when not in use. This includes secured storage in a locked office or in a locked desk drawer.
8. Users may not transfer or maintain work-related data using personal devices. This includes, but is not limited to flash/USB drives. Users may not copy work-related data to or from their personal devices.

Other Policy References:
- Electronic Communication
  Please see the Electronic Communication Policy.
- Cell Phones
  Please refer to the Cell Phone Policy.

Discipline
1. Employees engaging in unauthorized or improper use of St. David’s Center Technology Systems are subject to disciplinary action. St. David’s Center-imposed sanctions for unauthorized or improper use of Technology Systems will depend upon the nature of the violation. Disciplinary actions may include suspension and/or termination of employment.
2. Evidence of illegal activities or policy violations will be handled by the appropriate authorities as soon as possible after detection.
3. Failure to report any incident promptly may subject the employee to corrective action consistent with the Human Resource Policy HR41: Coaching and Discipline.

Terminated Employees
Upon termination, former employees have no right to the data stored on St. David’s Center Technology Systems and will not be permitted access to Technology Systems.

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
Policy:

System Administrators should have separate account logins, different from their daily access accounts. Additionally, their passwords and account lockouts should follow more rigid conventions than user accounts.

Procedure:

Logical access to applications should be appropriately restricted by requiring the use of unique user names and passwords for individuals with administrator authority. The Administrator account should only be used in rare instances when required. All administrator level users should have separate accounts, one for normal day to day access and one to elevate their privilege to perform administrator level functions.

System Administrators should work with software vendors to try to set up the following:

- Set up the minimum character setup for an Administrator password to 15
- The password cycle for Administrators should be set at 30 days
- Account lockout should be set at 3 attempts
- Password history should be retained for 24 previous cycles

Additionally, we recommends requiring application administrator's to have separate accounts, one for normal day to day activities, and one to perform administrator level functions.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
This policy is in response to the Application System & Technical Infrastructure Analysis – Description of Controls in Support of Financial Statement Audit performed by St. David’s Center’s auditors dated September 9, 2014.
## CLINICAL INTERN & PHI

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Emily Walton</th>
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<tr>
<td>Policy Originated by:</td>
<td>Program</td>
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| Applicable Programs: | All Covered Programs (refer to Hybrid Entity Statement Policy) |

| Date Reviewed and Approved by ELT: | |

| Statutory or Regulatory Citation: | |

| Signature if needed: | |

### Policy:

The purpose of this policy is to ensure proper monitoring and controls to safeguard clients’ protected health information (PHI) in accordance with Minnesota Health Records Act and the HIPAA privacy and security regulations. Pursuant to these laws, and with proper parent authorization, St. David's Center allows the release of PHI to its clinical interns for the purposes of fulfilling the practicum requirements of their school's educational program. The following details outline St. David’s Center’s process for adherence to this procedure.

### Procedure:

1. A clinical intern’s direct Supervisor must review the Clinical Intern's school program written requirements for the written and oral report that the intern is expected to produce during or after his/her internship at St. David’s Center. If the intern’s school does not have written requirements, the intern’s Supervisor is required to obtain a written document from the school that explains the purpose and expectations of the clinical internship.

2. In the event of a clinical intern’s school program requiring the use of clinical documentation and/or a written or oral report about the intern’s experience treating the client, the clinical intern’s direct Supervisor must explain to his/her clinical intern the explicit requirement that the clinical intern must have obtained an authorization before using any PHI within his/her oral or written assignment (which might be assigned by the intern's school program). Further, the intern's Supervisor must consult with the Privacy Officer to ensure the proper completion of the St. David's Center Authorization for Release of Information (AROI) form, and also, for ensuring the form is signed and dated by the client's legal guardian(s) prior to the release of any clinical documentation to the intern.

3. In the event of a clinical intern’s school program requiring the creation and subsequent release of a videotape recording or photograph of the client, the clinical intern’s direct
Supervisor must consult with the Privacy Officer to ensure the following requirements are met:

A. St. David's Center's Legal Guardian / Client “Authorization for Clinical Intern School Program to Videotape or Photograph” is signed by the client’s legal guardian.

B. The St. David's Center Authorization for Release of Information (AROI) form is properly completed so that it includes the release of a videotape recording or photograph and the form is signed and dated by the client's legal guardian(s) prior to the release of the video-tape recording or photograph.

4. All documents must be filed in the client’s Medical Record Forms are located here:
   a. Authorization to Disclose Info: S:\AHIM\CORE Client Documents & Processes\Agency Intake Documents\Universal Intake Document Set\Auth to Disclose\Health & Dev. Info Auth\Authorization to Disclose Health & Developmental Information 4.12.docm
   b. Clinical Intern Photo-Video Authorization: S:\Autism Day Treatment\Internships\Videotaping\Clinical Intern Program Requirements involving Videotaping or photo - Legal Guardian Permission Form.docx

5. Video will only be recorded on a St. David’s Center issued video camera using DVRs.

6. Clinical interns will inform their direct Supervisor when the DVR will be delivered to their school, and will record the information on the video checklist: S:\Autism Day Treatment\Internships\Videotaping\Intern-Supervisor Video Checklist.docx

7. DVRs will be returned to the clinical intern’s direct Supervisor promptly after their school program / professor has completed their review. The return information will be recorded by the Supervisor in the video checklist: S:\Autism Day Treatment\Internships\Videotaping\Intern-Supervisor Video Checklist.docx

8. Supervisor is responsible for ensuring all data is erased from the DVR.

**Reference or Attachment:** Client/Guardian permission form

ND: 4814-7972-4054, v1
Policy:
St. David’s programs recognize the right of each person receiving services in the programs to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section 245D.04, subdivision 3(a) and access to their records under section 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards.

Procedure:
   A. Private Data
      1. Private data includes all information on persons that has been gathered by St. David’s Center programs or from other sources for program purposes as contained in an individual data file, including their presence and status in the program.
      2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
         a. The individual who is the subject of the data or a legal representative.
         b. Anyone to whom the individual gives signed consent to view the data.
         c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
         d. Anyone the law says can view the data.
         e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person’s case manager;
county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.

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

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

B. Providing Notice

1. At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. The Legal Representative will acknowledge, via signature, that they have received and understand the information that was provided. The acknowledgment form will be retained in the client record.

C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
   a. why the data is being collected;
   b. how the agency intends to use the information;
   c. whether the individual may refuse or is legally required to furnish the information;
   d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
   e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.

2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information)
   a. be written in plain language;
   b. be dated;
   c. designate the particular agencies or person(s) who will get the information;
   d. specify the information which will be released;
   e. indicate the specific agencies or person who will release the information;
   f. specify the purposes for which the information will be used immediately and in the
future;
g. contain a reasonable expiration date of no more than one year; and
h. specify the consequences for the person by signing the consent form, including:

"Consequences: I know that state and federal privacy laws protect my records. I know:

• Why I am being asked to release this information.
• I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
• If I do not consent, the information will not be released unless the law otherwise allows it.
• I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
• The person(s) or agency(ies) who get my information may be able to pass it on to others.
• If my information is passed on to others by this program, it may no longer be protected by this authorization.
• This consent will end one year from the date I sign it, unless the law allows for a longer period."

i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data

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

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

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

4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data.

Individuals or their legal representatives have a right to access and review the individual record.

1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.

3. Individuals may request copies of pages in their record.

4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person’s record.

F. Case manager access to private data.
   A person’s case manager and the foster care licensor have access to the records of person’s served by the program under section 245D.095, subd. 4.

C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
   1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
   2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
   3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
   4. Keep the document in the person’s record.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Authorization to Disclose Health & Developmental Information:
S:\AHIM\CORE Client Documents & Processes\Agency Intake Documents\Universal Intake Document Set\Auth to Disclose\Health & Dev. Info Auth\Authorization to Disclose Health & Developmental Information 4.12.docm
Policy: St. David’s Center is committed to ensuring the privacy of protected health information. Therefore, we will create and maintain the role of Compliance Officer in order to plan and oversee our privacy program.

Purpose: Not only is this role required by HIPAA’s privacy rule, but it is important to the success of our privacy program. The Compliance Officer will be a single point of authority and responsibility regarding client privacy matters.

Scope: This organization-wide role is responsible for ensuring our privacy program protects PHI in all forms.

General rules:

1. The Compliance Officer is responsible for overseeing all policies and procedures regarding:
   
   a. How we use and disclose PHI
   
   b. Our Privacy Notice
      - Content
      - Delivery
      - Posting
   
   c. Support of our clients’ privacy rights as defined by HIPAA’s privacy rule and other state and federal laws and regulations, including, but not limited to:
      - The right to inspect and copy
      - The right to request amendment
      - The right to confidential communications

<table>
<thead>
<tr>
<th>DESIGNATION OF COMPLIANCE OFFICER</th>
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<tbody>
<tr>
<td><strong>Policy Owner:</strong> Emily Walton</td>
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<tr>
<td><strong>Policy Originated by</strong> (program or department):</td>
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<td><strong>Date Written:</strong> 10/1/13</td>
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<tr>
<td><strong>Applicable Programs:</strong> All Covered Programs (refer to Hybrid Entity Statement Policy)</td>
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<td><strong>Date Reviewed and Approved by ELT:</strong> 3/11/14</td>
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<td><strong>Signature if needed:</strong></td>
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• The right to request restrictions on uses/disclosures

d. How we handle privacy questions and complaints

2. The Compliance Officer is responsible for:

a. Privacy and security incident response processes
b. Privacy/security violations sanctions policy and guidelines
c. Managing Business Associate privacy and security compliance
d. Oversight of workforce privacy and security training
Policy: This policy describes the standards and rules for safe and appropriate use of electronic communication in our organization. The policy covers e-mailing from a computer, emailing from a cell phone, and SMS texting from a cell phone.

E-mail is an important business administration and communications tool and, as such, it is a corporate resource that must be protected and regulated.

Purpose: Because each e-mail message is identified with our organization, this policy establishes standards for e-mail use that reflect our organization’s ethics and professionalism.

Further, it is important for e-mail and texting users to understand the limitations of e-mail and texting systems. Common e-mail and texting cannot guarantee message delivery, privacy, or integrity of the message content. This policy acknowledges those shortcomings by imposing certain restrictions and requirements.

Scope: This policy governs all e-mail messages and systems carrying the name or abbreviation of this organization or its subsidiaries. It applies to all users of such systems. This policy also governs all text messaging from cells phones used for business reasons by employees of this organization.

General rules:

A. Ownership

1. All messages originating in or received by our e-mail system(s) are the property of St. David’s Center. Messages should not be considered private. Technical staff may inadvertently view messages while performing tasks to support the system or resolve
problems; staff are prohibited from re-disclosing message contents other than as required for job performance.

2. St. David’s Center reserves the right to monitor messages for adherence to policy and to review messages in cases where improper or criminal use is suspected. Further, management reserves the right to disclose the contents of messages if required by law or by legal obligations to third parties.

3. In some instances, such as unexpected departures or extended absences, there may be a legitimate business need to access a work force member’s messages to facilitate business continuance.

4. Users are only permitted to access personal email accounts or data using their personal devices and utilizing our guest Wi-Fi network on personal time.

B. E-mail Accounts

1. Individuals will receive unique user email addresses, and access will require organization-standard authentication. As with any electronic account, it may not be shared.

C. Proper Usage and User Responsibilities

1. E-mail users are responsible for using our e-mail system only for work related communication, and for handling messages appropriately.

2. Message content is the responsibility of the author and any person who forwards the message. Keep in mind that messages can be forwarded, intercepted, altered, printed, and stored by others. Therefore, good judgment and discretion must always be used.

3. Message delivery and content integrity cannot be guaranteed. Therefore, e-mail should never be used for time-sensitive communications. Also, message content should not be relied upon for significant decision-making without verification.

4. E-mail sometimes is used for spreading malicious software such as a computer virus or spyware that can harm our systems or lead to unauthorized access and disclosure of confidential information. Do not open suspicious messages or attachments. If you do not recognize the e-mail sender or sender’s address, be cautious about opening the message. Use good judgment.

5. The use of encrypted email is required to ensure the privacy and confidentiality of messages containing confidential information, as unencrypted messages cannot be assured during transmission over open networks and wireless networks. Great care must be taken when addressing these messages. Note that confidential information includes patient-identifiable and sensitive agency information about the following:
- Any protected health information
- Alcohol and substance abuse
- Sexually transmitted disease
- HIV and AIDS
- Sexual assault
- Domestic violence
- Mental health
- Agency accounts, passwords, or other confidential information

Email replies to messages containing any such data must also be encrypted. Do not reply to a message from a client or provider that already contains protected health information without adding our “SECURE” encryption.

6. Confidential communications from legal counsel must be protected and sent via secure encryption.

7. While we expect that care will be taken in addressing outgoing messages, errors can occur. Therefore, our e-mail system automatically includes a standard message at the bottom of each e-mail:

   This is a private and confidential communication. If you have received it in error or are otherwise not an authorized recipient, you are prohibited from using or disclosing it in any manner. Please notify us and remove it from your system.

8. If you accidentally send a message to the wrong person, there is outlook email recall procedure available (sent messages, actions). Directions for this procedure are available on Sharepoint. Discuss the incident with your manager and contact the Compliance Officer for guidance if the message contained PHI or other confidential information.

9. Personal email use on the St. David’s Center e-mail system is not permitted.

D. Prohibited Uses

1. This organization must ensure that e-mail users comply with all applicable laws and regulations. In addition to the rules and responsibilities described elsewhere in this policy, users may not send messages of the following nature:
   - Chain letters
   - Gambling and card schemes
   - Threats, harassment, obscenity, defamation
   - Commercial activities not job-related
   - Solicitation and advertising (except with prior written approval of the Executive Director)
• Any illegal activities

2. E-mail users may not auto-forward their messages to an e-mail account not owned by this organization (for example, to an account at another organization or to an Internet account such as AOL or Hotmail).

3. Email users may not forward any St. David’s Center information to personal email accounts.

4. This organization’s technical staff members are prohibited from using their broad access for any purpose other than strictly carrying out authorized tasks.

E. Message Backup and Deletion

1. The purpose of e-mail is to expedite communications. As such, messages represent temporary communications. Transitory messages should be deleted as soon as their administrative need is met.

2. There will be no long-term retention of e-mail messages. Our e-mail system will routinely delete messages more than 2 years old to manage storage and performance requirements of the system.

3. If e-mail message content is needed for patient care, business purposes, or other reasons, the content should be transferred from the e-mail system to the appropriate application system or data repository.

E-MAILING FROM A CELL PHONE

A. Proper Usage and User Responsibilities

1. E-mailing from a cell phone follows the same policies as E-mailing from a Computer policies outlined above with the exception of the following:
   a. Staff may access work email accounts on personal devices through approved outlook applications. These applications will require that personal devices meet security requirements and that phones have encryption and password protection in place and allow for a remote wipe should the device be lost or stolen, before users will be permitted to download the application.

TEXTING FROM A CELL PHONE

A. Ownership

1. Text messages should not be considered private. Messages may be viewable by outside parties in transit.
B. Proper Usage and User Responsibilities

1. Texting users are responsible handling messages appropriately.

2. Message content is the responsibility of the author and any person who forwards the message. Keep in mind that messages can be forwarded, intercepted, altered, printed, and stored by others. Therefore, good judgment and discretion must always be used.

3. Message delivery and content integrity cannot be guaranteed. Therefore, texting should never be used for time-sensitive communications. Also, message content should not be relied upon for significant decision-making without verification.

4. The privacy and confidentiality of clear-text (unencrypted) messages cannot be assured during transmission over open networks and wireless networks. Great care must be taken when addressing these messages. Note that confidential information includes patient-identifiable information about the following:
   - Alcohol and substance abuse
   - Sexually transmitted disease
   - HIV and AIDS
   - Sexual assault
   - Domestic violence
   - Mental health

Currently, St. David’s Center does not have encrypted texting, therefore, if you need to communicate with clients or providers via texting, ensure you do not include protected health information in your messages. If you need to communicate with a client or provider via texting, abbreviate the client’s name and do not use language within the text that would allow others to identify the client.

5. If you accidentally send a message to the wrong person, discuss the incident with your manager and contact the Compliance Officer for guidance if the message contained PHI or other confidential information.

6. Incidental personal use of the texting is permissible as long as it does not interfere with work productivity, does not consume non-trivial technical resources, and does not otherwise conflict with this policy or laws and regulations.

D. Prohibited Uses

1. This organization must ensure that texting users comply with all applicable laws and regulations. In addition to the rules and responsibilities described elsewhere in this policy, users may not send messages of the following nature:
   a. Chain letters
   b. Gambling and card schemes
   c. Threats, harassment, obscenity, defamation
   d. Commercial activities not job-related
e. Solicitation and advertising (except with prior written approval of the Executive Director)
f. Any illegal activities

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
Policy:
All equipment and software purchases, installation, repairs, set up and maintenance are required to go through the Operations department.

Definitions:
Equipment is defined as computers, monitors, printers, computer components (ie: hard drives, memory jump drives, wireless cards, etc.) cameras, video recorders, TV/DVD/VCR, cell phones or land line phone equipment, fax machines or accessories.

Procedure:
1. No staff or client shall purchase or install equipment or software for use with St David’s equipment.

2. No unauthorized person or vendor shall be given permission to repair, troubleshoot or perform maintenance on any of St David’s equipment or software.

3. St David’s will not support or be responsible for equipment not owned by St David’s that is damaged or destroyed or requires maintenance that is used by staff for work purposes.

4. St David’s prohibits the use of palm pilots and like devices that require syncing to our network.

5. If staff have a request or need for equipment or software they should submit a tech request that details what is needed. The Operations department will set up time to further research the options and costs and report back to the requestor.

6. If any of St David’s equipment or software is not functioning properly or is in need of maintenance a written tech request should be submitted to the Operations Coordinator for handling.
7. If staff needs an AV set up a written tech request should be submitted, at least 2 business days in advance of the event, to the Operations Coordinator.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**Policy:** St. David’s Center will maintain documentation, in written or electronic form, including policies, general rules; patient authorization forms; privacy/security incident reports; work force privacy and security training materials; and other administrative documents as required by HIPAA privacy and security rules for a period of at least six years from the date of creation or the date when last in effect, whichever is later.

**Purpose:** This policy is designed to ensure compliance with provisions of HIPAA requiring covered entities to maintain certain Privacy Rule and Security Rule documentation for a minimum length of time to allow for civil legal investigations.

**Scope:** This policy applies to assorted documents HIPAA requires be kept. It applies to such documents in written and/or electronic form, at this organization’s discretion.

**General rules:**

1. Document versions and effective dates will be maintained to allow this organization to respond to valid requests to retrieve the specific version in effect on a particular date.

2. The following documentation will be maintained in an organized manner allowing for easy retrieval by authorized parties:
   - Policies and forms related to the use and disclosure of PHI
   - Policies and forms related to the exercise of individuals’ rights regarding their PHI
   - Signed patient authorization forms

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<tr>
<th>HIPAA ADMINISTRATIVE DOCUMENT RETENTION</th>
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<tr>
<td><strong>Policy Owner:</strong> Emily Walton</td>
<td><strong>Date Written:</strong> 6/19/13</td>
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<tr>
<td><strong>Policy Originated by</strong> (program or department):</td>
<td><strong>Date Reviewed / Revised:</strong></td>
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<tr>
<td><strong>Applicable Programs:</strong> All Covered Programs (refer to Hybrid Entity Statement Policy)</td>
<td><strong>Date Reviewed and Approved by ELT:</strong> 3/11/14</td>
</tr>
<tr>
<td><strong>Statutory or Regulatory Citation:</strong></td>
<td><strong>Signature if needed:</strong></td>
</tr>
</tbody>
</table>
• Notice of Privacy Practices
• Acknowledgement of patient’s receipt of the Notice of Privacy Practices
• Policies, procedures, and forms related to the security (confidentiality, integrity, and availability) of PHI
• Privacy and security incident reports
• Work force privacy and security training modules
• Signed work force and agent confidentiality forms
• Contracts and agreements with Business Associates referring to privacy and security of PHI handled on behalf of our organization
• Others, as determined by this organization and required by HIPAA

3. Documentation will be maintained in a manner that allows necessary availability, while also ensuring the security of information.
**Policy**: This policy defines St. David’s Center for Child and Family Development as a single legal entity which conducts both covered and non-covered functions, according to the Privacy Rule, and is thus considered to be a Hybrid Entity.

**Purpose**: The purpose of this policy is to identify which of St. David’s Center’s programs are considered “healthcare components” and are required to follow the Privacy Rule. It also describes which St. David’s Center programs are non-covered functions and do not need to follow the Privacy Rule.

**Scope**: This policy governs all programs.

**General Rules:**

St. David’s Center for Child and Family Development is a single legal entity which conducts both covered and non-covered functions, according to the Privacy Rule, and is thus considered to be a Hybrid Entity.

All operations of St. David’s Center are classified as covered functions and are considered “healthcare components” except the following:

- Early Childhood Education (ECE)
**Policy:**
St. David’s Center is committed to protecting the privacy of the children and families served by its Early Childhood Education (“ECE”) program. To honor this commitment, St. David’s Center identifies and implements measures to (1) safeguard the privacy of, and (2) provide for the security of, the information it maintains regarding ECE students and their families.

**Procedure:**
1. As a hybrid entity for purposes of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), St. David’s Center has specifically designated the ECE program as a non-Covered Entity function. This means HIPAA does not apply to the information St. David’s Center maintains regarding ECE students and their families.

2. St. David’s Center maintains certain records regarding children enrolled in ECE and their families (“Records”), as required by Minnesota law. Such Records include:
   
   A. the child's full name, birthdate, and current home address;
   
   B. the name, address, and telephone number of the child's parent;
   
   C. instructions on how the parent can be reached when the child is attending ECE at St. David’s Center;
   
   D. the names and telephone numbers of any persons authorized to take the child from St. David’s Center;
   
   E. the names, addresses, and telephone numbers of the child's source of regular medical and dental care and the source of medical and dental care to be used in case of an emergency;
F. the names, addresses, and telephone numbers of two persons to be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention;

G. the health form and immunization information required by Minn. Admin. R. 9503.0140;

H. written authorization for St. David’s Center to act in an emergency, or when a parent cannot be reached or is delayed;

I. the hours and days of the week the child will attend ECE at St. David’s Center;

J. for children age six weeks to 36 months, a description of the child's eating, sleeping, toileting, and communication habits, and effective methods for comforting the child;

K. documentation of any dietary or medical needs of the child;

L. documentation of any individual child care program needs for the child; and

M. the date of parent conferences and a summary of the information provided to the parent at the conference.

3. Unless an exception under Section 4 (below) applies, St. David’s Center will only disclose Record(s) to the following:

   A. the child;

   B. the child's parent or guardian;

   C. the child's legal representative;

   D. St. David’s Center employees; and

   E. the Minnesota Department of Human Services, which licenses the ECE program.

4. St. David’s Center will disclose Records to individuals not listed in Section 3 only when:

   A. the child's parent or guardian has given written consent for the disclosure; or

   B. the disclosure is otherwise required by law. St. David’s Center will consult with legal counsel as needed to determine whether a disclosure is required by law.

