

Fiscal Support Entity/Employer of Record

WELCOME

We welcome you as an employee of MRCI through the Financial Management Services (FMS)/Employer of Record program. We hope you enjoy your employment with the Client/Client's representative and your affiliation with MRCI. We encourage you to call us if you have any questions.

DISCLAIMER

The information in this packet is intended to serve as general information concerning various employment matters as they now exist between you and MRCI. MRCI reserves the right to modify, revoke, suspend, terminate, or change any or all of the policies, guidelines, and procedures at any time with or without notice.

An employment-at-will relationship exists between you and MRCI, and nothing set forth in this information is intended to create nor is it to be construed to constitute a contract of employment between you and MRCI. MRCI retains the right to terminate this employment-at-will relationship at any time, with or without specific notice or reason.

MRCI MISSION STATEMENT

Creating innovative and genuine opportunities for people with disabilities or disadvantages at home, at work and in the community.

1. We value the people we serve. We recognize and support the unique abilities of the people who have chosen us to assist them and believe that each individual has the right to access quality services of their choosing.
2. We value relationships. The quality of individual relationships between the people we serve and our staff are the foundations of successful outcomes. We believe that every person has the right to be treated with dignity and respect, as do the staff members who provide the support and assistance.
3. We value individualized planning. We strive to provide the supports necessary to assist each individual to attain his or her goals and dreams and to assist each person to lead a self-directed life.
4. We value interdependence and collaboration. We recognize that we all need the support of others to be an integral and successful member of the community. We believe that we must work together and form partnerships with other businesses to achieve the desired outcomes.
5. We value leadership and accountability. We believe in the decision making process that is creative and responsive to the ever-changing needs and desires of the people we serve. We do this by seeking input from the people we serve in all program areas.

EMPLOYMENT POLICY

It is the policy of MRCI to give equal opportunity to all qualified persons without regard to race, color, creed, age, sex, sexual orientation, marital status, public assistance status, national origin or disabling condition. Any individual may apply for employment at MRCI. Applications, interviews, credentials and references are used to determine a person's qualifications.

All employment practices provide that all individuals are recruited, hired, assigned, advanced, compensated and retained on the basis of their qualifications. They are treated equally in these and all other respects without regard to race, color, creed, age, sex, sexual orientation, national origin, disabling condition, or status with regard to public assistance.

Selection of staff requires that all applicants:

- a. Complete a written application,
- b. Supply professional credentials and references and verification, as requested,
- c. Be interviewed by appropriate parties.

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

This is to affirm MRCI's policy of providing Equal Opportunity to all staff and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof, specifically Minnesota Statutes 363.

MRCI will not discriminate against or harass any staff or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance.

HARASSMENT IN THE WORKPLACE

This organization does not tolerate sexual harassment or harassment of any sort. It is MRCI policy to provide an employment environment free from intimidation and harassment in particular because of your sex. Sexual harassment consists of verbal and/or physical conduct of a sexual nature or with sexual overtones by a supervisor or co-worker with direct employment consequences resulting from acquiescence in or rejection of the conduct. Harassment is present if (a) submission to the conduct is either an explicit or implicit term or condition of employment, (b) submission to or rejection of the conduct is used as the basis for employment decisions affecting the person who did the submitting or rejecting, or (c) the conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Action will be taken to investigate any harassment concerns. This investigation will be started within 48 hours of the initial complaint and will be concluded within seven working days. Investigations that result in substantiating harassment will result in disciplinary action for the offender(s). Disciplinary action will result in corrective action from written warning up to and including termination.

Those filing a harassment complaint are protected from retaliation when the complaint is filed in good faith.

Complaints of this nature should be reported to MRCI's Human Resources Manager by calling 1-800-829-7110 or 507-386-5600. Confidentiality will be protected in this process to the extent that is possible. Prompt corrective action will be taken upon completion of an investigation and if harassment has occurred.

VERBAL AND PHYSICAL ABUSE

As an employee of MRCI, you may anticipate that on occasion, you may be subjected to verbal and/or physical abuse from those whom we serve. While such incidents occur only infrequently, you should be aware of the possibility and how such occasions are to be properly dealt with. Your Client/Client's representative is responsible for providing you with training in this area if such issues arise.

RELATIONSHIPS

It is MRCI's policy to encourage the Client and the employee to interact both in and out of the work environment. Because of the inherent nature of relationships, guidelines must be established to avoid placing anyone in situations that might jeopardize their well being or livelihood.

MRCI's policy does not permit relationships that are personally intimate, i.e. dating or marrying. This includes sexual activity of any sort.

If the Client and the employee choose to interact as peers in a non-sexual relationship, the employee must contact the parent, Client's representative, or the case manager and inform them of their wish to socialize with the Client outside of scheduled working hours. In the event that this relationship becomes harmful to the individual's well being as judged by the Client's representative, the MRCI employee will be instructed to end the relationship.

The same procedure will be used in any financial transactions between staff and Clients. This includes loans, buying and/or trading or selling or giving gifts.

Staff should also be aware that the Minnesota Vulnerable Adults Act and the Minors Act may apply to those individuals in this program and employees should maintain all of their relationships within the context of those laws. Employees should feel free to discuss their relationships with the individual by contacting the Client's representative or the case manager.

The intent of this policy is to allow Clients and employees to socialize, but to do so in a way that protects both the Client and employee from committing unethical or illegal acts or of being wrongly accused of such activity.

