



BRIDGEWAY
HOME HEALTHCARE

PCA POLICY MANUAL

EFFECTIVE APRIL 1, 2024

This binder needs to be reviewed and accessible to all PCA's,
at all times, along with a current copy of the Care Plan

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Welcome to Bridgeway!

On behalf of the team at Bridgeway Home Healthcare, I would like to extend a warm welcome to you. We are thrilled to have you join our company and look forward to working alongside you.

Founded in 2016, Bridgeway Home Healthcare's mission is to support individuals' independence in the community by providing care with dignity and respect.

Our core values of **Trust, Integrity, Accountability, Compassion, and Fun** are at the heart of everything we do, guiding us through our daily work.

At **Bridgeway Home Healthcare** we provide services statewide to clients on *Medical Assistance, disability waivers, elderly waivers, health plans, and private pay*. Our team is dedicated to offering flexible in-home services, including PCA, Homemaker, and Personal Support.

To help you get started, please find enclosed in this folder Bridgeway policies and procedures. If you have any questions or need further assistance, please do not hesitate to reach out to us.

- **Phone:** 612-416-4666
- **Website:** Bridgewayhomehealthcare.com
- **Email:** support@bridgewayhomehealthcare.com

Thank you for choosing Bridgeway!

Code of Ethics

Bridgeway Home Healthcare is committed to integrity and ethical conduct in all aspects of our work. This Code of Ethics serves as a guideline for what is considered acceptable behavior for Direct Support staff (DSP), agency leaders, policymakers, and people receiving services.

We believe that by adhering to these standards, we can better serve our clients and the community.

1. **Person-Centered Supports.** As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.
2. **Promoting Physical and Emotional Well-Being.** As a DSP, I will commit to promote the emotional, physical, and personal well-being of the people I support. I will encourage growth and recognize the autonomy of those receiving support while being attentive and energetic in reducing the risk of harm.
3. **Integrity and Responsibility.** As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals and the community.
4. **Confidentiality.** As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.
5. **Justice, Fairness and Equity.** As a DSP, I will affirm the human rights as well as the civil rights and responsibilities of the people I support. I will promote and practice justice, fairness, and equity for the people I support and the community.
6. **Respect.** As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and promote their value within communities.
7. **Relationships.** As a DSP, I will assist the people I support to develop and maintain relationships.
8. **Self-Determination.** As a DSP, I will assist the people I support to direct the course of their own lives.
9. **Advocacy.** As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

Person-Centered Service Delivery

Person-centered practices are based on the fundamental principle that government and service providers must listen to people about what is important to them to create or maintain a life they enjoy in the community. Bridgeway aims to provide person-centered services to all individuals we support. The philosophy of person-centered is the expectation for all staff in how we treat the individuals we support, and it is also the expectation for how we treat each other.

Minnesota is moving toward person-centered practices in all areas of service delivery. Bridgeway and Minnesota strive to make sure everyone who receives long-term services and supports and mental health services can live, learn, work, and enjoy life in the most integrated setting. The goal is for people to lead lives that are meaningful to them. To do this, we must have a person-centered support system that helps people:

- Build or maintain relationships with their families and friends
- Live as independently as possible
- Engage in productive activities, such as employment
- Participate in community life.

Person-centered practices are essential to this effort. Person-centered practices are flexible and adaptable. They encourage informed choice and creativity. We use person-centered practices because they increase people's quality of life.

Responsible Party Responsibilities

Responsible Parties should be ready to answer questions from employees about the Policy. If anyone has a specific question about the Policy or a possible communicable illness, and the Responsible Party cannot answer the question, the person should contact Bridgeway Home Healthcare Human Resources.

The Responsible Party is expected to set a good example by washing their hands before eating and after using the restroom, regularly using hand sanitizer, seeking medical attention for scrapes and cuts, making sure any open wound is kept clean and covered, and encouraging this same behavior from all Direct Support Staff.

Bridgeway Home Healthcare strongly encourages all Responsible Parties, clients, and Direct Support Staff to protect themselves from getting the seasonal flu by getting the seasonal flu vaccine each year.

For more information on the current seasonal flu vaccine, refer to <http://www.cdc.gov/vaccines/>. Even if a person has just a cold or seasonal flu, they should be strongly encouraged to stay at home until they are well enough to return to work and their condition is no longer contagious.

Direct Support Staff Responsibilities

This Policy informs Direct Support Staff of their responsibility to report to the Responsible Party and Bridgeway Home Healthcare Human Resources in the event the employee:

1. has had symptoms related to a communicable illness that increase the risk that the illness may be transmitted to another;
2. been diagnosed with a communicable disease that is not sufficiently controlled so that contact with the client poses a risk of transmission;
3. has been in close contact with a person diagnosed with or being screened for a communicable illness without appropriate protection so that the Direct Support Staff now presents a heightened risk of transmission of the communicable illness;
4. been in an area with widespread, sustained transmission of a communicable illness such as areas CDC designates Level 3 [<https://wwwnc.cdc.gov/travel/notices>], or other High Risk areas Bridgeway Home Healthcare
5. is or should be quarantined related to a communicable illness; or
6. cannot effectively cover a contagious skin condition or an HSV-1 breakout or lesion to ensure that they can completely prevent any skin-to-skin contact.

Direct Support Staff Illness and Returning to Work

Direct Support Staff must limit any exposure to other Direct Support Staff or clients contracting a communicable disease or illness. If a Direct Support Staff is not able to do so effectively and perform his or her work, Direct Support Staff must immediately notify their client's Responsible Party and Bridgeway Home Healthcare Human Resources. Direct Support Staff must not present themselves at work where they might expose other Direct Support Staff or clients to contracting a communicable disease or illness.

Direct Support Staff must follow all CDC and public health organizations guidance regarding how to limit exposure to risk of contracting a communicable disease or illness. Guidance often excludes healthcare workers.

Direct Support Staff with symptoms of the flu, cold or other communicable disease or illness must not come to work if that involves interaction with other Direct Support Staff or clients until the Direct Support Staff has been free of fever, signs of a fever, and any other symptoms of the flu, cold or other communicable disease or illness for at least 24 hours or as recommended by the CDC, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).

A doctor's note certifying fitness for duty (i.e. return to work authorization) may be required.

Human Resources Responsibilities

When there is a reported or suspected case of a potential communicable illness diagnosis or exposure in the workplace, the Bridgeway Home Healthcare Human Resources Department or management will:

1. Coordinate with whoever is responsible for Environmental Health and Safety (Emergency Action Response Team), benefit carriers, and the legal department or outside counsel, as needed.
2. Work with the diagnosed or potentially exposed Direct Support Staff ("potential carrier") to learn more about the Direct Support Staff's symptoms or possible exposure; assist with accommodations, leave requests, and benefits coordination (if applicable) for the diagnosed/potential carrier; and follow up with medical providers to obtain certifications and return to work documentation, as needed.
3. Create a list of other employees potentially exposed to the potential carrier while that person may have been contagious, and assist those persons with information, accommodations, leave requests, benefits coordination, and medical documentation, as needed.

Employee Misconduct Policy

Bridgeway is the employer. The Responsible Party (RP) assumes the responsibility of daily supervision and scheduling for employees. The RP is to review this Policy with all employees.

Types of Misconduct

Policy Violations:

Any employee who violates any of Bridgeway Home Healthcare's policies, standards, and regulations, may be discharged without notice. The following are done, but not all, of the offenses that may lead to dismissal:

1. Mistreatment of the Client, violation of the Clients' Bill of Rights, the Vulnerable Adult Act, the Maltreatment of Minors Act, or engaging in other unsafe practices;
2. Falsifying or omitting information on the employment application;
3. Falsifying information on a timesheet
4. Stealing;
5. Immoral conduct, any criminal activity, or carrying concealed weapons;
6. Failure to show up for a scheduled shift or departing early without a valid excuse, and failing to notify the RP;
7. Excessive absenteeism and/or tardiness;
8. Sleeping, or not remaining awake and alert to the Client while working. PCAs cannot be paid to sleep.
9. Taking or displaying photographs or videos of the client without permission from the RP or discussing or giving out private information about the client with anyone except the RP or Bridgeway Home Healthcare;
10. Engaging in unwelcome verbal or physical conduct; verbal, physical, or sexual abuse or harassment towards the Client, RP, Bridgeway administrative staff, or any other person;
11. Failure to comply with required training;
12. Leaving the Client unattended during their shift.

Fraud and Illegal Payment

Fraud is intentional act of deception

Under Minnesota law, theft of any amount of public funds is a felony. PCA service is publicly funded through the state's Medical Assistance program. Both state and federal taxes fund PCA services. PCAs also have a duty to all of the state's taxpayers and citizens.

You are breaking the law if you claim even one hour of PCA services on your time card that you did not provide. This means you must be accurate in the hours of service you report on your time card.

To avoid fraudulent behavior, only document hours of work:

- When you are present in your role as a PCA
- When you engage in PCA work activity based on the care plan

Do not:

- Accept money when you have not done the work
- Add hours of PCA service after the person has signed the form
- Ask the person to sign a partially completed time card so the person is unable to verify the hours worked before the time card is submitted
- Claim more hours of work with the understanding that the hours will be made up at a later date
- Fill out a time card for days you do not provide any PCA services (for example, the person receiving services is in the hospital or nursing home)

A PCA cannot claim hours for work if the person receiving services is at the PCA's home. If the person chooses to visit the PCA in the PCA's home, the visit must occur outside of the PCA's hours of work with that person. The PCA cannot claim hours worked if the PCA is in the person's home but taking care of the PCA's children.