5. St. David’s Center utilizes a variety of physical, technical/electronic, and administrative measures to ensure the security of the Records it maintains.

   A. Physical measures include:

      i. Only personnel with a job-related reason to have access to hard-copy Records are permitted to do so.

      ii. Hard-copy Records are maintained in physical files that are locked or otherwise inaccessible when not in use.
iii. The St. David’s Center premises is secured with an alarm system and video monitoring.

B. Technical/electronic measures include:
   i. Only personnel with a job-related reason to have access to electronic Records are permitted to do so.
   ii. Personnel are assigned a unique user name or number that can be used to track their individual activities when logged into information systems containing Records.
   iii. Computer workstations are configured to provide for automatic logoff after a specified period of inactivity.
   iv. Personnel utilize encryption when electronically transmitting Records.

C. Administrative measures include:
   i. Personnel receive training regarding the importance of securing Records and the role they play in doing so.
   ii. St. David’s Center periodically assesses the measures it has in place to secure Records and makes adjustments as needed to ensure the continued security of such information.
   iii. Personnel who violate this Policy are held accountable and may be subject to corrective action up to, and including, termination.

Reference or Attachment:

Consent for the Release of ECE Records by St. David’s Center
St. David’s Center is committed to protecting the privacy and security of our clients and their protected health information (PHI). Therefore, when we engage a third-party Business Associate (BA) to perform certain activities on our behalf that involve access to, use, or disclosure of PHI, we first will obtain a commitment to certain privacy and security conditions.

Purpose: This policy describes our obligations regarding HIPAA-defined BAs who use, maintain, and/or disclose PHI on our behalf. Both the privacy and the security rules specify conditions that BAs must agree to before covered entities (CEs) permit access to PHI. Furthermore, CEs are expected to manage the BA relationship in case of violations or breaches on the part of our BAs.

Scope: This policy applies to all our BAs as defined by HIPAA and Recovery Act Title XIII Subtitle D, including Regional Health Information Organizations, Health Information Exchanges, e-prescribing gateways, certain Personal Health Record vendors, and other third parties.

General rules:

1. We are required to prepare and implement a BA contract, or addendum to a legal contract whenever we have a vendor or business partner that will use, maintain, access, or disclose PHI on our behalf. Not all vendors are BAs. Examples of BAs include:
   - Collection agencies
   - Coding auditors and consultants
   - Financial auditors and consultants
   - IT vendors
   - Medical transcriptionists
   - Record storage companies
2. The BA contract will contain the specific language required by HIPAA privacy and security rules. In addition, at the advice of the Compliance Officer, working with legal counsel as necessary, the contract will specify how promptly incidents must be reported to our organization and any other significant privacy or security requirements appropriate to the contract.

3. Each BA contract must specify, or be an addendum to a contract specifying, the exact nature of the services that the BA will provide that require or result in access to PHI. The BA contract will prohibit uses/disclosures of PHI other than for these purposes or as required by law.

4. This contract must be signed by an authorized officer of the BA organization prior to permitting any access to PHI. Failure to sign the BA contract may be grounds for termination of the BA relationship.

5. We will maintain a spreadsheet listing every BA, current and past, and the date of each BA’s contract signing. It is the responsibility of management to determine whether or not a signed and current BA contract is on file before permitting PHI access.

6. Privacy and security breaches or violations, suspected or actual, on the part of a BA must be reported to us promptly so that we can assess the situation and respond.

7. As required by HIPAA, we will work to remedy incidents on the part of our BAs. However, if we cannot cure the breach or end the violation (e.g., reach satisfactory assurances from a BA that certain conditions or practices will cease, or protective measures will be implemented), and those conditions constitute a material breach or violation of the contract, we have the right to unilaterally terminate the contract.

8. If contract termination is infeasible, because, for example, the BA is the only provider of specific services or products required for our business, then we may continue working with the BA, but we then must report the situation to the U.S. Secretary of Health and Human Services (Secretary).

Reference: Business Associate Contract
Steps for Executing a Business Associate Agreement
**Policy:** To protect PHI and other confidential information assets of this organization, we will make every reasonable effort to limit access to and disclosure of confidential information to the minimum necessary to accomplish the intended work task or satisfy a request for information.

**Purpose:** This core privacy and security principle is required by HIPAA’s privacy and security rules, as well as other laws, regulations, and good business practice.

**Scope:** This policy applies to our work force and any agents to whom we grant access to our information assets.

**General rules:**

1. St. David’s Center will not use, disclose, or request an entire medical record of a patient unless the entire medical record is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request.

2. The Minimum Necessary policy will not be used to limit information in the following cases:
   a. When it is needed for patient care
   b. When it is requested by the individual who is the subject of the information

3. Access to computer systems with confidential data must be authorized at the minimum necessary level of access as determined by the scope and responsibilities of the individual or role, and as technically feasible and reasonable. Access will be documented and consistent with job descriptions and department policies, as appropriate.

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**MINIMUM NECESSARY ACCESS AND DISCLOSURE**

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<thead>
<tr>
<th>Policy Owner: Emily Walton</th>
<th>Date Written: 06/19/13</th>
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<tr>
<td>Policy Originated by (program or department):</td>
<td>Date Reviewed / Revised: 12/15/15</td>
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<tr>
<td><strong>Applicable Programs:</strong> All Programs (refer to Hybrid Entity Statement Policy)</td>
<td>Date Reviewed and Approved by ELT: 3/11/14, 12/15/15</td>
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<tr>
<td><strong>Statutory or Regulatory Citation:</strong></td>
<td>Signature if needed:</td>
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4. Routine disclosure must always be limited to the minimum amount necessary to meet the needs of the disclosure, except when required by law.

**Electronic Medical Records- Staff Access Audit Practice:**
St. David’s Center reserves the right to review any staff system usage, at any time, within our Electronic Medical Records System (EMR). This applies only to staff that have an active account in the EMR.

To ensure that minimum access to records is occurring, St. David’s Center adheres to the following protocols:

- The EMR is setup to track all activities that staff perform while logged in.
- Staff security profiles within the EMR are setup according to job function, with adherence to HIPAA mandates that employees should work under a minimum necessary access.
- Staff security profiles in the EMR are regularly reviewed to ensure profiles are updated to reflect system/infrastructure changes.
- The Compliance Department at St. David’s Center will utilize the following reports to gain information on staff usage:
  - Staff Audit
  - Staff Roster
  - System Usage
  - Client Selected/Staff Profile
  - Update Log
  - Form History
  - Staff Accessing Client
- In addition to reviewing any flagged staff usage, the Compliance Department at St. David’s Center will conduct regularly scheduled staff usage audits, randomly selecting groups of staff across program areas.
- Any staff found in violation of the policy will result in employment action, up to and including termination.

**Reference or Attachment:**
**NON-DISCLOSURE AGREEMENT**

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<thead>
<tr>
<th>Policy Owner: Emily Walton</th>
<th>Date Written: 4/22/11</th>
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<td>Policy Originated by (program or department): AHIM</td>
<td>Date Reviewed / Revised:</td>
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<tr>
<th>Applicable Programs:</th>
<th>Date Reviewed and Approved by ELT:</th>
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<tr>
<td>All Programs (refer to Hybrid Entity Statement Policy)</td>
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<th>Statutory or Regulatory Citation:</th>
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**Policy:** St. David’s Center requires all individuals on site who may not be workforce members, such as volunteers, visitors, and families touring the facility, to sign a non-disclosure agreement, signifying they agree to maintain clients’ privacy and understand that unauthorized disclosure could subject them to liability.

**Purpose:** St. David’s Center may have individuals on site who are not workforce members, such as volunteers, visitors, and those who may have incidental contact with St. David’s clients. Recognizing its own obligations to protect client privacy, St. David’s requires such individuals to sign a non-disclosure agreement.

**Scope:** This policy applies to all volunteers, visitors, and prospective families.

**General Rules:**

1. Volunteers and families touring the facility will be asked sign a Non-Disclosure Agreement.

2. The Non-Disclosure agreements will be maintained by the Compliance Officer.

Reference: Non-Disclosure Agreement
Policy: Individuals performing work for St. David’s Center at an off-site location have an obligation to protect PHI and the organization’s information assets and must follow the security safeguards described in this policy. These safeguards are in addition to other information security policies and procedures in effect.

Purpose: When individuals perform work using PHI or confidential data at an off-site location such as a private office or home, those data are at heightened security risk because the environment and technologies in use are not directly under the control of the organization, and because data may be exposed to people with no business relationship to our organization.

Nevertheless, we are responsible for protecting the confidentiality, integrity, and availability of our data wherever they are. For example, HIPAA’s security rule explicitly makes us responsible for protecting electronic PHI wherever it is used by our work force. Therefore, this policy requires specific additional administrative, physical, and technical controls for off-site work.

Scope: This policy applies to our workforce and certain authorized third parties working with this organization’s confidential data, including PHI, off site. Off-site locations include offices, homes, hotels, or any setting in which work is performed using or exposing this organization’s confidential data in any form.

This policy applies both when an individual accesses our network remotely and when an individual works with our confidential data only on a “local” or “stand-alone” computer not connected to our network. It applies both when this organization owns the computer or media and when it does not.

General rules:

1. Networking and Technology
This section applies if a computer is used to access and/or process our confidential information. If the computer is connected to a local network, wired or wireless, the user must ensure that our data and files are not accessible by others on the network.

If the computer is connected to our network via the Internet, the following must be used:
This organization’s Virtual Private Network (VPN) for encryption of transmitted data

2. Data/File Backup
   If appropriate, this organization’s data should be backed up according to organization standards and procedures.

3. Physical Safeguards
   A- Whether using a desktop computer or a portable device, it must be set up in a private area where access to the computer and network is restricted, and where our confidential data in any form are protected from view by others.

   B. Any physical records offsite (paper, or other media), must be locked away in a physical case whenever not in use. Staff should only carry physical records offsite that are required for the minimum necessary client workload.

   C. All devices owned by St. David’s Center (including laptops, PDAs, smart pagers/cell phones), any devices used to access PHI not owned by St. David’s Center, and any media containing PHI (paper client files/records, electronic records), cannot be left unattended in vehicles for over 10 minutes. If staff choose to leave items unattended in a vehicle for under 10 minutes, they must ensure that:
      a. Devices or materials are placed in a locked trunk
      b. If a locked trunk is not available, staff must take efforts to ensure that any/all items remaining are in a locked vehicle and are not left in plain sight.
Policy: St. David’s Center will develop and maintain a privacy and security incident response plan that includes reporting of a suspected incident and processes for investigation and management of this organization’s response, including external notification as appropriate and mitigation of any harmful effects of the incident.

Purpose: This policy is designed to mitigate any harmful effects of a privacy or security incident related to our protected information and system assets, and to reduce the likelihood of a similar incident in the future. It also is intended to comply with regulatory requirements, including, but not limited to, HIPAA’s privacy and security rules and the American Recovery and Reinvestment Act of 2009 (Recovery Act).

Scope: This policy applies to incidents including violations of our privacy and security policies and procedures by work force and agents and breaches by known or unknown external parties.

General rules:

1. Reporting
   If a work force member, agent, partner, client, or business associate has reason to believe that there has been violation of the following, they much report it to the Compliance Office immediately:
   - A violation of St. David’s Center policies or procedures regarding privacy and security
   - An impermissible use or disclosure under HIPAA
   - A violation of federal or state law pertaining to privacy
   - Any potential or actual breach of PHI or electronic PHI (ePHI)

2. Response Guidelines
   Upon receipt of notification of a potential or actual privacy or security breach, the Privacy Officer or his/her designee, shall do the following:
• Promptly conduct an investigation
• Determine and document whether the impermissible use or disclosure constitutes a breach of unsecured PHI, meaning there is a high probability that the PHI has been compromised, or whether an exception applies.
• The Privacy Officer will perform a risk assessment, which shall take into account the nature and extent of the PHI involved, the unauthorized person who used the PHI or to whom the disclosure was made, whether the PHI was actually acquired or viewed, and the extent to which the risk to the PHI has been mitigated.
• The Privacy Officer shall appropriately document the risk assessment and make a recommendation to the Executive Director regarding whether notification of the potential breach would be required. Legal counsel may be consulted if necessary.

3. Breach Notification
If it is determined that notice of breach is warranted, the Privacy Officer shall promptly prepare a notification. Notification procedures will include timeliness, content, and means of notifying individuals as required under the Recovery Act Title XIII Subtitle D. Procedures will also describe when government agencies such as the U.S. Department of Health and Human Services must also be notified.

4. Documentation
Documentation regarding privacy and security incidents, breach assessments, and breach notification will be securely maintained for the purposes of tracking incidents currently under investigation and retrospective periodic review of incidents. These detailed records will be classified as confidential business materials. All supporting documentation associated with the potential breach shall be kept on file for a period of six years.

5. Post-Incident Wrap-Up
The Privacy Officer will conduct a post-incident review. This process will look for lessons learned and determine if longer-range actions are needed to prevent similar incidents in the future.
Policy: Sanctions will be imposed on individuals who violate privacy and information security policies and procedures. The work force will be reminded at least annually through our work force awareness program of the potential consequences.

Sanctions may include:
- Oral or written warnings
- Immediate termination of employment, of work agreement with students/trainees and volunteers, and/or of business contract, as appropriate
- External reporting, possibly resulting in civil and criminal legal consequences:
  - To government agencies, such as the Secretary of Health and Human Services
  - To law enforcement
  - To licensing and registration boards

Purpose: This organization is committed to ensuring the privacy and security of information under our protection. We intend these sanctions to serve as a deterrent to violations. Under regulations such as HIPAA privacy and security rules, we are obligated to enforce our privacy and security policies and procedures. Therefore, when such policies and procedures are violated, we will respond by mitigating breaches and sanctioning those responsible.

Scope: This policy applies to our full work force. It covers all privacy and information security policies, standards, rules, and procedures. Further, it applies even when an instance is not explicitly prohibited, but when it is clearly counter to the intent of the body of policies, procedures, etc.

General rules:
1. Reporting
   Workforce members and Business Associates must report actual and suspected violations and breaches. Failure to report a breach of which one has knowledge may result in
disciplinary action. Falsely reporting a breach in bad faith or for malicious reasons will result in disciplinary action.

2. **Sanctions**
   Workforce sanctions will be based on:
   - The severity of the violation and its impact
   - Whether the violation was intentional and, if so, what the intent was
   - Whether the violation is part of a pattern of improper behavior regarding privacy and security

   Mitigating factors will be considered.

3. **Sanction Review**
   Before it is imposed, a proposed sanction will be reviewed by the Compliance Officer to ensure appropriateness, consistency, and fairness across all members of the workforce.

4. **Documentation**
   Each case will be documented and filed in the workforce member’s record, where it will be retained for a minimum of six years. Documentation must include:
   - Date of incident
   - Report submitted by
   - Date submitted
   - Investigated by
   - Name of employee(s) involved
   - Name of client(s) involved
   - Type of incident/Complaint
   - Source of initial report of incident/Complaint
   - Action taken
   - Brief description of incident
   - Results of investigation
   - Conclusions

5. **Incident Analysis and Mitigation**
   During and following this process, the organization will analyze the consequences of the breach or violation and consider whether mitigation measures must be taken to protect a patient, a staff member, the organization, etc. This process is part of this organization’s privacy and security incident response plan.

6. **Exceptions**
   Workforce members are not considered to have violated HIPAA if the disclosure of PHI is as follows.

   **Whistleblowers**: Sanctions will not apply to disclosures by workforce members acting in good faith:
• In the belief that this organization has engaged in conduct that is unlawful or otherwise violates professional or clinical standards;
• Or that care or services provided by this organization potentially endanger patients, employees, or members of the public;
• Or the disclosure is made to a federal or state health oversight agency or public health authority authorized by law to oversee the relevant conduct or conditions of the Covered Entity;
• Or the disclosure is made to an appropriate healthcare accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by this organization;
• Or the disclosure is made to an attorney retained by or on behalf of the work force member or Business Associate for the purpose of determining legal options regarding disclosure conduct.

**Crime victims:** A Covered Entity is not considered to have violated HIPAA’s PHI use and disclosure requirements if a member of its work force who is the victim of a criminal act discloses PHI to a law enforcement official about the suspected perpetrator of the criminal act, and the disclosed PHI is limited to identification and location purposes.

7. **Non-Retaliation**

This organization will not intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against an individual who:

• Exercises his rights or participates in this organization’s complaint process;
• Files a complaint with the Secretary of Health and Human Services, Office for Civil Rights (OCR), or Centers for Medicare and Medicaid Services (CMS);
• Testifies, assists, or participates in an investigation, compliance review, proceeding or hearing;
• Opposes any act or practice unlawful under HIPAA, providing that the individual acted in good faith, believing that the practice was unlawful, the manner of opposition is reasonable, and does not involve disclosure of PHI in violation of HIPAA regulations.
Policy: Individuals receiving services at St. David’s Center have a right to adequate notice of the uses and disclosures of their Protected Health Information (PHI), as well as notice of their rights and our obligations with respect to their PHI. HIPAA’s privacy rule requires us to develop and make available a privacy notice that informs our patients and the public as to how we use and disclose PHI. The notice further informs readers of their federally assured privacy rights and how to exercise them. Providing such notice is an important component of our privacy program.

Purpose: This policy describes the privacy rule requirements regarding our Privacy Notice.

Scope: This policy applies to the St. David’s Center Covered Programs.

General rules:

1. Content Requirements:

   • The following statement must appear (in upper-case letters) in the header or be otherwise prominently displayed:
     “THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

   • A description, including at least one example, of the types of uses and disclosures that the Covered Entity (CE) is permitted to make for purposes of treatment, payment, and healthcare operations, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required

   • A description of each of the other purposes for which the CE is permitted or required to use or disclose PHI without an individual's consent or authorization,
with sufficient detail to place an individual on notice of the uses and disclosures permitted or required

- A statement that other uses or disclosures will be made only with the individual's written authorization, and that the authorization may be revoked in accordance with the policy on authorizations
- A statement that most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI, require authorization
- A statement of the individual's rights with respect to his or her PHI, and a brief description of how the individual may exercise those rights.
- A statement of the CE’s duties with respect to PHI, including statements: that the CE is required by law to maintain the privacy of PHI and to provide individuals with Notice of its legal duties and privacy policies; that the CE is required to abide by the terms of the currently effective Privacy Notice, and that the CE reserves the right to change the terms of the Notice and make the new Notice provisions effective for all PHI maintained, along with a description of how the CE will provide individuals with the revised Notice
- A statement regarding the individual’s right to receive notification of breach of his or her unsecured PHI
- A statement explaining that we are required to agree to a request to restrict disclosure of PHI if the disclosure is for payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full
- Notification if we intend to contact the individual to raise funds, and the right to opt out of receiving such communications
- A statement that individuals may complain to the CE and to the Secretary of the U.S. Department of Health and Human Services about privacy rights violations, including a brief statement about how a complaint may be filed and an assurance that the individual will not be retaliated against for filing a complaint
- The name or title, and telephone number of the person or office to contact for further information
- The effective date of the Notice, which may not be earlier than the date printed or published.

2. Revisions to Privacy Notice:

St. David’s Center will promptly revise and distribute the Privacy Notice whenever there is a material change to the uses or disclosures, the individual’s rights, the covered entity’s legal duties, or other privacy practices described in the Notice. Except when required by law, a material change to any term may not be implemented prior to the effective date of the Notice reflecting the change.

3. Document Retention:

St. David’s Center will retain a copy of each version of our Privacy Notice issued for a period of at least six years from the Notice’s last effective date.
We will also retain documentation of an individual’s acknowledgment of receipt, or documented attempts to obtain such acknowledgment, of the Privacy Notice for a period of no less than six years from the date of the Acknowledgment -of Receipt document.

4. Provision of Privacy Notice

   a. To individual clients

      • Each established and new patient will be given a copy of the Privacy Notice on their first visit for care or services following the implementation of our Privacy Notice on (date).
      • Clients will be asked to sign an Acknowledgment of Receipt of our Privacy Notice. Clients may refuse or be unable to sign, in which case staff will document the attempt on the Acknowledgment form.
      • Acknowledgment forms are filed in the client’s record.
      • If and when our Privacy Notice is revised, we will post it and make copies available. We are not required to hand out copies of the revised Notice to clients who have received an earlier version, nor are we required to obtain a new Acknowledgment of Receipt.

   b. To our client population and the public

      • The current version of our Privacy Notice will be posted prominently in our facilities and on our Web site
      • Copies of our Privacy Notice will be readily available at our service locations and to anyone who requests one.
Policy: St. David’s Center recognizes the right of individuals to inspect and request copies of their Protected Health Information (PHI) held by us, based on HIPAA’s privacy rule, the American Recovery and Reinvestment Act of 2009, state law, and good practice. We affirm and support these rights with policy and procedures.

Purpose: This policy describes the conditions under which we provide access to and copies of client records, including records containing PHI.

Scope: This policy applies to PHI in any form. It applies to our work force, affiliates, agents, and Business Associates.

General rules:

1. This organization will maintain a description of the contents of our Designated Record Set (DRS), as defined by HIPAA’s privacy rule. In general, information contained in an individual’s DRS is subject to inspection and copying. Individuals may request access to parts or all of the DRS. Individuals may also request a listing of which staff have accessed their Electronic Medical Record.

