V

SMARTCHOICE HOME HEALTHCARE

245D POLICY MANUAL

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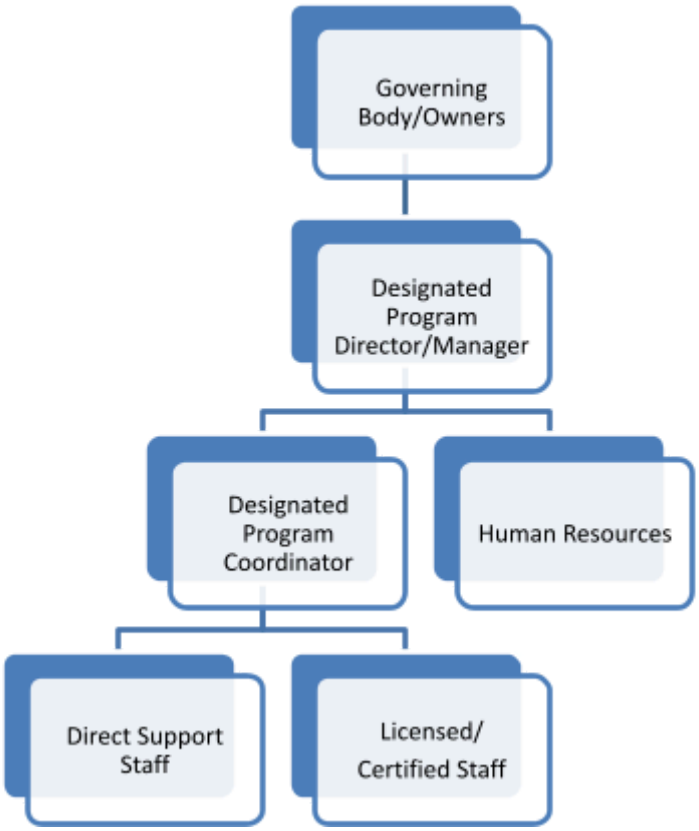
Last updated by: Nathan Xiong
Max Xiong

March 10, 2026

TABLE OF CONTENTS – SMARTCHOICE HOME HEALTHCARE
POLICY MANUAL

ADMINISTRATIVE POLICIES:

SMARTCHOICE HOME HEALTHCARE LLC
ORGANIZATIONAL CHART



All staff work together to serve the clients of SmartChoice Home Healthcare

Governing Body: Owners - Nathan Xiong, Jenni Xiong, (CEO, Max Xiong)
Program Director/Manager: Mengda Deng
Program Coordinator: Mengda Deng, Sue Xiong

Last updated: March 10, 2026 by Nathan Xiong

SCOPE OF SERVICE

Policy Title: Scope of Service
Effective Date: March 11, 2026

Policy Statement: SmartChoice Home Health Care is licensed under Minnesota Statute 245D to provide paraprofessional home care services directly to clients.

Procedure:

1. Basic Support Services may include:
   - Individual Community Living Supports (ILCS) for people who need reminders, cues intermittent/moderate supervision or physical assistance to remain in their own homes.
   - 24-Hour Emergency Assistance for on-call counseling and problem-solving and/or immediate response for assistance at a client's home due to a health/personal emergency.
   - Companion Services for non-medical care, supervision and socialization to a person age 18 or older.
   - Homemaker Services from light household cleaning to household cleaning with incidental assistance with home management and/or activities of daily living.
   - Night Supervision provides overnight assistance and monitoring by an awake staff in the client's home.
   - Individualized Home Supports without Training
   - Respite Care Services for short-term care due to the absence or need for relief of the family member(s) or primary caregiver normally providing the care.
2. Intensive Support Services may include:
   - Individualized Home Supports with Training
   - Individualized Home Supports with Family training
3. Services are available 24 hours/day 7 days/week. Normal office hours are 9:00 AM – 5:00 PM Monday through Friday. After hours assistance is available by calling 651-276-1168.

4. Services are provided within the following counties:

   - Ramsey & Hennepin
   - Washington & Dakota
   - Anoka, Chisago & Wright
   - Mower, Lyon

DEPARTMENT OF HUMAN SERVICES

DHS-7634E-ENG 7-25

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services (DHS), except Psychiatric Residential Treatment Facilities (PRTF). Reports concerning suspected maltreatment of a child in a PRTF should be made to the Minnesota Department of Health.

What to report

- Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03, and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

Who must report

- If you work in a licensed facility, you are a "mandated reporter" and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the DHS Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, child foster residence setting, or in a child foster care home, should be reported to the local county social services agency at

  651-266-444 or local law enforcement at 651-266-1999 .

- Reports concerning suspected maltreatment of a child in a licensed or certified child care center or child caring placing agency should be made to the Minnesota Department of Children, Youth, and Families Central Intake line at 651-539-8222.
- Reports concerning suspected maltreatment of a child in a Psychiatric Residential Treatment Facility (PRTF) should be made to the Minnesota Department of Health, Office of Health Facility Complaints at health.ohfc-complaints@state.mn.us.

When to report

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

Retaliation prohibited

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
  - an employee for making a report in good faith; or
  - a child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
  - related policies and procedures were followed;
  - the policies and procedures were adequate;
  - there is a need for additional staff training;
  - the reported event is similar to past events with the children or the services involved; and
  - there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and secondary person or position to ensure reviews completed

The internal review will be completed by Nathan xiong, 651-210-7716. If this individual is involved in the alleged or suspected maltreatment, Mengda Deng, 651-808-1920 will be responsible for completing the internal review.

Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective action plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan to correct any current lapses and prevent future lapses in performance by individuals or the license holder.

Definitions

Found in Minnesota Statutes, section 260E.03

Egregious harm (Minnesota Statutes, section 260E.03, subd. 5)

"Egregious harm" means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction.

From section 260C.007, subdivision 14:

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action has proper venue. Egregious harm includes, but is not limited to:

1. conduct toward a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
2. the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
3. conduct toward a child that constitutes felony malicious punishment of a child under section 609.377;
4. conduct toward a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
5. conduct toward a child that constitutes felony neglect or endangerment of a child under section 609.378;
6. conduct toward a child that constitutes assault under section 609.221, 609.222, or 609.223;
7. conduct toward a child that constitutes sex trafficking, solicitation, inducement, promotion of, or receiving profit derived from prostitution under section 609.322;
8. conduct toward a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
9. conduct toward a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345 or sexual extortion under section 609.3458.

Maltreatment (Minnesota Statutes, section 260E.03, subd. 12)

"Maltreatment" means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

Mental injury (Minnesota Statutes, section 260E.03, subd. 13)

"Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Neglect (Minnesota Statutes, section 260E.03, subd. 15)

A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:

1. failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
2. failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
4. failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
5. prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

B. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.