There are severe penalties for falsely claiming hours worked. You may be:

- Disqualified from working at a job that receives Medicare and Medicaid funding which includes Minnesota Medical Assistance for five years
- Fired by your employer
- Prosecuted and convicted of fraud which may affect other jobs in the future
- Required to repay the money
- Sent to jail
- Unable to apply for and receive low-income housing assistance
- Impacted by a change in your immigration status

The Minnesota Department of Human Services has an area responsible to look for and investigate suspected fraud. The Surveillance and Integrity Review Section (SIRS):

- Conducts post-payment review of claims to determine the accuracy of the payment
- Investigates reports received on the SIRS Hotline
- Measures performance and quality of services provided by DHS

PCA Program Policies and Procedures

Bridgeway Home healthcare is the Employer. The Responsible Party assumes the responsibility of daily supervision and scheduling for employees. The Responsible Party is to review these Policies and Procedures with all employees. The Responsible Party and Employee are bound by these Policies and Procedures and shall not take any action to encourage or cause an Employee to violate these Policies and Procedures.

Daily Conduct:

1. The employee will only provide cares that are necessary as specified in the care plan (located in the home folder) and will follow written and verbal directions from the Client, Responsible Party, and Qualified Professional. After review of the care plan, the employee will sign off that they have read, understand, and agree to provide only those cares as outlined in the Client's care plan.
2. The employee will not assist the client with "homework" including home schooling.
3. The employee may accompany the Client outside his/her home when normal life activities take him/her outside the home. Transportation is not a PCA service for clients under 18. This is considered a parental responsibility. See the transportation and Community Care Policy.
4. The employee will communicate directly to the Responsible Party about any concerns the employee may have as to the Client's health or safety. The employee needs to direct health concerns to the Qualified Professional at Bridgeway Home Healthcare if these problems are not being addressed by the Responsible Party or Client.
5. The employee will remain awake and alert to the Client while working. PCAs cannot be paid to sleep.
6. The employee is mandated reporter and is required to report concerns about maltreatment of child abuse, see Vulnerable Adult and Child Maltreatment Reporting Policy.
7. The employee will only be paid for time they are physically present and working with the Client, except when performing approved IADLs for adults. Employees will not be paid for the time worked when the Client is out of home, at school, receiving in-patient care, in the hospital, nursing home or jail.
8. If the client goes into the hospital, nursing home, out of home placement, or is incarcerated, the Responsible Party and/or employee will notify Bridgeway Home Healthcare.
9. The employee will not take the Client for non-custodial supervised visitations
10. The employee will not care for the Client in the home of the employee, unless the client lives with the employee.
11. The employee is not responsible for other individuals and/or children at the home of the client. The PCA will not be paid to babysit others while being paid as a PCA.
12. The employee will not bring their own children to work.
13. The employee will not bring any outside work to the job, including personal projects, crafts, homework, or video games.
14. The employee should refrain from bringing personal items to work or should keep them in a safe location to prevent damage to the item.
15. The employee will not engage in personal business such as: making or receiving phone calls, texting, or using the internet.

16. The employee will not have personal visitors during work hours (e.g., family members, friends, or pets).
17. The employee will not give out the Client's phone number, address, or other private information to others.
18. The employee will not smoke while working directly with the client.
19. The employee will dress in a manner appropriate jewelry, hairstyle, make-up, and no perfumes. Flat, non-skid shoes are required. Questions regarding appropriate dress should be directed to the RP.

Working Hours/Timesheets:

1. Employee hours should be scheduled based on the assessment that was conducted by the Public
2. Employees cannot work overnight hours and they will
3. The work week begins on Sunday at midnight and ends Saturday at 11:59 pm
4. At the **end of each shift** Employees (not the Responsible Party/Client) will fill out their time sheets and initial the cares provided on that shift.
5. Once the Employee receives their Bridgeway Home Healthcare employee ID# they must be included it on their time sheets.
6. All time sheets **must** be legible, completed correctly and signed by the Responsible Party and the Employee prior to submitting to Bridgeway Home Healthcare. The Responsible Party may not sign the employees name on the time sheet as this is considered fraud.
7. **Time sheets must be faxed, emailed mailed or dropped off by the deadline for each pay period. Bridgeway Home Healthcare's payroll calendar is available on our website: www.bridgewayhomehealthcare.com**
8. **Incomplete, unsigned, or illegible time sheets will result in a delay in pay until correct time sheet(s) have been submitted.**
9. The sheets must be submitted each pay period. Late timesheets (sent in more than two weeks after the pay period ended) will only be paid if the Bridgeway Home Healthcare has a valid service agreement for that time period.
10. Direct deposit of payroll checks is available at no charge. Employees can opt out of direct deposit, and then a pay card will be issues.

Overtime

1. No overtime is permitted! (See Bridgeway Home Healthcare overtime policy) Bridgeway Home Healthcare does not allow an Employee to work more than **40 hours** a payroll week.
2. If an Employee works with more than one Client, the Employee needs to add up the hours to make sure the total hours worked for all Clients combined **is not** more than 40 hours for Bridgeway Home Healthcare.
3. No Responsible Party has the authority to obligate Bridgeway Home Healthcare by extending an employee's hours over this 40 hour limit. If an Employee exceeds the 40 hour limit, corrective action may be taken.

4. Employees are not allowed to work more than 275 hours in a month, this is a DHS rule of the PCA program and this means that if a PCA works for multiple clients or providers, they are not allowed to work more than a total of 275 hours in any month.

Personal Property:

Bridgeway Home Healthcare is not responsible for any exchange of personal property between Clients/Responsible Party and PCAs. Bridgeway Home Healthcare will not be responsible for the return or replacement of these items, this includes the keys to the client's home. While receiving PCA or homemaker services, the Client/Responsible Party understands that Bridgeway Home Healthcare

Pets:

For the safety of our staff, pets must be contained or confined to another area of the home while the employee is on duty. Pet care is not a covered PCA service. This includes feeding, walking, petting, taking to the vet or locating the pet.

Services maintained by Responsible Party and/or Client:

Spend Down: Spend downs must be paid each month. If the Client or Responsible Party receives a bill from Bridgeway Home Healthcare that amount is due and payable immediately. Failure to pay spend downs may be reported to the Department of Human Services and could result in service restrictions.

Medical Assistance (MA) Eligibility: Bridgeway Home Healthcare verifies the Client's MA eligibility monthly; if a problem with eligibility occurs, Bridgeway Home Healthcare will notify the Responsible Party. If the Client becomes ineligible for services the Responsible Party shall be solely responsible for paying the PCA if the PCA continues to provide services after the Client is ineligible. In no event shall Bridgeway Home Healthcare be responsible for paying the PCA during the time when the Client is ineligible. Please note that your PCA(s) will also be notified of ineligibility.

Personal Care Assistance (PCA) Worker Criteria

Definition

Personal care assistance (PCA) worker: Person who provides PCA services, is employed by a PCA provider agency and is enrolled as an individual Minnesota Health Care Programs (MHCP) provider.

Requirements

A person employed as a PCA worker must meet employment requirements and requirements specific to providing services.

Employment requirements

A person who wants to become a PCA worker must:

- Be age 16 or older (Note: People ages 16-17 must meet [additional requirements](#))
- Complete the individual PCA standardized training and pass the certification test
- Enroll with the DHS as an individual MHCP PCA provider after passing a background study
- Be employed by and affiliated with a PCA provider agency.

Requirements specific to providing services

A person employed as a PCA worker must:

- Complete training and orientation on the needs of the person receiving services
- Communicate effectively with the person and the PCA provider agency
- Be able to provide covered PCA services according to the person's care plan
- Respond appropriately to the person's needs
- Report changes in the person's condition to a qualified professional
- Maintain daily written records (e.g., time and activity sheets)
- Be supervised by a qualified professional.

Additional requirements for people ages 16-17

A PCA worker who is age 16-17 must meet these additional requirements:

- Be employed by only one PCA provider agency responsible for compliance with current labor laws
- Be monitored by a qualified professional every 60 days.

PCA Training

Training requirements

As of July 21, 2010 Minnesota Health Care Programs (MHCP) now requires all individual personal care assistance providers (PCAs) to register for and pass a one-time Individual Personal Care Assistant (PCA) Training – online test. Individual PCAs may now take the training and test as often as needed.

The QP must provide training to PCA workers about:

- Individual needs of the person.
- Specific needs of the person if they are ventilator-dependent
- New procedures and/or equipment.
- Changes to the person’s care plan.
- Additional training based on the person’s needs and the PCA worker’s ability to meet those needs.

Completion of PCA Training

After the individual PCA passes the one-time test, the PCA will be able to print a certificate. DHS will also send a copy to the e-mail address used to register for the test. The individual PCA is responsible to give a copy of the completion certificate to the employer agency/agencies.

Training requirements

Each PCA will be trained in the following areas as it relates to their individual client. Prior to being left alone with a client, each PCA will sign Home at Heart’s training acknowledgement form.

Each PCA will receive training in these areas as determined necessary by Bridgeway Home Healthcare.