2. Exceptions to right of access: Individuals may be denied access to the following types of information:
   a. Psychotherapy notes, under certain circumstances;
   b. Information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding
3. Requesting access:

a. Individuals requesting inspection or a copy of their information must submit their request in writing on the form provided. No records will be released without the signed form, identification verification of the requestor, and any fees paid. No record will be inspected without the signed form and identification verification of the requestor.

b. A parent or guardian, or a person acting as a parent or guardian in the absence of a parent or guardian, may request records on behalf of a minor child.

c. All requests will be forwarded to a Medical Records Compliance Supervisor.

d. We may provide a summary of the PHI requested, in lieu of the actual PHI, or we may provide an explanation of the PHI to which access has been provided, but in either case, only if the individual agrees to receive PHI in this form and agrees in advance to our fees for such summary or explanation.

e. If an individual asks to inspect/review the records in person, and the request is granted, we will contact the individual within 30 days of receipt of the request to schedule an appointment. A time will be scheduled when the Medical Records Compliance Supervisor along with the treating provider will be available while the patient reviews the records. If the individual is unable to visit during normal business hours, reasonable efforts will be made to accommodate the individual. We will ensure there is a comfortable, confidential setting available.

f. If the individual requests a copy of information, we will respond within 30 days from receipt of the request as follows:

   • If the request is granted, the individual will be informed and the copy provided, as long as the information is maintained on-site.

   • If the request is granted, but the information is in part or wholly maintained off-site, we may extend the delivery time by an additional 30 days if we provide the individual, within 30 days of the request, a written statement of the reasons for the delay and the date by which we will complete the request. We are not permitted any further time extensions.

   • If the request is granted and the individual chooses to receive an electronic copy of information from our electronic health record, the copy will be provided in electronic form. If the individual directs us to transmit such copy directly to an entity or person designated by the individual, we will transmit the information as long as the designation is documented, clear, and unambiguous.

   • If the request is denied in whole or in part, we will provide a written notice of the denial within 30 days. The denial notice will include the following:
- The basis for the denial.
- If applicable, a statement of the individual’s review rights, including a description of how the individual may exercise such rights.
- A description of how the individual may file a complaint with us or with the federal Office for Civil Rights. The description must include the name or title and telephone number of the contact person or office.

• If the request is denied in part, we will provide access to and copies of any other PHI requested after excluding the information for which we have grounds to deny access.

4. Denials of Request for Access, with Opportunity for Review: If access is denied, the individual has the right to a review of the denial in the following circumstances:

• A licensed healthcare professional has determined the access is likely to endanger the life or physical safety of the individual or another person.

• The PHI makes reference to another person who is not a health care provider, and a licensed healthcare professional has determined the access requested is likely to cause substantial harm to the other person.

• The request for access is made by the individual’s personal representative, and a licensed healthcare professional has determined access is likely to cause substantial harm to the individual or another person.

6. Fees for copies:

• We may charge a reasonable, cost-based fee for copying or preparing a summary. The fee may only include the cost of copying (supplies and labor), postage, and preparing an explanation or summary of the record.

• Postage will be charged if copies, summaries, explanations, or physical media containing electronic PHI are to be mailed to the Individual at the Individual’s request.

5. Administration

a. St. David’s Center has designated its Medical Records Compliance Supervisor to be responsible for receiving and processing all requests for access to inspect or copy records.

b. Responsibilities include all of the following:

i. Recording the date of receipt of requests
ii. Verifying the identification of the requestor

iii. Maintaining communication with the requesting individual to ensure the fulfillment of
the request within the applicable period of time

iv. Involving the St. David’s Center’s Compliance Officer or consulting with legal counsel
if there are any questions or concerns about compliance with HIPAA or other federal or
state laws pertaining to disclosure of records

v. Determining and documenting the circumstances under which the request was made

Reference or Attachment: Designated Records Set
1.** Medical Records are maintained in multiple forms at multiple locations**
   
a. **Paper Medical Records**
   
i. Location (active files)
   
   1. Minnetonka in Health Information Management and Family Place
   
   2. St. Louis Park in Health Information Management and ASDSS
   
   ii. Location (discharged files)
   
   1. Minnetonka in Health Information Management and Family Place
   
   2. St. Louis Park in Health Information Management and ASDSS
   
   3. Business Data Records Services, Inc.
   
   iii. Paper records will be provided as requested to appropriate persons in a paper copy
   
   b. **Electronic Medical Records (EMR)**
   
   i. Provided as requested to appropriate persons in either a paper copy produced from the EMR or in an electronic format.

2. **Type of Records included in the Designated Records Set**
   
a. **Financial Records:** Available as a report produced by the EMR and Billing system
   
   i. Remittance Advice and Records of Payment
   
   ii. Patient Statement
   
   iii. Claim Forms
   
   iv. Claims Adjustment Records
   
   v. Insurance Plan and Benefit Information (Copy of Insurance Card)
   
   vi. Insurance Eligibility Information (Insurance Authorization)

   b. **Health Service Records used to make decisions about individual’s care including:**
   
   i. Evaluation & Diagnostic Assessment Reports
   
   ii. Progress Report & Plan of Treatment
   
   iii. Daily Notes, Session Notes, Case Notes, Progress Notes & Contact Notes
   
   iv. Audiotapes
   
   v. Psychotherapy Notes (as defined)
   
   vi. Videos/Photos of clients used for treatment purposes
vii. Documentation from external organizations (No right to amend these records. Client must go to the source of the information to request amendment)

c. Intake & Enrollment Records
   i. Client Demographic Information
   ii. Consent for Treatment & Informed Consent
   iii. Consent for Billing & Liability of Payment
   iv. Program Policies Acknowledgement
   v. Notice of Privacy Practices Acknowledgment
   vi. Permission Authorizations
   vii. Authorization to Disclose Client Info
   viii. Accounting of Disclosure Log
   ix. Client History

3. Types of Records excluded from the Designated Records Set

   a. Health Information that is not used to make decisions about individual’s care

   b. Copies of reports/documentation/forms wherein the originals are maintained in an ‘official’ record maintained by the organization.

   c. Quality Improvement records

   d. Risk Management Records (including incident reports)

   e. Written communication by staff discussing coordination of care

   f. Reports made to the county/state regarding the health/safety of the client

   g. Raw Test Data from Psychological Testing

   h. Process Notes
Policy: St. David’s Center recognizes and supports the right of individuals to receive an accounting of certain disclosures of protected health information (PHI) made by covered entities, according to conditions in HIPAA’s privacy rule and the American Recovery and Reinvestment Act of 2009. We support this right with policy and procedures.

Purpose: This policy describes the conditions under which individuals may request and receive an accounting or list of certain external disclosures of their PHI that we have made, and how we will respond.

Scope: This policy applies to PHI in any form. It applies to our work force, affiliates, agents, and Business Associates (BAs).

Note: Our third-party agents, such as BAs, must maintain a system to document and retrieve, as necessary, disclosures described below, unless adequate written assurances are given that no qualifying disclosures will occur under our business contract.

GENERAL RULES:

A. This organization and its agents will maintain systems to (a) document disclosures of PHI that must be included in an accounting and (b) enable retrieval and reporting of such information on demand.

1. Disclosures that must be tracked for a minimum of six years from the date of disclosure include:

   - To public health authorities
     - For surveillance, investigations, and interventions
- For recording births/deaths
- For reporting child abuse or elder abuse
- For prevention of serious harm
- For communicable disease reporting

- To employers
  - Requesting healthcare be provided to their employee
  - For workplace medical surveillance
  - Regarding a work-related injury or illness
  - As required by the Occupational Safety and Health Administration (OSHA) or similar state law

- To health oversight agencies
  - Government benefit programs
  - Compliance
  - Civil rights laws
  - Trauma registries
  - Cancer and/or tumor registries
  - Vital statistics

- For judicial and administrative proceedings
  - Court orders
  - Subpoenas, unless accompanied by patient authorization

- To law enforcement officials
  - As required by law
  - To comply with a court order, warrant, subpoena, or summons
  - Pursuant to an administrative request
  - To locate a suspect, fugitive, material witness, or missing person
  - As needed for emergency treatment for crime committed elsewhere
  - For victims of crime
  - For crime on premises
  - For suspicious deaths
  - As necessary to avert a serious threat to health or safety

- To coroners or medical examiners
  - Regarding a deceased patient

- For specialized government functions
  - Military and veterans activities
  - Protective services
  - Department of State: medical suitability
  - Government programs providing public benefits
  - Foreign military personnel

- To workers’ compensation insurers, case managers, etc.
- If not for treatment or payment

- For research
  - If not made with an authorization

- Any disclosure to persons not authorized to receive the information, such as any known accidental or known unauthorized disclosures by any party, including BAs

2. Disclosures from our electronic health record that must be tracked for a minimum of three years from the date of disclosure, but are not required to be tracked before January 1, 2014*, include:

- For treatment, payment, and healthcare operations

3. The accounting will not include any of the following disclosures:

- For treatment, payment, and healthcare operations (TPO) other than as specified in #2
- To the patient (or personal representative) of the patient’s PHI
- Pursuant to the patient’s authorization
- Certain permitted disclosures, including:
  - For the facility’s directory
  - To persons involved in the patient’s care or for other notification purposes
- For national security or intelligence purposes
- To correctional institutions or in law enforcement custodial situations
- As part of a limited data set under a data use agreement, in accordance with 45 CFR 164.514(e)
- Disclosures that occurred more than six years prior to the date of the request
- Disclosures that occurred prior to April 14, 2003

B. Requests for Accounting of Disclosures

1. Patients must submit requests in writing, which will be filed in the medical record (paper or electronic) and kept for at least six years from the date the accounting is delivered.

2. The written accounting will contain the following for each disclosure by this organization or its agents, including BAs:

Contents:

- The date of the disclosure
- The entity that received the PHI and, if known, the address
- A brief description of the PHI disclosed
- A brief statement of the purpose for the disclosure that reasonably informs the individual of the basis for the disclosure
3. The accounting must be provided no later than 60 days after receipt of the request. A one-time 30-day extension is allowed if the information is stored off-site. If an extension is required, the requesting party will be informed in writing of the reason for the delay and when they will be provided with the accounting.

4. A copy of the request form will accompany the disclosures accounting.

5. No fee will be charged for the first accounting provided to a patient during any 12-month period. A reasonable cost-based fee may be charged for each subsequent request by the same individual within the 12-month period.

6. Individuals must be informed in advance of any fees required so they have a chance to modify or withdraw their request.

C. Time-Limited Exceptions

1. Health oversight agencies or law enforcement officials may request us to temporarily suspend a patient’s right to an accounting of disclosures for a time period specified by them, provided that:

   • The agency or official gives us a written statement stating that providing the patient with an accounting of disclosures to that agency would be likely to impede the activities of the agency or official

   • The agency or law enforcement official submits its request on letterhead stationery (or other official communications) of the agency

2. We may temporarily agree to suspend a patient’s right to an accounting of disclosures if a health oversight agency or law enforcement official orally requests it. Oral requests may be acted upon for an initial 48-hour period. Our Compliance Officer will document the request for suspension, including the date and time of the oral request and the full name, credentials, address, and telephone number of the agency requesting the suspension.
Policy: St. David’s Center recognizes and supports the right of individuals to receive communications regarding their PHI in a means and location that the individual feels is safe from unauthorized access. We must permit individuals to request communication of PHI from us by alternative means and to alternative locations. And we must accommodate all such reasonable requests, as required by HIPAA’s privacy rule. We support this right with policy and procedures.

Purpose: This policy describes the conditions under which individuals may request and receive communications through alternative means and/or to alternative locations, and how we will respond.

Scope: This policy applies to PHI in any form. It applies to our work force, affiliates, agents, and Business Associates.

General rules:

1. We may require individuals to request confidential communications in writing.

2. We are not permitted to require an explanation for the request.

3. We may contact individuals by telephone, mail, or e-mail in order to communicate or collect PHI related to their treatment, payment, or our healthcare operations, including but not limited to the following:
   a. For appointment reminders
   b. For pre-registration and pre- and post-operative information
c. To communicate follow-up care instructions

d. As necessary for clarification of billing and/or collection purposes

4. The Minimum Necessary standard applies in particular when PHI:

a. Is sent in the mail on a postcard

b. Is sent in an envelope with explicit information on the outside of the envelope that may reveal the individual’s medical condition

c. Is left in a message with someone other than the patient, or on an answering machine

d. Is sent by e-mail without encryption or other safeguards in place

5. When individuals request an alternative address or method of contact, if they are responsible for payment, they must confirm that it is acceptable to use this address for billing purposes. We may refuse requests for confidential communications that prevent us from billing and receiving payment.

6. Some examples of reasonable requests include:

a. Request that information be mailed in a sealed envelope rather than on a postcard.

b. Request that the individual’s health insurer not receive any information for a particular visit, provided that the patient agrees to self-pay. This communications request would apply to a specific visit, and would not be ongoing.

c. Request to receive mail at a post office box rather than a home address.

d. Request to receive phone calls at the office rather than at home.
**Policy:** St. David’s Center recognizes and supports the right of individuals to request amendment of protected health information (PHI), or certain restrictions on how we use and disclose PHI for treatment, payment, and healthcare operations (TPO). We support this right with our policy and procedures.

**Purpose:** This policy describes the conditions under which individuals may request amendment or restrictions on the use and disclosure of their PHI and how we will respond.

**Scope:** This policy applies to PHI in any form. It applies to our work force, affiliates, agents, and Business Associates.

**Procedure:**

**Amendment**

**A. Process**

1. St. David’s will permit an individual the opportunity to request an amendment to the individual’s record if St. David’s has possession of the record that is the subject of the request.
2. St. David’s requires that all amendment requests be made in writing and that the individual provide a reason to support the amendment request.
3. If St. David’s grants the request, it will do the following:
   a. Notify the individual of St. David’s acceptance of the amendment, in whole or in part
   b. Identify the records that are affected by the request
   c. Append the amendment information to the record
   d. Obtain the individual’s agreement to have St. David’s notify the relevant persons with whom the amendment needs to be shared
4. St. David’s will make reasonable efforts to inform and provide a copy of the amendment to the following:
   a. The persons identified by the individual as having received Protected Health Information (PHI) about the individual and needing the amendment
   b. Other entities, including business Associates (as such term is defined in the Health Insurance Portability and Accountability Act Privacy Regulations), that St. David’s knows has the PHI that is the subject of the amendment and may have relied, or could foreseeable rely, on the PHI to the detriment of the individual.
5. St. David’s will act on an individual’s request for amendment within 60 days after receipt of the request. However, if St. David’s is unable to act on the request within 60 days, it may extend the time for such action by up to 30 days. If St. David’s extends the time for action, it will provide the individual with a written statement of the reasons for the delay and the date by which St. David’s will complete its action on the request. Written notice of such extension must be provided to the individual within 60 days of St. David’s receipt of the request for amendment.

B. Denial of Request for Amendment
   1. St. David’s may deny an individual’s PHI amendment request, in whole or in part, if it determines that the PHI that is the subject of the request:
      a. Was not originated or maintained at St. David’s;
      b. Is not part of the individual’s record;
      c. Would not be available to the individual under the HIPAA Privacy Regulations;
      or
      d. Is accurate and complete.
   2. If St. David’s denies an amendment request, in whole or in part, it will provide the individual with a written denial within 60 days of receipt of the request. The denial will use plain language and will include the following information:
      a. The basis for the denial;
      b. A description of the individual’s right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
      c. A statement that, if the individual does not submit a statement of disagreement, he/she may request that St. David’s provide his/her request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
      d. A description of how the individual may submit a complaint to St. David’s or the U.S. Department of Health and Human Services, pursuant to the HIPAA Privacy Regulations. Such description will include the name (or title) and telephone number of St. David’s HIPAA Compliance Officer.
   3. St. David’s may prepare a written rebuttal to the individual’s statement of disagreement. If a rebuttal is prepared, St. David’s will provide a copy to the individual who submitted the statement of disagreement.
   4. St. David’s will append or otherwise link the individual’s amendment request, St. David’s denial, the individual’s statement of disagreement, and St. David’s rebuttal, if any, to the record that is the subject of the individual’s request for amendment. St. David’s will include the above, or a summary of the information above, with any subsequent disclosure of PHI to which the disagreement relates.
5. When St. David’s makes a subsequent disclosure using a standard transaction under the HIPAA Privacy Regulations that does not permit the additional material to be included with the disclosure (e.g., electronic disclosure), it will send the amendment request, denial, statement of disagreement, and rebuttal, as appropriate, in a separate transmission.

C. Actions on Notices of Amendment
   1. St. David’s will amend an individual’s record, in accordance with this policy, if it is informed by another entity covered by the HIPAA Privacy Regulations of an amendment it has accepted to an individual’s record.

D. Administration
   1. The St. David’s Compliance Officer shall receive and process all amendment requests. This employee shall document all requests in accordance with this policy.

Request for Restrictions
   1. Requests must be submitted in writing.

   2. St. David’s is not required to agree to most requests for restrictions. It may grant the request, deny the request, or grant part of and deny part of the request. However, St. David’s is required to agree to a request by an individual to not disclose PHI to a health plan for payment or operations when that PHI pertains solely to a healthcare item or service for which the provider has been paid out of pocket in full.

   3. The decision will be determined on an individual basis, considering administrative and technical abilities, other relevant laws and regulations, and the overall best medical interests of the patient in St. David’s professional judgment.

   4. Although decision-making may involve multiple parties, the final decision must be approved by the Compliance Officer.

   5. If St. David’s agrees to a restriction, it will be documented in the medical record and kept on file for at least six years.

   6. If St. David’s agrees to a restriction, it is binding across the organization and for all future uses and disclosures of the patient’s PHI until the agreement is terminated or under one of the following special circumstances:
      a. PHI is needed to provide emergency treatment
      b. PHI is disclosed to the U.S. Department of Health and Human Services in its audit of the organization’s compliance with HIPAA privacy regulations

   7. St. David’s will respond to a request for restriction within 30 days with the following in writing:
      a. A statement that the request has been reviewed
      b. A description of the restriction being agreed to or denied
      c. If denied, the basis on which the denial is made
8. The individual has the right to respond to a denial and file a complaint.

9. A restriction can be terminated when:
   a. The individual agrees to or requests the termination in writing; or
   b. The individual agrees orally to the termination, and the oral agreement to terminate the restriction is documented; or
   c. St. David’s unilaterally terminates the agreement to the restriction by informing the individual in writing, in which case the termination applies only to PHI created or received after notifying the individual of the termination.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
The following policy overview contains excerpts from our agency policy set. These are not full policies, rather key statements from the corresponding policies. The intended purpose of this document is to highlight critical IT policy components to be reviewed with staff at onboarding or annual training, or as otherwise needed.

**Acceptable Use of Technology Systems:**
- Use of our Technology Systems (including all systems, including the St. David’s Center network, and all equipment/devices that are used to create, access, maintain or transmit electronic information) is limited to the acceptable business purposes required by one’s work duties.
- Accessing personal email on a St. David’s Center workstation or device is NOT permitted.
- Access to personal email accounts/data is only permitted on personal devices utilizing our guest Wi-Fi network on personal time.
- Users have no expectation of privacy when using St. David’s Center Technology Systems.
- St. David’s Center reserves the right to block websites from use and to monitor Internet activity.
- Employees engaging in unauthorized or improper use of St. David’s Center Technology Systems are subject to disciplinary action.

**Personal Time Off:**
- Upon termination, accrued but unused PTO will be paid out to employees who are considered to be in good-standing. To be considered in good-standing:
  a. All company property has been returned, for example computers, cell phones, keys, etc.

**Offsite Work Security:**
- Use of both desktop computers and portable devices must occur in a secure area where access to the computer/device and network is restricted, and where our confidential data in any form are protected from view by others.
- None of the following can be left unattended in a vehicle for more than 10 minutes: (1) any device owned by St. David’s Center (including laptops, PDAs, smart pagers/cell phones), (2) any device not owned by St. David’s Center but which is used to access St. David’s Center confidential information/Protected Health Information(PHI), and (3) any media containing confidential information/PHI (e.g., paper client files/records, electronic records). If staff choose to leave items unattended in a vehicle for under 10 minutes, they must ensure that:
  a. All devices and/or confidential information/PHI are placed in a locked trunk; or
  b. If a locked trunk is not available, staff must take efforts to ensure that any/all items remaining are in a locked vehicle and are not left in plain sight.

**Electronic Communication:**
- The use of encrypted email is required to ensure the privacy and confidentiality of messages containing confidential and/or sensitive agency information.
SECURITY OF PORTABLE COMPUTERS AND MEDIA

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<tr>
<th>Policy Owner: Emily Walton</th>
<th>Date Written: 06/19/13</th>
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<tr>
<td>Policy Originated by (program or department):</td>
<td>Date Reviewed / Revised: 04/17/15, 07/21/15</td>
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<td>Applicable Programs: All Programs (refer to Hybrid</td>
<td>Date Reviewed and Approved by ELT: 03/11/14, 07/21/15</td>
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**Policy:** Portable computers and portable electronic media containing or used to access St. David’s confidential data will be protected from unauthorized access through this policy’s security controls. This policy is intended to supplement, not countermand, other information security policies for the special case of portable equipment and media.

**Purpose:** Portable computers and portable electronic media are at greater risk of loss and theft than non-portable items. Therefore, when they contain confidential information or can be used to access such information, that information could be compromised by unauthorized access. There is not only a potential loss of privacy and confidentiality of the data on the device or media, but also, if the device is used (directly or indirectly such as when a password is stored on a PDA) to gain access to this organization’s network and other protected resources, the security of all information assets could be at greater risk. Hence, the additional security controls in this policy are appropriate and necessary to contain the risk.

**Scope:** This policy applies to our work force and any third parties who are authorized to have access to any information this organization designates as confidential (including Protected Health Information, employee records, etc.), and who use portable computers to access or store our confidential data and/or who remove confidential data from the facility on magnetic media.

This policy applies both when the organization owns the device or medium, and when it does not, as long as the organization’s confidential data are accessed through or stored on the device or medium.

Examples of portable computers include laptops, tablets, and hand-held devices (PDAs, pager/cell phones with storage and processing capability). Examples of portable media include disks; CDs; some MP3 players; and USB drives, storage devices, and “thumb drives.”
General rules:

1. Inventory of Portable Computers
   The Information Security Department (ISD) will create and maintain an inventory of portable computing devices (including both organization-owned and personally owned) used to access and/or store organization confidential data. Departments will be responsible for reporting new devices and changes to ISD promptly.

   This inventory will give the ISD information on how portable computers are being used with regard to confidential data. Based on review of that information, the ISO may mandate additional security controls and specific security software.

2. Authorization
   Individuals must be authorized in writing (sent to the ISD) by management prior to removing confidential information on electronic media or computer, and prior to accessing or storing Confidential information on a portable computer.