C. This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

D. Nothing in this chapter shall be construed to mean that a child who has a mental, physical, or emotional condition is neglected solely because the child remains in an emergency department or hospital setting because services, including residential treatment, that are deemed necessary by the child's medical or mental health care professional or county case manager are not available to the child's parent, guardian, or other person responsible for the child's care, and the child cannot be safely discharged to the child's family.

Physical abuse (Minnesota Statutes, section 260E.03, subd. 18)

A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.

B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.

C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:

1. throwing, kicking, burning, biting, or cutting a child;
2. striking a child with a closed fist;
3. shaking a child under age three;
4. striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
5. unreasonable interference with a child's breathing;
6. threatening a child with a weapon, as defined in section 609.02, subdivision 6;
7. striking a child under age one on the face or head;
8. striking a child who is at least age one but under age four on the face or head, which results in an injury;
9. purposely giving a child:
    i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
    ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
10. unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
11. in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58.

Sexual abuse (Minnesota Statutes, section 260E.03, subd. 20)

"Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), 609.3458 (sexual extortion), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Substantial child endangerment (Minnesota Statutes, section 260E.03, subd. 22)

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child in the person's care that constitutes any of the following:

1. egregious harm under subdivision 5;
2. abandonment under section 260C.301, subdivision 2;
3. neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
5. manslaughter in the first or second degree under section 609.20 or 609.205;
6. assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
7. sex trafficking, solicitation, inducement, or promotion of prostitution under section 609.322;
8. criminal sexual conduct under sections 609.342 to 609.3451;
9. sexual extortion under section 609.3458;
10. solicitation of children to engage in sexual conduct under section 609.352;
11. malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
12. use of a minor in sexual performance under section 617.246;
13. labor trafficking under sections 609.281 and 609.282; or
14. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision 2.

Threatened injury (Minnesota Statutes, section 260E.03, subd. 23)

A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.

B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:

   1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
   2. been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
   3. committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
   4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative or parent under section 260C.515, subdivision 4, or a similar law of another jurisdiction.

C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Children, Youth, and Families.

DEPARTMENT OF HUMAN SERVICES

MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING

If you are a mandated reporter, and you know or suspect maltreatment of a vulnerable adult, you must report it immediately (within 24 hours).

Where to report

- Call the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Or, report internally to Nathan Xiong, 651-210-7716. If the individual listed above is involved in the alleged or suspected maltreatment, report to Mengda Deng, 651-808-1920.

Internal report

- When an internal report is received, Mengda Deng Designated Manager is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
- If that person is involved in the suspected maltreatment, Max Xiong, 651-276-1168 will assume responsibility for deciding if the report must be forwarded to MAARC. The report must be forwarded within 24 hours.
- If you have reported internally, you should receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days.
- The internal review must include an evaluation of whether:
  - (i) related policies and procedures were followed;
  - (ii) the policies and procedures were adequate;
  - (iii) there is a need for additional staff training;
  - (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and
  - (v) there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

Primary and secondary person or position to review

The internal review will be completed by Nathan Xiong. If this individual is involved in the alleged or suspected maltreatment, Mengda Deng will be responsible for completing the internal review.

Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective action plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff training

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

For further information, visit www.mn.gov/adult-protection .

THIS REPORTING POLICY MUST BE POSTED IN A PROMINENT LOCATION, AND BE MADE AVAILABLE UPON REQUEST.

DATA PRIVACY POLICY

I. Policy

SmartChoice Home Healthcare recognizes the right of each person receiving services in this program to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section 245D.04, subdivision 3(a) and access to their records under section 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards.

II. Procedures

A. Private Data
   1. Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
   2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
      a. The individual who is the subject of the data or a legal representative.
      b. Anyone to whom the individual gives signed consent to view the data.
      c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
      d. Anyone the law says can view the data.
      e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.
      f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
   3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

B. Providing Notice
   At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

C. Obtaining Informed Consent or Authorization for Release of Information
   1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
      a. why the data is being collected;
      b. how the agency intends to use the information;
      c. whether the individual may refuse or is legally required to furnish the information;

d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.

2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):
   a. be written in plain language;
   b. be dated;
   c. designate the particular agencies or person(s) who will get the information;
   d. specify the information which will be released;
   e. indicate the specific agencies or person who will release the information;
   f. specify the purposes for which the information will be used immediately and in the future;
   g. contain a reasonable expiration date of no more than one year; and
   h. specify the consequences for the person by signing the consent form, including: "Consequences: I know that state and federal privacy laws protect my records. I know:
      - Why I am being asked to release this information.
      - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
      - If I do not consent, the information will not be released unless the law otherwise allows it.
      - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
      - The person(s) or agency(ies) who get my information may be able to pass it on to others.
      - If my information is passed on to others by this program, it may no longer be protected by this authorization.
      - This consent will end one year from the date I sign it, unless the law allows for a longer period."
   i. Maintain all informed consent documents in the consumer's individual record.

D. Staff Access to Private Data
   1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
   2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
   3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
   4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

E. Individual access to private data.
Individuals or their legal representatives have a right to access and review the individual record.
1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
3. Individuals may request copies of pages in their record.
4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

F. Case manager access to private data.
A person's case manager and the foster care licensor have access to the records of person's served by the program under section 245D.095, subd. 4.

C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.
1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.
2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
4. Keep the document in the person's record.

Policy reviewed and authorized by:

Max Xiong, CEO

_____

Print name & title Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS § 245D.11, subd. 3

GRIEVANCE POLICY

I. Policy Statement

It is the policy of this DHS licensed provider, SmartChoice Home Healthcare, to ensure that people served by this program have the right to respectful and responsive services. We are 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.

II. Procedures

A. Service Initiation
A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

B. How to File a Grievance
1. The person receiving services or person's authorized or legal representative:
   a. should talk to a staff person that they feel comfortable with about their complaint or problem;
   b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
   c. may request staff assistance in filing a grievance.
   d. Grievances may also be filed on the grievance report form on the company website: thesmartchoicehealth.com
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
   - That person is: **Nathan Xiong, Administrator**
   - 2353 Rice street, #139, Roseville, MN 55113, Tel: 651-210-7716

C. Response by the Program
1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
   a. the name, address, and telephone number of outside agencies to assist the person; and
   b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
   a. related policy and procedures were followed;

b. related policy and procedures were adequate;
c. there is a need for additional staff training;
d. the complaint is similar to past complaints with the persons, staff, or services involved; and
e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.