1. Confidentiality/Privacy
 - What is it?
 - How is it handled?
2. Applicable federal, state, and local laws/regulations (HIPAA)
3. Lifting
 - Safe lifting
 - Unsafe lifting
4. Transfers
 - Bed to Chair
 - Chair to Bed
 - To standing position
5. Infection Control
 - Blood Borne Pathogens
 - Hand Washing
 - Cleansing of Equipment

- Cleaning of Living Area
- 6. Activities of Daily Living (ADL's)
 - Bathing/grooming
 - Dressing
 - Feeding/preparing meals
 - Assisting with medication set up
 - Range of motion
 - Behavioral issues
- 7. Harassment
 - What is harassment?
 - What to report?
 - Who to report it to?
- 8. Vulnerable Adult Abuse
 - What is it?
 - Who can it affect?
 - When to report it?
 - Who can be liable?
- 9. Cultural Diversity
 - Identifying differences
 - Adjusting to the differences
 - Working through the differences for a successful work environment
- 10. General Knowledge
 - First Aid
 - Emergency Contacts
 - Record Keeping & Documentation (PCA Care Plan)
 - Evaluation and Training requirements
 - Time Card Completion & Submission

Additionally, every twelve (12) months, each PCA will receive recurrent training in these areas as determined necessary by Bridgeway Home Healthcare:

- Fraud, Waste, and Abuse Policy
- Review DHS Fraud training
- Vulnerable Adult Policy and/or Maltreatment of Minors Policy
- Universal Precautions
- HIPAA Notice of Privacy Practices
- All other training the Responsible Party or Qualified Professional deems appropriate

Fraud, Waste and Abuse Policy

Evidence of fraud will be submitted to the Surveillance and Integrity Review (SIRS) Unit of DHS. Fraud of Medicaid funding is a felony.

Fraud, Waste and Abuse Defined:

Fraud: an intentional act of deception, misrepresentation, or concealment in order to gain something of value. Examples include:

- Billing for services that were never rendered;
- Billing for services at a higher rate than is actually justified; and
- Deliberately misrepresenting services, resulting in unnecessary cost to the Medicare program, improper payments to providers or overpayments.

Waste: over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

Abuse: excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. “Abuse” refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss. Examples include:

- Charging in excess for service of supplies; and
- Providing medically unnecessary services; and
- Billing for items or services that should not be paid for by Medicare.

Fraud, Waste and Abuse Compliance Plan:

The following applies to detect, prevent, and correct fraud, waste, and abuse as required by applicable state and federal laws and regulations:

Standards of Conduct:

- Fraud will not be tolerated;
- Providing false information on a timesheet is fraud;
- Billing for services not provided is fraud;
- Giving or receiving any type of kick back is fraud; and
- Failure to refund or return overpayments is fraud.

Compliance Plan (measures to detect, prevent and correct fraud, waste, and abuse):

- Random audits of timesheets for overuse and fraud;
- Background checks on managing employees, and all workers to determine whether any have been convicted of health care fraud;
- Home visits to monitor use of services;
- Open-door policy to report possible misuse of Medicare or Plan funds; and
- Random audits of billing claims (billing code must reflect the services provided).
- Training (addresses detection, preventing and correcting fraud, waste, and abuse):
- Policy and Procedures which address fraud and the reporting of fraud, waste, and abuse;
- Employee contract which addresses fraud and abuse;

- Responsible Party contract which addresses detection, prevention, and correcting fraud, waste and abuse; and
- Time sheets which address issues of fraud and abuse.

Disciplinary Actions:

- Employees who commit fraud may be terminated;
- Services could be terminated for a client who commits fraud; and
- Committing fraud may result in jail time, probation, deportation, fines, or exclusion from services or work in this field or a job requiring a background study.

Reporting Fraud:

- Any employee and/or manager can file a claim of fraud, abuse or waste to Bridgeway Home Healthcare;
- Claims will be addressed by a member of the Bridgeway Home Healthcare management team within 5 business days from receiving the claim;
- The Bridgeway Home Healthcare reviews incidents of fraud; and
- Compliance concerns, suspected or actual misconduct involving Medicaid programs will be reported to SIRS. Responding to Detected Offenses and Corrective Action:
 - Offenses will be reported to SIRS;
 - Over payment will be returned to the funding source; and
 - Retraining to prevent similar offenses;
 - Disciplinary action up to and including termination of the employee or the participant.

Illegal Payment Schemes:

Both the Employee and the Responsible Party shall be held accountable for signing a fraudulent time sheet.

The following conduct is not acceptable and is fraudulent:

- The Responsible Party signs a time sheet for a certain payroll period when the Employee did not actually work those hours. (As an example, the Employee and Responsible Party send in a time sheet showing the Employee worked on Wednesday of the prior week. On that Wednesday, the Employee was out on vacation in another state and could not have actually worked on that day.)
- The time sheet is signed before hours are actually worked.

Identity Theft: Using an identification that does not belong to that person to obtain payment and/or services.

False Claims Act: Prohibits any person from knowingly presenting or causing a fraudulent claim for payment.

Anti-Kickback Statute: Makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a federal health care program.

Safety Practices

Bridgeway Home Healthcare is committed to the safety and welfare of all employees and clients.

Purpose: The purpose of this information is to provide procedures to be used to ensure the safety and well-being of clients and employees. The following information is intended to be a brief overview of basic first aid and safety. Your role in an emergency situation can save a life. Calling 911 is the most important thing you can do. The sooner medical help arrives the better a person's chance of survival. In all health and emergency situations notify the Bridgeway Home Healthcare Qualified Professional as soon as possible after the incident.

1. Recognize the emergency exist

Emergencies can happen anywhere at any time to anyone. Before you can provide help, you must recognize the situation is an emergency. You may realize an emergency has occurred only if something unusual attracts your attention

- Unusual noise
- Unusual sights
- Unusual odors
- Unusual appearance

2. Decide to act.

Get involved and give direction. Follow Check, Call, Care rule.

- **CHECK** the scene. Is it safe for you to approach? **CHECK** the victim. Is this a life threatening situation
- **CALL** 911 or your emergency number for help.
- Provide **CARE** until help arrives

When you call 911:

1. Stay calm
2. Answer all the operator's questions as best as you can
3. Don't hang up the phone until the operator tells you.
4. Follow the instructions that the operator gives you.
5. Wait for help.

Illness or Injuries That May Require Basic First Aid

Burns Fire, sun, chemicals, heated objects, fluids and electricity can cause burns. They can be minor problems or life threatening emergencies. Distinguishing a minor burn from a more serious burn involves determining the degree of damage to the tissue of the body. If you are not sure how serious the burn is, seek emergency medical help.

• **First degree burns** are those in which only the outer layer of skin is burned. The skin is usually red and some swelling and pain may occur. Unless the burn involves large portions of the body, it can be treated at home.

• **Second degree burns** are those in which the first layer of skin has been burned through and the second layer of skin is also burned. In these burns, the skin reddens intensely and blisters will develop. Severe pain and swelling also occur. If a second-degree burn is no larger than two or three inches in diameter, it can be treated at home. If the burn covers a larger area, seek medical attention. You may need a tetanus booster.

• **Third degree burns** are the most serious and involves all areas of the skin. Nerves, fat, muscle and sometimes bones may be affected. Areas may be charred black or appear a dry white. If nerve damage is substantial, there may be no pain at all. These burns should receive emergency medical attention.

Follow these steps when treating minor burns at home:

1. If the skin is not broken, run cool water over the burn for several minutes.
2. Cover the burn with a sterile bandage or clean cloth.
3. Take aspirin or acetaminophen to relieve any pain or swelling.

Seek emergency treatment immediately for major burns. Until an emergency unit arrives, follow these steps:

1. Remove the person from the source of the burn (fire, electrical current, etc.)
2. Remove all smoldering clothing to stop further burning.
3. If the person is breathing sufficiently, cover the burned area with a cool, moist, sterile bandage or clean cloth. Do not place any creams, ointments or ice on the burned area or break blisters.

Choking

The Heimlich maneuver is the best-known method of removing an object from the airway of a person who is choking. You can use it on yourself or someone else.

1. Stand behind the choking person and wrap your arms around his/her waist. Bend the person slightly forward.
2. Make a fist with one hand and place it slightly above the person's navel.
3. Grasp your fist with the other hand and press hard into the abdomen with a quick, upward thrust. Repeat this procedure until the object is expelled from the airway.

If you must perform this maneuver on yourself, position your own fist slightly above your navel. Grasp your fist with your other hand and thrust upward into your abdomen until the object is expelled.

Cuts and scrapes

Small cuts and scrapes usually don't demand a visit to the emergency room, but proper care is necessary to keep infections or other complications from occurring.

When dealing with minor wounds, keep the following guidelines in mind:

1. Stop the bleeding by applying pressure, wearing rubber gloves, and using a gauze pad or clean cloth. If the bleeding persists after several minutes of applying pressure, get immediate medical attention.
2. Keep the wound clean by washing the area with mild soap and water and removing any dirt. Dry the area gently with a clean cloth and cover the wound with a protective bandage. Change the bandage at least once a day. If the wound becomes tender to the touch and red or oozes fluid, see your doctor.
3. If the cut is more serious and the bleeding does not stop on its own or the cut is large, deep or rough on the edges, try to stop the bleeding. Wear rubber gloves and apply pressure directly to the injury using a sterilized gauze pad or clean cloth. Maintain pressure on the wound until the bleeding stops. Consult a physician. A tetanus booster may be required.

Nosebleed

A nosebleed is sudden bleeding from one or both nostrils and may result from a variety of events: a bump to the nose, breathing dry air, allergies or for no apparent reason. To stop the flow from a common nosebleed, use these steps:

1. Have the person sit or stand upright to slow the flow of blood in the veins of the nose. Do not tip the head back.
2. Pinch the nose with your thumb and forefinger for 10 minutes without relieving pressure. The person should breathe through their mouth during this time.
3. If bleeding continues despite these efforts, consult a doctor or call 911.