STATEMENT OF MRCI POLICIES AND HUMAN RIGHTS FOR CLIENTS

The interest of the individual and, where appropriate, guardians, next of kin, sponsoring agencies, representative payees or the public shall be protected by, but not limited to, the following policies and procedures:

1. Any individual, without regard to race, creed, national origin, sex, sexual orientation, disabling condition, or status with regard to public assistance, free of conditions that would cause hazard to self or others; in need of services and who can reasonably be expected to profit from participation, who meet the special requirements of the program in which participation is requested, is eligible to receive services.
2. Every person will have the right to expect reasonable continuity of service, the opportunity to participate in the planning of their program and to refuse to participate in research without their informed written consent.
3. Every person will have the right to expect MRCI to make reasonable responses to their requests.

4. Every person will have the right to every consideration of their privacy and individuality and will be treated with consideration, respect, and full recognition of their dignity and individuality, including privacy in the care of their personal needs.
5. Every person will have the right to respectfulness and privacy. Discussions concerning the individual will be conducted privately and discreetly.
6. It is the policy of MRCI to protect the health and safety of the individuals receiving services.
7. It is the policy of MRCI to recruit people with disabilities as staff members, volunteers and board members within MRCI and to promote social and economic opportunities for people with disabilities in the community through the removal of attitudinal, architectural and other barriers.
8. It is the policy of MRCI to take any necessary action to protect the people served from any physical, verbal, or psychological abuse, harassment or neglect and to promptly report to appropriate authorities all cases of suspected abuse or neglect.

DATA PRIVACY

MRCI respects the Clients' right to privacy and abides by the Minnesota Data Practices Act and the Federal Health Insurance and Portability Act to protect the privacy of the individuals we serve.

- No Information regarding a Client should be released without the Client's or legal representative's signed consent.
- If you receive a phone call or request for information regarding a Client, get the name and phone number of the individual requesting information, and the reason for the request but do not provide information regarding the Client.
- Any discussions with an authorized individual regarding a Client should be done in private. An authorized staff is someone who has access to the Client's case file or who is a member of the Client's support team.

VULNERABLE ADULTS ACT REPORTING MALTREATMENT

Introduction

- The Vulnerable Adults Act (VAA) was adopted in 1980 to provide protection for adults who are vulnerable to abuse or neglect because of a physical or mental disability and to provide safe environments.
- In 1995, the Minnesota Legislature adopted significant revisions to increase the efficiency of the reporting process.

Who Is A Vulnerable Adult?

- Any person, eighteen (18) years of age or older, who is a resident or patient of or who receives services from a facility such as a hospital, group home, nursing home, adult foster care home, home care agency, day activity center, Day Training and Habilitation agency, or any agency that is licensed by the state of Minnesota or a Home Health Care provider to provide services.
- Functional Vulnerable Adult: Because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

What Is Maltreatment?

Abuse:

- Physical Assault – Physical acts that are intended to cause pain, suffering, injury, or hurt to the vulnerable adult. Examples include the infliction of physical pain or injury; physical coercion, confinement; slapping, bruising, cutting, restraining, pushing, etc.
- Mental/ Emotional Abuse – Derogatory, threatening, or demeaning actions, which may be verbal or gestured, that are directed toward a vulnerable adult. This includes the use of profane or obscene language, name-calling, ignoring, humiliating, etc.
- Sexual Abuse – Any forced, unwelcome, or illegal sexual contact by an employee or caretaker and a vulnerable adult. Examples include rape, inappropriate sexual touch, etc.
- Self-Abuse – Failure to intervene or stop a vulnerable adult from causing injury, or serious pain to himself.

Neglect:

- Failure by the caregiver to supply the vulnerable adult with food, clothing, shelter, health care, or supervision. A caretaker cannot withhold the services as a consequence for inappropriate behaviors.
- Examples of neglect include intentional failure to provide necessary care; denial of food, proper clothing, and personal hygiene items, etc.

Exploitation

- Illegal or unethical use of resources intended for the vulnerable adult.
- This includes use of funds, property, or other assets for someone else's personal gain.

REPORTING

Who Must Make A Report?

Anyone involved in providing supports or care to vulnerable adults is considered to be a mandated reporter and is required to report any incident of maltreatment. This includes health care professionals (doctors, nurses, nursing assistants, lab technicians, etc.), adult day care center workers, social workers, members of the clergy, home health aides, personal care assistants, education professionals, and law enforcement personnel. **As an employee of MRCI through the Fiscal Support Entity/Employer of Record program, you are considered to be a mandated reporter.**

When Must I Make A Report?

As an employee who works with a person who is a vulnerable adult, you are considered to be a mandated reporter during your working hours. You are required to comply with the law which means that you are required to report any incidents

- For which you believe that a vulnerable adult is being or has been maltreated; or
- You have knowledge that a vulnerable adult has sustained a physical injury that is not reasonably explained.

The law requires that you **file a report within 24 hours of having knowledge of the suspected maltreatment.**

How Do I Make A Report?

When you have knowledge that a vulnerable adult has been maltreated, you are required to make a report within 24 hours. You can make a report in one of two ways:

1. You can call the Common Point of Entry: **844-880-1574**

OR

2. Call Client Directed Services at 1-800-829-7110 and tell whomever answers that you want to make a vulnerable adult report. By making a report to MRCI, you have met your obligation as a mandated reporter.

What If I Don't Make A Report?

As a mandated reporter, you are required to make a report if you have knowledge that a vulnerable adult has been maltreated. If you fail to make a report, you can be found guilty of a misdemeanor. You may also be held liable for any damages or harm caused by your failure to make a report.