7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
   a. identifies the nature of the complaint and the date it was received;
   b. includes the results of the complaint review; and
   c. identifies the complaint resolution, including any corrective action.

D. The complaint summary and resolution notice must be maintained in the person's record.

Policy reviewed and authorized by:

Nathan Xiong, Administrator
Print name & title

_____
Signature

Date of last policy revision: 3/10/2026 Date of last policy review: 3/10/2026

Legal Authority: Minn. Stat. § 245D.10, subd. 2 and 4

Incident Response, Reporting and Review Policy

I. Policy

It is the policy of this DHS licensed provider, SmartChoice 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.

“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;
   13. Attempted suicide; and
   14. All other injuries and incidents 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 person that requires the program to call 911, physician or advanced practice registered nurse treatment, or hospitalization.

D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.

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

F. A person’s unauthorized or unexplained absence from a program.

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

H. Any sexual activity between persons receiving services involving force or coercion.
   - "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
   - "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

H. Any emergency use of manual restraint.

I. A report of alleged or suspected child or vulnerable adult maltreatment.

II. **Response Procedures**

A. Serious injury
   1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
   2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
   3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Death
   1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
   2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.

C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
   1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
   2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
   3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

D. Mental health crisis
When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team at:

Ramsey Co. 651-266-7900 (Adult line)
651-266-7878 (Children's line)
Hennepin Co: 612-596-1223
Washington Co: 651-275-7400
Dakota Co: 952-891-7171
Anoka Co: 763-755-3801
Wright Co: 1-800-635-8008 or 320-253-5555

E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call 311 or 651-767-0640.
3. For non-emergency incidents requiring the fire department, staff will call 651-291-1111.
4. Staff will explain the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instructions given by the emergency personnel responding to the call.

F. Unauthorized or unexplained absence
When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify Nathan Xiong, Administrator who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.
6. When the person is found, staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

G. Conduct of the person
When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:
1. Summon additional staff, if available. If injury to a person has occurred or there is

imminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

H. Sexual activity involving force or coercion
If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:
1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint (EUMR)
Follow the EUMR Policy.

J. Maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. **Reporting Procedures**

A. Completing a report
1. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. Reports may also be filed over the Billiyo App (more->incidents). The written report will include:
   a. The name of the person or persons involved in the incident;
   b. The date, time, and location of the incident;
   c. A description of the incident;
   d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
   e. The name of the staff person or persons who responded to the incident; and
   f. The results of the review of the incident (see section IV).
2. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless

this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

B. Reporting incidents to team members
   1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
      a. within 24 hours of the incident occurring while services were provided;
      b. within 24 hours of discovery or receipt of information that an incident occurred; or
      c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
   2. This program will not report an incident when it has a reason to know that the incident has already been reported.
   4. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Additional reporting requirements for deaths and serious injuries
   1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
   2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
   3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

D. Additional reporting requirements for maltreatment
   1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
   2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

E. Additional reporting requirements for emergency use of manual restraint (EUMR)
   Follow the EUMR Policy.

IV. Reviewing Procedures

A. Conducting a review of incidents and emergencies
   This program will complete a review of all incidents.
   1. The review will be completed by the Designated Manager.
   2. The review will be completed within 14 days of the incident.
   3. The review will ensure that the written report provides a written summary of the incident.
   4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
   5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

B. Conducting an internal review of deaths and serious injuries

This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by the Designated Manager.
2. The review will be completed within 10 days of the death or serious injury.
3. The internal review must include an evaluation of whether:
   a. related policies and procedures were followed;
   b. the policies and procedures were adequate;
   c. there is need for additional staff training;
   d. the reported event is similar to past events with the persons or the services involved to identify incident patterns; and
   e. there is a need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.
5. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
6. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints
Follow the EUMR Policy.

V. Record Keeping Procedures

A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.

B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Policy reviewed and authorized by:
Max Xiong, CEO _____
Print name & title Signature
Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026
Legal Authority: MS. §§§ 245D.11, subd. 2; 245.91, subd. 6; 609.341, subd. 3 and 1

Emergency Response, Reporting & Review Policy

I. Policy

It is the policy of this DHS licensed provider, SmartChoice Home Healthcare, to effectively respond to, report, and review all emergencies to ensure the safety of persons receiving services and to promote the continuity of services until emergencies are resolved.

"Emergency" means any event that affects the ordinary daily operation of the program including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services; and
- that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.

II. Response Procedures

A. **Safety procedures**

1. **Severe weather and natural disasters**. Additional information on safety in severe weather or natural disasters is available online at: http://www.ready.gov/natural-disasters. In the event of a severe weather emergency, staff will take the following actions:

Monitor weather conditions: Listen to local television or radio or a weather-radio for weather warnings and watches. Follow their directions on the need to change plans and activities, stay indoors, or seek shelter.

WARNING: severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.

WATCH: severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.

ADVISORY: weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

2. **Power failures**. Additional information on safety during power failures is available online at: http://www.ready.gov/technological-accidental-hazards. In the event of a power failure emergency, staff will take the following actions:

Report power failures to [insert name of power company] at[insert telephone number of power company].

Use emergency supplies (flashlights, battery-operated radio) which are located [insert location].

Account for the well-being of all people receiving services.

Inform people why plans and activities are changing and what they are doing to keep them safe.

3. Emergency shelter. Additional information on emergency shelter is available online at: http://www.ready.gov/shelter . Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.

Follow directions of local emergency personnel to locate the closest emergency shelter.

If time allows, move to the emergency shelter with a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.

At the emergency shelter, notify personnel of any special needs required to use the emergency shelter.

Remain calm and keep everyone informed of why events are occurring.

Use of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

4. Emergency evacuation. Additional information on emergency evacuation is available online at: http://www.ready.gov/evacuating-yourself-and-your-family. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

Account for the well-being of all people receiving services.

Inform people why they are leaving the program and what is being done to keep them safe.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

Emergency evacuation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

5. **Temporary closure or relocation**. Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff.

Inform employees/people why the program office is closing and relocating to keep them safe. Formal notification to the person receiving services, legal representatives, and case managers will be completed by administrative staff.

Follow directions received from administrative staff, police, fire, and other emergency personnel.

If time allows, remove from the program medication and medical supplies, medical and programs books/information, clothing, grooming supplies, consumer funds, other necessary program and personal items, and emergency contact names and information.

Closure or relocation may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of people receiving services.

III. Reporting Procedures

Emergency reports will be completed using the program's emergency report and review form as soon as possible after the occurrence, but no later than 24 hours after the emergency occurred or the program became aware of the occurrence. The written report will include:

1. It is not necessary to identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons;
2. The date, time, and location of the emergency;
3. A description of the emergency;
4. A description of the response to the emergency and whether a person's support plan addendum or program policies and procedures were implemented as applicable;
5. The name of the staff person or persons who responded to the emergency; and
6. The results of the review of the emergency (see section IV).