REMEMBER UNIVERSAL PRECAUTIONS WHENEVER YOU ARE DEALING WITH BODILY FLUIDS.**Eye injuries – foreign bodies**

Foreign bodies such as dirt, sand, wood, or metal shavings may cause eye watering which may rid the eye of the foreign body. If the object remains in the eye, have the victim blink several times. If the object still remains in the eye, gently flush the eye with water.

Poisoning

A poisoning may or may not be obvious. Sometimes the source of a poisoning can be easily identified – an open bottle of medication or a spilled bottle of household cleaner. Look for these signs if you suspect a poisoning emergency:

1. Burns or redness around the mouth or lips.
2. Breath smells like chemicals.
3. Burns, stains and odors on the person, his/her clothing, or on furniture, floor, rugs or other objects in the surrounding area.
4. Vomiting, difficulty breathing or other unexpected symptoms.

If you can find no indication of poisoning, do not treat the person for poisoning, but call 911 for help.

1. If you believe someone has been poisoned, take the following steps:
2. Ask the person what they swallowed or try to identify any open container near them.
3. Immediately call your local poison control center for instructions. Keep the number by your telephone. Poison Control Hotline: 1-800-222-1222 or use the webPOISONCONTROL® online tool to get specific recommendations for unintentionally swallowed substances based on age, substance, and amount taken. Both options are free and confidential. Both options give you expert answers.
4. Provide reassurance.
5. Remain calm and give as much information to Poison Control as possible. They will direct you if any additional care can be provided in the home and will advise to call 911 or may call 911 for you.

Severe Bleeding

1. To stop serious bleeding, follow these steps:
2. Lay the affected person down. If possible, the person's head should be slightly lower than the trunk of his/her body or the legs should be elevated. This position increases the blood flow to the brain. If possible, elevate the site of the bleeding to reduce the blood flow.
3. Do not attempt to clean the wound.
4. Apply steady, firm pressure directly to the wound using a sterile bandage, a clean cloth or your hand. Maintain pressure until the bleeding stops, then wrap the wound with a tight dressing and secure it with adhesive tape. Most bleeding can be controlled this way. Call for emergency help immediately.
5. If the bleeding continues and seeps through the bandage, add more absorbent material. Do not remove the first bandage.
6. If the bleeding does not stop, apply pressure to the major artery that delivers blood to the area of injury.
7. When the bleeding has stopped, immobilize the injured portion of the body. You can use another part of the body, such as a leg or torso, to immobilize the area. Leave the bandages in place and take the person for immediate medical attention or call for emergency help.

REMEMBER UNIVERSAL PRECAUTIONS WHENEVER YOU ARE DEALING WITH BODILY FLUIDS

Seizures

If a person is having a seizure, follow the Client's seizure protocol. Call 911 for seizures lasting five minutes or longer, for seizures that start, stop and restart again, or if the employee suspects an injury was sustained during the course of the seizure.

Threat of Suicide

If the Client is feeling suicidal or attempts to or threatens suicide, call 911. The employee may also call Crisis Prevention: 612-379-6363 or Suicide Prevention: 612-347-2222.

Shock

1. Shock can occur when a person has had a serious injury or illness. A variety of symptoms appear in a person experiencing shock.
2. The skin may appear pale or gray and it cool and clammy to the touch.
3. The heartbeat is weak and rapid. Breathing is slow and shallow and the blood pressure is reduced.
4. The eyes lack shine and seem to stare. Sometimes the pupils are dilated.
5. The person may be conscious or unconscious, if conscious, the person may faint or be very weak or confused. On the other hand, shock sometimes causes a person to become overly excited and anxious.

Even if a person seems normal after an injury, take precautions and treat the person for shock by following these steps:

1. Get the person to lie down on his/her back and elevate the feet higher than the person's head. Keep them from moving unnecessarily.
2. Keep the person warm and comfortable. Loosen tight clothing and cover them with a blanket. Do not give them anything to drink.
3. If the person is vomiting or bleeding from the mouth, place them on his/her side to prevent choking.
4. Treat any injuries appropriately. (For example bleeding or broken bones.) 5. Summon emergency medical assistance immediately.

Weather Related Emergencies

Heat Exhaustion

Heat exhaustion occurs when your heart and vascular system do not respond properly to high temperatures. The symptoms of heat exhaustion resemble shock and include faintness, rapid heartbeat, low blood pressure, an ashen appearance, cold clammy skin and nausea.

If you suspect heat exhaustion:

1. Get the person out of the sun and into a cool spot.
2. Lay the person down and elevate his/her feet slightly.

3. Loosen or remove most or all of the person's clothing.
4. Give the person cold (not iced) water to drink, with a teaspoon of salt added per quart.

Heat Stroke

Heat stroke is a fever of 105 degrees Fahrenheit with hot, dry skin. Other signs include rapid heartbeat, rapid and shallow breathing, either elevated or lower blood pressure, and confusion or unconsciousness. Heat stroke is an emergency that needs immediate attention.

If you suspect heat stroke:

1. Get the person out of the sun and into a cool spot.
2. Cool the person by covering him/her with damp sheets or spraying with water.
3. Direct air onto the person with a fan or newspaper.
4. Monitor the person's temperature with a thermometer.
5. Stop cooling the person when his/her temperature returns to normal.

**BE AWARE THAT SOME MEDICATIONS MAY CAUSE SENSITIVITY TO THE SUN.
ALWAYS USE SUNSCREEN.**

Frostbite

Frostbite is distinguishable by the hard, pale and cold quality of the skin that has been exposed to the cold. As the area thaws, the flesh becomes red and painful. If the fingers, ears or other areas are frostbitten, get out of the cold. Warm their hands by tucking them into their armpits. If the nose, ears or face are frostbitten, warm the area by covering it with dry, gloved hands. Do not rub the affected area. If numbness remains during warming, seek professional medical care immediately. If unable to get immediate emergency assistance, warm severely frostbitten hands or feet in warm, not hot, water. (The water should be between 100 and 105 degrees Fahrenheit).

Emergency Procedures

Fire

1. When a fire is detected, call 911.
2. All individuals should leave the house or building via the designated emergency exit for their area, or the nearest safe exit. Staff are responsible for assisting vulnerable adults and minors.
3. Move away from the house or building to allow the fire trucks to enter.
4. Remain outside the house or building until the "all clear" is given.

Tornado

1. When there is an applicable tornado warning or severe weather warning, all individuals will proceed to the lowest level and innermost rooms of the home or building, away from glass windows and doors.
2. Individuals should assume a protective position: Sit facing close to a solid wall and if possible, with arms overhead.

3. Weather reports should be monitored via television or radio. When the threat of danger passes, one designated person will make the decision to direct individuals back to their original activities.
4. If injury occurs, provide appropriate first aid and call 911, if warranted. Blizzard Conditions Stay inside and stay tuned to the TV or radio for warnings. If you must go outside, be sure to have all exposed skin covered.

Individual Emergency Procedures

Discuss the actions necessary in the event of an emergency with the responsible party. Include the location of emergency phone numbers, evacuation procedures and emergency supplies

Drug and Alcohol Policy

Policy:

It is the policy of Bridgeway Home Healthcare 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, and volunteers (employees).

Procedure:

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.

- a. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, and will result in corrective action up to and including termination.
- b. 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.
- c. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, will result in corrective action up to and including termination.
- d. Any employee convicted of criminal drug use or activity must notify Employee Services at Bridgeway Home Healthcare at 612-216-4666 no later than five (5) days after the conviction.
- e. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- f. 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.

Grievance Policy

Purpose

It is the policy of Bridgeway Home Healthcare to ensure that the people served and our employees have the right to respectful and responsive services. Bridgeway Home Healthcare is committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

Policy

Each client or Responsible Party will be encouraged and assisted to continuously share ideas and express concerns through informal discussions with Service Coordinators and in team meetings. Each concern or grievance will be addressed and attempts will be made to reach a fair resolution in a reasonable manner. Should a client or Responsible Party feel an issue or complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Clients and Responsible Parties will receive training and support regarding the grievance procedure.

Bridgeway Home Healthcare staff members will provide orientation to the grievance policy during the intake meeting. Throughout the grievance process, interpretation in languages other than English and/or with alternative communication modes may be necessary and will be provided upon request. If desired, assistance from an outside agency (for example, MN Disability Law Center, MN Office of Ombudsman) may be sought to assist with the grievance. Clients or Responsible Parties may file a grievance without threat or feeling of reprisals, discharge, or the loss of future provision of appropriate services and support.

Office of the Ombudsman for Mental Health and Developmental Disabilities

121 7th Place E, Suite 420
 Metro Square Building
 St. Paul, MN 55101
www.ombudmhdd.state.mn.us
 Phone: (651) 7567-1800 or 1(800) 657-3506
 Fax: (651) 797-1950
 Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center

430 1st Ave N, Suite 300
 Minneapolis, MN 55401
 Email: <http://www.mndlc.org/>
 Website: mndlc@mylegalaid.org

Procedure:

- A. A copy of the grievance policy and procedure is provided to the Client or Responsible Party and county case manager at the intake meeting. The Service Coordinator reviews the policy during the meeting.
- B. Filing a Grievance:
- a. If a Client or Responsible Party feels that there is an issue that cannot be resolved, the Client or Responsible Party should submit the grievance in writing to the Service Coordinator.
 - b. The Service Coordinator will submit the grievance to the Internal Review Team and notify the Program Director and other Bridgeway Home Healthcare staff members as needed.
 - c. The Internal Review Team will review the grievance and contact the necessary personnel.
 - d. A response to the Client or Responsible Party will be completed within 3 days.
 - e. If the Client or Responsible Party is not satisfied with the resolution of the grievance, the CEO will be contacted for further support in seeking out resolution to the formal grievance.
 - f. If the Client or Responsible Party or legal representative does not believe that the grievance has been resolved they may bring the complaint to the highest level of authority in this program.