Are There Any Protections for Me If I Make A Report?

The Minnesota Vulnerable Adults Act provides for protection of employees who make a report of maltreatment in good faith. The report is kept confidential. The person being reported cannot be given your name.

Your job is also protected. You cannot be retaliated against, such as discharge or disciplinary action against you, for filing a report in good faith.

What Happens After A Report Has Been Filed?

After the Common Entry Point receives a report, they refer the report to the appropriate Lead Agency Investigative Authority (LAIA) which may be the Department of Human Services, the Department of Health, or the county. The LAIA then determines if the report will be investigated and conducts the investigation.

CHILD PROTECTION MINOR'S ACT

What Is Abuse and Neglect?

Abuse

- Physical Abuse - Any physical or threatened injury, inflicted by a person responsible for the child's care in any manner other than accidental; aversive and deprivation procedures that have not been authorized under the law; threatened injury to a child which would include a statement, overt act, or condition that could result in substantial risk of physical harm to the child.
- Mental Injury - Injury to the psychological capacity or emotional stability of a child as evidenced by observable or substantial impairment in the child's ability to function in a normal range of performance and behavior.
- Sexual Abuse - A person responsible for a child's care or a person in authority who has sexual contact with a child under age 18 that violates the criminal sexual conduct code, engages a child in prostitution, or engages a child in sexual performance. Sexual conduct includes fondling, touching intimate parts and sexual intercourse.

Neglect

- Failure by parents or caretakers to provide a child with necessary food, shelter, clothing, medical care, and access to education.
-

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- Examples may include abandonment, exposure to dangerous situations, inadequate supervision, and failure to provide for the child's needs.

Who Should Report Child Abuse?

Anyone may voluntarily report child abuse or neglect. Minnesota state law has mandated that certain groups of professionals are required to make a child protection report if they have reason to believe that a child is being neglected or abused or has been neglected or abused in the preceding three years. These people include health care professionals (doctors, nurses, dentists, etc.) social services professionals, mental health professionals, child care professionals, education professionals, law enforcement personnel, and members of the clergy. **As a MRCI employee who works with children and families through the Fiscal Support Entity/Employer of Record program, you are legally required to report abuse or neglect.**

When Should I Report Abuse or Neglect?

Mandated reporters are required to make a report if they know or have reason to believe that a child is currently being abused or neglected or has been abused or neglected within the preceding three years.

How Do I Make A Report?

You are required to **immediately make a report to the law enforcement agency or to the county social services agency**. If you make an oral report, as a mandated reporter, you will also be required to file a written report within 72 hours of making the oral report.

How Am I Protected If I Make A Report?

Anyone who reports child abuse or neglect in good faith is immune from civil liability. The reporter's name is confidential and is accessible only upon consent of the reporter or by a court order.

What If I Don't Make A Report?

As a mandated reporter, you are required to make a report if you have knowledge that a child has been abused or neglected. If you fail to make a report, you can be found guilty of a misdemeanor. You may also be held liable for any damages or harm caused by your failure to make a report.

BLOODBORNE PATHOGEN COMMUNICABLE DISEASES

Communicable and infectious disease: A disease, illness or infection that can readily spread from one host to another.

Bloodborne Disease: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV), Hepatitis C (HCV) and immunodeficiency virus (HIV).

Hepatitis: Inflammation of the liver.

Hepatitis B virus (HBV): Hepatitis B is a viral infection that affects the liver. The onset is insidious with an incubation period of up to six months. Symptoms include anorexia, malaise, nausea, vomiting, abdominal pain, jaundice, arthralgias, fever and headache. It is estimated that more than 240,000 people become infected and 200-400 people in the U.S. die each year from acute Hepatitis B infection. About 5-10% of the people who become infected with the Hepatitis B virus becomes a carrier, capable of spreading the disease to others. Carriers are at a much greater risk for long-term complications such as persistent Hepatitis, cirrhosis of the liver and cancer of the liver. ***The virus is transmitted via contact with blood or bodily fluid of an infected person.*** The Hepatitis B vaccine is the most effective means of preventing Hepatitis B infection.

Hepatitis C virus (HCV): This is a virus that also causes inflammation of the liver. The virus is different than that in the Hepatitis B virus. Many individuals affected by the Hepatitis C virus do not know they have the disease. Hepatitis C causes chronic infection >80 % of those infected with the virus (HBV virus causes chronic disease in only 5-10% infected). Most of these persons have some liver damage due to Hepatitis but many do not feel sick from the disease. Some persons with liver damage due to Hepatitis may develop cirrhosis (scarring of the liver and liver failure, which may take many years to develop. Other may have no long-term effects. ***Transmission routes are the same as for Hepatitis B.*** Transmission rates for Hepatitis C are lower than transmission rates for Hepatitis B.

THERE IS NO VACCINE FOR THE HEPATITIS C VIRUS!

Human Immunodeficiency Virus (HIV): This is a virus that invades the body's immune system, eventually compromising its ability to ward off serious diseases and infections. To be HIV positive means those persons have been infected with the virus. Individuals vary, but the body can harbor the virus, often for years, without outward symptoms of illness. Because the immune system ultimately becomes ineffective against HIV "opportunistic" infections begin to appear. The pattern of illnesses is directly related to the depleted immune system and at that point, Acquired Immune Deficiency Syndrome (AIDS) can be diagnosed. ***HIV is spread via contact with blood and bodily fluids of those infected with the virus.***

Blood/Body Fluids: Considered to be potentially infectious materials include blood, semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, unfixed human tissue, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Exposure incident: An exposure incident occurs when blood or other potentially infectious material (OPIM) comes in contact with mucous membranes or non-intact skin.