IV. Review Procedures

This program will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by Nathan Xiong
2. The review will be completed within 14 days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

V. Record Keeping Procedures

A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.

B. Emergency reports will be maintained in the office records.

Policy reviewed and authorized by:

Nathan Xiong, Administrator
Print name & title

_____
Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: Minn. Stat. §§§ 245D.11, subd. 2; 245D.02, subd. 8; 245D.22, subd 4-7.

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx).

SMARTCHOICE HOME HEALTHCARE

Policy Title: Equipment Safety
Effective Date: March 10, 2026

Policy Statement: All equipment used by clients is clean and in good working order.

Procedure:

1. When a client is admitted to SmartChoice Home Healthcare, the admitting employee notes any equipment used by him or her. The equipment supplier, if known, is documented in the clinical/person served record.

2. The equipment is inspected by staff before use to assure that it is clean and in good working order.

3. The manufacturer's specifications and guidelines are followed for equipment operation and safety.

4. When cleaning equipment, unless otherwise specified, the following procedure is used.

    a. Wash hands
    b. Put on gloves
    c. Apply germicidal spray liberally to the equipment
    d. Leave the germicidal spray on the equipment for 10 minutes.
    e. Dry with a clean cloth

5. If a problem occurs, the equipment is removed from use and the supplier is notified.

Emergency Use of Manual Restraint Not Allowed Policy

I. Policy Statement

It is the policy of this DHS licensed provider, SmartChoice 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.

II. Positive support strategies and techniques required

A. The following positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others:

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

B. The program will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:

1. eliminate the use of prohibited procedures as identified in section III of this policy;
2. avoid the emergency use of manual restraint as identified in section I of this policy;
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

III. Permitted actions and procedures

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's support plan addendum.

A. Physical contact or instructional techniques must be used the least restrictive alternative possible to meet the needs of the person and may be used to:
   1. calm or comfort a person by holding that persons with no resistance from that person;
   2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
   3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
   4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
   5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

B. Restraint may be used as an intervention procedure to:
   1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
   2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
   3. position a person with physical disabilities in a manner specified in the person's support plan addendum.
      Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].

C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

IV. Prohibited Procedures

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint;
2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

V. Manual Restraints Not Allowed in Emergencies

A. This program does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- Continue to utilize the positive support strategies;
- Continue to follow individualized strategies in a person's support plan and support plan addendum;
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
- Remove objects from the person's immediate environment that they may use to harm self or others

Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.

B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061, MR part 9544.0110, 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services.

VI. Reporting Emergency Use of Manual Restraint

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis, they must immediately report the incident to the person listed below.

The program has identified the following person or position responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Mengda Deng, Designated Manager. 651-808-1920

Policy reviewed and authorized by:

Nathan Xiong, Administrator _____

Print name & title Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS §§ 245D.06, subd. 5 to subd, 8; 245D.061, MR part 2

Safe Transportation Policy

I. **Policy Statement:** It is the policy of SmartChoice Home Healthcare not to provide transportation to clients.

I. SmartChoice Home Healthcare does not provide transportation services to persons served.

Transportation to community activities, appointments, errands, or other locations is the responsibility of the person served, their family, or another transportation provider (for example Metro Mobility, public transit, rideshare services, or private transportation providers).
Employees of SmartChoice Home Healthcare may accompany persons served during transportation arranged by the person served or their representative, but transportation itself is not a service of the agency.
SmartChoice Home Healthcare does not operate vehicles for transporting persons served and does not assume responsibility for the operation, control, or safety of vehicles used for transportation.

II. Employees may not transport persons served in any motor vehicle as part of their employment duties.
This includes any vehicle operated by the employee
Employees are not authorized to drive persons served while performing services for SmartChoice Home Healthcare.
Employees may accompany persons served as passengers in transportation arranged by the person served or their representative.

III. Many persons served receive services from family members or live-in caregivers who are also employees of the agency.
Transportation provided by a family member or household member in their personal capacity is not considered a service of SmartChoice Home Healthcare.
When a caregiver who is also an employee provides transportation as a family member or household member, the transportation is considered personal activity and not part of employment duties with the agency.

IV. Employees may have flexible work schedules or live in the same residence as the person served.
Transportation that occurs outside scheduled service hours, when EVV is not active, or when the employee is not provided documented services is considered personal activity of the individual providing the transportation is not a service provided by SmartChoice Home Healthcare.

V. Employees who transport persons served in violation of this policy do so without authorization from SmartChoice Home Healthcare and outside the scope of their employment.
Such actions may result in disciplinary action up to and including termination.
Unauthorized transportation does not create or imply transportation services provided by the agency.

VI. In the event of severe weather emergency, staff will take the following actions:
   a. Monitor weather conditions and listen to local television or radio or weather-radio for weather warnings and watches.
   b. Follow directions for the need to change plans and activities or to seek emergency shelter.
   c. Inform passengers why plans and activities have changed and assist passengers remain calm.

Policy reviewed and authorized by:

Max Xiong, CEO
Print name & title

_____
Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS §§ 245D.11, subd. 2. (4); 245D.06, subd. 2, paragraphs (2) to (4)

SMARTCHOICE HOME HEALTHCARE

Policy Title: Billing/Record Keeping
Effective Date: March 10, 2026

Policy Statement: The Billing Department will utilize a procedure that assures the timely submission of invoices based on accurate information that is verified according to scheduled and authorized hours.

Procedure:

1. Administrative staff are responsible for maintaining a current, accurate schedule for employees.

2. Employees are instructed on how to accurately complete documentation and report time worked for clients during orientation.

3. When authorization for services is received, the schedule is prepared by the staffing coordinator with the client and employee(s) to assure that the client's needs are met while staying within authorized hours.

4. When an employee completes his or her shift, the timesheet information is submitted to the SmartChoice Home Healthcare office.

5. On receipt of the employees' timesheets, the Director or delegate reviews them, compares them with scheduled hours and identifies any disparities.

6. Once verified, the information is approved for billing and payroll.

7. The biller submits invoices based on the data through the DHS web site (MN-ITS).

8. Reports of billed hours and unbillable hours with reason are generated and reviewed by management staff monthly.

9. Financial records, including written and electronic, contain the following.
   - Payroll ledgers, canceled checks, bank deposit slips and other accounting records
   - Contracts for services or supplies relating to the costs and billings for client services
   - Evidence of claims for reimbursement, payments, settlements or denials resulting from claims submission

- Billing transmittal forms
- Records showing all persons, corporations, partnerships and entities with an ownership or controlling interest in SmartChoice Home Healthcare.
- Employee records for those persons currently employed or who have been employed at any time within the previous five (5) years.