At Bridgeway Home Healthcare that person is Brenda Harris, CEO. He may be reached at: 3300 County Road 10 Suite 120D, Brooklyn Center, MN 55429
 - g. Service coordinators will provide assistance to the client or responsible party with the grievance process if needed including:
 - Providing the name, address, and phone number of outside agencies who may assist the person (Arc MN, Disability Law Center, MN Ombudsman, etc.)
 - Continuing to work with the client to resolve the issue
 - h. If the Client or Responsible Party believes that their rights have been violated, they retain the option of contacting the county's Adult or Child Protection Services or the Department of Human Services.
 - i. Bridgeway Home Healthcare will take action to promptly address any issues that may affect the health and safety of the participant.
- C. Informal Complaints:
- a. When a complaint that is not filed as a formal grievance is received, the Service Coordinator will submit a report to the Internal Review Team.

- b. The Service Coordinator will respond to the Client or Responsible Party to notify them of the action taken in response to the issue.
- c. All complaints will be addressed within 30 days and a note will be recorded in CRM as to the reason that the issue has not been addressed or resolved.
- d. If the complaint has not been addressed and resolved within 30 days, a plan to resolve the issue will be included in CRM.

D. Review:

- a. Bridgeway Home Healthcare will document and track all formal grievances and informal complaints received and the resolutions to those grievances through CRM.
- b. The internal review team will conduct an evaluation of all formal grievances that will include whether:
 1. Related policies and procedures were followed;
 2. Related policies and procedures were adequate;
 3. There is a need for additional staff training;
 4. The complaint is similar to past complaints; and
 5. There is a need for corrective action to be taken to protect the health and safety of the participant.
- c. Based on the review, Bridgeway Home Healthcare will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future occurrences.
- d. Bridgeway Home Healthcare will provide a written summary of the grievance and Bridgeway Home Healthcare's proposed resolution to the grievance to the client and the county case manager that:
 - Identifies the nature of the grievance and the date it was received;
 - Includes the results of the review; and
 - Identifies the complaint resolution, including the corrective action plan.
- e. The summary and resolution notice will be maintained in the participant's file.

Covered PCA Services

As defined by DHS, there are four categories of Personal Care Assistance service eligible for Medicaid Payment:

- Activities of daily living (ADLs):
 - Bathing
 - Dressing
 - Toileting
 - Grooming assistance
 - Eating
- Health-related procedures and tasks
- Observation and redirection of behaviors
- Instrumental activities of daily living (IADLs):
 - Assist with paying bills
 - Plan and prepare meals

A PCA worker may assist in the four categories of PCA services if the following criteria are met:

- PCA care plan describes the person's needed assistance.
- Training of the PCA worker is specific to the person's needs and occurs in the first 14 days of PCA service for the person (unless person uses PCA Choice).
- Documentation is in the agency's file on the individualized training about the needs of the person.
- PCA worker documents services rendered on the timesheet and/or in another agency form.
- PCA services may not meet all the needs of the person. Referrals to other resources and services may be required.
- PCA services require prior authorization for payment.

Non-Covered PCA Services

The following are non-covered PCA services:

- Application of restraints or implementation of procedures
- Home maintenance or chore services.
- Homemaker services not an integral part of assessed need for PCA services.
- IADLs for children younger than age 18, except those noted under covered services.
- Injections of fluid and medications into veins, muscles or skin.
- Services that are the responsibility of a residential or program license-holder under the terms of a service agreement and administrative rules.
- Services solely as a child care or babysitting service.
- Services to meet staffing or licensing requirements for a residential or child care setting.
- PCA services provided by a non-relative who owns or otherwise controls the living arrangement.
- PCA services provided without authorization.
- Services provided by a person's spouse, parent of a person younger than age 18, paid legal guardian, licensed foster provider
- Any administration of sterile procedures.

PCA Evaluations and Visits

Initial Evaluation

The QP must complete an initial evaluation of the PCA through direct observation of the PCA's work within the first 14 days (or sooner as determined by the QP) of starting to provide regularly scheduled services to the child or youth.

After the initial evaluation, subsequent visits do not require direct observation of each person providing PCA services unless determined by the QP based on the needs of the child or youth and the personal care assistant's ability to meet those needs.

Periodic Evaluations

The QP must complete periodic evaluations as follows:

- At least every 90 days for the first year of service to the child or youth. After the first two 90-day evaluations (total of 180 days) of a PCA providing service to the same child, the supervisory visits may alternate between unscheduled phone or internet technology and in-person visits, unless the in-person visits are needed according to the care plan
- Every 120 days in the second and succeeding years that the same person is providing the PCA services to the same child.
- The QP must sign, date, and indicate the supervision visit on the PCA activity checklist when a periodic evaluation and supervision visit is conducted during the period identified on the activity checklist.

Conduct evaluations more often if:

- The QP determines more are necessary based on the needs of the child or the PCA's ability to meet those needs.
- The child or youth, parent or guardian, teacher, IEP case manager or other educator makes a request for increased supervision of the PCA services.
- The PCA plan of care requires more frequent evaluations.

Hiring Employees Policy

Policy

It is Bridgeway Home Healthcare's policy to ensure staff are a good fit for positions within Bridgeway, have the appropriate training, and meet all requirements of employment. For the PCA program it is the client/Responsible Party's responsibility for recruiting and hiring PCA's.

Procedure:

- A. Bridgeway Home Healthcare follows all federal, state, and local laws and regulations, while at the same time it retains all rights and privileges of employee selection procedures not prohibited by them.
- B. Equal employment opportunity/affirmative action: Bridgeway Home Healthcare integrates its selection efforts in the company commitment to Equal Employment Opportunity and Affirmative Action.
- C. Experience/Education: Applicants must meet the minimum experience and education requirements for the position they are applying to fill.
- D. Age: Applicants must meet the minimum age requirements for the position they are applying to fill. Individuals who are 16 and 17 years old can be employees. Child Labor Laws must be followed. Supervision of PCA employees under 18 by a Qualified Professional must occur every 60 days until they turn 18. This is a DHS requirement and a condition of their ongoing employment with Bridgeway Home Healthcare.
- E. Licensing requirements: Applicants must meet the minimum licensing requirements for the position they are applying to fill.
- F. For the PCA program, the client and/or Responsible Party will be responsible for the hiring, training, scheduling, and terminating PCAs. When a client or Responsible Party wants to hire a new employee, they are to contact client services for an employee application. Bridgeway Home Healthcare can mail or email it to the client or responsible party.
- G. PCAs are required to sign off on the Employee Acknowledgement Form that contains information about fraud, waste and abuse. They are also required to do this annually. In addition, new employees are required to sign off on the Employee Responsibilities/Job Description and initial each item.
- H. Bridgeway Home Healthcare as the PCA agency will act as the employer of the PCAs and qualified professionals for employment law and related regulations. In addition, Bridgeway Home Healthcare for children will:
 1. Request and complete background studies
 2. Pay the PCA based on upon the actual hours of service provided
 3. Withhold and pay all applicable federal and state taxes/garnishments

4. Verify and maintain records of hours worked by PCAs and QPs
- I. Bridgeway Home Healthcare will act as the fiscal intermediary and will:
1. Manage payroll
 2. Invoice the state for medical assistance payments
 3. Manage all payroll-related taxes and insurance
 4. Provide agency training/policies and support in managing the recipients PCA services.

Emergency Use of Manual Restraints Policy

Policy

It is the policy of Bridgeway Home Healthcare 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.

Bridgeway Home Healthcare advocates for and endorses the use of positive approaches for supporting behavioral change. This policy is based on the fundamental regard for the integrity and dignity of each person. When an individual displays behavioral challenges, it is important to identify and address the function the behavior serves so underlying needs can be met. A critical part of this process is identifying the communicative intent of the behavior and teaching individuals’ alternative ways to communicate the same message.

Positive support strategies and techniques required

Bridgeway Home Healthcare believes in the use of positive behavioral support strategies and techniques and encourages all staff to use the following strategies to de-escalate an individual’s behaviors before it poses an imminent risk of physical harm to self or others.

Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;

1. Shift the focus by verbally redirect the person to a desired alternative activity;
2. Model desired behavior;
3. Reinforce appropriate behavior;
4. Offer choices, including activities that are relaxing and enjoyable to the person;
5. Use positive verbal guidance and feedback;
6. Actively listen to a person and validate their feelings;
7. Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
8. Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
9. Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
10. Respect the person’s need for physical space and/or privacy.

Prohibited Procedures

The 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, are prohibited by Bridgeway Home Healthcare:

1. Chemical restraint;

2. Mechanical restraint;
3. Manual restraint;
4. Time out;
5. Seclusion; or
6. Any aversive or deprivation procedure.

Definitions of Prohibited Procedures:

1. **Chemical restraint** - Chemical restraint means the administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychiatric condition.

2. **Mechanical restraint** - Mechanical restraint means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior.

a. **Mechanical restraint** does not include devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement.

b. **Mechanical restraint** does not include adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.

c. **Mechanical restraint** does not include use of a seat belt under Minnesota Statutes, section 169.686; or use of a child passenger restraint system as required by Minnesota Statutes, section 245A.018, subdivision 1.