Mucous membranes are found in the eyes, nose, mouth, vagina, and rectum. Viruses have the ability to penetrate the mucous membranes and get into the blood stream.

Intact skin is a very effective barrier to diseases. However, if the skin is broken (cuts, penetrated by a needle or sharp object, very chapped skin, open sores, etc.), viruses, bacteria and other organisms can gain entry into the body.

Universal Precautions: Infection control concept that assumes that all sources of human blood and body fluids have the potential for being infectious for HIV, HBV, HVC and other blood borne pathogens. This means that you treat all blood and body fluids as though contaminated.

The use of gloves is mandatory whenever there is risk of contamination with infectious materials or when touching blood and body fluids, soiled items as well as contaminated surfaces. Gloves should be kept available for use at all times including community outings for recreation or work.

Personal Protective Equipment (PPE) should be available in a first aid kit; this would include eye and mouth protection gowns and a CPR mask with a one-way valve. Each situation should be judged and the appropriate PPE should be used e.g. only gloves are needed for a simple clean and bandaging but if someone cuts a finger and there is copious amounts of blood than eye and mouth protection along with a gown should be utilized.

If a blood spill should occur, personal protective equipment should be worn, the spill absorbed using paper toweling or a chemical absorbent and the area decontaminated using an approved disinfectant such as 1:10 solution of household bleach and water.

Procedures to follow in the event of exposure to blood /OPIM.

1. Cleanse exposed area.
 - a. Soap and water for skin
 - b. Sterile saline for eyes
 - c. Copiously flush mucous membranes with water.
2. Report exposure or any questionable exposures to the Nurse Consultant, Linda Leiding or Ellen Wendt at 1-800-829-7110. They will help to determine if an exposure has occurred and send you to the designated facility for appropriate post-exposure evaluation and follow-up. Bring these information sheets on blood borne pathogens with you so the clinic knows the appropriate follow-up treatment. MRCI makes all attempts to use current CDC recommendations. Consent is needed for all blood draws both Client and staff. If there is a guardian, they must be reached for consent.

Please keep in mind that at anytime during your employment with MRCI you can request the Hepatitis B vaccine at no cost to you.

If an exposure incident occurs, recommendations will be made to the person exposed (or their legal guardian) that: (a) they be test to determine immunity if they have received the vaccination or (b) they receive the Hepatitis b vaccination within 24 hours if they are not vaccinated or (c) if the source individual is a known carrier, that Hepatitis B immune globulin be offered.

In all cases of exposure incident, MRCI will request that the source individual be tested for HIV and HBV and HCV.

MRCI will provide HIV testing to any individual involved in an exposure incident even though the source individual may be known to be positive, negative or unknown.

If the source individual is unknown or refuses to be tested, it will be recommended that an exposed individual receive Hepatitis B vaccination within 24 hours if he/she is unvaccinated and that he/she be tested for HIV at the following intervals: baseline, six (6) week, twelve (12) weeks and six (6) months. If the exposed individual consents to baseline blood collection but does not give consent for HIV testing, the blood sample will be preserved for at least 90 days. Testing would be completed as soon as

possible if the exposed individual chooses to have the blood sample tested any time within the 90 days of the exposure incident.

The exposed individual will be counseled regarding HIV, HBV and HCV transmission, prevention etc. by a HCP. Test results from the source individual will be given to the exposed individual as soon as they are known. All test results remain confidential.

Current copies of the OSHA regulating test of the standard regarding blood borne disease will be kept by the Nurse Consultant and will be available to any employee upon request.

Minnesota Employee Right-to-Know Act (MERTKA)

Introduction

The Minnesota Right-To-Know Act was passed by the Minnesota Legislature during the 1983 session and is enforced as part of the Occupational Safety and Health program in the Department of Labor and Industry. This printed material will briefly highlight the main points of the law. It is not intended to cover all of the technical aspects involved.

Summary of the Law

The Minnesota Employee Right-To-Know Act (MERTKA) is intended to ensure that employees are aware of the dangers associated with hazardous substances, harmful physical or infectious agents (in hospitals and clinics) that they may be exposed to in their workplaces. MERTKA requires employers to evaluate their workplaces for the presence of hazardous substances, harmful physical agents, and infectious agents and to provide training to employees concerning those substances or agents to which employees may be exposed. Written information on

agents must be readily accessible to employees or their representatives. Employees have a conditional right to refuse to work if assigned to work in an unsafe or unhealthful manner with a hazardous substance, harmful physical agent or infectious agent. Labeling requirements for containers of hazardous substances or equipment or work areas that generate harmful physical agents are also included in MERTKA.

Who the Law Applies to all places on employment in Minnesota, except those under exclusive jurisdiction of the federal government.

Exceptions

- Farms with more than 10 employees or those that operate a temporary labor camp and employ any of its residents must provide training.
- Farms with 10 or fewer employees need only furnish, upon request, information from labels of containers containing hazardous substances to which employees are exposed.
- Waste service employers regulated under the Federal Resource Conservation and Recovery Act must have a training program approved by the Commissioner of Labor and Industry.
- Hospitals and clinics of any size must comply with the infectious agents as well as hazardous substances and harmful physical agents requirements.