3. Authentication
   Access to portable computers requires at least one form of authentication such as a password or a fingerprint. Passwords must meet organization standards for password length, composition, and expiration.

4. Virus Protection
   Virus-protection software should be installed on the portable device and routinely updated.

5. Encryption
   Encryption software should be installed on the device and used to protect any confidential data on it. Encryption software meeting organization standards and government-endorsed algorithms should be used to encrypt data on portable media leaving the facility.

6. Locking
   Portable computing devices must be locked away when not in use and not on one’s person (other than in a locked private office).

7. Reporting Lost/Stolen/Damaged Devices:
   Individuals must immediately report if company issued equipment is lost, stolen or damaged. Reports are to be directed to the Operations Manager and the Compliance Director.
20. Security of Portable Computers and Media

21. Uses and Disclosure of PHI for Treatment, Payment, and Healthcare Operations

22. Uses and Disclosures of PHI not Requiring Permission or Opportunity to Agree or Object

23. Uses and Disclosures of PHI for Fundraising

24. Uses and Disclosures of PHI Requiring Release of Information
Policy: PHI for which this organization is responsible may be used and disclosed for Treatment, Payment, and Healthcare Operations (TPO) only in accordance with HIPAA and other laws and regulations, and with our Privacy Notice.

Purpose: To protect patient privacy and ensure regulatory compliance, this policy outlines the requirements that must be followed when using or disclosing PHI for purposes of TPO.

Scope: This policy applies to PHI in any form that is being used or disclosed for the purposes of TPO. It applies to our work force, affiliates, agents, and Business Associates.

General rules:

1. Except where prohibited by state or federal laws, we may use and disclose PHI for Treatment, Payment, and our own Healthcare Operations without permission from an individual who is the subject of the PHI.

2. We may disclose PHI for the Healthcare Operations of another Covered Entity (CE) provided that the receiving CE has or had a relationship with the patient who is the subject of the PHI, the PHI pertains to that relationship, and the disclosure is for a purpose listed below:

   • Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to
improving health or reducing healthcare costs, protocol development; case management and care coordination; contacting of healthcare providers and patients with information about treatment alternatives; and related functions that do not include treatment;

- Reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance; reviewing health plan performance, conducting training programs in which students, trainees, or practitioners in areas of healthcare learn under supervision to practice or improve their skills as healthcare providers; training of non-healthcare professionals; accreditation, certification, licensing, or credentialing activities
- For the purpose of healthcare fraud and abuse detection or compliance.

3. Uses and disclosures of PHI must be consistent with our privacy notice.

4. The minimum necessary standard applies to uses and disclosures of PHI except for treatment purposes.
Policy: St. David’s Center will use and disclose protected health information (PHI) for fundraising purposes only as permitted by HIPAA’s privacy rule and the American Recovery and Reinvestment Act of 2009.

Purpose: This policy describes the conditions under which we may use and disclose PHI for fundraising.

Scope: This policy applies to PHI in any form that is being used or disclosed for fundraising purposes. It applies to our work force, affiliates, agents, and Business Associates.

General rules:

We are permitted to use certain PHI for fundraising purposes under the following conditions:

1. We may use only the following PHI:
   a. The individual’s demographic data including:
      a. Name
      b. Address
      c. Other contact information
      d. Age
      e. Gender
   b. The individual’s dates of service

2. The fundraising is solely on behalf of our organization.

3. All fundraising materials that are sent to individuals will include:
a. A clear and conspicuous statement that the recipient may elect not to receive (or opt out of) any further such fundraising communication; and

b. Instructions on how the individual can opt out.

4. An opt-out will be treated as a revoked Authorization. From that time forward, the individual’s PHI will not be used for any fundraising purpose unless we receive a signed Authorization.

Any use or disclosure of PHI for fundraising that does not meet all of the above criteria requires a prior valid, signed Authorization from the individual.
USES AND DISCLOSURES OF PHI NON REQUIRING RELEASE OF INFORMATION OR OPPORTUNITY TO AGREE OR OBJECT

Policy Owner: Emily Walton  
Policy Originated by (program or department):

Date Written: 6/19/13  
Date Reviewed / Revised:

Applicable Programs: All Programs (refer to Hybrid Entity Statement Policy)  

Date Reviewed and Approved by ELT: 3/11/14

Statutory or Regulatory Citation:  

Signature if needed:

Policy: St. David’s Center is permitted by the HIPAA privacy rule to use and disclose PHI for certain purposes—generally required or permitted by law—without requiring individual permission or an opportunity for the individual to agree or object.

Purpose: This policy describes the circumstances, other than TPO, under which we are permitted to use and disclose PHI without first obtaining permission from the individual or personal representative, or first providing the individual or personal representative with an opportunity to agree or object to the use or disclosure.

Scope: This policy applies to PHI in any form that is being used or disclosed for the purposes identified below. It applies to our work force, affiliates, agents, and Business Associates.

General rules:

1. When disclosures (releases) are permitted by law, but not required, clinicians should use professional judgment as to whether or not to release information.

2. The Compliance Officer, Executive Director, and/or legal counsel should be consulted if there is any question about whether or not release of information should occur.

3. When PHI is used or disclosed under this policy, it should be limited to the minimum necessary amount of information needed for the purpose, except when and as required by law.

4. Following are the uses and disclosures permitted under this policy:
a. Uses and disclosures required by law

b. Uses and disclosures for public health activities

c. Required disclosures about victims of elder or disabled abuse or neglect

d. Uses and disclosures for health oversight activities

e. Required disclosures for judicial and administrative proceedings

f. Disclosures for law enforcement purposes:

g. Uses and disclosures about decedents
   - To coroners and medical examiners made to assist in identifying a deceased person, to determine cause of death, or for other duties authorized by law
   - To funeral directors as necessary to perform their duties, including disclosures made in reasonable anticipation of the individual’s death
   - For all other uses related to decedent information, if authorized by the executor or administrator of the estate;
   - To family members and others who were involved in the care or payment for care of a decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to us. Additionally, information of a person deceased more than 50 years is no longer considered PHI, and authorization is not required to release such information.

h. Uses and disclosures for research purposes under certain conditions:
   - Our employees and agents may disclose PHI for research, regardless of the source of funding, subject to the following conditions:
     o If there is documentation that an Institutional Review Board (IRB) or Privacy Board has approved a waiver or alternative to the privacy standards’ individual authorization requirement.
     o If the PHI is part of a review preparing for a research project, the researcher must represent that the PHI is necessary to prepare the research protocol, necessary for the research, and that the researcher will review the PHI on the premises.
     o If researchers request a decedent’s PHI, the researcher must state the PHI is necessary and solely for research on a decedent. The researcher may be asked to provide documentation of the individual’s death.

i. As required to avert a serious threat to health or safety
j. Uses and disclosures for specific government functions

k. Disclosures for Workers’ Compensation

5. Verification of authority
   a. When PHI is requested by someone citing public health or legal authority to receive the information, our employees and agents may request a statement as to what legal authority they are acting under. For instance, a public health authority requesting PHI may be asked to cite the specific statute, law, or ordinance that allows him or her to receive the information.

   b. If the request for PHI is made by warrant, subpoena, court order, or other legal process, our employees and agents must verify the validity of same in accordance with accepted practices for release of information.

   c. If the request for PHI is made in person, our employees and agents should always request that agency officials present photo identification.

   d. If the request for PHI is made in writing, our employees and agents should note that the request is made on appropriate letterhead and the written request should cite the authority under which the request is being made.
Policy: Unless permitted by law and organization policy, all other uses and disclosures of PHI are permitted only after receiving a signed, valid Release of Information from the individual. This provides individuals some privacy control by giving them an opportunity to determine how their PHI may be used or disclosed.

Purpose: HIPAA’s privacy rule requires that CEs first obtain permission from the individual who is the subject of PHI before any non-routine uses and disclosures of PHI outside of the primary functions of CEs (that is, Treatment, Payment, and Healthcare Operations), what is required or permitted by law, or what is permitted in several narrow exceptions. State law may also require patient consent before disclosing PHI. This policy describes the Release of Information requirements of HIPAA’s privacy rule.

Scope: This policy applies to PHI in any form. It applies to our work force, affiliates, agents, and Business Associates.

General rules:

If uncertain about whether a Release of Information is required in a particular instance, contact the Compliance Officer. In some cases, although HIPAA may not require a Release of Information, state law may require it.

A. Uses and disclosures specifically requiring Release of Information

Uses and disclosures requiring Release of Information include, but are not limited to, the following:
1. Marketing: A Release of Information must be obtained for use or disclosure of PHI for marketing purposes except under limited circumstances.

2. Mental health and substance abuse: Prior to any use or disclosure of PHI related to mental health treatment, including Psychotherapy Notes, or related to substance abuse treatment, including for purposes of TPO, a Release of Information must be obtained from the individual.

B. The Release of Information form

1. The Release of Information form must be written in plain language and must include:
   - A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion
   - When this organization is requesting the Release of Information, a clear, specific description of each purpose of the requested use or disclosure
   - A statement that the individual has the right to inspect and copy the information being requested for use or disclosure
   - A statement that the individual has the right to refuse to sign the Release of Information without retaliation
   - The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure
   - The name or other specific identification of the person(s), or class of persons, to whom we will make the requested use or disclosure
   - An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
   - A statement of the individual’s right to revoke the Release of Information in writing and the exceptions to the right to revoke, along with a description of how the individual may revoke the Release of Information
   - A statement that the entity will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the individual providing Release of Information for this use or disclosure, except as permitted by law
   - A statement that information used or disclosed pursuant to the Release of Information may be subject to re-disclosure by the recipient and no longer be protected by HIPAA’s privacy rule protections
   - The signature of the individual, or personal representative, and date
   - If signed by a personal representative of the individual, a description of the representative’s authority to act for the individual
   - If the Release of Information is for marketing activities and the activity involves direct or indirect remuneration (payment) from a third party, the Release of Information must state this

2. This organization cannot make treatment, payment, or eligibility for benefits conditional upon receiving a Release of Information except when:
   - The treatment being provided is research-related; or
• A health plan requests a Release of Information prior to enrollment for underwriting or risk-rating determinations and the Release of Information is not for psychotherapy notes; or
• The healthcare being provided is solely for the purpose of creating PHI for disclosure to a third party.

3. A Release of Information for a use or disclosure of PHI cannot be combined with any other document to create a compound Release of Information, except in the following circumstances:

• If it is combined with other types of written permission for participation in a research study, such as consent to participate in the study
• A Release of Information for use or disclosure of psychotherapy notes can only be combined with another release or Release of Information for use or disclosure of psychotherapy notes

4. A Release of Information is invalid if:

• The Release of Information lacks an element required by HIPAA’s privacy rule;
• The description of the purpose, when sought by the CE, is vague or overly broad;
• The expiration date has passed or the expiration event is known to have occurred;
• The Release of Information has not been filled out completely or has not been signed;
• Material information in the Release of Information is known by us to be false;
• The Release of Information is known to have been revoked;
• The Release of Information violates the provisions related to conditioning receipt of treatment, payment or eligibility decisions; or
• The Release of Information violates the provisions related to compound Release of Information.

5. An individual may revoke a Release of Information at any time, except to the extent the Release of Information has already been relied upon for use or disclosure of PHI. Individuals must notify us in writing to revoke a Release of Information.

C. General procedures for handling the Release of Information form

1. A Release of Information form is used
   a. When an individual asks the CE to release his or her PHI to a third party
   b. When the CE seeks the individual’s permission to use or disclosure his or her PHI for its own non-routine purpose.

2. When this organization initiates a request for Release of Information to use or disclose PHI for its own purposes, we will provide the individual with any facts he or she needs to make an informed decision as to whether to allow use or disclosure of the information as requested. It is our responsibility to complete sections of the form before presenting it to
the individual, including, but not limited to, clearly describing what information is sought and how it will be used.

3. If the patient is a minor, or is otherwise not competent, the signature of a parent, guardian, or other legal representative is required.

4. The identity of the individual signing the Release of Information will be validated.

5. A copy of the signed Release of Information must be given to the individual or personal representative at the time the form is signed.

6. Each completed Release of Information form or a written request to revoke a Release of Information must be retained in the individual’s medical record for a period of no less than six (6) years from the date it was last in effect (i.e., the expiration date or date of expiration event).

Reference: Release of Information Form
VI. **FINANCE (ERICA TENNESSEN)**

1. Accounts Receivable Concerns
2. Allow-ability Policy for Federal Grants
3. Billing Process
4. Capital Building and Equipment
5. Cash Control
6. Cash Management for Federal Awards
7. Check Signing Authority
8. Employee Reimbursement and Vendor Invoices
9. Financial Conflict of Interest for Federal Grants
10. Financial Reconciliations
11. Investment Policy Statement
12. Payroll Processing Oversight
13. Petty Cash
14. Procurement Policy for Federal Grant Funds
15. Segregation of Duties for Posting Financial Transactions to the General Ledger System
16. Travel Expense for Federal Grants
17. Write-offs
Policy Title: Accounts Receivable Concerns

Policy Owner: Erica Tennessen
Policy Originated by: Billing Office

Date Written: 06/16/15
Date Reviewed / Revised: 6/22/18

Policy:
It is the policy of St. David’s Center to provide uniformity and direction on handling of accounts receivable balances for client’s services.

Situations that fall under, but are not limited to, the Accounts Receivable Concerns:

a. Client’s insurance has termed.
b. Client’s insurance has requested medical records in order to process claims.
c. Client’s claims have been denied.
d. Client is not making payments toward their account.
e. Client is about to go to collections for an overdue balance.
f. Payment Plans.
g. Accounts that have been sent to collections.
h. Any, and all other, circumstances that result in insurance and/or client not making payment on an account.

Definitions: n/a

Procedure:
I. In the event that payment for services is exceeding the 30-day grace period for outstanding balances due to insurance denials, the following steps occur:

   1. Billing Office alerts program staff and clients and offers the following options:
      a. Suspend services. The length of time that services are suspended before moving to discharge depends upon each program’s specific service suspension policy.
      b. Continue services and agree to private pay if payment for services are denied by other payers.

II. If the account is entirely private responsibility, suspension of services will be implemented to prevent increasing the outstanding balances further.

III. The Billing Office implements the following steps to achieve collection of payment.

   a. Private Pay Statement is mailed, this is considered Month 1 in the process.
   b. If no payment or communication is made, Private Pay Statement with Reminder Letter or Nonpayment Letter is sent. MONTH 2
c. If still no payment or communication is made, Private Pay Statement with Final Letter is sent, services are suspended, if applicable financial assistance is revoked and payment plan is void. MONTH 3
d. If still no payment or communication is made, Private Pay Statement with Collections Letter is sent. MONTH 4
e. If still no payment or communication is made by the 25th, a Final Phone Call is made in an attempt to resolve the account. MONTH 4
f. If no resolution occurs after last step, the account is sent to collections.

IV. If lack of payment is due to termed insurance
a. Insurance eligibility is verified monthly by the Billing Office. If insurance has termed or changed, the Business Analyst (BA) and program staff can view this information through the Ineligibility Tracking document: S:\Client Ins Info\MA & PMAP Eligibility\Monthly Eligibility Results\Ineligibility Tracking
   i. If Commercial Insurance has termed and there is no other insurance coverage, Billing Office alerts program staff and clients and offers the following options:
      a. Suspend services. *The length of time that services are suspended before moving to discharge depends upon each program’s specific service suspension policy.*
      b. Continue services and agree to private pay if services are denied.
      Billing Office communicates to appropriate program staff what the client’s decision on continuing services is.
   ii. If MA/PMAP has termed, the Billing Office sends an Ineligibility Letter to the client and services continue for up to 30 days after the MA/PMAP term date.
      1. Eligibility is re-verified around the 25th of the month.
         a. Billing Office notifies BA and program staff of client’s whose MA/PMAP are active again.
      2. If MA/PMAP are still inactive the following month, Billing Office notifies BA through the Ineligibility Tracking document and services are suspended until active insurance is received (excluding CMHCM, ITP, and SLMH clients). *The length of time that services are suspended before moving to discharge depends upon each program’s specific service suspension policy.*

V. Medical Records Requests
a. When the Billing Office receives a request for medical records for a client from their insurance company in order to process claims, the Billing Office sends a Notification Letter to the client: S:\Finance\Medical Record Request\Medical Records Family Notification Letter
   i. If claims are denied following medical review, they are dropped to the next payer of responsibility, which may include patient responsibility.

VI. Claim Denials
a. Situations that fall under, but are not limited to, possible claim denials are:
   i. Procedure/service is not covered
   ii. Diagnosis is not covered
   iii. Max met
   iv. Coordination of Benefits (COB) verification or additional information from the member is needed
b. If a claim is denied for COB verification needed, the Billing Office contacts the client and encourages them to contact their insurance to verify COB.
   i. If COB verification is not completed and claims are not in the process of being reprocessed after 30 days, claims are dropped to patient responsibility.

c. If the claim denial doesn’t match the benefits in the EMR/PM system, the Billing Office will research the discrepancy before either dropping the claim to the next payer of responsibility or initiating a provider appeal.
   i. Situations that fall under, but are not limited to, such discrepancies are:
      1. Claim denied as not covered, but benefits indicate the service and/or diagnosis should be covered.
      2. Claim denied for max met, but benefits indicate that auth can be obtained after max is met.
      3. Claim denied for no authorization, but benefits indicate that authorization is not required.

d. For all other claim denials, the claim is dropped to the next payer of responsibility.

VII. Appeals
   a. Provider Appeals
      i. When the Billing Office receives a claim denial that doesn’t match the benefits in the EMR/PM system, the Billing Office notifies the client that a provider appeal is being submitted on their behalf.
         1. If claims are denied following review of the appeal, they are dropped to the next payer of responsibility or written off, depending on whether the Explanation of Benefits (EOB) indicates that claims are patient or provider responsibility.

   b. Member Appeals
      i. If a provider appeal cannot be submitted or has already been denied, the client can choose to submit a member appeal. In the event of a member appeal, the client has the following options:
         1. Suspend services. *The length of time that services are suspended before moving to discharge depends upon each program’s specific service suspension policy.*
         2. Continue services and agree to private pay if the member appeal is denied.
      ii. Billing Office communicates to appropriate program staff what the client’s decision on continuing services is.
         1. Exceptions are reviewed as needed by the Financial Leadership Committee.
         2. Fee Schedule information can be found here: S:\Finance\Financial Assistance
      iii. If the member appeal is approved, any payments made by the client that end up being covered by insurance are either credited to the client’s account or refunded.

VIII. Private Pay
   a. Upon receipt of the Private Pay Statement, it is expected that the statement balance is paid in full. If financial hardship exists, individuals may contact the billing office to apply for consideration of a payment plan.
Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Allowability policy for federal grants

Policy Owner: Erica Tennessen
Policy Originated by: Katie Ricks

Date Written: 07/21/16
Date Reviewed / Revised: 6/22/18

Applicable Programs: ALL programs accessing federal grants

Date Reviewed and Approved by ELT:

Statutory or Regulatory Citation:

Signature if needed:

Policy:
Costs must meet general criteria to be allowable under federal awards.

Definitions: n/a

Procedure:
The costs must be essential and rational for the purpose of the grant work. Adhere to any limitations in the federal grant for types and amounts of cost items. Remain consistent with any policies and procedures that apply to federally funded activities. Be firm in accordance with generally accepted accounting principles (GAAP). Not be included as a cost or used to meet cost sharing or matching requirements of any other federally funded program in either the current or a prior period and finally be adequately documented.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Billing Process

Policy Owner: Erica Tennessen
Policy Originated by: Billing Office
Date Written: 06/16/15
Date Reviewed / Revised: 6/22/18
Applicable Programs: ALL
Statutory or Regulatory Citation:
Signature if needed:

Policy:
It is the policy of St. David’s Center to provide uniformity and direction on handling of billing for client’s services.

Situations that fall under, but are not limited to, the Billing Process are as follows:
   a. Benefit checks.
   b. Authorization partial approvals and denials.
   c. Billing documentation and billing for services.
   d. Client’s insurance has termed.
   e. Client’s insurance has requested medical records in order to process claims.
   f. St. David’s Center or the client is appealing denials made by their insurance company.
   g. Any, and all other, circumstances that result in insurance and/or client not making payment on an account.

Definitions: n/a

Procedure:
I. Benefit Checks
   a. St. David’s Center checks benefits internally to verify authorization requirements, visit limits, and exclusions to align with St. David’s Center contracts.
      i. If the billing office finds any issues with the benefit check, they alert the Program Director and client about possible issues and offer them the following options:
         1. Discontinue or forego moving forward with services.
         2. Continue services and agree to private pay if services are denied.
      ii. Billing office communicates to appropriate program staff regarding the client’s decision for continuing services.
   b. Clients are responsible for verifying their own benefits and ensuring coverage of services. Benefit verification is highly recommended to avoid possible private responsibility.
      i. If a client needs procedure code information for insurance verification, they can contact the billing office directly.
      ii. If a client needs to check what diagnosis code is being billed, they can contact the billing office or the program staff.

II. Partial Authorization Approvals and Denials
a. If the required authorization for services is only partially approved or is completely denied, the billing office notifies the client and offers the following options:
   i. Discontinue or forego moving forward with services
   ii. Continue services and agree to private pay.

b. Billing office communicates to appropriate program staff regarding the client’s decision for continuing services.

III. Billing Process
   a. Billing Documentation
      i. All billing records are maintained within the Electronic Medical Record/Practice Management (EMR/PM) system
   b. Billing for Services
      i. All relevant client information required for billing third party payers is entered into the EMR/PM system by program staff, CORE staff, and/or billing office staff.
      ii. All Life-Phase services are entered into the EMR/PM system aligning with payroll pay periods.
      iii. All other services are entered into the EMR/PM system by the monthly billing cutoff date.
      iv. Once entered into the EMR/PM system, charges are submitted to third party payers on a weekly basis or based on payer timing expectations for services areas.
      v. Based on contract, insurance, or procedure requirements, St. David’s Center bills the designated primary insurance and then to any secondary insurance. Medicaid will be billed as the payer of last resort.
         1. Furthermore, the agency complies will all laws and rules to be an enrolled Medicaid provider.
      vi. In the event of an incorrect claim, billing office staff make the required corrections and re-bill the claim.
      vii. Charges billed to individuals on a self-pay basis are included on a private pay statement once a month.
         1. Private pay statements are produced and mailed after the close of each month.
      viii. If a claim or account is overpaid, the billing office staff researches the cause of the overpayment. If it is determined that the payer overpaid, a refund is processed as soon as possible.
         1. The refund may be processed as a “take-back” on a future remittance, or the refund may be processed by issuing a check to the payer.