3. **Manual restraint** - Manual restraint means physical intervention intended to hold a person immobile or limit a person's voluntary movement by using body contact as the only source of physical restraint.

4. **Time out** - Time out means the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving.

5. **Seclusion** - Seclusion means removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.

a. Time out and Seclusion are often confused. The key distinction between the two procedures is whether the person has the ability to exit when he/she has been involuntarily removed. Seclusion does not allow the person to exit that area while time out does.

6. Aversive procedure - Aversive procedure means the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating the behavior. “Aversive stimulus” is defined as an object, event, or situation that is presented immediately following a behavior in an attempt to suppress the behavior. Typically, an aversive stimulus is unpleasant and penalizes or confines.

7. Deprivation procedure - Deprivation procedure means the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. Oftentimes the positive reinforcer available is goods, services, or activities to which the person is normally entitled. The removal is often in the form of a delay or postponement of the positive reinforcer.

Manual Restraint is Not Allowed in Emergencies

Bridgeway Home Healthcare 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:

As an alternative to manual restraint Bridgeway Home Healthcare staff may use the following:

- Continue to follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
- Continue to utilize the positive support strategies listed above;
- 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;
- Use an object such as a cushion to block the person’s blows if they are trying to be aggressive towards you;
- 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.

Transportation of Clients

To ensure that Bridgeway Home Healthcare provides safe and orderly transportation to those clients whose care plans require travel:

- All employees transporting clients will be appropriately licensed by the State of Minnesota.
- All personal vehicles used by employees for transporting clients will maintain and carry liability insurance paid for by the employee.
- All safety features of an employee vehicle used to transport a client must be functional and active restraints must be deployed to the extent possible.
- Employees who are not licensed and/or do not maintain adequate liability insurance on the vehicle(s) to be used for client transportation are not authorized to transport clients.
 - Transportation for clients is limited to accomplishing needs of individual care plans. These needs must be documented on the individual care plan which is maintained at Bridgeway's. DHS does not allow PCA's to bill for PCA services while transporting a recipient. (Transportation is a separate DHS service, not to be combined with PCA services.) However, PCA's may accompany clients (if someone else is transporting them) if the client needs assistance with ADL's during transport or at the point of destination.
- PCA's are not to drive the client's vehicle while performing PCA functions.
- Bridgeway Home Healthcare does not provide company vehicles for transportation of clients or employee use.
- Bridgeway Home Healthcare does not reimburse employees for mileage for transporting clients.
- Employees must deliver a certificate of insurance evidencing proof of required coverage and proof of a valid Minnesota driver's license to Bridgeway to be authorized to transport clients.

Personal Protective Equipment (PPE)

What is personal protective equipment?

Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses.

Types of PPE:

- Gloves
- aprons
- long sleeved gowns
- goggles
- fluid-repellant surgical masks
- face visors
- respirator masks

PPE Policy:

Bridgeway takes primary responsibility for implementing and enforcing PPE use and policies in their work area. This involves:

- Providing appropriate PPE and making it available to employees.
- Ensuring that employees are trained on the proper use, care, and cleaning of PPE.
- Ensuring that PPE training certification and evaluation forms are signed and given to **Bridgeway**
- Ensuring that employees properly use and maintain their PPE, and follow PPE policies and rules.
- Notifying **Bridgeway** when new hazards are introduced or when processes are added or changed.
- Ensuring that defective or damaged PPE is immediately disposed of and replaced.

PPE user Responsibility:

The PPE user is responsible for following the requirements of the PPE policies. This involves:

1. Properly wearing PPE as required.
2. Attending required training sessions.
3. Properly caring for, cleaning, maintaining, and inspecting PPE as required.
4. Informing the supervisor of the need to repair or replace PPE.

PCA Care Plan

Personal care assistance (PCA) care plan: A written description identifying the PCA services to be delivered to the person.

Policy

The PCA care plan must be completed or updated:

- Within the first seven days of starting services with a PCA provider agency
- When there is a change in condition, tasks, procedure, living arrangements, responsible party or month-to-month plan
- Annually at the time of the reassessment

The PCA care plan can only include services that are allowable as covered services and cannot include services identified as non-covered services.

A copy of the most current PCA care plan must be:

- In the person's home
- In the person's file at the PCA provider agency
- For shared services, at the location where the shared services are being delivered.

Individual PCA workers must know the location of the care plan.

A person who uses PCA Choice/their responsible party is responsible to develop the care plan using the provider agency care plan template. They can request assistance from their PCA Choice provider agency's QP.

Timesheet Policy

We offer several options for employees to submit timesheets to the

- Mail or drop off timesheet
- Email timesheet support@bridgeywayhomehealth.com as a PDF attachment. For instructions on how to submit timesheets from Apple or Android devices, visit our website www.bridgwayhomehealthcare.com and click on the Employee tab.

It is the employee's responsibility to submit their timesheet to Bridgeway Home Healthcare correctly and on time. Please see the payroll calendar for dates when timesheets are due, note that some holidays will require a different day of the week for submitting timesheets. If you need an additional copy of the payroll calendar, call 952-935-3515, a copy can also be downloaded at www.bridgwayhomehealthcare.com under the Employee Resources.

Pay day is Friday (of the week the timesheet is due date). The timing of deposits is determined by your bank. Contact your bank directly with any questions regarding time of your deposit.

All payroll information is available online through ADP. For employees to access their information you need to register by doing the following:

1. Open://https:adp.com in Google Chrome, Microsoft Internet Explorer, or Apple Safari
2. Click New User? Get Started
3. Enter your cell phone or full social security number

After you have created your ADP account, you can login to view your pay statements and W-2's. In addition, you can go to the Apple App Store or Google Play Store and download the "ADP Mobile Solutions."

Instructions for PCA Time and Activity

Instructions for PCA Time and Activity Documentation This form documents time and activity between one PCA and one recipient. Document up to two visits per day on this form. Employers may have additional instructions or documentation requirements. For shared care, you must use a separate form for each person for whom you are providing care

Name of PCA Provider Agency

Enter name of the PCA provider agency and its phone number.

Recipient Stays

Enter dates and location of recipient stays in a hospital, care facility or incarceration.

Dates of Service

Dates of service must be in consecutive order. Enter the date in mm/dd/yy format for each date you provide service. The recipient must draw a line through any dates and times PCA services were not provided.

Activities

For each date you provided care, write your initials next to all the activities you provided. Your initials indicate you provided the service as described in the PCA Care Plan. If you provide a service more than once in a day, initial only once.

The following are general descriptions of activities of daily living and instrumental activities of daily living.

Dressing

Choosing appropriate clothing for the day, includes laying out of clothing, actual applying and changing clothing, special appliances or wraps, transfers, mobility, and positioning to complete this task.

Grooming

Personal hygiene, includes basic hair care, oral care, nail care (except recipients who are diabetic or have poor circulation), shaving hair,

applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aids.

Bathing

Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.

Eating

Getting food into the body, transfers, mobility, positioning, hand washing, applying of orthotics needed for eating, feeding, preparing meals and grocery shopping.

Transfers

Moving from one seating/reclining area or position to another.

Mobility

Moving including assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a recipient.

Positioning

Including assistance with positioning or turning a recipient for necessary care and comfort.

Toileting

Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area and inspecting skin and adjusting clothing.

Health-related Procedures and Tasks

Health related procedures and tasks according to PCA policy. Examples include: range of motion and passive exercise, assistance with self-administered medication

Behavior

Redirecting, intervening, observing, monitoring and documenting behavior.

IADLs

Covered service for recipients over age 18 years only, such as: meal planning and preparation, basic assistance with paying the bills, shopping for food, clothing, and other essential items, performing household tasks integral to the personal care assistance services.

Visit One

Documentation of the first visit of the day.

Ratio of PCA to Recipient

- 1:1 = One PCA to one recipient
- 1:2 = One PCA to two recipients
- 1:3 = One PCA to three recipients

Circle the appropriate ratio of PCA to recipients for this visit.

Visit Two

Documentation of the first visit of the day.

Ratio of PCA to Recipient

- 1:1 = One PCA to one recipient
- 1:2 = One PCA to two recipients (shared services)
- 1:3 = One PCA to three recipients (shared services)

Circle the appropriate ratio of PCA to recipients for this visit.

Shared Services Location

(Required for shared services only) Write a brief description of the location where you provided the shared services.

Time in

Enter time in hours and minutes that you started providing care and circle AM or PM.

Time out

Enter time in the hours and minutes that you stopped providing care and circle AM or PM.

Daily Total

Add the total time in minutes that you spent with this recipient for the care documented in one column.

Total Minutes This Timesheet

Add the time in minutes for all visits on this entire time sheet and enter the total in the appropriate ratio box.

Acknowledgement and Required Signatures

Recipient/responsible party prints the recipient's first name, middle initial, last name, and MA Member (MHCPID) Number or birth date (for identifying purposes). Recipient/ responsible party signs and dates form.

PCA prints his/ her first name, middle initial, last name, individual PCA Unique Minnesota. PCA signs and dates forms.

How to fill out the Timesheet

Employees are only paid for the time they are physically present and working with the client. Submitting a timesheet that includes time that was not worked is fraud.

PCA Choice, including Shared Care employees may work up to 40 hours per week.

If you work another service in addition to PCA, e.g. respite or homemaker, please use a specific timesheet for that service.