Hazardous Lists

- The Employee Right-To-Know Standard includes lists of hazardous substances, harmful physical agents and infectious agents to aid employers in evaluating their workplaces. The lists are not all-inclusive and will not always be up-to-date;

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therefore, employers must evaluate their workplaces to determine if other substances or agents are present in the workplace.

- The hazardous substance list contains approximately 750 substances coded to refer to a document that has occupational exposure information on the particular substance.
- The harmful physical agent list contains four physical agents: heat, noise, ionizing radiation and non-ionizing radiation.
- The infectious agent list, which contains bacterial, viral and fungal agents, is also coded to refer to a document that contains information concerning the particular agent.

Requirements

Material Safety Data Sheets, covering the hazardous effects and properties of hazardous substances to which employees may be exposed, must be available in writing for the employees' use.

Training must be provided to all employees assigned to jobs in which they are routinely exposed to hazardous substances or harmful physical agents.

The training must cover:

- Names of the substances or physical agents.
- Hazardous level of exposure, if known, and the acute and chronic effects of exposure.
- Symptoms of the effects.
- Potential for flammability, explosion and reactivity (with other chemicals or substances).
- Proper conditions for use and exposure.
- Appropriate emergency treatment.
- Procedures for cleaning up leaks and spills.
- Name, phone number and address of a manufacturer of the substance or physical agent.
- A written copy of the above information must be readily accessible in the area or areas in which the substance is used or handled.

Employee Rights

- To receive information on hazardous substances, harmful physical agents or infectious agents to which they may be exposed.
- To be trained on the hazards of the above.
- To refuse to work if assigned to work in an unsafe or unhealthful manner with a hazardous substance, harmful physical agent or infectious agent.

Employer Rights

- To assign employees to alternative jobs until hazardous conditions can be eliminated or until proper training has been provided.
- To request a signed statement from employees verifying that training was received.
- Protection of trade secrets.

Information

OSHA enforcement personnel are located in three area offices throughout the state:

St Paul	Mankato	Duluth
MNOSHA Compliance 443 Lafayette Road N. St. Paul, MN 55155-4307 Phone: 651-284-5050 Fax: 651-284-5741 Toll Free: 800-342-5354 Email: OSHA.Compliance@state.mn.us	MNOSHA Compliance 410 Jackson Street Suite 520 Mankato MN 56001 Phone: 507-389-6507 Fax: 507-386-2746	MNOSHA 5 North Third Ave W. Suite 402 Duluth MN 55802-1611 Phone: 218-733-7830 Fax: 218-725-7722

Examples of and Penalties for, Fraud and False Claims

Examples of fraud/false claims related to the attached policy include:

- Submitting a claim for a service that was not rendered or submitting a claim to multiple payers for the same service.
- Submitting an invoice for payment more than once.
- Reporting more hours on a time sheet than the employee worked.
- Submitting hours for times when the person served was hospitalized, in school, on vacation or out-of-state, or when the employee is not with him/her.
- Asking an employee to sign a blank timesheet.
- Signing someone else’s name on a timesheet/claim form/billing form.
- Providing false information to the County to obtain or increase services

Possible penalties and consequences include:

- Those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government’s damages plus civil penalties of \$5,500 to 11,000 per false claim.
- Disqualification from working in a Medicaid/Medicare funded job for 5 years
- Jail time
- Affect other job applications
- Affect immigration status
- Disqualify from section VIII housing
- more

If you see fraud, report it! If you suspect fraud, report it!

Call Janette Hughes, MRCI’s Corporate Compliance Officer at 1-800-829-7110, or call MRCI’s Compliance Hotline at 1-866-280-9928.

MRCI will not take any disciplinary action or other types of retaliation against any employee who, in “good faith”, reports a concern regarding fraud claims to the Corporate Compliance Officer or compliance Hotline. “Good faith” means that staff should be telling the truth, as they know it.

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HIPAA SUMMARY

HIPAA, Health Insurance Portability and Accountability Act, was enacted in 1996. In passing HIPAA, Congress intended to:

- **Improve the portability and continuity of health insurance coverage for consumers.** These provisions took effect in 1997 and protect consumer health care coverage in the event of job loss or change.
- **Combat waste, fraud and abuse in health insurance and health care delivery.** HIPAA is an industry wide effort to improve health care administration, simplify billing and payment processes and protect personal health information.
- **Standardize electronic data interchanges between health care organizations.** This refers to the first of HIPAA's administrative simplification provisions to standardize electronic data interchange, or EDI. These regulations define more uniform methods to electronically bill and share health information between providers, payers and other organizations in both the private and public sectors.
- **Protect the security, privacy and availability of individual health information.** New HIPAA privacy regulations will change how health care providers, payers and employers use and release health information, allowing for enhanced security and consumer control of personal health information. Proposed security standards will set reasonable and appropriate security measures that every organization must follow to maintain, store and process health care information. HIPAA security standards will ensure that appropriate protections are in place to ensure the integrity, confidentiality and availability of health-related information

HIPAA has three areas that concern MRCI: (1) privacy, (2) security and (3) the electronic transfer of protected health information.

Protected health information is individually identified health information, created or received, relating to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, regardless of its form-including electronic information, paper records and oral communication.