Last updated: by Nathan Xiong

SMARTCHOICE HOME HEALTHCARE

Policy Title: Quality Management and Improvement
Effective Date: March 10, 2026
Reference: MS §§ 245D.081

Policy Statement: SmartChoice Home Healthcare is committed to ongoing program evaluation and improvement and has established a quality improvement program in order to assure that effective, comprehensive and appropriate plans are operational for all clients within the organization.

The quality improvement program assists the organization in focusing on key activities to maintain quality client care and effective utilization of services and resources.

Goals of Program

- To conduct an ongoing assessment of services.
- To approach quality as a management strategy.
- To focus efforts on key organizational processes.
- To pursue opportunities which have the potential for improving systems of care delivery.
- To build quality into all processes and continually work to improve services to meet client needs and manage costs.
- To systematically monitor and evaluate the quality and appropriateness of client care.
- To identify, take action and re-evaluate problems identified within the organization.
- To assure compliance with regulatory agencies.
- To identify educational needs of staff related to quality improvement and processes.
- To assist staff in determining opportunities for improvement.

Procedure

1. The Director is responsible for ensuring the delivery and evaluation of services, including the following activities:
    a. Oversight of the program's responsibilities assigned in the client's support plan and support plan addendum.
    b. Take action necessary to facilitate the accomplishments of the outcomes related to person-centered planning and service delivery.
    c. Assuring the instruction and assistance to direct support staff implementing the support plan and the services outcomes, including direct observation of services delivery sufficient to assess staff competency.

    d. Evaluation of the effectiveness in service delivery, methodologies, and progress on the client's outcomes based on the measurable and observable criteria for identifying when the desired outcome has been achieved.

2. SmartChoice Home Healthcare will maintain a current understanding of the licensing requirements to ensure compliance throughout the organization. This includes assuring that corrective action is taken when ordered by the Department of Human Services and that all terms and conditions of the program licenses are met.

3. Complaint/Grievance Reports*: All complaint reports are reviewed following the established procedure. The Director or designee is responsible for analyzing and trending the data, which is incorporated into the Quality Improvement program.

4. Clinical/person served Record Audits: Clinical records are regularly audited throughout the year based on established criteria. Results are reviewed and follow up is implemented by the Director or designee as appropriate.

5. Incident Reports and Reports of Maltreatment: Incident reports and maltreatment reports are reviewed by the Director or designee in order to:
    a. Correct safety concerns for clients
    b. Monitor agency trends related to safety and/or client care
    c. Address unsafe clinical practice for individual caregivers or clients
    d. Ensure that corrective action identified during the review is implemented

6. Client Satisfaction Surveys: Client satisfaction evaluations are conducted at the discretion of the Director, but at least annually, to evaluate the effectiveness of services. The evaluations are completed by the client, the client's legal representative, if any, and case manager.

7. Personnel Files: Personnel records are audited regularly throughout the year to assure compliance with staff orientation, competency and education requirements as well as policies and applicable government regulations. Results are reviewed and follow up is implemented by the Director or designee.

8. Additional quality improvement indicators may be developed by management staff based on program evaluation, including but not limited to the following
    a. Infection Control Logs
    b. Equipment Cleaning/Calibration
    c. Staff Surveys

9. Documentation of quality improvement activities is maintained and updated as needed.

*See also Grievance Policy Last updated: by Nathan Xiong

SERVICE RECIPIENT POLICIES

Admission Criteria Policy

I. Policy

It is the policy of this DHS licensed provider, SmartChoice Home HealthCare, to promote continuity of care by ensuring that admission and service initiation is consistent with a person's service recipient rights under section 245D.04 and this licensed program's knowledge, skill, and ability to meet the service and support needs of persons served by this program.

II. Procedures

A. Pre-admission
Before admitting a person to the program, the program must provide the following information to the person or the person's legal representative:

1. Identifies the criteria to be applied in determining whether the program can develop services to meet the needs specified in the person's support plan.

B. Service initiation

1. Service recipient rights
Upon service initiation the program will provide each person or each person's legal representative with a written notice that identifies the service recipient rights under 245D.04, and an explanation of those rights within five working days of service initiation and annually thereafter. Reasonable accommodations will be made to provide this information in other formats or languages as needed to facilitate understanding of the rights by the person and the person's legal representative, if any. The program will maintain documentation of the person's or the person's legal representative's receipt of a copy and an explanation of the rights.
2. Availability of program policies and procedures
The program must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation:
    - Grievance policy and procedure.
    - Service suspension policy and procedure.
    - Service termination policy and procedure.
    - Emergency use of manual restraints policy and procedure.
    - Maltreatment of Vulnerable Adults
    - Maltreatment of Minors
    - Data privacy.
3. Handling property and funds
The program will obtain written authorization from the person or the person's legal representative and the case manager whenever the program will assist a person with the safekeeping of funds or other property. Authorization must be obtained within five working days of service initiation and renewed annually

thereafter. At the time initial authorization is obtained, the program will ask the person or the person's legal representative and the case manager how often they want to receive a statement that itemizes receipts and disbursements of funds or other property. The program will document the preference. The program will document changes to these preferences when they are requested.

C. Refusal to admit a person
   1. Refusal to admit a person to the program must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person.
   2. This licensed program must not refuse to admit a person based solely on:
      a. the type of residential services the person is receiving
      b. person's severity of disability;
      c. orthopedic or neurological handicaps;
      d. sight or hearing impairments;
      e. lack of communication skills;
      f. physical disabilities;
      g. toilet habits;
      h. behavioral disorders; or
      i. past failure to make progress.
   3. Documentation of the basis of refusal must be provided to the person or the person's legal representative and case manager upon request.

Policy reviewed and authorized by:

Max Xiong, CEO _____

_____

Print name & title Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS §§ 245D.11, subd. 4; 245D.04, subd.2,(4) to (7), and 3, (8)

SMARTCHOICE HOME HEALTHCARE

Policy Title: Individual Abuse Prevention Plan (IAPP)
Effective Date: March 10, 2026
Reference: Minnesota Statutes 626.557, subdivision 14 and 245A.65, Subdivision 2(b)

Policy Statement: SmartChoice Home Healthcare will establish and enforce an ongoing written individual abuse prevention plan for each client*.

Procedure

1. An individual abuse prevention plan shall be developed for each new client as part of the initial individual program plan or service plan.
    - The person receiving services shall participate in the development of the individual abuse prevention plan to the full extent of the person's abilities.
    - If applicable, the person's legal representative shall be given the opportunity to participate with or for the person in the development of the plan.