IV. For more information regarding Termed Insurance, please reference the Accounts Receivable Concerns policy.

V. Medical Records Requests
   a. When the billing office receives a request for medical records for a client from their insurance company in order to process claims, the Billing Office sends a Notification Letter to the client
      i. If claims are denied following medical review, they are dropped to the next payer of responsibility if other insurance is applicable or to private responsibility.
VI. Private Pay
Any private pay responsibility will be issued in monthly private pay statements. It is expected that timely payment is received for balances that are due to avoid the risk of collections activity.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Capital building and equipment

Policy Owner: Erica Tennessen
Policy Originated by: Patricia Awker
Date Written: 10/1/13
Date Reviewed / Revised: 6/22/18
Applicable Programs: ALL
Date Reviewed and Approved by ELT:
Statutory or Regulatory Citation:
Signature if needed:

Policy:
It is the policy of St. David’s Center to capitalize building, building improvements, equipment, and vehicles that meet certain minimum requirements of cost and estimated useful life.

Definitions: n/a

Procedure:
1. St. David’s Center will maintain a fixed asset schedule that includes the following information:
   - Description of the capital asset purchased
   - Date the item was purchased
   - Value of the capital asset (purchase price or fair market value)
   - Estimated useful life (EUL)
   - Accumulated depreciation to date
   - Current year depreciation amount

2. The fixed asset schedule will be updated periodically to record additions and disposals.
3. All fixed assets will be depreciated using the straight line method. One half of a full year’s depreciation will be recognized in the final year of depreciation. No residual value will be used when calculating the depreciation.
4. Capital equipment will be depreciated based on the purchase price, value of property designated by the donor, or by fair market value valuation. Building improvements will be depreciated if they add to the value or extend the life of the building or grounds. Maintenance or repairs to existing building and grounds will not be considered a depreciable item.
5. For an item to be considered a capital purchase that will be depreciated, the purchase price (or assigned fair market value) must be at least $1,000. Like items or start up costs for projects (eg. construction and set up of outdoor classroom) may be lumped together and depreciated if the total purchase is at least $2,500 and the average price per item is at least $250.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Capital building and equipment

Policy Owner: Erica Tennessen  
Policy Originated by: Patricia Awker  
Date Written: 10/1/13  
Date Reviewed / Revised: 6/22/18  
Applicable Programs: ALL  
Date Reviewed and Approved by ELT:  
Statutory or Regulatory Citation:  
Signature if needed:  

Policy:
In order to maintain sufficient internal control regarding cash, no one person will be responsible for all phases of handling cash, creating bank deposits, entering the deposit information into the general ledger system, or reconciling bank accounts.

Definitions: n/a

Procedure:
1. In order to promote a greater segregation of duties regarding the handling of cash receipts, incoming mail will be opened by the Front Desk Receptionist (FDR), and the FDR will record a receipt of all incoming payments.

2. The A/P Staff will deposit all incoming checks recorded by FDR on a daily basis.

3. If it is necessary for one person to be involved in more than one step of the cash management process, he/she will not be responsible for two consecutive steps in the work flow of the cash management process.

4. The Controller will review bank reconciliations, which are performed by other Finance staff, on a monthly basis.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Cash management for federal awards

Policy Owner: Erica Tennessen
Policy Originated by: Katie Ricks
Date Written: 07/21/16
Date Reviewed / Revised: 6/22/18

Applicable Programs: ALL
Date Reviewed and Approved by ELT:

Statutory or Regulatory Citation: City of Mpls Grant compliance
Signature if needed:

Policy:
To establish cash management procedures for federal awards.

Definitions: n/a

Procedure:
Agency must comply with Federal regulations, statutes and terms and conditions of the Federal funds. Program Directors or the Chief Operating Officer will approve allowable grant expenditures. Program Directors along with the Senior Business Analyst are required to maintain the details of the budget and what is allowed. The agency must identify all the Federal awards received and expended. The records must show accurate, current and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in the award.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Check signing authority

Policy Owner: Erica Tennessen
Policy Originated by: Finance
Date Written: 10/1/2013
Date Reviewed / Revised: 6/22/18
Applicable Programs: ALL
Statutory or Regulatory Citation: City of Mpls Grant compliance
Signature if needed:

Policy:
In order to maintain sufficient internal control for the signing of checks, only certain individuals will be given check signing authority.

Definitions: n/a

Procedure:
1. The following Board members and staff are granted check signing authority for the operating accounts:
   * Board Chairperson
   * Finance Committee Chairperson
   * Chief Executive Officer
   * Chief Operating Officer

2. All checks in the amount of $10,000 or greater require two signatures from the signers in paragraph 1.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy Title: Employee reimbursement and vendor invoices

Policy Owner: Erica Tennessen
Policy Originated by: Pat Awker
Date Written: 10/1/13
Date Reviewed / Revised: 6/22/18
Applicable Programs: ALL
Statutory or Regulatory Citation: n/a

Policy:

All employee/foster parent reimbursement requests and vendor invoices must have appropriate approval before being processed for payment. The policy also applies to St. David’s Center credit cards. Appropriate approval can occur through direct supervisor signature or for programs through Senior Business Analyst and Business Analyst and for administrative departments through Executive Assistant. This task may not be delegated downward; however, this task may be delegated upward in the event the Director/Manager is unavailable.

Definitions: n/a

Procedure:

Vendor invoices and employee/foster provider expense reimbursement requests must be approved by the supervisor or Business Analyst who has budget responsibility for the expense or executive assistant for administrative departments. No employee should sign their own reimbursement or invoices.

2. Employee reimbursement forms require the direct supervisor’s signature when under $500 total. If dollar amount exceeds $500, this would require 2 signatures.

3. The employee/foster provider reimbursement form must be signed by the employee who submitted the request.

4. Employee reimbursement requests must be submitted for approval no later than the last day of the month following the month in which the expense was incurred. For example: for an employee who incurs business mileage on February 10, the reimbursement request must be submitted for approval no later than March 31st.

5. The staff authorizing approval is responsible for the correct expense coding of the invoice or reimbursement request and ensuring appropriate supporting documentation/receipts are attached.

6. In the case of the Chief Executive Officer(CEO), the Board President or Treasurer (Finance Committee Chair) must approve the CEO’s expense reimbursement.

7. For staff who have an Agency credit card in the staff person’s name, the director, business analysts, or executive assistant must review and approve the credit card bill.
8. Vendor Invoices and employee/foster provider reimbursement requests of $10,000.00 or more require a second approval by either the Chief Executive Officer or Chief Operating Officer.

9. Employee/foster provider reimbursement requests and vendor invoices that do not have proper approval will not be processed for payment.

10. Employee’s approved expense reimbursements will be direct deposited into the employees account biweekly through payroll. The expenses are nontaxable.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy: It is the responsibility of St. David’s Center to identify and manage actual or perceived conflicts of interest that may arise in work that involves federal grant monies.

Definitions: n/a

Procedure: A conflict of interest occurs when an individual’s private interests might reasonably be construed to affect his or her independent, unbiased judgment in the work the federal grants supports. When a financial conflict of interest is suspected, the employee is to report it to the director of the program for which the federal grant resides. The director will work with the executive leadership team to investigate the claim and take further actions, provided it is warranted.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
**Policy Title: Financial reconciliations**

**Policy Owner:** Erica Tennessen  
**Policy Originated by:** Pat Awker  
**Date Written:** 10/1/13  
**Date Reviewed / Revised:** 6/22/18  
**Applicable Programs:** ALL  
**Date Reviewed and Approved by ELT:**

**Statutory or Regulatory Citation:**

**Signature if needed:**

| Policy |  
|---|---|
| **Policy:** |  
| All balance sheet accounts will be reconciled on a periodic basis. |  
| **Definitions:** n/a |  
| **Procedure:** |  
| All balance sheet accounts will be reconciled monthly. |  
| 2. The fundraising software (Raiser’s Edge) will be reconciled to the general ledger and the contribution dashboard on a monthly basis. |  
| 3. Accrued personal time off will be adjusted 4 times per year: March, June, September and December. |  
| 4. The allowance for bad debt will be adjusted on a monthly basis. |  
| 5. The Accountant or Accounting Clerk will perform the reconciliations. The Controller will review, sign and date the reconciliations. In the event the Controller completes reconciliations, the Chief Operating Officer will review, sign and date. |  

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy Title: Investment Policy Statement

Policy Owner: Julie Sjordal, CEO
Policy Originated: By Investment Management Consultant in consultation with COO and Controller

Reviewed and Approved by Board
Finance Committee: 9/20/17

Applicable Programs: ALL

Dates of Annual Review and Approval:
6/21/18 by Staff Policy Team
Finance Committee Approval last page

Statutory or Regulatory Citation:
Signature CEO and Treasurer:
See last page

This Investment Policy Statement (IPS) has been reviewed and adopted by the Finance Committee on behalf of St. David’s Center’s Board of Directors in recognition of its responsibility to establish policies for the administration and investment of the organization’s endowment fund assets. This policy formally documents the goals, objectives, and guidelines of the fund’s investment program. Its purpose is to document the policies and procedures that are intended to provide the greatest probability that the funds objectives are met in a prudent manner, consistent with the established guidelines. The Finance Committee will review and renew the adoption of this policy annually. Material changes to this policy require that a revised policy be approved, adopted and shared with the investment management consultant delegated to follow this directive.

Purpose of This Investment Policy Statement

This investment policy statement is set forth by St. David’s Center in order to:

- Identify the goals of the investment assets of St. David’s Center fund and impart changes of
  - purpose or use of investment assets
  - contributions or distributions from investment fund
- Communicate to incoming board members the relevance of the investment strategy within the context of the current policy
- Define and assign the responsibilities of all involved parties
- Establish a consistent or relevant liquidity need for potential distributions
- Offer guidance and limitations regarding the investment of assets
- Form a basis for evaluating investment results and guidance to securing best-in-class reporting formats and review processes
- Establish the relevant investment horizon for which the assets will be managed

Statement of Responsibilities

Finance Committee
- Develop, review and approve the Investment Policy Statement.
- Regularly maintain investment policies and criteria, while monitoring the performance, asset allocation, fees and spending of the portfolio.
- Evaluate performance, portfolio and manager risk levels, fund asset allocation, and expenses incurred by the portfolio (trustee, custodial relationship, consulting, investment management, etc.)
- Review asset allocation and performance semi-annually
• Adhere to the guidelines as defined in the Uniform Prudent Management of Institutional Fund’s Act* (UPMIFA) and all other applicable regulations. *See addendum at end of IPS for UPMIFA Language.
• Appoint, evaluate and remove other service providers, such as an investment management consultant that it deems necessary for St. David’s Center investment portfolio.

Chief Executive Office (CEO) & Chief Operating Officer (COO)
• Administer and communicate performance to all parties responsible for the management of the assets
• Exercise authority to retain a consultant, subject to the approval of the Finance Committee, in order to help St. David’s Center achieve its fiduciary responsibility
• The CEO or COO, may move assets between the Investment Fund and Operating Account

Controller
• Oversee all investment transactions, review and distribute monthly financial statements
• Assure that all gifts of stock are sold upon receipt
• Validate the ongoing distributions or contributions from or into the corpus

Investment Management Consultant
The Investment Management Consultant's role is that of a discretionary advisor. Investments will be consistent with the investment objectives, policies, guidelines and constraints as established in this policy statement.

• Manage the Fund’s assets in compliance with the standards according to Uniform Prudent Management of Institutional Fund’s Act (UPMIFA)
• Perform semi-annual performance and asset allocation review with finance committee
• Guide development and periodic review of investment policy and objectives
• Develop and implement asset allocation strategy. Recommend strategic and tactical asset allocation changes within the guidelines of the policy
• Review the capital markets in light of the Fund’s investment objectives
• Implement portfolio rebalancing within the guidelines of the policy
• Conduct investment manager searches, provide “due diligence” or research on Investment Managers
• Provide the performance of the Total Fund and Investment Manager(s) to assist the Finance Committee with the ability to determine the progress toward the investment objectives

Investment Objective and Philosophy
At the core of this investment policy statement is a set of fundamental investment beliefs which are the underpinnings of the St. David’s Center fund:

• Endowment funds are by definition perpetual funds. St. David’s Center can afford to take a very long-term view in setting investment policy.
• Taking into account the long-term nature of endowment funds, the Finance Committee should maintain a bias toward equity investments, which have historically produced higher long-term returns.
• Diversification can reduce risk and increase return.
• See asset allocation addendum for target allocations.
Asset Allocation Policy

- The board recognizes that the strategic allocation of fund assets across broadly defined financial asset and sub-asset categories with varying degrees of risk, return, and return correlation will be the most significant determinant of long-term investment returns and portfolio asset value stability.

- Fund assets will be managed as a balanced portfolio composed of two major components: an equity portion and a fixed income portion. The expected role of Fund equity investments will be to maximize the long-term real growth of fund assets, while the role of fixed income investments will be to generate current income, provide for more stable periodic returns, and provide some protection against a prolonged decline in the market value of portfolio equity investments.

- All asset classes that the Finance Committee permits the various investment management consultants to use must have a defined purpose. Each asset class shall be broadly diversified to have similar risk characteristics to its respective market. Ownership of the below investments is assumed within a separate account managed by a portfolio manager, mutual fund, or ETF structure unless otherwise approved by the committee.

Permitted Activity and Investment Strategies:

1. Mutual Funds & Exchange Traded Funds
   a) Mutual Funds and ETFs that invest in allowable securities as outlined in this statement

   A. Cash Equivalents
      a. Treasury Bills
      b. Money Market Funds
      c. Commercial Paper
      d. Banker’s Acceptances
      e. Repurchase Agreements
      f. Certificates of Deposit

   B. Fixed Income Securities (fixed income securities shall have an equivalent credit quality above investment grade at the time of purchase, defined Moody’s and Standard & Poor’s)
      a. U.S. Government and Agency Securities
      b. Corporate Notes and Bonds
      c. Mortgage Backed Bonds
      d. Foreign-Issued Government/Corporate Bonds
      e. Preferred Stock
      f. Collateralized Mortgage Obligations
      g. Municipal Securities
      h. Treasury Inflation Protected Securities (TIPS)
      i. Credit Structures

   C. Equity Securities
      a. Common Stocks
      b. Convertible Notes and Bonds
      c. Convertible Preferred Stocks
d. American Depository Receipts (ADRs) of Non-U.S. Companies

e. Stocks of Non-U.S. Companies (Ordinary Shares)

D. Liquid Alternative Investments in Mutual Fund or ETF Form:
   a. Market Neutral, Long/Short
   b. Commodities
   c. Real Estate

**Rebalancing Policy**

It is expected that the fund’s actual asset allocation will vary from its target asset allocation as a result of the varying periodic returns earned on its investments in different asset and sub-asset classes. The fund will be rebalanced to its target normal asset allocation under the following procedures:

1. The investment management consultant will use incoming cash flow (contributions) or outgoing money movements (disbursements) of the fund to realign the current weightings closer to the target weightings for the fund.
2. The investment management consultant will review the fund semiannually (June 30 and December 31) to determine the deviation from target weightings. During each semiannual review, the following parameter will be applied:
   a. If any asset class (equity or fixed income) within the fund is +/–5 percentage points from its target weighting, the fund will be rebalanced.
3. The investment management consultant may provide a rebalancing recommendation at any time.
4. The investment management consultant shall act within a reasonable period of time to evaluate deviation from these ranges.

**Risk Tolerance**

The board recognizes and acknowledges some risk must be assumed in order to achieve the long-term investment objectives of the fund, and there are uncertainties and complexities associated with contemporary investment markets.

In establishing the risk tolerance for this IPS, St. David’s Center Foundation’s ability to withstand short and intermediate term variability was considered. Interim fluctuations in market value and rates of return may be tolerated with the fund in order to achieve longer-term objectives.

**Standards of Performance Review & Evaluation**

Performance reports generated by the Investment Management Consultant shall be compiled quarterly and communicated to the Finance Committee for review.

In keeping with the Portfolio’s overall long-term financial objective, the Finance Committee will evaluate Portfolio and manager performance over a suitably long-term investment horizon, generally across full market cycles or, at a minimum, on a rolling five-year basis.

- Asset allocation remains within policy ranges.
- The Investment Managers and other investment vehicles performed in accordance with the policy guidelines set forth herein.
• Each Investment Manager’s style remains consistent with the style and methodology represented by the Investment Manager when originally hired by the Investment Subcommittee.
• The Investment Managers perform satisfactorily when compared with:
  ▪ The objectives stated herein, as a primary consideration.
  ▪ Recognized market indices and peer groups.

Communication & Reporting

Reporting requirement of the investment management consultant:

• Semi-annually – Incorporate portfolio return and risk measures and asset class benchmark returns to monitor fund holdings against peer group
• Monthly portfolio statements provided by custodian.
• Quarterly portfolio performance statement provided by investment management consultant.
• Fully disclose all fees, trading costs.
• Annually review policy for compliance to these objectives and reporting requirements.

This statement of investment policy was adopted on 9/20/2017 by the Finance Committee of St. David’s Center.

Electronic Signatures:

By:  Julie Sjordal, CEO  
By:  John Feste, Treasurer

Change History

<table>
<thead>
<tr>
<th>Change Date</th>
<th>Changed by</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/18 Meeting</td>
<td>Finance Committee</td>
<td>IPS Update (noted in minutes)</td>
</tr>
</tbody>
</table>
Asset Allocation Guidelines
The policy governing the overall asset allocation shall be as follows:

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Targets</th>
<th>Maximums</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Large Cap Equities</td>
<td>15%</td>
<td>27%</td>
<td>50%</td>
</tr>
<tr>
<td>US Mid Cap Equities</td>
<td>4%</td>
<td>9%</td>
<td>20%</td>
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<tr>
<td>US Small Cap Equities</td>
<td>0%</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Large &amp; Small International Equities</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
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<tr>
<td>Emerging Mkt International Equities</td>
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<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>US Fixed Income</td>
<td>15%</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>International Fixed Income</td>
<td>0%</td>
<td>5%</td>
<td>25%</td>
</tr>
<tr>
<td>Real Estate</td>
<td>0%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Cash &amp; Equivalents</td>
<td>0%</td>
<td>1%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Benchmarks for the Investment Account

1) Static Target Portfolio Benchmark
The dynamic benchmark is closely aligned with the current asset allocation and is a blend of indices that best represent the allocation. Market movement and allocation changes will adjust the dynamic benchmark in order to continuously mirror the Long-Term Investment allocation. The objective of the dynamic benchmark is to evaluate the value added from active management, rebalancing and tactical adjustments to the long-term target asset allocation and to support risk management of the fund.

- S&P 500 27%
- S&P Mid Cap 400 9%
- Russell 2000 8%
- MSCI EFAE 20%
- Dow Joes Emerging Markets 5%
- FTSE NARREIT 5%
- Barclays Aggregate Bond 25%
- US T-Bill 1%

2) Global Index Benchmark
75% MSCI All Cap World (Equities)/ 25% Barclays Global Aggregate (Fixed Income)
GIFT ACCEPTANCE POLICY ADDENDUM

1. Gifts of marketable securities are recognized when the year received. These gifts are irrevocable.

2. The donor who contributes marketable securities will receive an acknowledgment from St. David’s Center stating the average value of the HIGH and LOW price of the asset on the day it was received by St. David’s Center regardless of when the asset is sold.

3. The gross proceeds of the stock sale are applied to the donor account and to an existing pledge, if applicable.

4. Any sales commission and fees will be accounted as an expense paid by St. David’s Center as a part of the cost of doing business.

5. Other Gift Sources
   a. Charitable Remainder Trust, Pooled Income Funds, Gift Annuities
      i. Gifts made to establish charitable remainder trust, contributions to pooled income funds, and gift annuities are credited at fair market value, i.e. / the full amount of the assets given, as determined by an independent, expert appraisal. Gift recognition credit is given for the full fair market value.
   b. Insurance
      i. Where St. David’s Center is the beneficiary and irrevocable owner of the policy, the policy is then recorded as a gift. The cash surrender value is recorded rather than its face value as the amount of the gift. If the donor pays additional premiums, the donor will receive gifting credit for the full value of the premium.
      ii. When St. David’s Center received the proceeds of an insurance policy in which it is the beneficiary, but not the owner, the full amount received is reported as a gift on the date delivered.
SPENDING POLICY ADDENDUM

For the purpose of making distributions, the Fund shall make use of a total-return-based spending policy, meaning that it will fund distributions from net investment income, net realized capital gains, and proceeds from the sale of investments.

a. St. David’s Center will distribute between 4% and 5% of the 12-quarter rolling average of the market value of the fund.

St. David’s Center will review the above-noted factors annually as a part of the yearly budget process and will make an annual determination of whether or not to appropriate or accumulate funds. At the time of review, should the fair value of assets associated with individual donor-restricted endowment funds be below the level that the donor requires St. David’s to retain as a fund of perpetual duration, no funds will be appropriated.
UPMIFA ADDENDUM TO THE INVESTMENT POLICY STATEMENT

UPMIFA: The Uniform Prudent Management of Institutional Funds Act

It is the intent of the Board of St. David’s Center to follow the provisions and apply the investment standards of UPMIFA (www.upmifa.org) in the management of the Fund’s investment assets. In managing and investing an institutional fund, all of the following factors, if relevant, must be considered:

1. General economic conditions
2. The possible effect of inflation or deflation
3. The expected tax consequences, if any, of investment decisions or strategies
4. The role that each investment or course of action plays within the overall investment portfolio of the Fund
5. The expected total return from income and the appreciation of investments
6. Other resources of the Fund
7. An asset’s special relationship or special value, if any, to the charitable purposes of the institution
8. The needs of the institution and the Fund to make distributions and to preserve capital
9. Management and investment decisions about an individual asset must be made not in isolation but rather in the context of the institutional Fund’s portfolio of investments as a whole and as a part of an overall investment strategy having risk and return objectives reasonably suited to the Fund and to the institution
10. Except as otherwise provided by law other than UPMIFA, the institution may invest in any kind of property or type of investment consistent with this section of the investment policy
11. The institution shall diversify the investments of the institutional Fund unless it reasonably determines that, because of special circumstances, the purposes of the Fund are better served without diversification
12. Within a reasonable time after receiving property, the institution shall make and carry out decisions concerning the retention or disposition of the property or to rebalance a portfolio, in order to bring the institutional Fund into compliance with the purposes, terms, and distribution requirements of the institution as necessary to meet other circumstances of the institution and the requirements of this section of the investment policy
13. A person that has special skills or expertise, or is selected in reliance upon the person’s representation that the person has special skills or expertise, has a duty to use those skills or that expertise in managing and investing institutional funds
**Policy Title:** Payroll processing oversight

<table>
<thead>
<tr>
<th>Policy Owner: Erica Tennessen</th>
<th>Date Written: 10/1/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Originated by: Finance</td>
<td>Date Reviewed / Revised: 6/22/18</td>
</tr>
<tr>
<td>Applicable Programs: ALL</td>
<td>Date Reviewed and Approved by ELT:</td>
</tr>
<tr>
<td>Statutory or Regulatory Citation:</td>
<td>Signature if needed:</td>
</tr>
</tbody>
</table>

**Policy:**

Human Resources staff will review employee status changes that are entered by the payroll clerk to provide oversight and verification of employee changes. The Controller/Payroll Supervisor will review the pre-submission payroll register and final payroll register to provide oversight to payroll processing.