HIPAA PRIVACY RULE SUMMARY

HIPAA grants the following rights to individuals:

- Right to a written notice that describes how the covered entities use and disclose the individual's protected health information.
- Right to prohibit the sharing of the individual's health care information except as permitted by the individual, or allowed by regulation.
- Right to request a restriction of the uses and disclosures of the individual's protected health information. In some cases, MRCI may not be required to agree to a requested restriction. However, MRCI must comply with a request to restrict disclosures of PHI to a health plan with respect to treatment for services which the individual has paid out of pocket in full.
- Right to inspect and obtain copies of health information about the individual.
- Right to amend the health record where appropriate.
- Right to receive an accounting of disclosures of the individual's protected health information with some exceptions (disclosures for health care operations, payment and treatment purposes).
- Right to request that communications be sent to an alternative address.
- Right to complain to a specified person of office of covered entities and to the Department of Health and Human Services, Office for Civil Rights.

The HIPAA privacy regulations mandate that covered entities such as MRCI comply with the following administrative requirements.

Entities must:

- Designate privacy official who is responsible for the development and implementation of the HIPAA policies and procedures of the entity; Audrey Olsen is MRCI's privacy official.
- Document policies and procedures with respect to protected health information showing compliance with the HIPAA privacy regulations;
- Make reasonable efforts to limit the use and disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure;
- Provide a process for access to the individual's health information;
- Develop a system for tracking disclosures of protected health information; with some exceptions, such as disclosures for payment, treatment or health care operations
- Provide a process for individuals to amend their health records when appropriate;
- Develop business associate contracts or agreements that ensure business associates will comply with HIPAA requirements; (Our business associates might be CARF staff and other auditors.)
- Develop procedures to notify individuals if unprotected health information about them, that might pose them significant harm, has been disclosed to an unauthorized agency or individual.
- Mitigate, to the extent possible any harmful effect that is known to the entity from the use or disclosure of private health information in violation of the entities' policies and procedures;
- Develop procedures for verification of the person requesting the protected health information and the authority of that person to have access;
- Provide a process for individuals to request alternative means of communication.
- Provide a process for individuals to request restrictions on the use of their health information;
- Provide a process for individuals to make complaints concerning the covered entity's policies and procedures or compliance with such policies and procedures;
- Refrain from requiring individuals to waive the right to complain to the covered entity or to the DHHS Office for Civil Rights as a condition of receiving treatment;
- Refrain from intimidating or retaliatory acts toward individuals exercising their rights granted under the HIPAA privacy regulations;
- Have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information;
- Provide training for workforce members on the policies and procedures protecting health information;
- Apply appropriate safeguards against members of its workforce who fail to comply with the policies and procedures of the entity; and
- Develop and disseminate a privacy notice.

HIPAA SECURITY RULE SUMMARY

HIPAA Security Rule was enacted to ensure the confidentiality, integrity and availability of individually identifiable health information that is electronically created, maintained or transmitted.

- Confidentiality (only the right people see it)
- Integrity (the information is what it is supposed to be – it hasn't been changed)
- Availability (the right people can see it when needed)

The general requirements are to:

- Protect against reasonably anticipated threats or hazards to the security or integrity of information.
- Protect against reasonably anticipated uses and disclosures not permitted by privacy rules.
- Ensure compliance by the workforce.

Under the Administrative Procedures MRCI is required to do the following:

- Assign a HIPAA Security Officer who is responsible for the development and implementation of the HIPAA Security policies and procedures. Tony Landowski is the HIPAA Security Officer for MRCI.
- Complete an initial Risk Assessment to determine the areas of risk. This Risk Assessment must be completed annually to ensure the policies and procedures that have been developed are adequate.
- Limit access to electronic protected health information (EPHI) only to those who are authorized to access such information.
- Provide Security Awareness and Training to new staff and to all staff annually.
- Develop a procedure for staff to report security incidents.
- Document a Contingency Plan which includes a data backup plan, disaster recovery plan and emergency mode of operation plan.
- Annually evaluate all of the HIPAA Security policies and procedures to ensure they maintain their effectiveness.

Develop business associate contracts or agreements to ensure business associates will comply with HIPAA Security requirements of protecting the confidentiality, integrity and availability of EPHI.

MEDICAL EMERGENCIES

1. **ALLERGIC REACTIONS**

An allergic emergency or an allergic reaction can occur from exposure to insect bites, food allergies (shellfish are notable), medications, severe asthma, and unknown reasons.

A. Severe Allergic Emergencies

1. Anaphylaxis is a life-threatening form of allergic reaction. Symptoms are sudden and include apprehension, chest tightness, shortness of breath, wheezing, difficulty breathing, dizziness and fainting rapid thready pulse, severe itching to the face or eyes, hives, a drop-in blood pressure loss of consciousness and even death.
2. **A Medical Emergency.** Can be life threatening within minutes.
3. If the person carries injectable epinephrine, ADMINISTER IMMEDIATELY, following directions in kit or on the auto-injector. See criteria in individual plan. Staff members must be trained in use of epinephrine kits by Health Services Coordinator. Injection is into the upper, outer thigh. It can be given through clothing if necessary. Side effects of epinephrine include fast pulse, shaking, dry mouth, wet palms, increased blood pressure, and possibly chest pain. Be aware that injectable epinephrine effects wear off in 10-20 minutes.
4. **CALL 911**
5. Supportive care. Keep warm and avoid exertion. Be reassuring.

B. Mild Allergic Reactions

1. Symptoms include hives and itching without breathing problems, chest tightness, or dizziness.
2. Itching symptoms may be relieved by using anti-inflammatory creams or ice packs. Keep warm and avoid exertion. Over the counter Benadryl 50mg may be used if on consumer's PRV or standing orders.
3. If symptoms persist, advise medical care.