2. The review and evaluation of the individual abuse prevention plan shall be done as part of the review of the program plan or service plan.

3. The interdisciplinary team shall document the review of all abuse prevention plans at least annually, using the individual assessment and any reports of abuse relating to the person. The plan shall be revised to reflect the results of this review.

4. The plan shall include a statement of measures that will be taken to minimize the risk of abuse to the vulnerable adult in addition to the specific measures identified in the program abuse prevention plan.

5. The measures shall include the specific actions the program will take to minimize the risk of abuse and will identify referrals made when the vulnerable adult is susceptible to abuse outside the scope or control of the licensed services.

6. When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the individual abuse prevention plan shall document this determination.

7. SmartChoice Home Healthcare shall develop an individual abuse prevention plan for each vulnerable adult receiving services from them. The plan shall contain an individualized assessment of:
    - The person's susceptibility to abuse by other individuals, including other vulnerable adults;

- The person's risk of abusing other vulnerable adults; and
- Statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults (the term "abuse" includes self-abuse).

8. If SmartChoice Home Healthcare knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan will detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised.
    - SmartChoice Home Healthcare knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.

Last updated by: Nathan Xiong

*See also Vulnerable Adult/Child Protection Policy

SMARTCHOICE HOME HEALTHCARE

Policy Title: Positive Support Strategies and Person-Centered Planning
Effective Date: March 10, 2026
Reference: Minnesota Rules 9544.0030

Policy Statement: SmartChoice Home Healthcare will use positive support strategies and person-centered principles in providing services to clients.

Procedure

1. Positive support strategies will be incorporated in writing to an existing treatment, service, or other individual plan.

2. At least every six (6) months, SmartChoice Home Healthcare will evaluate with the client whether the identified positive support strategies currently meet the needs of the client.

3. Based upon the results of the evaluation, SmartChoice Home Healthcare will determine whether changes are needed in the positive support strategies used, and, if so, make appropriate changes.

4. To develop and implement positive support strategies, SmartChoice Home Healthcare will:

    a. Assess the client's strengths, needs, and preferences to identify and create a positive support strategy;
    b. Select positive support strategies that:
        i. Are evidence-based;
        ii. Are person-centered;
        iii. Are ethical;
        iv. Integrate the client in the community;
        v. Are the least restrictive for the person: and
        vi. Are effective
    c. Use person-centered planning:
    d. Promote the client’s self-determination:
    e. Provide the most integrated setting and inclusive service delivery for the client:
    f. Create a desirable quality of life for the client through inclusive, supportive and therapeutic environments; and
    g. Use person-centered planning regarding the most integrated setting. This person-centered planning will:
        i. Include life planning with the client placed at the center of the planning process and the client’s preferences and choices reflected in the selection of services and supports;

ii. Involve the client directly with their community, network of connections and close personal relationships that build on their capacity to engage in activities and promote community life; and
iii. Identify goals to support the client in the most integrated setting.

5. At least every six months, SmartChoice Home Healthcare will evaluate with the client whether or not the services support their individual preferences,
daily needs and activities, and the accomplishment of the client's goals.

6. Based upon the results of the evaluation, SmartChoice Home Healthcare will determine whether changes are needed to enhance person-centeredness for the client, and, if so, make appropriate changes.

7. SmartChoice Home Healthcare will use professional standards for positive support strategies.

Last updated by: Nathan Xiong

SMARTCHOICE HOME HEALTHCARE

Title: Care Coordination
Effective Date: March 10, 2026
Reference: MS § § 245D.11, subd. 2 (2) and 245D.05, subd 1

Policy Statement: SmartChoice Home Healthcare will coordinate care delivery to meet the client's needs and involve family, caregivers, the client and other health care providers in coordination of care activities according to the client's care or support plan.

Procedure:

1. The director is responsible for ensuring coordination with the client's primary care provider, case manager and other providers involved in the client's plan of care.

2. When a change in the client's health status occurs, the legal representative, if any, and case manager will be notified promptly. The primary care provider or specialist will also be notified, as appropriate.

3. Orders from all prescribers involved in the plan of care will be integrated to assure coordination of services and interventions provided to the client.

4. Care coordination will involve the client, family members, responsible party and caregiver(s) as appropriate.

5. Services are integrated to assure that all client needs and factors affecting client safety and treatment effectiveness are coordinated among all health care providers serving the client.

6. When indicated, a care conference may be convened to assure that services are coordinated and meeting the needs/goals of the client. Minutes of case conferences will be documented in the clinical record establishing that effective interchange, reporting and coordination of patient care does occur.

7. If a client is transferred, discharged or admitted to an inpatient facility*, SmartChoice Home Healthcare will take steps to ensure a coordinated transfer or discharge.

8. Activities of care coordination will be documented in the person served record.

*See also Discharge (Service Termination) Policy *Last updated by: Nathan Xiong*

Service Termination Policy

I. Policy

It is the policy of this DHS licensed provider, SmartChoice Home Health Care, to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

II. Procedures

A. This program must permit each person to remain in the program or to continue receiving services and must not terminate services unless:

1. The termination is necessary for the person's welfare and the license holder cannot meet the person's needs;
2. The safety of the person, others in the program, or staff in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
3. The health of the person, others in the program, or staff would otherwise be endangered;
4. The license holder has not been paid for services;
5. The program or license holder ceases to operate; or
6. The person has been terminated by the lead agency from waiver eligibility.

B. Prior to giving notice of service termination this program must document the actions taken to minimize or eliminate the need for termination notice.

1. Action taken by the license holder must include, at a minimum:
   a. Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
   b. A request to the case manager for intervention services, 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.

      The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.

2. If, based on the best interests of the person, the circumstances at the time of the notice were such that the program was unable to consult with the person's team or request intervention services, the program must document the specific circumstances and the reason for being unable to do so.

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

1. This program must notify the person or the person's legal representative and the case manager in writing of the intended service termination.
2. If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised

living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.

3. The written notice of a proposed service termination must include all of the following elements:
   a. The reason for the action;
   b. A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of the when the program ceasing operation;
   c. The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
   d. The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).
4. The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.
   a. For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
   b. For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
5. This notice may be given in conjunction with a notice of temporary service suspension.

D. During the service termination notice period, the program must:

1. 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;
2. Provide information requested by the person or case manager; and
3. Maintain information about the service termination, including the written notice of intended service termination, in the person’s record.