**Definitions:** n/a

**Procedure:**

1. After entering all employee status changes for the pay period and before submitting payroll, the payroll clerk will notify HR that they can review the personnel changes report. Any discrepancies will be corrected by the payroll clerk and reviewed again by HR.

2. The Controller will review the pre-submission payroll register for reasonableness. The Controller will review the final payroll register to verify it matches the pre-submission payroll register.

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy Title: Petty Cash

<table>
<thead>
<tr>
<th>Policy Owner: Erica Tennessen</th>
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Policy:

Petty cash funds are available for purchasing routine operating expenses that cannot otherwise be billed and/or invoiced directly to St. David’s Center. When expenditures occur on a regular basis and immediate payment is not required, the normal check payment process should be used and is the preferred method of payment to vendors. Items that should be billed directly to St. David’s Center include utility bills and cable services.

Definitions: n/a

Procedure:

FOR AGENCY OPERATING:

1. Petty Cash will be available at front desk locations for the purpose of completing transactions that require cash exchange. Typically inclusive of payments for non-business use of postage machines.

FOR GROUP HOMES

1. Receipts must be received (or created when the vendor does not supply) for all purchases made from the petty cash fund. The receipt should be noted with the appropriate expense account number (or account numbers and dollar amounts for multiple expenses on one receipt) and entered in the petty cash disbursement register.

2. The petty cash fund should be stored in a secured device such as a safe or cash box in a locked cabinet or drawer.

3. The petty cash fund for each group home location will be $500.00, subject to review and change as necessary.

4. Weekly, or at a minimum of bi-weekly, the unreimbursed receipts must be collected and a check request completed and sent to accounting for reimbursement (a note should be made of the amount of the check request to be used in case a verification of funds is needed and the petty cash fund has not been reimbursed).

5. At the end of each calendar month, the custodian of the petty cash fund must count the fund to ensure that all cash and receipts are accounted for. A petty cash reconciliation log must be
completed and sent to the accounting department at St David’s Center. Petty Cash funds are subject to review periodically by accounting staff.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
<table>
<thead>
<tr>
<th>Policy Title: Procurement policy for federal grants</th>
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<tbody>
<tr>
<td><strong>Policy Owner:</strong> Erica Tennessen</td>
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<tr>
<td><strong>Policy Originated by:</strong> Billing Office</td>
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<tr>
<td><strong>Date Written:</strong> 06/20/16</td>
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<td><strong>Date Reviewed / Revised:</strong> 6/22/18</td>
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<td><strong>Applicable Programs:</strong> ALL</td>
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<tr>
<td><strong>Date Reviewed and Approved by ELT:</strong></td>
</tr>
<tr>
<td><strong>Statutory or Regulatory Citation:</strong> City of Mpls Grant</td>
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<td><strong>Signature if needed:</strong></td>
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</table>

**Policy:**
To ensure that goods and services purchased for the performance of a federal grant are attained in a cost-effective manner and in compliance with federal regulations. The policy applies to Program Directors and/or employees authorized to make purchases paid with federal grant funds.

**Definitions:** n/a

**Procedure:**
The Program Director is responsible for determining whether a purchase is allowable under the terms of the federal grant and the purchases are in agreement with this policy.
To maintain compliance with federal regulations it is required that Program Directors and/or authorized employees perform some cost/price analysis when making purchases under federal grants. They should avoid purchasing unnecessary items or services and bids/quotes must be evaluated based on quality and cost.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy Title: Segregation of duties for posting financial transactions to general ledger

<table>
<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tennessen</th>
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<tbody>
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<td>Policy Originated by:</td>
<td>Finance</td>
</tr>
<tr>
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<td>Applicable Programs:</td>
<td>ALL</td>
</tr>
<tr>
<td>Statutory or Regulatory Citation:</td>
<td></td>
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</table>

Definition: n/a

Procedure:

The Controller will approve all general ledger journal entries, but the Controller will not post entries into the general ledger. Other Finance staff may prepare and post journal entries, but they must have Controller approval. If the controller posts entries to the general ledger, then approval must be completed by the Chief Operating Officer.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
<table>
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<tr>
<th><strong>Policy Title:</strong> Travel expense for federal grants</th>
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<tbody>
<tr>
<td><strong>Policy Owner:</strong> Erica Tennessen</td>
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<td><strong>Policy Originated by:</strong> Katie Ricks</td>
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<tr>
<td><strong>Date Written:</strong> 06/22/16</td>
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<td><strong>Statutory or Regulatory Citation:</strong> City of Mpls Grant</td>
</tr>
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<td><strong>Signature if needed:</strong></td>
</tr>
</tbody>
</table>

**Policy:**
The Travel Expense Policy for federal grants applies to expenses incurred due to travel needs for the purpose and needs of the grant. Federal law has requirements on the use of federal grants. The Travel Policy is designed to ensure the compliance of St. David’s Center employees with those requirements.

**Definitions:** n/a

**Procedure:**
Travel expenses are for food, transportation and lodging incurred by St. David’s Center employees in the course of their work for the federal grant. Employees will need to turn in receipts/invoices/proof of purchase for any travel expenses they experienced as a direct result of their work on the federal grant to the Director who oversees the program where the federal grant is used. The Director will approval all reimbursements.

**Violation of this Policy or Procedure**
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**
Policy Title: Write offs

<table>
<thead>
<tr>
<th>Policy Owner:  Erica Tennessen</th>
<th>Date Written: 10/1/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Originated by: Finance</td>
<td>Date Reviewed / Revised: 6/22/18</td>
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<tr>
<td>Applicable Programs: ALL</td>
<td>Date Reviewed and Approved by ELT:</td>
</tr>
<tr>
<td>Statutory or Regulatory Citation:</td>
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</tr>
</tbody>
</table>

Policy:
All write-offs must be approved by the Chief Operating Officer (COO).

Definitions: n/a

Procedure:

1. Every effort will be made to collect on accounts receivable regardless of payer.

2. If the Accounts Receivable (A/R) Specialist believes the collection process has been exhausted, he/she will submit a write-off request to the A/R Supervisor.

3. The A/R Supervisor will either provide his/her first level approval or make recommendations to the Billing Specialist for further collection activity.

4. Once the A/R Supervisor is satisfied that no further collection efforts are warranted, he/she will submit the write-off request to the Billing Supervisor. The Billing Supervisor submits the write off requests for review and approval by Chief Operating Officer at monthly financial accountability meetings. This level of review and approval includes all team members in attendance at financial accountability meetings.

5. The write-off request must include a narrative explanation of the collection process and why the charge should be written off.

6. If a work flow process failure is identified, the write-off request should include an explanation of how the process is being modified to mitigate further write-offs.

7. Once approved, the write-off will be processed in the billing system.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
ACCIDENTS AND CRITICAL INCIDENTS – EMERGENCY RESPONSE AND REPORTING

Policy Owner: Erica Tennessen
Policy Originated by (program or department): Program

Date Written: 10/1/13
Date Reviewed / Revised: 4/19/18

Applicable Programs: All Programs

Date Reviewed and Approved by ELT: 3/11/14, 4/19/18

Statutory or Regulatory Citation:
Minn. Stat. § 245D.02, subd. 11
Minn. Stat. § 245D.06, subd. 2
Minn. Stat. § 245D.11, subd. 6—7
Minn. Stat. § 626.556—626.557
Minn. Stat. § 245.91
Minn. Stat. § 245.94, subd. 2(a)
Minn. Stat. § 245A. Rule 3

Date Reviewed and Approved by Medical Director (signature required annually and upon any changes):
09/18/15, 10/06/16, 10/19/17

Policy: It is St. David’s Center’s policy to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

Definitions:

“Incident” means an occurrence which involves a person and requires the program to make a response that is not part of the program’s ordinary provision of services to that person, and includes:

A. Serious injury of a person;
   1. Fractures;
   2. Dislocations;
   3. Evidence of internal injuries;
   4. Head injuries with loss of consciousness;
   5. Lacerations involving injuries to tendons or organs and those for which complications are present;
   6. Extensive second degree or third degree burns and other burns for which complications are present;
   7. Extensive second degree or third degree frostbite, and other frostbite for which
complications are present;
8. Irreversible mobility or avulsion of teeth;
9. Injuries to the eyeball;
10. Ingestion of foreign substances and objects that are harmful;
11. Near drowning;
12. Heat exhaustion or sunstroke; and
13. All other injuries considered serious by a physician.

B. Incidents and accidents that occur while engaged in treatment activities or while participating in an intervention program. While appropriate cautions are taken to minimize the possibility of harm, intervention activities, including use of suspended and moving equipment with children who have reduced safety awareness and compromised skills present an inherent risk and injuries are possible. The following situations require notification of parent along with an incident report:

1. Striking or bumping head w/out loss of consciousness
2. Unprotected falls from suspended and/or moving equipment, falls from a height and falls onto a hard surface
3. Body hit by moving equipment with c/o pain and/or visible bump/bruise
4. Jump/fall with twisting of leg/foot, arm/wrist resulting in c/o pain, tenderness or decreased function (limping, favoring, non-use of arm/hand)
5. Hit in head/face with minor injury/bruising/swelling to face, mouth, nose, ears
6. Scrapes, scratches, cuts and punctures that break the skin
7. Any situation that results in bleeding including nose bleed with no known cause
8. Biting or harming self or another child
9. Skin reaction or allergic response to substance or food
10. Persistent c/o nausea and/or vomiting as result of movement activity
11. Any incident without immediate or apparent evidence of specific injury that presents possibility of injury when client is unable to reliably report pain
12. Event that places child at risk (running away)

C. A person’s death.

D. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization.

E. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.

F. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.

G. A person’s unauthorized or unexplained absence from a program.

H. Conduct by a person receiving services against another person receiving services that:
1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support;
2. Places the person in actual and reasonable fear of harm;
3. Places the person in actual and reasonable fear of damage to property of the person; or
4. Substantially disrupts the orderly operation of the program.

H. Any sexual activity between persons receiving services involving force or coercion. (Non-consensual sexual activity)
   • “Force” means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
   • “Coercion” means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

I. Any emergency use of manual restraint.

J. A report of alleged or suspected child or vulnerable adult maltreatment.

**Procedures:**

A. Serious injury
   1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
   2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
   3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Incidence or accident during the course of treatment or participation in intervention program:
   1. Assess level of injury and provide first aid/care as needed.
   2. Consult with program lead/supervisor or seek assistance from other staff to assess and support managing the injury and ability to continue to participate in services.
   4. Notify and consult with parent if available
   5. Complete accident/incident report as indicated

C. Death
   1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
   2. If there is another person(s) with you, ask them to call 911, and follow directives
given to you by the emergency responder.

D. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
   1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
   2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
   3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

E. Mental health crisis
   When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team.

F. Requiring 911, law enforcement, or fire department
   1. For incidents requiring law enforcement or the fire department, staff will call 911.
   2. For non-emergency incidents requiring law enforcement, staff will call the Coordinator.
   3. For non-emergency incidents requiring the fire department, staff will call the non-emergency telephone number for the local fire department.
   4. Staff will explain to the need for assistance to the emergency personnel.
   5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

G. Unauthorized or unexplained absence
   When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
   1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
   2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
   3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
   4. After contacting law enforcement, staff will notify the Coordinator who will determine if additional staff are needed to assist in the search.
   5. A current photo will be kept in each person’s file and made available to law enforcement.
   6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.
H. Conduct of the person
When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:
1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

I. Sexual activity involving force or coercion (Non-consensual sexual activity)
If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:
1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person’s interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

J. Emergency use of manual restraint (EUMR)
Follow the EUMR Policy.

K. Maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

Reporting Procedures

A. Completing a report
1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. For Child Care Centers in serious injury or death has occurred a report needs to be submitted electronically to DHS on the Child Care Center Serious Injury & Death reporting Form. The written report will include:
   a. The name of the person or persons involved in the incident;
   b. Age of the person or persons involved in the incident
   c. The date, time, and location of the incident;
   d. A description of the incident;
   e. A description of the response to the incident and whether a person’s coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
   f. The name of the staff person or persons who responded to the incident; and
   g. The results of the review of the incident (see section IV).

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

3. Copies of the Accident/Incident Reporting Form are distributed as follows:
   • Parent/guardian
   • Participant file
   • Supervisor

B. For all 245D governed Programs:
   Reporting incidents to team members
   1. All incidents must be reported to the person’s legal representative or designated emergency contact and case manager:
      a. within 24 hours of the incident occurring while services were provided;
      b. within 24 hours of discovery or receipt of information that an incident occurred; or
      c. as otherwise directed in a person’s coordinated service and support plan or coordinated service and support plan addendum.
   2. This program will not report an incident when it has a reason to know that the incident has already been reported.

4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program’s emergency use of manual restraints policy.

C. Additional reporting requirements for deaths and serious injuries
   1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division (if the program is an ICF/DD the report must be made to Department of Health, Office of Health Facility Complaints instead of DHS Licensing) and the Office of Ombudsman for Mental Health and Developmental Disabilities.
2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.

3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

D. Additional reporting requirements for maltreatment
   1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
   2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

E. Additional reporting requirements for emergency use of manual restraint (EUMR)
   Follow the EUMR Policy.

IV. Reviewing Procedures

A. Conducting a review of incidents and emergencies
   This program will complete a review of all incidents.
   1. The review will be completed by the Program Director.
   2. The review will be completed within fourteen (14) days of the incident.
   3. The review will ensure that the written report provides a written summary of the incident.
   4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
   5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

B. Conducting an internal review of deaths and serious injuries
   This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
   1. The review will be completed by the Program Director.
   2. The review will be completed within fourteen (14) days of the death or serious injury.
   3. The internal review must include an evaluation of whether:
      a. related policies and procedures were followed;
      b. the policies and procedures were adequate;
      c. there is need for additional staff training;
      d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
      e. there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.

6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program’s emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment
   Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints
   Follow the EUMR Policy.

Record Keeping Procedures

A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.

B. Incident reports will be maintained in the person’s record. The record must be uniform and legible.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Accident/Critical Incident Reporting Form
Policy: It is the policy of St. David’s Center that Staff/Providers safely administer Diastat, pursuant to established procedures, in the event a client experiences a seizure emergency, and Diastat administration for such client has been previously authorized.

Procedure:

I. Preparing for the Administration of Diastat

A. Upon notification of a client who may need Diastat administration from time to time, Staff will provide parent a copy of Administration of Diastat Policy and “Medication Authorization of Diastat Administration” Form for physician and “Seizure Plan of Care” Form to complete before Diastat can be administered. When parent is available on site during treatment or programming, it would be expected that the parent would administer the Diastat.

B. Staff will notify Program Director immediately of any new client that may need Diastat administration from time to time.

C. Nurse Consultant will be notified by Program Coordinator/Supervisor to provide training to Staff on Diastat administration.
   1. Staff may not work with that program participant until trained by Nurse Consultant.
   2. Staff may not train other staff.
C. Physician order will include name of client, mode of administration/route, date of order, name of medication, dosage, follow-up care, and also indicate that Diastat is an as needed ("PRN") medication.

II. Administering Diastat in a Seizure Emergency

A. Staff will follow the client’s specific seizure Plan of Care and Diastat authorization when administering Diastat.

B. Diastat will only be administered only by trained Staff.
   1. Staff will be trained to administer Diastat by a Nurse Consultant, not by another Staff person.

C. Whenever Diastat is administered, 911 will be called.

D. The attached “Medication Authorization for Diastat Administration” Form will be completed by a physician before Diastat can be administrated to a client by St. David’s Center Staff/Providers in classroom or community settings.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Seizure Plan of Care Form
Medication Authorization for Diastat Administration Form
Policy: It is the policy of St. David’s Center that Staff/Providers safely administer an Epinephrine auto-injector (“Epi-Pen”) injection in the event a client, for whom Epi-Pen administration has been authorized, experiences a severe allergic reaction.

Procedure:

I. Preparing for the Administration of Epi-Pen Injection

A. Upon notification of a client who may need Epi-Pen administration from time to time, Staff will provide parent a copy of Administration of Epinephrine Autoinjector Policy and “Medication Authorization of Epi-Pen Administration” Form for physician to complete before Epi-Pen can be administered.

1. The “Medication Authorization for Epi-Pen Administration” Form must be completed by physician before Epi-Pen can be administrated in classroom or community.

2. The physician order for Epi-Pen administration must specify dosage (junior or standard dose), how many times Epi-Pen administration may be repeated, and specific symptoms indication that Epi-Pen should be administered.

B. Staff will notify Program Director immediately of any new client that may require requires Epi-Pen administration from time to time.

C. Nurse Consultant will be notified by Program Director to train Staff on Epi-Pen administration.
1. Staff may not administer Epi-Pen injections until trained by Nurse Consultant.
2. Staff may not train other staff.

D. Epi-Pen units will be stored in the program area in a labeled container, along with the instructions and copy of the program participant’s individual health plan (“IHP”; for classroom programs only). This will be kept out of reach of clients and will accompany client on all field trips and/or community activities.
1. Epi-Pen is stored at room temperature.
2. On field trips or community activities, Epi-Pen will be stored in a container with Staff.
3. On field trips or community activities, Epi-Pen will be never be stored in the glove compartment of a vehicle.

E. Replacement and disposal of used or expired Epi-Pen units will be the parent/guardian’s responsibility.
1. Nurse Consultant will monitor expiration dates for center-based and group home programs and will inform program supervisors of need for replacements.

II. Administering an Epi-Pen Injection in the Event of a Severe Allergic Reaction

A. Staff will follow the Medication Administration Policy when administering Epi-Pen.

B. Epi-Pen will only be administered only by trained Staff.
1. Staff will be trained to administer Epi-Pen by Nurse Consultant, not by another Staff person.

C. Upon administration of Epi-Pen, Staff will stay with program participant constantly in order to observe for any change in status and notify client’s parents/guardians of incident.

D. Staff or supervisor will call 911 as soon as possible after Epi-Pen has been administered.

E. The used Epi-Pen will be sent with emergency medical personnel in its original container.

F. Staff will document Epi-Pen on medication record and record incident on an “Accident/Critical Incident Reporting” Form.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Medication Administration Policy
Epi-Pen Authorization Form
Accident/Critical Incident Reporting Form
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE

Policy Owner: HR Manager
Policy Originated by (program or department): Program
Applicable Programs: all programs

Policy: It is the policy of St. David’s Center that all Staff located at or visiting Minnetonka, St. Louis Park and NE Minneapolis/Harman Center site(s) will know where the automated external defibrillator (“AED”) unit is located and will follow the appropriate victim response procedures outlined below.

Procedure:

1. The AED units are located in the following locations:
   a. Minnetonka: located on the wall near the reception desk and outside of the mental health clinic in the stairway at the Minnetonka site.
   b. The units at the St. Louis Park: Located in the workroom.
   c. Harman Center: Located in the lobby near the lobby security door.

2. Staff will be assigned to do a weekly check and record that the device is operational by looking for the green blinking light at each location:
   a. Minnetonka: Maintenance Technician
   b. St. Louis Park: Front Desk Receptionist
   c. Harman Center: Clinic Operations Supervisor

   The Front Desk Receptionist at Minnetonka and St Louis Park, and an assigned staff at the NE Minneapolis site, will do a weekly check and record that the device is operational by looking for the green blinking light.
3. The battery will be replaced once every four (4) years, or if the battery indicator beep goes off, whichever is sooner.
   a. The Front Desk Receptionist will monitor battery weekly and record.
   b. The Facilities Manager Maintenance Technician will monitor battery expiration date and arrange for replacement when due.

4. Current records signifying who has current CPR certification will be kept on SharePoint.

5. Staff will follow emergency procedures in the event of an emergency, including assessing the victim, yelling for help and/or dialing 911, and retrieving the AED unit.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
AED Staff Notification (Minnetonka site)
AED Daily Monitoring Documentation (Minnetonka site)
AED Battery Replacement Documentation
Policy: It is the policy of St. David’s Center that Staff/Providers follow established procedures for offering and maintaining a clean and sanitary educational and therapeutic environment.

Definitions:

"Clean": means free from dirt or other contaminants that can be detected by sight, smell, or touch.

"Disinfected": means treated to reduce microorganism contamination after an object has been cleaned. Disinfection must be done by rinsing or wiping with a solution of one-fourth (1/4) cup chlorine bleach plus water to equal one gallon, or an equivalent product or process approved by the Board of Health as defined in Minnesota Statutes, §145A.02, or its designee.

Procedure:

General Procedures

1. General Instructions for Cleaning and Sanitation Activities
   a. Each St. David’s Center program will clearly assign responsibility, and establish a consistent schedule, for routine cleaning and disinfecting.
   b. The frequency of cleaning and disinfecting may need to be increased from time to time to control certain contagious diseases, at the request of local or state health officials.
c. Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:
   i. Use of proper hand washing procedure
   ii. Use of gloves in contact with infectious materials.
   iii. Use of a gown or apron when clothing may become soiled with infectious materials
   iv. Use of a mask and eye protection, if splashing is possible
   v. Use of gloves and disinfecting solution when cleaning a contaminated surface
   vi. Proper disposal of sharps
   vii. Use of gloves and proper bagging procedures when handling and washing contaminated laundry
   viii. Blood-contaminated material must be disposed of in a plastic bag with a secure tie; and sharp items used for a child with special care needs must be disposed of in a “sharps container.” The sharps container must be stored out of reach of children.