2. BITES

- A. Insect Bites
 1. Severe allergic reaction (difficulty breathing, nausea, shock), call for immediate medical assistance.
 2. Wash well with soap and water.
 3. Cold compresses for pain relief and to reduce swelling.
 4. Application of calamine lotion or baking soda pastes to bite. Baking soda bath.
 5. Remove stinger if still present or venom sac by scraping gently - do not squeeze.
 6. Promptly remove ticks. Grasp the tick with a pair of tweezers and slowly pull until tick separates from the skin
 7. Consult a Doctor if redness occurs at the site or if there are any other concerns such as increased body temperature.
 8. Special prescriptions for treatment of lice needed.
- B. Human Bites – **ALL bites that break skin are considered exposure incidents. Contact MRCI Health Consultant immediately (1-800-829-7110) for instructions.**
 1. Control bleeding.
 2. Wash meticulously with soap and water immediately after exposure.
 3. Dry.
 - d. Leave open to air.
 - e. If skin has been broken, consult physician for further instructions.
 - f. Watch for signs of infection.

3. BRUISES AND SPRAINS

- A. Bruises
 1. Apply ice pack or cold wet cloth to bruise immediately.
 2. If severe, advise medical attention, as a bone may be broken.
- B. Sprain
 1. Apply ice pack or cold wet cloth to sprain area.
 2. If in doubt as to whether or not a bone may be broken, treat it as if it were broken. Do not let consumer use injured part. If possible, make a splint out of cardboard, magazines, pillow, etc.
 3. Advised medical care.

4. BURNS

- A. First Degree - reddened skin
 1. Immerse quickly in cold water or use ice pack until pain stops.
 2. May need medical care.
- B. Second Degree - reddened skin, blisters
 1. Cut away loose clothing.
 2. Cover with several layers of cold moist dressings or if limb is involved, immerse in cold water or use ice pack for relief of pain.
 3. DO NOT BREAK BLISTERS.
 4. Treat for shock.
 5. Immediate medical care.
- C. Third Degree - skin destroyed, tissues damaged, charring
 1. Cut away loose clothing (do not remove clothing adhered to the skin).
 2. Cover with several layers of sterile, cold, moist dressings for relief of pain and to stop burning action.
 3. DO NOT BREAK BLISTERS.

4. Treat for shock.
5. Immediate medical care.
- D. Chemical - Liquid
 1. Flood with water for at least 20 minutes.
 2. Remove clothing that may contain chemicals.
 3. Treat as needed for severity of burn.
- E. Chemical - Dry
 1. Brush off dry chemical first
 2. Flood with water for at least 20 minutes.
 3. Treat as needed for severity of burn.

5. **CHEST PAIN**

- A. Signs and Symptoms
 1. Shortness of breath, lightheadedness, faintness.
 2. Anxiety.
 3. Crushing pain in chest, jaw, under breastbone, or radiating down left arm or shoulder blade.
 4. Ashen color.
 5. Possible perspiration or cold clammy skin and nausea with or without vomiting.
- B. First Aid
 1. CALL 911
 2. Place in semi-reclining or sitting position. Try to make person comfortable.
 3. Check pulses, breathing, initiate CPR if necessary.
 4. Remind the person to take any medications prescribed for chest pain.
 5. Reassure the person that help is on the way.
 6. Keep calm.
 7. Keep the person quiet and do not give stimulants.

6. **CHOKING**

- A. Conscious Person
 1. If the person can speak, cough, or breathe, do not interfere.
 2. If the person cannot speak, cough, or breathe:
 - a) **CALL 911**
 - b) Give 6 - 10 upward abdominal thrusts, as shown.
 - c) Repeat sequence until successful, or; if victim becomes unconscious.
- B. Unconscious person
 1. CALL 911
 2. Place person on back, visual check for debris in mouth open airway, and try to blow into the lungs.
 3. Give 6-10 abdominal thrusts.
 4. Clear mouth; attempt to ventilate.
 5. Repeat sequence until successful.

7. **EYE INJURIES**

- A. Foreign Object
 1. Do not rub eye.
 2. If object is visible, use sterile gauze to remove or irrigate with plain water.
 3. If object is imbedded or does not easily wash out, cover both eyes with dry gauze and send to physician.

- B. Chemical Burn
 - 1. Wash immediately, thoroughly, and repeatedly with large amounts of tap water for at least 15 minutes.
 - 2. Be careful not to wash any of the substance into unaffected eye.
 - 3. Send to physician.
- C. Eye Wounds
 - 1. Instruct to close both eyes.
 - 2. Apply sterile gauze bandage over both eyes.
 - 3. Send to physician.

8. **FAINTING**

- A. Lay the person flat or have him sit in a chair with head lower than the knees.
- B. The person who has fainted, although appearing to have responded completely should not be sent away without assistance.

9. **FROSTBITE**

- A. Cover the frostbite area with a soft cloth for warming.
- B. Do not rub the affected area. Do not use hot water bottles or heat lamps.
- C. Affected area may be briefly immersed in lukewarm water, not (102° - 105°).
- D. Once affected areas are warmed, encourage consumer to exercise them.
- E. If frostbite is severe, advise medical care.

10. **HEAD INJURIES**

- A. Emergency treatment until help arrives:
 - 1. Consider anyone found unconscious, especially a person of known or suspected trauma, to have head, neck or spine injuries.
 - 2. CALL 911. Do not move the person, including the head and neck, unless absolutely necessary.
 - 3. Control bleeding by applying pressure.
 - 4. Keep warm and quiet.
 - 5. Do not give anything by mouth.
 - 6. Keep the person lying down and quiet if he regains consciousness.
- B. Minor blows to head:
 - 1. Allow the person to rest.
 - 2. Observe the person for symptoms noted above.
 - 3. Caution the person against over activity.