1. Use only blue or black ink when filling out paperwork. Timesheets need to be legible. Never use white out or correction tape. If an error is made, **cross it out once** and initial it.
2. Write in the Clients name, Date of Birth, and Medical Assistance number will be at the top of timesheet. When you run low on timesheets, the Responsible Party should contact Bridgeway Home Healthcare by phone or email for additional timesheets.
3. If the client is in the hospital, specify the date admitted and discharged along with the time in the top right-hand box.
4. Employees doing Shared Care are to use separate timesheet for each client. Total hours for all clients combined cannot exceed 40 hours per week.
5. Fill in the month, day, and year in each date box, e.g. 4/5/24
6. Time in and time out is calculated to the nearest quarter hour. When filling in the timesheet section please use the clock as follows: 15 minutes is .25, 30 minutes is .50, and 45 minutes is .75. You must include a.m. or p.m.
7. State the location of where shared care was given.
8. Initial the boxes for the care(s) you provided during that shift, they need to correspond to the cares identified in the clients care pan. See the instructions for PCA and Time Activity.
9. Employee and Responsible Party/Client must sign and date the completed timesheet before sending it in. By signing the timesheet, all parties are verifying that the hours worked are true and accurate.
10. The employee ID # must be filled in.
11. Once you fill in information about the work, you may not make copies for future use.

Overtime Policy

Policy:

It is the policy of Bridgeway Home Healthcare that no overtime is permitted. Bridgeway Home Healthcare will require strict prior authorization for employees to work more than 40 hours per payroll week.

Procedure:

It is the responsibility of the client/responsible party to verify actual hours worked by the PCA by reviewing and signing employee timesheets. Authorizing Bridgeway Home Healthcare to make payments

If the RP and PCA submit a time sheet with unauthorized overtime hours:

First offense will result in the creation of an incident report and the QP will conduct a home or phone visit:

- To discuss the situation and the reason for submitting unauthorized OT.
- To review the company policy on overtime and identify the expected behavior, e.g. comply with Bridgeway Home Healthcare policy on overtime. If the QP determines that OT will be an ongoing need, they may offer the RP the two options for overtime.
 1. Reduce PCA's hours to 40 hours per week and hire additional staff, or
 2. Maintaining/utilizing regular and consistent OT with an adjusted base rate. A PCA Wage Raate Update form will be completed and must be signed by the PCA and RP.

Second offense will be noted in the already created incident report:

- Second discussion regarding reason for submitting unauthorized OT
- Second review of company policy on overtime. Second identification of expected behavior.
- Initiate an adjusted pay rate to accommodate the continued use of regular and consistent OT.

Third offense termination of either the client or PCA or both, noted in the Incident Report and in the personnel file.

Service Delivery and Termination of Services Policy

Policy

Bridgeway Home Healthcare provides services that facilitates the optimum growth and development of each client receiving services. Facilitation included coordination of services with other agencies, entities, health care providers, or people providing support to the client.

The PCA is responsible for providing care as outlined on the PCA care plan. The Responsibility Party (RP)/Client is responsible for the day-to-day coordination and continuity of services to ensure the health and safety needs of the clients are being met. The Qualified Professional (QP) oversees the delivery of the service to help ensure health and safety needs are being met, to help prevent and identify fraud and provide greater accountability for the use of public funds. Human Resources will ensure that an will ensure that an employee who serves as the QP meets all requirements for education and training.

Procedure

Service Delivery:

A. QP Responsibilities are to:

1. Provide and review the Home Folder with RP/Client
2. Develop the care plan along the RP/Client within seven days of starting services, and annually.
3. Assist with updating the care plan if requested
4. Assist with training if requested
5. May assist RP/Client with training PCAs who assist with tracheostomy suctioning and people using ventilators
6. Conduct visits at least every 180 days with the RP/Client and PCA(s)
7. Conduct a home visit following a PCA assessment or reassessment.
8. Conduct a visit every 60 days to supervise PCAs who are 16 & 17 years old

B. RP/Client Responsibilities are to:

1. Find and hire PCAs, including back-up PCAs
2. Train PCAs in cares, policies, and procedures
3. Terminate PCAs and notify Bridgeway Home Healthcare when doing so
4. Develop the care plan with the QP, and monitor the care plan ensuring the PCA is providing the cares outlined in it.
5. Maintain the care plan and home folder in a readily accessible place in the home, making it available to all new and current PCAs. Review both with all PCAs. (For shared PCA services, the care plan will be kept at all the location of shared service delivery.)
6. Plan and direct services.
7. Ensure authorized hours are being used as assessed
8. Monitor and supervise PCAs
9. Be available to the PCA and client while the PCA is working

10. Review timesheets for accuracy before signing them.
11. Be present for all home visits with the QP at the location where PCA services are being delivered.

C. PCA Responsibilities are to:

1. Perform care as outlined on the PCA care plan and as directed by the RP/Client.
2. Meet all expectations in the Employee Responsibilities/Job description which is signed upon hire.
3. Complete all state and Bridgeway Home Healthcare required trainings in required time frames.
4. Attend home visits with QP and RP/Client.

D. The following items will be available to the Department of Human Services, when requested, to demonstrate compliance with all laws, rules and policies and to provide quality assurance in service delivery:

- a. Employee files including documentation of training requirements
- b. Individual client files
- c. Accounting, payroll and billing records
- d. Policy and procedure manuals

Termination of Services:

A client can decide to switch providers at any time. If they want to end services with Bridgeway Home Healthcare we ask that they notify Client Services and provide an end date. Bridgeway Home Healthcare will not pay any PCAs for work beyond the date given for ending services with Bridgeway Home Healthcare. It is recommended that a 30 day notice be given to allow you the time to establish services with a new agency.

If Bridgeway Home Healthcare decides to end services, we will follow the notification timelines that are in the Homecare Bill of Rights, also found in the Home Folder.

Temporary Service Suspension Policy

Policy

It is the policy of Bridgeway Home Healthcare to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

Procedures

A. Bridgeway Home Healthcare will limit temporary service suspension to the following situations:

1. The person's conduct poses an imminent risk of physical harm to self or others and either:
 - a. positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
 - b. less restrictive measures would not resolve the issues leading to the suspension; OR
2. The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; OR
3. Bridgeway Home Healthcare has not been paid for services.

B. Prior to giving notice of temporary service suspension, Bridgeway Home Healthcare must document actions taken to minimize or eliminate the need for service suspension.

1. Action taken by Bridgeway Home Healthcare must include, at a minimum:
 - a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and
 - b. A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.
2. If, based on the best interests of the person, the circumstances at the time of the notice were such that Bridgeway Home Healthcare was unable to consult with the person's team or request interventions services, Bridgeway Home Healthcare must document the specific circumstances and the reason for being unable to do so.

C. The notice of temporary service suspension must meet the following requirements:

1. Bridgeway Home Healthcare must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.

2. If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, Bridgeway Home Healthcare must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
3. Notice of temporary service suspension must be given on the first day of the service suspension.
4. The written notice service suspension must include the following elements:
 - a. The reason for the action;
 - b. A summary of actions taken to minimize or eliminate the need for temporary service suspension; and
 - c. Why these measures failed to prevent the suspension.
5. During the temporary suspension period Bridgeway Home Healthcare Care must:
 - a. Provide information requested by the person or case manager;
 - b. Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 - c. Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.

D. A person has the right to return to receiving services during or following a service suspension with the following conditions.

1. Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.
2. If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
3. If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, Bridgeway Home Healthcare must document the specific reasons why a contrary decision was made.

Incident Response, Reporting and Review Policy

Policy

It is the policy of Bridgeway Home Healthcare 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.

If this is an employee injury, see the Work Comp Policy and report the injury to the Work Comp Coordinator at 612-216-4666.

“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 or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought.
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. Attempted suicide
14. All other injuries considered serious after an assessment by a health care professional including, but not limited to, self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury

B. A person’s death.

C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a client that requires the PCA to call 911.

D. Any mental health crisis that requires the PCA to call 911, a mental health crisis intervention team.

E. An act or situation involving a person that requires the PCA to call 911, law enforcement, or the fire department.

F. A person's unauthorized or unexplained absence.

G. 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;
4. Substantially disrupts the orderly operation of the program.

H. Any sexual activity between persons receiving services involving force or coercion.

1. "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.

2. "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.

K. A report of fraud.

Response Procedures

1. Serious injury
 1. In the event of a serious injury, provide emergency first aid following instructions received during training or as directed.
 2. Summon assistance, if 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.
2. Death
 1. If 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.
 3. Contact the responsible party as soon as possible for directions.
3. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
 1. Assess if the situation requires a call to 911, seek physician treatment, or hospitalization.
 2. If it is a life-threatening medical emergency, call 911 immediately.
 3. Provide emergency first aid as trained or directed until further emergency medical care arrives or the person is taken to a physician or hospital for treatment.
4. Mental health crisis

If the employee believes that a person is experiencing a mental health crisis, call 911 or a specific mental health worker if the individual has one.
5. Requiring 911, law enforcement, or fire department
 1. For incidents requiring law enforcement or the fire department, call 911.
 2. For non-emergency incidents requiring law enforcement, call the local non-emergency law enforcement number.
 3. For non-emergency incidents requiring the fire department, call the local non-emergency fire department number.
 4. Provide all information requested and follow instructions given by the emergency personnel responding to the call.
6. Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, 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 area that the person was last seen will be completed by the employee and others that might be available.

3. If after no more than 15 minutes, the search of the home and neighborhood is unsuccessful, contact law enforcement authorities and the responsible party.