2. Cleaning Instructions
   a. Objects and surfaces will be cleaned by scrubbing with detergent and fresh water to remove debris.
      i. A small amount of detergent in warm water will be sufficient to clean most items.
   b. Staff will not reuse water that has been standing in pails, basins, or sinks.
   c. Staff will rinse objects under running water, when possible, and follow cleaning with disinfecting area/objects.

3. Disinfecting Instructions
   a. Objects will be cleaned prior to disinfecting, unless the item is small enough and appropriate to be run through the facility sanitizer.
   b. Stearamine and Sanitab, used by St. David’s to disinfect, are registered with the U.S. Environmental Protection Agency and satisfy the requirements for disinfecting agents established by the Minnesota Statutes.
      i. Stearamine/Sanitab solution (“solution”) must be mixed daily when contained in an open container in order to be effective.
      ii. Staff will follow manufacturer’s directions to ensure the solution’s proper dilution and use.
      iii. The date, time the solution was prepared, and tested and the container’s contents will be indicated on each container used for solution.
      iv. Solution not used within 24 hours will be discarded when in an open container. Solution prepared and contained in a closed container remains viable and will be tested monthly with the test date written on the container.
      v. Any chemicals in unmarked spray bottles will be disposed of immediately.
vi. Material Safety Data Sheets (“MSDS”) for Stearamine tablets are stored in the first floor kitchen and in the MSDS book at the Front Desk, at the St. David’s Center Minnetonka site.

c. For routine disinfecting of objects and surfaces, which have first been cleaned with detergent and water, Staff will:
   i. Spray the area thoroughly with the Stearamine solution;
   ii. Wipe the area with a disposable paper towel to distribute the disinfectant evenly;
   iii. Allow the object or surface to air dry;
   iv. Discard the paper towel(s) in a plastic-lined container.

d. Mouthed objects will be cleaned first and then soaked in disinfectant solution for at least two minutes.

e. The automated sanitizer in the first floor kitchen at the St. David’s Center Minnetonka site may also be used to disinfect.
   i. Staff will ensure the final rinse uses 180° Fahrenheit water, to ensure the automated sanitation process is effective as a disinfectant according to national standards for food service sanitation.
   ii. Staff will ensure objects placed in the sanitizer are free from visible residue (i.e., food, glitter glue, etc.) prior to sanitizing.

4. Hand Washing and Glove Use (as required by governing bodies)
   a. Because hand washing is the single most effective way to prevent the spread of infections, St. David’s Center Staff will wash their hands thoroughly with soap and warm running water for at least 20 seconds:
      i. After toileting;
      ii. Before and after food preparation;
      iii. After eating, drinking, or smoking; and
      iv. At any other time Staff’s hands become soiled
   b. Gloves are not a substitute for hand washing.
      i. Single-use gloves will be disposed of after each use, and hands will be washed.
      ii. Staff will wear gloves if they have open cuts, sores, or cracked skin, or if the client has open areas on the skin.
      iii. Gloves will be worn for handling blood (nosebleeds, cuts) or items, surfaces, or clothing soiled by blood or body fluids.
      iv. Gloves will be worn when cleaning bathrooms, diapering area or any areas contaminated with stool, vomit or urine.

5. Food Handling
   a. General Procedures
      i. All food handled, stored, prepared, served and disposed of by St. David’s Center Staff will be subjected to rigorous safety standards to ensure the safety of foods consumed by St. David’s Center clients, and to avoid potential contamination and resulting illness among Staff and clients.
      ii. Food will be stored in accordance with guidelines established by the Health Department including proper temperature and use of containers.
iii. Daily documentation will be maintained to monitor proper storage
temperature of the refrigerator and freezer.
   1. The refrigeration must have a temperature of 40° Fahrenheit or
      less.
iv. Raw foods will be stored separately from prepared foods.
v. Food preparation surfaces will be cleaned and sanitized before food is
   prepared.
vi. After opening foods or preparing them for serving, such items will be
    identified, dated and stored according to expiration dates.
vii. Following the serving of foods, all foods presented to a client will be
     discarded.
viii. Utensils and equipment will be properly cleaned and stored.
ix. Tables and highchair trays used for meals must be washed with soap and
    water before and after each use.
x. Staff will make use of the nail brushes kept in the kitchens at hand
    washing sinks when washing their hands prior to or after food preparation.
xi. All non-food items, including medications, in the St. David’s Center
    refrigerators will be kept below the level of food items.
xii. Children are not permitted in the kitchens at St David’s Center and should
     have no direct contact with main food supplies.

6. Microwave Use
   a. Microwave manufacturer’s directions for safe use, cleaning, and maintenance will
      be followed.
b. During heating, items will be left uncovered to allow steam to escape.
c. Children will not be allowed to operate a microwave.
d. Children will not be allowed in the vicinity of a microwave when it is in use or
   food is being removed.
e. Food will be in an individual container and not placed directly on the microwave
   tray.
f. Temperatures of microwaved substances will be checked to assure that its
   ingestion will not cause burns.
g. If the microwave is suspected to be malfunctioning, the Facilities Manager will be
   notified and the microwave removed from the kitchen.
h. Procedures for microwave use for heating liquids and food will be posted in the
   vicinity of the microwave.

Program-Specific Procedures

1. Early Childhood Programs
   a. Diapering Procedures. The following diapering procedures will be posted in all
      diapering areas and followed by all Staff diapering children:
      i. Wash hands with soap and water;
      ii. Assemble all needed supplies, such that they are within reach for
          diapering;
      iii. Cover changing table completely with paper;
      iv. Cover space for soiled diapers with paper/plastic bag;
v. Place child on table and remove clothing;
vi. Keep one hand on the child for the entire time child is on table;
vii. Put on disposable gloves as necessary;
viii. Remove soiled diaper and place in plastic bag or paper towel;
ix. Cleanse diaper area on child and dry well;
x. Apply ointments as ordered;
xi. Put on clean diaper;
xii. Wash child’s hands and return child to play area;
xiii. Dispose of soiled diaper;
   1. Empty solid matter in toilet;
   2. Place diaper in plastic bag;
   3. Place soiled, bagged diaper in covered disposal container.
xiv. Remove changing table paper;
xv. Clean and sanitize tabletop;
xvi. Wash hands with soap and water.

2. Center-Based Therapy and Supports
   a. Therapeutic Equipment
      i. Staff working 1:1 with a child who becomes ill or extracts bodily fluids such as vomit, urine, feces, salvia or sputum, blood, etc. is responsible for containing the spill and protecting the child/client(s) in the immediate area and calling the front desk for assistance with clean up - universal precautions will be taken at all times.
         1. Cleaning kits for vomit spills are located in several centralized locations throughout the building.
         2. Operations will be called to assist in the clean-up of all bodily fluid spills by calling the Front Desk.
         3. Staff will coordinate with the front desk to contact program staff or parent directly, as time permits.
      ii. Equipment that does not fit or is inappropriate to be put in the sanitizer will be cleaned prior to sanitizing, in one of the following ways:
         1. Using a paper towel, rag, or mop immersed in soapy water to clean item;
         2. Immersing item in soapy water in a sink or pail;
         3. Spraying item with soapy water and using a towel to wipe item.
      iii. After cleaning the item and allowing it to dry completely or drying to slightly damp, Staff will spray the item with disinfecting solution, making it damp but not soaked.
         1. The item will again be allowed to air dry.
      iv. Equipment that is put in the sanitizer will be free from visible residue (i.e., food particles, glitter glue, etc.) prior to sanitizing, but need not be cleaned.
      v. Disinfecting solution will be stored in every treatment space and replaced, as needed.
      vi. Using a bleach solution is also appropriate for sanitizing specific items such as mouth pieces and feeding utensils if the sanitizer is unavailable or
if item cannot be run through the sanitation process due to excessive heat.
The procedure for mixing and using bleach solution is as follows:
   1. Mix 1 tablespoon bleach into 1 gallon of water;
   2. Soak item in bleach/water solution for 2 minutes;
   3. Remove item from solution, but do not rinse;
   4. Allow the item to air dry.

3. Group Homes
   a. Staff will be trained in infection control procedures.
      i. Procedures for hand washing, glove use, cleaning, etc., will be a part of
         new employee orientation.
      ii. All employees will be provided with a yearly in-service on infection
           control which includes hand washing/gloving.
      iii. Employees will be trained in the reporting of Exposure to Blood and Body
           Fluid and post-exposure follow-up.
   b. Staff will use universal precautions, including:
      i. Wearing gloves whenever handling body fluids;
      ii. Changing gloves and wash hands after each contact with an individual’s
           blood and/or body fluids;
      iii. Wearing a gown or apron when clothing could become soiled with body
           fluids;
      iv. Wearing a mask and eye protection, if splashing is possible.
   c. Staff will take the following steps when a hard surface has been exposed to blood
      or other body fluid:
      i. Wearing gloves and removing excess fluids with paper towels, which will
         be and placed in a plastic-lines waste basket;
      ii. Promptly cleaning the surface with a disinfectant solution;
      iii. Disposing of gloves in a plastic-lined waste basket.
   d. Staff will take the following steps when laundry has been contaminated:
      i. Wearing gloves when handling unwashed contaminated laundry;
      ii. Disinfecting all linen exposed to body fluids will be disinfected in the
           washing machine and then washed separately from other clothing.
   e. Staff will actively engage in infection prevention by taking the following steps:
      i. If an infection is reported at the worksite, residences will be notified in
         writing of actual or suspected communicable illness.
      ii. If Staff have draining lesions or wounds, they will be evaluated by their
          physician before working with St. David’s Center clients;
      iii. Staff with communicable bacterial infections will return to work only after
           having received antibiotics for 24 hours or per physician’s order;
      iv. Reporting any signs of infections or symptoms of communicable diseases
           to the Group Home Coordinator;
      v. All clients, appropriate to their skill development, receive training in basic
         hygiene and hand washing as an integral part of their daily activities.
   f. Control of communicable diseases (Reportable Infectious Diseases: Reportable
      Diseases A-Z - Minnesota Dept. of Health)(http://www.health.state.mn.us)
      i. Staff will report any signs of possible infections or symptoms of
         communicable diseases that a person receiving services is experiencing to
program supervisory staff. Supervisor will access guidelines and procedures regarding exposure and follow procedures.

ii. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings. Supervisory staff will access procedures for exposures and follow guidelines.

iii. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:
Policy: St. David’s Center is committed to providing a safe and secure campus to program participants, volunteers, visitors, and staff. It is the policy of St. David’s Center that staff ensure campus safety by complying with campus policies and procedures.

St. David’s Center expects staff to understand and have an awareness of our entire client safety and campus security policy, and apply applicable protocols to each site as appropriate. In addition, if staff are working at community sites, our expectation is that they are also adhering to any specific site safety standards that are mandated by those sites.

Building Security

A. General Procedures
   a. For security purposes, St. David’s Center locks all exteriors doors, except the main entrance. These doors remain locked at all times to the public.
   b. Guests and clients are expected to enter the building through the visitor entrance.
   c. Interior security doors located in the lobby/reception area and therapy wing limit access to the building and are secured with a push-code security pad.
   d. All office doors, meeting rooms and classrooms are to remain locked when not in use.
   e. Doors adjacent to the classroom program areas have door alarms which will sound when opened.
   f. Deliveries are made at the delivery entrance and the drivers are given access to the building by using the call box. They request access through the receptionist. The Receptionist can then verify the identity of the person by viewing the image provided by the security camera for the west entrance and by speaking with the person through the call box.

B. Staff Security Fobs and Keys:
   a. Staff who spend at least one day per week at St. David’s Center (Minnetonka site) are issued a FOB/security card, which allows them access to the employee entrance points and the interior security door. In addition, staff will be issued a key allowing to access their office location.
i. Staff are expected to carry their fob & keys at all times.

ii. Offices, meeting rooms, and classrooms should be locked whenever not in use.

iii. If a staff’s fob or keys are lost or stolen, it must be reported immediately to the Facilities Manager. The fob will then be de-activated.

C. Client Security Access Codes (Available for family members of program participants/board members/regular volunteers)
   a. Client families that participate in classroom programs are issued a family security code for the duration of participation in those programs.
   b. The responsible adult(s) are the only persons who are given the code.
   c. If the parents/guardian of record are having an alternate person on their pick-up list come to pick up, the parent/guardian must provide that person with the security code.
   d. If the parent or guardian of record forgets their security code, they can present picture identification at the front desk and the Front Desk Staff to receive their code.
   e. If another authorized person comes without the code, Front Desk Staff will check their picture ID, call the classroom to verify they are on the pick-up list, and allow them through the security door.
   f. If a person comes to pick up a program participant and does not have a code or ID, a staff person/supervisor must escort the person to the classroom to ensure that their identity can be verified by staff before releasing them to the client.
   g. It is not permitted to allow someone into the building or pick up a program participant whose identity cannot be verified.
   h. If the security code becomes comprised in anyway, we will require that a new security code be issued.
   i. In addition, board members and regular volunteers may be issued security codes.

D. Visitors
   a. Staff should provide the front desk notice if visitors are expected onsite.
   b. St. David’s Center visitors are required to check-in with the front desk staff.
   c. They will be issued a visitor badge, and sign in on the visitor registration sheet.
   d. Upon exiting the building, they will then be asked to sign out on the registration sheet.
   e. When appropriate, we ask that staff escort visitors that are unfamiliar with the building.

E. Playground
   a. The playground will be closed to the public during program hours, and closed to all client family visitors during select hours per programming needs.
   b. Client families that would like to utilize the playground during business hours must check in with the front desk each time they would like to enter the playground. These families will receive:
      i. A playground visitor badge that must be visibly displayed
      ii. Sign off that they have received/understand the playground rules and agree to abide by them
   c. St. David’s Center reserves the right to ask anyone to leave the playground.

Office/Campus Awareness: It is the responsibility of St. David’s Center staff to report and monitor suspicious activity or potential risks on St. David’s Center grounds, and to ensure safety protocols are followed.
   A. Grounds:
      a. Individuals that are walking our grounds and don’t appear to have a clear purpose (don’t have a name badge, are not with a staff member, etc.).
b. Individuals sitting in cars for extended periods of time

c. Individuals exhibiting unusual or concerning behaviors

d. Individuals looking into cars/attempting to open car doors

e. Overall, any behavior that staff is feeling uncomfortable about

f. Unsafe conditions or equipment on our campus (such as icy conditions, tree down in parking lot, loose handrails, dangerous animals, erratic driving).

B. Entering Secured Entrances of the Building

a. Staff should not allow any unfamiliar individuals to follow them into locked doors of the building, staff should redirect individuals to the public entrance so that the front desk can help them.

C. Unattended Children:

a. If staff view an unattended child, they must stay with that child until its clear they have been reunited with another staff member or caregiver.

D. Reporting Procedure

a. Staff encountering or observing any suspicious behavior, or unsafe conditions should ensure the following:

   i. Alert the front desk—give detailed description of individual/activity/condition

   1. Front Desk:

      a. Make a page for Supervisory Assistance, stating “I need a staff from the Supervisory Assistance Team to call the front desk” or “Supervisory Assistance to the Front Desk”

      i. After 4pm – Evening Facilities Staff is consistently available, in addition to Supervisory Assistance group

   2. Front Desk will track a log of reported activity (at both sites)

      a. Log will be reviewed by the safety committee on a monthly basis.

      b. The Safety Committee will communicate to staff as appropriate to share information regarding any activity.

b. If staff are able and feel the situation is safe enough, we ask that they approach the individual and ask if they need any help in order to verify their place on our campus. Pass on any additional feedback about the encounter to the front desk.

Rehabilitation Therapy Equipment Safety:

A. Therapy equipment and other items with mechanical components or other potential safety hazards will be manually checked at a frequency based on the guidelines provided by the manufacturer.

B. The Clinical Aide will make sure that there is a current Maintenance Log for all therapy equipment that requires routine maintenance.

   a. Supervisory Staff will assist the aide in immediately addressing equipment failure or disrepair once an issue is identified within routine checks.

   b. Supervisory Staff will review Maintenance Logs in monthly supervision meetings and address any potential ongoing issues in procedure or safety.

C. Equipment and modalities of heat, cold, water and electricity may require specific care and ongoing maintenance. The Clinical Aide will develop a plan for care based on the manufacturer’s guidelines and include a summary of that plan in the monthly routine checks. Supervisory Staff will review the plan along with the Maintenance Logs in monthly supervision meetings.
Impaired Caregiver Concerns

A. If Staff/Providers suspect a parent or caregiver is impaired or incapacitated and is not able to care for a child due to alcohol or drug use or for any other reason:
   a. Staff/Providers will not release the child to the parent or caregiver;
   b. Staff/Providers will contact their supervisor or, if such supervisor is not available, the Program Director, or if s/he is not available, an ELT member for assistance.
   c. In certain cases, Staff/Providers may contact emergency medical personnel and/or the police.
   d. If the parent/caregiver exhibits conditions of impairment which Staff/Providers suspect is causing the maltreatment of a vulnerable adult or minor, Staff/Providers will consult the Vulnerable Individuals Policy.

Animals on St. David’s Center grounds

B. Animals may be brought to St. David’s Center by staff, clients or outside agencies/providers for therapeutic activities (must be a therapy dog), classroom visits, field trips, or other events.
   a. Prior approval for an animal visiting must be obtained by program supervisor.
   b. Animals will be kept in enclosures or restrained when they are not being used for their intended purpose.
   c. St. David’s Staff has the right decline an animal from being allowed on the property.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachments:
Rehabilitation Therapy Equipment Maintenance Check-Off List
Playground Rules
Playground Visitor SOP
Front Desk Playground Sign-Off

St. David’s Center Playground Rules
- Every child must be accompanied by an adult on our playground at all times
- A playground pass must be obtained from the front desk before each visit to the playground
- Playground passes must be visible when on the playground. Anyone not wearing a playground visitor pass will be asked to leave the playground.
- Playground is closed Monday-Friday from 11:30am-12pm and 2-3pm
- In addition, there will be additional periodic times throughout the year that the playground will not be available for families to utilize
- No climbing on the top of railings, ramps/tunnels, or play structures
- Sit with your feet facing forward on the slide.
- Shoes must be worn at all times.
- No standing on the sit and spin structure
- We discourage adults from going down the slide, our slides are designed for children.
- You may observe children engaging with equipment under supervision of staff that is different than our rules for the public
- No dogs are allowed on the playground, unless a licensed therapy dog
- No glass containers allowed

St. David’s Center reserves the right to ask anyone to leave the playground.
Playground Visitor Standard Operating Procedure

| SOP Owner: | Safety Committee | Date Written: | 11/24/15 | Date Reviewed / Revised: |

Related Policy: Client Safety & Campus Security

Playground Visitor Standard Operating Procedure

F. Playground access is closed to the public during business hours.
G. During business hours, if a client family/caregiver wishes to utilize the playground, the following procedure must be followed:
   a. Families/Caregivers must check in at the front desk prior to going onto the playground
   b. Individuals will:
      i. Receive a playground pass, which must be visibly displayed when on the playground
      ii. Are required to sign off that they have received/understand the playground rules and agree to abide by them
H. The playground will be closed to all guests from 11:30-12pm and 2-3pm Monday-Friday. In addition, there will be periodic closures where the playground will also not be available to client families/caregivers.
I. If staff observe anyone on the playground during program hours that does not have a visitor badge, they will approach the visitor to inquire if they have checked in. If they have not, they must request that they check in with the front desk immediately.
J. St. David’s Center reserves the right to ask anyone to leave the playground.
**Policy:** It is the policy of St. David’s Center to provide appropriate placement or services for each client. St. David’s Center will not discriminate against clients on the basis of age, race, religion, sexual orientation, disability, or income. St. David’s Center reserves the right to demit a current client from a program if it is determined that the individual cannot be adequately served through the organization's programs. Clients will be discharged in a timely manner when services are no longer an appropriate placement, clinically indicated, or medically necessary. Clients will be made aware of discharge planning at the onset of services and through periodic reviews of programming or treatment.

**Definitions:**

“Excessive absence”: means either
(a) three “No-Call, No-Show” incidents within a 60-day period; or
(b) a pattern of cancelled appointments making it difficult to justify medical necessity or resulting in inappropriate extension of an episode of care.

“Medically necessary” or “medical necessity”: means a health service that is consistent with the recipient's diagnosis or condition and
(a) is recognized as the prevailing standard or current practice by the provider's peer group; and
(b) is rendered in response to a life threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in physical or mental disability; or to care for the mother and child through the maternity period; or to achieve
a level of physical or mental function consistent with prevailing community standards for
diagnosis or condition; or
(c) is a preventive health service under Minnesota Administrative Rule 9505.0355.

“Mental health medically necessary” or “mental health medical necessity”: means there is
evidence that the treatment plan will lead to improvement in or maintenance of the diagnosed
condition and one of the following:
(a) continuing evidence of symptoms or behavior which reflects the risk of danger to self,
others, or property, and which are manageable through outpatient treatment;
(b) significant impairment in capacity to perform the activities of daily living, including
social, family, or occupation/school functioning due to major mental disorder;
(c) in the case of schizophrenia or other severe chronic mental disorder, outpatient
psychotherapy is necessary to prevent further deterioration, allow for functioning in daily
living, or to keep the individual out of the hospital.

“Rehab medical necessity”:
Services which do not meet the requirements for covered therapy services in Medicare manuals
are not payable as therapy services. Services related to activities for the general good and welfare
of patients, such as general exercises to promote overall fitness and flexibility, and activities to
provide diversion or general motivation, do not constitute (covered) therapy services for
Medicare purposes.

To be considered reasonable and necessary, the services must meet Medicare guidelines. The
guidelines for coverage of outpatient therapies have basic requirements in common.

There must be an expectation that the client’s condition will improve and show significant
functional improvement within a reasonable period of time. The amount, frequency, and
duration of service must fit within accepted community standards.

If an individual’s expected potential would be insignificant in relation to the extent and duration
of therapy services required to achieve such potential, therapy would not be covered because it is
not considered rehabilitative or reasonable and necessary.

Documentation of the presence of a disability alone is not enough to establish medical necessity.
The child’s condition (diagnosis, complicating factors, age, severity, time since onset, cognitive
ability, self efficacy/motivation, prognosis and or medical, psychological and social stability) and
level of function must require the specialized knowledge and skills of a therapist to achieve
improved function and the client must have good potential to benefit from those services.