11. **HEAT EXHAUSTION**

- A. CALL 911
- B. Cause - excessive fluid loss.
- C. Warnings - gradual weakness, nausea, anxiety, headache, dizziness.
- D. Appearance and signs - pale, clammy skin; weak; slow pulse; low blood pressure, faintness.
- E. Management - head down; replace fluids, move to cool place.

12. **HEAT STROKE**

- A. CALL 911 immediately- delay could be fatal.
- B. Cause - inadequate or failure of heat loss.
- C. Warnings - headache, weakness, altered level of consciousness.
- D. Appearance and signs - hot, red, dry skin; little sweating, hard rapid pulse; very high temperature.

- E. Management - emergency cooling by wrapping or immersion in cold water and ice.

13. NOSEBLEEDS

- A. Have the person sit erect with head slightly tilted forward and breathing through the mouth.
- B. Instruct him to use thumb and forefinger to press the nostril on bleeding side against the central partition of the nose for 10 minutes.
- C. Instruct the person not to blow the nose after the bleeding stops.
- D. If bleeding does not stop in 15 minutes, advise medical care.

14. POISONING

MINNESOTA POISON CONTROL CENTER

1-800-222-1222 (24 hours/day)

- A. The Poison Control Center should be called:
 - (1) Whenever it is believed a person has swallowed a poisonous substance.
 - (2) Whenever it is believed a person's skin has come in contact with a poisonous substance.
 - (3) If a person takes an overdose of medications.
 - (4) If a person takes another person's medications.
 - (5) To verify whether or not any substance is poisonous.
 - (6) Signs and symptoms
 - (7) Information from person or observer.
 - (8) Presence of container known to have poison in it.
 - (9) Sudden onset of pain or illness.
 - (10) Burns around lips.
 - (11) Breath odor
- B. If you cannot get immediate information or immediate medical help and
 - (1) You DO know that the person has NOT swallowed a strong acid, strong alkali, or petroleum product, but do not have the original container:
 - (a) Dilute the poison with water or milk.
 - (b) Induce vomiting (except for strong acids, strong alkalis, and petroleum products).
 - (2) You DO NOT know what the person swallowed:
 - (a) Dilute the poison with water or milk.
 - (b) Try to find out what poison has been swallowed. (Look for original container.)

15. SEIZURES/EPILEPSY

There are many forms of epilepsy, each with its own characteristic symptoms. Not all seizures require first aid assistance. The following are the first aid procedures for a tonic/clonic (grand mal) seizure:

- A. Someone should always remain with person having a seizure.
- B. Help person onto floor in a side lying position, if possible.
- C. Place something soft under head.
- D. Remove objects around person, remove glasses, and loosen any tight clothing.
- E. Do NOT force anything into mouth. Do NOT try to forcefully turn head or try to restrain movements.
- F. Maintain airway by allowing secretions to drain from mouth.
- G. An ambulance is called when:
 - (1) The person does not start breathing after the seizure (begin mouth to mouth resuscitation).
 - (2) The person has one seizure after another or a seizure lasting for more than 5 minutes.
 - (3) The person is injured.
 - (4) The person requests an ambulance.

- (5) There is no medical history of seizures.
- H. After seizure has stopped, allow person to rest and explain to them what has happened. Do not give food or drink until fully awake.
- I. What to observe and record:
 - (1) Date and time.
 - (2) What was person doing before seizure?
 - (3) Description of seizure, movements, breathing, color, incontinent, vomiting.
 - (4) How long did it last?
 - (5) What did person do after the seizure?
 - (6) Is there anything else important?

Know the seizure pattern for an individual who is
known to have seizures.

IF THIS PATTERN CHANGES, NOTIFY PARENT, GUARDIAN, MAIN CAREGIVER AND/OR MEDICAL AUTHORITIES.

16. **SHOCK**

- A. **CALL 911**
- B. Keep person lying down.
- C. Elevate legs slightly.
- D. Cover person only enough to keep him from losing body heat.

17. **SEVERE BLEEDING**

- A. CALL 911
- B. Apply direct pressure over wound with clean cloth or gauze. Press hard enough to stop bleeding.
- C. If pad becomes blood-soaked, leave it on and put another on top.
- D. Maintain pressure.

18. **STOPPAGE OF BREATHING**

- A. CALL 911
- B. Open the air passage by tilting the head as shown.
- C. Determine if the person is breathing; place your ear close to person's mouth and listen and feel for air movement. Look to see if the chest rises and falls.
- D. If not breathing, start mouth-to-mouth resuscitation:
 - 1. Pinch nostrils shut.
 - 2. Cover person's mouth with yours.
 - 3. Blow directly into person's mouth once every 5 seconds.
 - 4. Remove your mouth between breaths to allow person to exhale.

REMEMBER: Be sure air is getting to the person. You must see his chest rise and fall. If it does not and you positioned the person correctly, suspect blockage.

19. **UNCONSCIOUS**

- A. Attempt to arouse person.
- B. Check ABC's (Airway, Breathing, and Circulation).
- C. CALL 911
- D. Keep person flat with head turned to side and keep person warm.
- E. Check to see that person is breathing. Loosen tight clothing.
- F. DO NOT move the person.
- G. DO NOT leave the person.