Policy reviewed and authorized by:

Nathan Xiong, Administrator
Print Name & Title

_____
Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS § 245D.10, subd. 3a

Temporary Service Suspension Policy

I. Policy Statement

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

II. Procedures

A. This program 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. The program has not been paid for services.

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

1. Action taken by the program 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 the program was unable to consult with the person’s team or request intervention services, the program 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. This program 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, the program 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 the program 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, the program must document the specific reasons why a contrary decision was made.

Policy reviewed and authorized by:

Max Xiong, CEO _____
Print Name & Title Signature
Date of last policy review: 3/10/2026 Date of last policy revision:3/10/2026
Legal Authority: MS § 245D.10, subd. 3

Safe Medication Assistance and Administration Policy

It is the policy of Smartchoice Home Healthcare to provide medication assistance only when assigned responsibility to do so in the person's support plan or the support plan addendum.

This program does not provide medication setup or medication administration. Staff may only provide medication assistance that enables a person to self-administer medication or treatment.

Medication assistance will be provided:

- only when assigned responsibility to do so in the person's support plan or support plan addendum;
- using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor as needed; and
- by staff who have successfully completed required training regarding medication assistance procedures before providing medication assistance.

For the purposes of this policy, medication assistance includes, but is not limited to:

- Providing medication-related services that support a person in self-administering medications;
- Medication documentation and charting related to assistance provided;
- Coordination of medication refills;
- Handling changes to prescriptions and implementation of those changes through communication with the person and prescriber;
- Communicating with the pharmacy; or
- Coordination and communication with the prescriber.

The program does not perform medication setup, medication administration, or injectable medication administration.

Definitions

For the purposes of this policy the following terms have the meaning given in section 245D.02 of the 245D Home and Community-based Services Standards:

"Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.

"Medication administration" means following procedures to ensure that a person takes his or her medications and treatments as prescribed.

This program does not provide medication administration.

"Medication assistance" means assistance provided in a manner that enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

“Medication setup” means arranging medications according to the instructions provided by the pharmacy, prescriber, or licensed nurse, for later administration.

This program does not provide medication setup.

“Over-the-counter drug” means a drug that is not required by federal law to bear the statement “Caution: Federal law prohibits dispensing without prescription.”

“Prescriber” means a person who is authorized under section 148.235; 151.01, subdivision 23; or 151.37 to prescribe drugs.

“Prescriber’s order and written instructions” means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber’s written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

“Prescription drug” has the meaning given in section 151.01, subdivision 16.

“Psychotropic medication” means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior.

Procedures

Medication setup

This program does not provide medication setup services. Medications must be set up by the person, the person’s legal representative, pharmacy, licensed nurse, or other authorized individual.

Staff may only assist the person with medications that have already been set up or prepared by an authorized individual.

Medication assistance

When the program is responsible for medication assistance staff may:

- Bring to the person and open a container of previously set up medications;
- Empty the container into the person’s hand;
- Open and give the medications in the original container to the person;
- Bring to the person liquids or food to accompany the medication; and
- Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

Staff must provide medication assistance in a manner that enables the person to self-administer medications or treatments when the person is capable of directing the person’s own care, or when the person’s legal representative is present and able to direct the care for the person.

Staff must not place medication in the person's mouth, inject medications, measure doses, or otherwise administer medication.

Staff will document medication assistance according to the program's documentation procedures.

Medication administration

This program does not provide medication administration services. Staff are prohibited from administering medications.

If a person requires medication administration services, the program will coordinate with the person, legal representative, prescriber, or licensed medical professional to ensure appropriate arrangements are made.

Injectable medications

This program does not administer injectable medications. Injectable medications must be administered by a licensed nurse, medical professional, the person, or another legally authorized individual.

Max Xiong, CEO

_____

Print name & title Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS §§§§ 245D.11, subd. 2 (3), 245D.05, subdivisions 1a, 2, and 5 and 245D.51 and 245D.09, subdivision 4a, paragraph (d)

PERSONNEL POLICIES

SMARTCHOICE HOME HEALTHCARE

Policy Title: Hiring and Employment
Effective Date: June 3, 2025
Reference: Federal Laws Title VII, ADEA, ADA

Policy Statement: SmartChoice Home Healthcare is an equal opportunity employer. The agency will recruit, hire and train qualified employees.

Procedure:

1. SmartChoice Home Healthcare is an equal opportunity employer and will not discriminate against race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease or place of national origin.

2. SmartChoice Home Healthcare will not, directly or through contractual or other arrangements, discriminate on the basis of disability. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.

3. SmartChoice Home Healthcare will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to the normal operation or achievement of any statutory objective.

4. The employment process includes the following.
    a. Prior to employment, applicants will complete an application for employment
    b. The director or designee will interview potential employees meeting qualifications
    c. References may be verified either by phone or in writing
    d. For Unlicensed Staff and Licensed Staff who have not completed a fingerprint background study: The Criminal Background Check will be submitted to Minnesota Department of Human Services (DHS) following the step-by-step procedure established by DHS
        i. The director or designee is responsible for initiating the criminal background study for new employees
        ii. NetStudy 2.0 (or current version) will be used for the background check
        iii. The employee will be directed to locations established by DHS to obtain fingerprint scans

iv. Employees will be instructed that photographic identification will be required
v. Employees/study subjects may enter their own background study demographic information using the facility identification code provided

e. For Licensed Staff who have completed a fingerprint background study for their State Board license (initiated on 1/1/2018) or for other providers: A criminal background study is **not** required through the Minnesota Department of Human Services using NetStudy 2.0.
    i. Verification of licensure from the primary source (the appropriate state licensing board) will be obtained and the documentation will be maintained in the personnel file
    ii. Documentation will be obtained through the OIG related to the employee's eligibility to work
    iii. Documentation from the National Sex Offender website may be accessed

5. If satisfactory results of above steps, the SmartChoice Home Healthcare's orientation program will be completed.

6. The administrator or delegate will check DHS' MHCP Excluded Individual Providers list on a monthly basis and document the following information regarding all employees and contractors.
    a. Date and time the exclusion list was checked
    b. Name and title of person who checked the exclusion list.

7. If an employee or contractor appears on the list, SmartChoice Home Healthcare will immediately terminate payments to that individual or entity and will refund any payment related to either items or services rendered by an individual or entity on the exclusion list dating back to the later of the individual's or entity's first appearance on the list or the first payment made to the individual or entity.

Drug and Alcohol Prohibition Policy

I. Policy Statement:

It is the policy of Smartchoice 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).

II. Procedures

A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.

B. The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.

C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.

D. 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, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.

E. Any employee convicted of criminal drug use or activity must notify the Administrator, **Nathan Xiong**, no later than **five (5) days** after the conviction.

F. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.