7. Conduct of the client

When a person is exhibiting conduct against another person that is so severe, pervasive, or objectively offensive that it places either in actual and reasonable fear of harm; or that there is actual and reasonable fear of damage to property, take the following steps:

- a. Summon help, if available. Move other people out of the way.
- b. Block attempts to damage property or injure the client or other people. Keeping all parties safe.
- c. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
- d. After the situation is brought under control, ensure that there are no injuries and observe for signs of injury. Provide medical treatment and seek outside medical treatment as needed.

8. Sexual activity involving force or coercion

- a. If the client is involved in sexual activity with another person and that sexual activity involves force or coercion, take the following steps:
- b. Instruct the client in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally. Verbally direct each person to separate areas.
- c. If they do not respond to verbal redirection, intervene to protect the client from force or coercion, using the least amount of physical intervention possible.
- d. Summon help if necessary and feasible.
- e. Contact law enforcement as soon as possible and follow their instructions.
- f. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
- g. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
- h. 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.

9. Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

10. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Policy.

11. Fraud

Follow the Fraud, Waste and Abuse Policy.

Reporting Procedures

1. Completing an incident report
 - Notify the responsible party of any incident as soon as possible.
 - Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the employee became aware of the occurrence. An incident report form is located in the home folder. Employees are to complete as much information as possible. Call Bridgeway Home Healthcare at 612-216-4666 and report the incident to Client Services.
 - Client Services will enter the report into CRM and follow the process for notifying the Qualified Professional
 - The Bridgeway Home Healthcare QP or service coordinator will report the incident to the appropriate individuals.

2. Reporting incidents to team members
 1. All incidents must be reported to the person's legal representative or designated emergency contact and county case manager/care coordinator (when there is one):
 - within 24 hours of the incident occurring while services were provided;
 - within 24 hours of discovery or receipt of information that an incident occurred; or
 - as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.

 2. Bridgeway Home Healthcare staff members will ensure that the incident is reported to the county case manager.

 3. Bridgeway Home Healthcare 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/care coordinator 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.

3. Additional reporting requirements for deaths and serious injuries:
 - Bridgeway Home Healthcare staff members will ensure that death or serious injury of a person is reported to both the Department of Human Services Licensing Division (for 245D services only) and the Office of Ombudsman for Mental Health and Developmental Disabilities.

- The report will 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.
- Bridgeway Home Healthcare will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

4. Additional reporting requirements for maltreatment

1. When reporting maltreatment, Bridgeway Home Healthcare will inform the case manager/care coordinator (when there one) of the report unless there is reason to believe that the case manager/care coordinator is involved in the suspected maltreatment.
2. The report to the case manager/care coordinator will disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

5. Additional reporting requirements for emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

Reviewing Procedures

A. Conducting a review of incidents and emergencies Bridgeway Home Healthcare will complete a review of all incidents.

1. The review will be completed by the QP or service coordinator and will be escalated to the program director and up to and including the CEO as needed.
2. The review will be completed within 48 hours of the incident by the QP or service coordinator.
3. The review will include: a. Provide a written summary of the incident b. Identify trends or patterns, if any, and c. Determine if corrective action is needed.
4. When corrective action is needed, a staff member will be assigned to develop and implement the correction plan train within a specified time period.
5. The Bridgeway Home Healthcare Incident Review Committee will meet bi-monthly to review all incidents.

B. Conducting an internal review of deaths and serious injuries Bridgeway Home Healthcare 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.) Deaths due to natural causes do not require an investigation.

1. The review will be completed by the QP, service coordinator, or assigned staff member and will be escalated to the program director and up to and including the CEO as needed.
2. The review will be completed within 48 hours 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.
4. Based on the results of the internal review, Bridgeway Home Healthcare will develop, document, and implement a performance improvement plan designed to correct current lapses and prevent future lapses in performance by staff or Bridgeway Home Healthcare.
5. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in Bridgeway Home Healthcare 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.

PCA Service Verification Policy

Purpose

The purpose of this policy is to establish the process and standards for the agency to conduct service verification calls.

Policy

Bridgeway Home Healthcare will conduct internal processes to ensure that service is being provided as directed and funded through Medical Assistance. A service verification is an unscheduled telephone call with the PCA services recipient and the PCA worker to verify that a PCA worker is present and providing scheduled services.

Procedure

I. A service verification call will occur by the Qualified Professional or agency designated personnel once every 90 days for each PCA service recipient. The following will be considered regarding these calls:

1. For recipients who have more than one PCA, the Qualified Professional or agency designated personnel will make a service verification call to a different PCA at least every 90 days until every PCA serving that recipient has been contacted. This will be done prior to repeating calls with the recipient's PCAs.
2. For recipients who have only one PCA, the Qualified Professional or agency designated personnel will contact that PCA once every 90 days.

II. The agency will continue to make service verification calls according to the timelines as stated above for as long as they are providing PCA services to the recipient.

III. During each service verification calls, the Qualified Professional or agency designated personnel will speak with both the PCA worker and the PCA service recipient or the service recipient's responsible party.

IV: For each service verification call, the following will be documented:

1. The name of the service recipient and if applicable, their responsible party.
2. The name of the PCA worker for whom the Qualified Professional or agency designated personnel made the service verification call.
3. The name of any other PCA provider agency that was present with the PCA worker during the service verification call.
4. The name of the PCA provider agency staff person conducting the service verification.
5. The start and end times of the service verification call.
6. The day, month, and year of the service verification call.
7. A copy of the PCA worker's timesheet for the period during which the service verification call was made.

V. Documentation from service verification calls will be maintained for at least five years.

Caregiver Frequently Asked Questions

1. Who do I ask if I have questions about:

- Payments/Timesheet Issues: Payroll
- Direct Deposit or set-up/changes: Payroll
- Hours on a service agreement: Case Manager
- Re-scheduling a home visit: Client Services
- When a new employee can start: Client Services
- Background Studies and finger printing: Payroll
- Grievances: HR

2. How do I log on to ADP to view pay statement?

All payroll information is available online through ADP at <https://my.adp.com>

3. How do Holidays work?

We offer Holiday Pay if you work a holiday. You do not get the day off, but if you work, you get paid time and a half. Holiday hours are limited to a client's daily hours.

Holidays are: (Labor Day, Thanksgiving, Christmas Day, and New Year's Day)

4. Can I work when the client is in the hospital?

No, you cannot continue to record time after a client is admitted to a hospital or facility. You can keep time up until they are admitted, and may resume keeping time once they are discharged. Please notify our office as soon as your client goes into the hospital or a care facility.

5. Who may submit Timesheets?

Either the caregiver or the client may submit timesheets.

6. Can I be an employee for my child or spouse?

Parents can be hired once the child turns 18. Parents or paid guardians of children under 18 years of age cannot be a paid employee. Spouses cannot be paid on the PCA program.

Client Frequently Asked Questions

1. **How do I start services?**

If you feel that home health care services might be right for you or a loved one, you will have to obtain orders from your primary care provider. If you are unsure how to obtain orders, our team would be happy to assist you. Once orders are received, our care team will work with you to schedule a time for a home assessment to evaluate your condition and needs.

2. **How do I request a renewal when my service agreement is going to end?**

Bridgeway Home Healthcare sends a request on your behalf 60 days before your service agreement ends or in accordance with your health plan/county policy to renew your PCA services. To ensure there is not a gap in services, you must be sure to have your services renewed prior to the expiration.

3. **How can I change my Responsible Party?**

Please contact client services to complete the necessary steps to change your Responsibility Party.

4. **Can I hire an employee who is under 18 years old?**

Yes, individuals who are 16 and 17 years old can be employees. Child Labor Laws must be followed. Supervision of PCA employees under 18 by a Qualified Professional must occur every 60 days until they turn 18.

5. **How do I hire a new employee?**

- a. Contact Bridgeway Home Healthcare for an employee application or apply online at www.bridgewayhomehealthcare.com
- b. All Department of Human Services requirements must be met before the employee can start. The employee must submit the Background Study Authorization form with the required documents (they may be required to be fingerprinted for the Background Study), their Certificate of the completed online PCA test, and the completed I-9.

6. **How do I terminate an employee?**

- a. Submit a signed Bridgeway Termination Form or a written statement by mail or email to the Human Resources department stating the employee is no longer working, along with the last shift they worked/will work. It can be typed or handwritten and must include the Responsible Party's signature. In addition, please call Human Resources to report staffing changes.

Minnesota Home Care Bill of Rights for Clients of Licensed Only Home Care Providers Statement of Rights

A client who receives home care services in the community has these rights:

1. Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated.
2. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.
3. Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. Refuse services or treatment.
6. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. Be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources if known; and what charges the client may be responsible for paying.
8. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs or public programs.
10. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. Access the client's own records and written information from those records in accordance with Minnesota Health Records Act, Minnesota Statute, Sections 144.291 to 144.298.
12. Be served by people who are properly trained and competent to perform their duties.

13. Be treated with courtesy and respect, and to have the client's property treated with respect.
14. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. Reasonable, advance notice of changes in services or charges.
16. Know the provider's reason for termination of services.
17. At least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
 - The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
 - The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
 - An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. A coordinated transfer when there will be a change in the provider of services.
19. Complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.
20. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint.
21. Know the name and address of the state or county agency to contact for additional information or assistance.
22. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.
23. Place an electronic monitoring device in the client's or resident's space in compliance with state requirements. You may choose to discuss any concerns with your provider. As a reminder, providers are required to work to assure your rights and other requirements are followed. When providers violate the rights in this section, they are subject to the fines and license actions.