When there is limited potential for restoration or improved function, establishment of a safe and
effective maintenance program must require the unique skills of a therapist.

Skilled intervention must be specific and effective for the client’s condition according to
accepted standards of clinical practice; and the amount, frequency, and duration of the services
must be reasonable.
Skilled therapy uses specialized skills and clinical judgment to achieve a specified functional outcome. Services are medically necessary if the skill of the therapist is required to produce the expected improvement in function. Documentation must reflect specific intervention strategies used to achieve functional outcomes. If another person can be trained to carry out the same tasks, services are not considered to be medically necessary.

**Procedure:**

**I. General Procedure.** Staff will discharge/demit a client with appropriate notice to relevant parties in the following circumstances:

A. Client has sufficiently met goals as outlined in the treatment plan.

B. When it is determined that a client has needs or behaviors requiring additional resources beyond those that normally can be provided within the limitations of space, staffing, and funding by St. David’s Center.

C. When it is determined that client no longer meets medical necessity for the service with mental health medical necessity defined as follows:
   1. Continuing evidence of symptoms or behavior which reflects the risk of danger to self, others or property and which are manageable through outpatient treatment.
   2. Significant impairment in capacity to perform the activities of daily living, including social, family or occupation/school functioning due to major mental disorder; or
   3. In the case of schizophrenia or other severe chronic mental disorder, outpatient psychotherapy is necessary in order to prevent further deterioration, allow for functioning in daily living, or to keep the individual out of the hospital; and
   4. Evidence that the treatment plan will lead to improvement in or maintenance of the diagnosed condition.
   5. If no longer receiving adequate payment for private responsibility amounts in a timely manner.

D. The client refuses to participate and engage in services.

E. The client has excessive absences from services.

F. The client poses a significant threat of harm to Staff or other program participants.

G. The parent/guardian withdraws the child from services.

H. When St. David’s Center no longer receives adequate payment for private responsibility amounts in a timely manner.

I. Upon other circumstances to be described in the discharge summary following consultation with Clinical Supervisor.
II. Program-Specific Procedures

A. Rehabilitative Services

1. Rehabilitative Services Staff will discharge a client with appropriate notice to relevant parties when treatment no longer results in measurable benefits and there does not appear to be any reasonable prognosis for improvement with continued treatment.

2. Re-evaluation may be considered at a later date to determine if the client’s status has changed.

3. Rehabilitative Services Staff will chart discharges in the following manner:
   a. A discharge summary will be written within two weeks of the final therapy session of on-going therapy.
      i. The date of discharge should be the day of the final therapy session.
   b. The discharge summary should be added to the final progress report or follow the template in the therapy folder “Client Reports” Master Folder section titled “Discharge Report.”
   c. Staff will follow the documentation template and protocol for discharge.
   d. Rehabilitation Services Staff will inform Administrative Staff that the client has been discharged, including the date of discharge, so the client’s name can be removed from insurance tracking and billing systems.

4. Peer documentation reviews will be conducted on clients who have been on caseload for more than one year.
   a. Documentation of the peer review discussion will be filed in the client’s medical record.
   b. Supervisory Staff are responsible for setting up the peer reviews.

B. Group Homes

Discharges from St. David’s Center Group Homes will comply with all statutory and regulatory requirements, and are never based on a client’s age, race, religion, sexual orientation, handicapping condition, or income.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
Cancellation of Scheduled Services by Clients Policy
**ILL CLIENTS**

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<thead>
<tr>
<th>Policy Owner:</th>
<th>Erica Tennessen</th>
</tr>
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<td>Minn. R. 9503.0090</td>
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<tr>
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<td>09/18/15, 10/06/16, 10/19/17</td>
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**Policy:** It is the policy of St. David’s Center that Staff/Providers are not responsible for the care of ill clients other than in the those settings where St. David’s Center Staff/Providers are primarily responsible for the health and well-being of the clients served (as in the Group Home long term foster care settings). It is the policy of St. David’s Center that a child/client experiencing certain illnesses recovers at home, both to facilitate the child’s/client’s recovery and to protect the health and well-being of Staff/Providers, other children, and their families.

**Definitions:**

“Ill Client”: means a client with any of the following conditions or behaviors:

1. A reportable illness or condition (as specified in the Minnesota Administrative Rules, as attached);
2. Chicken pox (until the child is no longer infectious or until the lesions are crusted over);
3. Vomiting (two or more times during the day in the last 24 hours);
4. Loose stools (three or more abnormally loose stools during the day in the last 24 hours, plus a fever);
5. Contagious conjunctivitis (pus draining from the eye/“pink eye”);
6. Bacterial infection (including, but not limited to, strep throat or impetigo and has not completed 24 hours of antibiotic therapy);
7. Unexplained lethargy;
8. Lice, ringworm or scabies (that is untreated and contagious to others);
9. Temperature (has a 100° or higher Fahrenheit axillary temperature of undiagnosed origin before fever-reducing medication is given);
10. Undiagnosed rash or a rash attributable to a contagious illness or condition;
11. Significant respiratory distress (such as wheezing, skin color changes with breathing, or obvious struggle for breath);
12. Who is not able to participate in childcare program activities with reasonable comfort or who requires more care than the program staff can provide without compromising health and safety of other children in care.
13. Client stays home from school.

Procedure:

I. Early Childhood of Ill Children:
   A. A child with any of the above listed conditions or behaviors is considered ill and may not participate in Early Childhood Programs.
   B. If the child becomes sick while in St. David’s Center staff care, the child’s/client’s parent or guardian will be called immediately.
   C. A sick child will be supervised at all times.
   D. If the child or client is in group care they will be isolated from others in care until parent or guardian arrives.
   E. St. David’s Center requires a child’s parent(s) and guardian(s) to inform St. David’s Center within 24 hours, exclusive of weekends and holidays, when the child is diagnosed by the child's source of medical or dental care as having:
      1. A contagious reportable disease specified in the attached list;
      2. Lice;
      3. Scabies;
      4. Impetigo;
      5. Ringworm; or
      6. Chicken pox.
   F. St. David’s Center will post or give a notice to the parents of exposed children the same day a parent notifies St. David’s Center of a child's illness or condition listed in section E immediately above.
   G. St. David’s Center will ensure that the health authority is notified of any suspected case of reportable disease as specified in the attached list within 24 hours of receiving the parent's report.

II. Center and Community Based Therapy and Supports
   A. Staff should not be exposed to clients or family members who are ill.
B. If a client (or a client’s family member, in the case of community-based therapy and supports) is ill, the client’s parent or guardian will notify St. David’s Center of the illness and cancel the scheduled service as soon as possible.
   1. Community-based Therapy and Supports Staff are required to inform their Supervisor of any cancellation and may attempt to reschedule the shift directly with the family.

C. Staff cannot provide services to clients that are hospitalized or in out-of-home placement due to state regulations for Medical Assistance services.
   1. Staff with a client in the hospital or placed outside of the home will contact his or her supervisor for further instruction.

D. If Staff’s shift is canceled or shortened due to client illness, Staff will receive pay for either the number of hours s/he was scheduled to work or four (4) hours, whichever is less.
   1. Staff will not be paid for any cancellations after initial notification of illness or if they are notified within 24 hours.
   2. Providers are not subject to the procedure in section 4.A. of this policy, immediately above.

E. If a client or family member becomes ill during a St. David’s Center Staff/Provider scheduled shift/visit, the parent or guardian will be notified.
   1. In the case of center-based therapy and supports, the parent or guardian will be asked to return to the Center and pick-up the client.
   2. In the case of community-based therapy and supports, the parent or guardian will be asked to return to the home to care for the client or family member.
   3. The St. David’s Center Staff/Provider person will care for the client until the parent/guardian returns.
   4. If Staff are unable to reach a parent, they will then contact one of the client’s emergency contacts.

F. Infectious or communicable diseases.
   1. A client’s parent(s) or guardian(s) are required to call St. David’s Center within 24 hours when the client or family member contracts an infectious or communicable disease, such as influenza, chicken pox, strep throat, scarlet fever, measles, conjunctivitis, pin worms, head lice, etc.
   2. In the event of influenza, clients will be excluded from services for seven (7) days from onset of symptoms or 24 hours after fever free, whichever is less.

G. St. David’s Center will notify the commissioner of health of any animal or human bites or reportable diseases, pursuant to the Accident/Incident Policy.

Procedures around non-compliance of above noted procedures:
Staff not complying with the above noted procedure may be subject to corrective action.

Reference or Attachment:
A. Diseases reportable immediately by telephone to the commissioner of health:

(1) anthrax (*Bacillus anthracis*). Submit clinical materials;
(2) botulism (*Clostridium botulinum*);
(3) brucellosis (*Brucella* spp.). Submit clinical materials;
(4) cholera (*Vibrio cholerae*). Submit clinical materials;
(5) diphtheria (*Corynebacterium diphtheriae*). Submit clinical materials;
(6) hemolytic uremic syndrome. Submit clinical materials;
(7) measles (rubeola). Submit clinical materials;
(8) meningococcal disease (*Neisseria meningitidis*) (all invasive disease). Submit clinical materials;
(9) orthopox virus. Submit clinical materials;
(10) plague (*Yersinia pestis*). Submit clinical materials;
(11) poliomyelitis. Submit clinical materials;
(12) Q fever (*Coxiella burnetii*). Submit clinical materials;
(13) rabies (animal and human cases and suspected cases);
(14) rubella and congenital rubella syndrome. Submit clinical materials;
(15) severe acute respiratory syndrome (SARS). Submit clinical materials;
(16) smallpox (variola). Submit clinical materials; and
(17) tularemia (*Francisella tularensis*). Submit clinical materials.

B. Diseases reportable within one working day:

(1) amebiasis (*Entamoeba histolytica/dispar*);
(2) anaplasmosis (*Anaplasma phagocytophilum*);
(3) arboviral disease, including, but not limited to, LaCrosse encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, and West Nile virus disease;
(4) babesiosis (*Babesia* spp.);
(5) blastomycosis (*Blastomyces dermatitidis*);
(6) campylobacteriosis (*Campylobacter* spp.). Submit clinical materials;
(7) cat scratch disease (infection caused by *Bartonella* species);
(8) chancroid (*Haemophilus ducreyi*);
(9) *Chlamydia trachomatis* infections;
(10) coccidiodomycosis;
(11) cryptosporidiosis (*Cryptosporidium* spp.). Submit clinical materials;
(12) cyclosporiasis (*Cyclospora* spp.). Submit clinical materials;
(13) dengue virus infection;
(14) *Diphyllobothrium latum* infection;
(15) ehrlichiosis (*Ehrlichia* spp.);
(16) encephalitis (caused by viral agents);
(17) enteric *Escherichia coli* infection (*E. coli* O157:H7, other enterohemorrhagic (Shiga toxin-producing) *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, and enterotoxigenic *E. coli*). Submit clinical materials;
(18) *Enterobacter sakazakii* in infants under one year of age. Submit clinical materials;
(19) giardiasis (*Giardia lamblia*);
(20) gonorrhea (*Neisseria gonorrhoeae* infections);
(21) *Haemophilus influenzae* disease (all invasive disease). Submit clinical materials;
(22) hantavirus infection;
(23) hepatitis (all primary viral types including A, B, C, D, and E);
(24) histoplasmosis (*Histoplasma capsulatum*);
(25) human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS). Submit clinical materials;
(26) influenza (unusual case incidence, critical illness, or laboratory confirmed cases). Submit clinical materials;
(27) Kawasaki disease;
(28) *Kingella* spp. (invasive only). Submit clinical materials;

(29) legionellosis (*Legionella* spp.). Submit clinical materials;

(30) leprosy (Hansen's disease) (*Mycobacterium leprae*);

(31) leptospirosis (*Leptospira interrogans*);

(32) listeriosis (*Listeria monocytogenes*). Submit clinical materials;

(33) Lyme disease (*Borrelia burgdorferi*);

(34) malaria (*Plasmodium* spp.);

(35) meningitis (caused by viral agents);

(36) mumps;

(37) neonatal sepsis (bacteria isolated from a sterile site, excluding coagulase-negative *Staphylococcus*) less than seven days after birth. Submit clinical materials;

(38) pertussis (*Bordetella pertussis*). Submit clinical materials;

(39) psittacosis (*Chlamydiophila psittaci*);

(40) retrovirus infections;

(41) Reye syndrome;

(42) rheumatic fever (cases meeting the Jones criteria only);

(43) Rocky Mountain spotted fever (*Rickettsia rickettsii, R. canada*);

(44) salmonellosis, including typhoid (*Salmonella* spp.). Submit clinical materials;

(45) shigellosis (*Shigella* spp.). Submit clinical materials;

(46) *Staphylococcus aureus* (only vancomycin-intermediate *Staphylococcus aureus* (VISA), vancomycin-resistant *Staphylococcus aureus* (VRSA), and death or critical illness due to community-associated *Staphylococcus aureus* in a previously healthy individual). Submit clinical materials;

(47) streptococcal disease (all invasive disease caused by Groups A and B streptococci and *S. pneumoniae*). Submit clinical materials;

(48) syphilis (*Treponema pallidum*);

(49) tetanus (*Clostridium tetani*);

(50) toxic shock syndrome. Submit clinical materials;

(51) toxoplasmosis (*Toxoplasma gondii*);
(52) transmissible spongiform encephalopathy;

(53) trichinosis (*Trichinella spiralis*);

(54) tuberculosis (*Mycobacterium tuberculosis* complex) (pulmonary or extrapulmonary sites of disease, including laboratory confirmed or clinically diagnosed disease). Latent tuberculosis infection is not reportable. Submit clinical materials;

(55) typhus (*Rickettsia* spp.);

(56) varicella zoster disease:

(a) primary (chickenpox): unusual case incidence, critical illness, or laboratory-confirmed cases. Submit clinical materials; and

(b) recurrent (shingles): unusual case incidence or critical illness. Submit clinical materials;

(57) varicella zoster disease in addition to reportable disease under subitem (56), effective upon the commissioner's determination that the disease is reportable under part 4605.7042;

(58) *Vibrio* spp. Submit clinical materials;

(59) yellow fever; and

(60) yersiniosis, enteric (*Yersinia* spp.). Submit clinical materials.
## MEDICATION ADMINISTRATION

<table>
<thead>
<tr>
<th>Policy Owner: Erica Tennessen</th>
<th>Date Written: 10/1/2013</th>
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<tr>
<td>Policy Originated by (program or department): Program</td>
<td>Date Reviewed / Revised: 02/17/15</td>
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<tr>
<td>Applicable Programs: All Programs</td>
<td>Date Reviewed and Approved by ELT: 3/11/14, 02/17/15</td>
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<tr>
<td>Statutory or Regulatory Citation: Minn. Stat. § 245D.05</td>
<td>Date Reviewed and Approved by Medical Director (signature required annually and upon any changes): 09/18/15, 10/06/16, 10/19/17</td>
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<tr>
<td>Minn. Stat. § 245D.09, subd. 4a</td>
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### Policy:

It is the policy of St. David’s Center to provide safe medication setup, assistance and administration:

- when assigned responsibility to do so in the person’s coordinated service and support plan (CSSP) or the CSSP addendum; or in child’s individual health plan indicates need medication administration
- using procedures established in consultation with a registered nurse, nurse practitioner, physician’s assistant or medical doctor; and
- by staff who have successfully completed medication administration training before actually providing medication setup, assistance and administration.

For the purposes of this policy, medication assistance and administration includes, but is not limited to:

1. Providing medication-related services for a person;
2. Medication setup;
3. Medication administration;
4. Medication storage and security;
5. Medication documentation and charting;
6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
7. Coordination of medication refills;
8. Handling changes to prescriptions and implementation of those changes;
9. Communicating with the pharmacy; or
10. Coordination and communication with the prescriber.

**Definitions:** For the purposes of this policy the following terms have the meaning given in section 245D.02 of the 245D Home and Community-based Services Standards:

1. “Medication” means a prescription drug or over-the-counter drug and includes dietary supplements.

2. “Medication administration” means following the procedures in section IIIB of this policy to ensure that a person takes their medications and treatments as prescribed.

3. “Medication assistance” means to enable the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

4. “Medication setup” means arranging medications, according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.

5. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."

6. "Prescriber" means a person who is authorized under section 148.235; 151.01, subdivision 23; or 151.37 to prescribe drugs.

7. “Prescriber’s order and written instructions” means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

8. "Prescription drug" has the meaning given in section 151.01, subdivision 16.

9. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

**Procedure:**

I. **Medication setup**
   
   When the program is responsible for medication setup staff must document the following in the person’s medication administration record:
   
   A. Dates of set-up;
   B. Name of medication;
   C. Quantity of dose;
D. Times to be administered; and
E. Route of administration at time of set-up.
F. When the person receiving services will be away from home, the staff must document to whom the medications were given.

II. Medication assistance
When the program is responsible for medication assistance staff may:
A. Bring to the person and open a container of previously set up medications;
B. Empty the container into the person’s hand;
C. Open and give the medications in the original container to the person;
D. Bring to the person liquids or food to accompany the medication; and
E. Provide reminders to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
F. If responsibility for medication assistance is assigned to the program in the coordinated service and support plan or the coordinated service and support plan addendum, the program will ensure that medication assistance is provided in a manner that enables a person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

III. Medication administration
A. When the program is responsible for medication administration, including psychotropic and injectable medications, a medication administration record (MAR) must be maintained for the person that includes the following:
   1. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness;
   2. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication;
   3. The possible consequences if the medication or treatment is not taken or administered as directed;
   4. Instruction on when and to whom to report the following:
      i. if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and
      ii. the occurrence of possible adverse reactions to the medication or treatment.
B. Staff must complete the following when responsible for medication administration:
   1. Check the person’s medication administration record (MAR);
   2. Prepare the medications as necessary;
   3. Administer the medication or treatment the person according to the prescriber’s order;
4. Document in the MAR:
   i. the administration of the medication or treatment or the reason for not administering the medication or treatment;
   ii. notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
   iii. notation of when a medication or treatment is started, administered, changed, or discontinued;
5. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
6. Adverse reactions must be immediately reported to the prescriber or a nurse.

IV. Injectable medications
The program may administer injectable medications according to a prescriber’s order and written instructions when one of the following conditions has been met:
A. The program’s registered nurse or licensed practical nurse will administer the intramuscular or subcutaneous injections;
B. The program’s supervising registered nurse with the physician’s orders delegates the administration of subcutaneous injections to staff who are trained and has provided the necessary training; or
C. There is an agreement signed by the program, the prescriber and the person or the person’s legal representative identifying which subcutaneous injectable medication may be given, when, and how and that the prescriber must retain responsibility for the program administering the injection. A copy of the agreement must be maintained in the person’s record.
D. Only licensed health professionals are allowed to administer psychotropic medications by injection.
E. With proper authorization, trained staff may administer Epi-Pen as an intramuscular injection.

V. Psychotropic medication use and monitoring
A. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:
   i. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; and
ii. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.

B. The program must collect and report on medication and symptom-related data as instructed by the prescriber.

C. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

VI. Written authorization
Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

A. The program must obtain written authorization from the person or the person’s legal representative before providing assistance with or administration of medications or treatments, including psychotropic medications and injectable medications.

B. The program must obtain reauthorization annually.

C. If the person or the person’s legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.

D. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.

VII. Refusal to authorize psychotropic medication

A. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.

B. After reporting the refusal to authorize to the prescriber in 24 hours, the program must follow and document all directives or orders given by the prescriber.

C. A court order must be obtained to override a refusal for psychotropic medication administration.

D. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision to terminate services must comply with the program’s service suspension and termination policy.

VIII. Reviewing and reporting medication and treatment issues

A. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the program must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.

B. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.

C. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
D. When assigned responsibility for medication assistance or medication administration, the program must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
   i. any reports made to the person's physician or prescriber required section III.D.2. of this policy;
   ii. a person's refusal or failure to take or receive medication or treatment as prescribed; or
   iii. concerns about a person's self-administration of medication or treatment.

IX. Staff Training
A. Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures.
B. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
C. Staff may administer subcutaneous injectable medications only when the necessary training has been provided by a registered nurse.
D. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:
   1. specialized or intensive medical or nursing supervision; and
   2. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.

X. Storage and disposal of medication
A. Schedule II controlled substances in the facility has named in section 152.02, subdivision 3, must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication.
B. Medications will be disposed of according to the Environmental Protection Agency recommendations.

Violation of this Policy or Procedure
No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.
Reference or Attachment:
Medication Error Policy
Medication/Treatment Error Form
Medication Administration Record
Monthly Medication Sheet
Physician’s Desk Reference
U.S. Food and Drug Administration Guidelines (regarding the labeling of over-the-counter medications)
Prescription Medication Administration Form
Non-Prescription Medication Administration Form
Policy: It is the policy of St. David’s Center that Staff/Providers are instructed regarding the procedure to be followed should a Medication Error be committed or discovered to ensure that Staff/Providers appropriately respond to all Medication Errors and client medication refusals.

Definitions:

“Medication Error”: means any instance of a medication not being properly and successfully administered to a client. Medication Errors include when medication is administered:

- To the wrong client;
- In the wrong dose;
- At the wrong time;
- By the wrong route;
- On the wrong date;
- Incorrectly because another medication should have been administered instead,
- Correctly, but subsequently refused by the client.

Procedure:

1. Upon discovering a possible Medication Error, Staff must first determine whether an actual failure to administer a medication occurred, or whether the medication was administered, but such administration was not documented.

A. The latter situation entails a Documentation Error, rather than a Medication Error.
2. If a Medication Error occurred, Staff discovering the Medication Error must immediately complete a “Medication/Treatment Error Report” Form, being careful to follow all instructions on the Form.

**Procedures around non-compliance of above noted procedures:**

The following procedures apply to Staff who have received medication administration training and certification:

1. All Medication Errors will be reviewed by the licensed nurse to determine the severity of the error, based on the type of medication, dosage given, timeframe, and all other pertinent details.

2. Reported medication errors will be reviewed annually by Program Supervisor for the purpose of identifying any patterns that may exist and formulating appropriate plans for reducing the frequency of such errors.

3. The program director will consult with nurse and division director to determine whether the Staff who committed the Medication Error will be subject to disciplinary action.

4. If Staff have more than three (3) medication errors in one (1) year, Staff will be required to repeat the medication administration course at Staff’s own expense, and may be subject to further disciplinary action.

**Reference or Attachment:**
Medication/Treatment Error Report