G. 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.

Policy reviewed and authorized by:

Max Xiong, CEO _____
Print name & title Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS §§ 245A.04, subd. 1 (c) and 14

SMARTCHOICE HOME HEALTHCARE

Policy Title: Staff Orientation
Effective Date: March 10, 2026
Reference: Minnesota Statute 245D.09, Minnesota Rules 9544.0090, Subp. 3

Policy Statement: Employees will be adequately prepared for providing quality services to clients.

Procedure:

1. All new staff are oriented using the Staff Orientation Record.

2. Orientation includes education regarding the following areas:
    a. Vulnerable Adult/Child Protection policies/reporting
    b. Program Abuse and Prevention Plan
    c. Job Description/Responsibilities
    d. Incident Reporting and Response
    e. Safety Practices
    f. Recipient Rights and Staff Responsibilities
    g. Principles of Person-Centered Care
    h. Basic First Aid, including CPR as required
    i. Prohibited Procedures
    j. Strategies related to Sexual Violence

3. Orientation includes education and responsibilities related to the following policies:
    a. Data Privacy
    b. Emergency Use of Manual Restraint
    c. Grievance Procedure
    d. Services Suspension and Termination
    e. Infection Control/OSHA
    f. Safe Medication Assistance/Administration
    g. Safe Transportation
    h. Safety in Emergencies: Response, Reporting and Review
    i. Admission Criteria

4. Employees working in residential programs also receive orientation to the following:
    a. Health service coordination and care.
    b. Appropriate and Safe Techniques in Personal Hygiene and Grooming
    c. Healthy Diet
    d. Instrumental Activities of Daily Living
    e. Emergency Plan

5. Before providing direct contact with a client, the employee will receive orientation to the individual client's services/needs.

6. When providing service to a client serious mental illness, the staff person will receive education on mental health crisis response, de-escalation techniques and suicide intervention.

7. Competency testing will be completed according to the following:
    a. Before implementing positive support strategies, staff must demonstrate competency to perform the positive support strategies relevant to the primary disability, diagnosis or interfering behavior of the client
    b. Before implementing permitted restrictive* procedures, staff must demonstrate competency to safely and correctly perform the specific restrictive interventions relevant to the client's primary disability, diagnosis or interfering behavior included in the positive support transition plan in the manner described in the plan.
    c. Any time a change is made to the relevant content in the positive support transition plan or the restrictive intervention identified in the plan, staff must review, receive instruction and demonstrate competency in the requirements.

8. Competency testing will be completed by a Registered Nurse or appropriately licensed health professional related to medication setup or medication administration.

9. Staff will receive training on the safe and correct operation of medical equipment used by the client to sustain life or to monitor a medical condition that could be life-threatening.

10. After orientation, employees are notified of changes to policies and procedures as they occur.

Last updated by: Nathan Xiong

*See also EUMR Policy

SMARTCHOICE HOME HEALTHCARE

Policy Title: Professional and Managerial Orientation
Effective Date: March 10, 2026
Reference: Minnesota Rules 9544.0090, Subpart 2

Policy Statement: Professional staff, executives, managers and owners in nonclinical roles will receive additional core training based on their level of responsibility and qualifications prior to assuming those responsibilities.

Procedure:

1. Staff who develop positive support strategies and license holders, executives, managers, and owners in nonclinical roles must complete a minimum of four (4) hours of additional training on the following topics
    a. Functional behavior assessments
    b. How to apply person-centered planning
    c. How to design and use data systems to measure effectiveness of care
    d. Supervision, including how to train, coach and evaluate staff and encourage effective communication with the client and the client's support team

2. Executives, managers and owners in nonclinical roles must complete a minimum of two (2) hours of additional training on the following topics:
    a. How to include staff in organizational decisions
    b. Management of the organization based upon person-centered thinking and practices and how to address person-centered thinking and practices in the organization
    c. Evaluation of organizational training as it applies to the measurement of behavior change and improved outcomes for persons receiving services

Last updated by: Nathan Xiong

SMARTCHOICE HOME HEALTHCARE

Policy Title: Annual Education
Effective Date: March 10, 2026
Reference: Minnesota Statute 245D.09

Policy Statement: Staff will receive regular education in order to provide ongoing quality services to clients.

Procedure:

1. All staff receive ongoing education using the Staff Annual Training Record.

2. Annual education is provided to staff on the following topics:
    a. Vulnerable Adult/Child Protection policies/reporting
    b. Program Abuse Prevention Plan
    c. Data Privacy Requirements
    d. Recipient Rights
    e. Principles of Person-Centered Services
    f. Emergency Use of Manual Restraints
    g. Prohibited Procedures
    h. Strategies related to Sexual Violence
    i. Basic First Aid

3. Additional training may be provided throughout the year on pertinent topics as identified based on the quality program or other service-specific needs.

Last updated by: Nathan Xiong

Welcome to SmartChoice Home Healthcare LLC

2353 Rice Street, #139
Roseville, MN 55113
P. 651-203-7998
Info@smartchoicehomehealth.com

Mission: SmartChoice Home Healthcare exists to provide quality and transparent in-home care for the most vulnerable.

Updated March 10, 2026 by: Max Xiong, CEO

Purpose of Employee Handbook

This Personnel Handbook contains a summary of the policies and guidelines in effect at SmartChoice Home Healthcare Home Care as of June 3, 2025. This handbook is to be used as a guide by all SmartChoice Home Healthcare Home Care employees and is not intended to create any contract of employment. Employees of SmartChoice Home Healthcare Home Care are considered “at will.” This means that the employee may terminate the employment relationship at any time for any reason or no reason upon proper notification. SmartChoice Home Healthcare Home Care also is free to terminate the employment of an employee at any time and for any reason that does not violate local, state or federal law with or without notice.

These policies are subject to change at any time with or without prior notice. The handbook will then be updated as soon as possible.

Equal Opportunity Employer

It is the policy of SmartChoice Home Healthcare Home Care to treat all employees in the same manner without regard to race, color, religion, age, gender, sexual orientation, national origin or handicap. The same requirements are applied to all. Eligible employees are hired without regard to race, color, religion, age, gender, sexual orientation, national origin or handicap.

Before employment, the following are completed on all employees:

- Reference Check
- Verification of licensure/competency
- Completion of Criminal Background Checks
- Proof of freedom from communicable disease

Any prospective or current employee who does not pass a criminal background checks, including the OIG and state exclusion lists, will not be eligible for employment with SmartChoice Home Healthcare Home Care.

Orientation and Probation

Newly hired employees will complete an orientation program during which time you will learn the primary responsibilities of your job. If SmartChoice Home Healthcare Home Care determines that you are not meeting the required standards, your orientation and probation may be extended or your employment may be terminated. All employees are considered probationary for the first 520 hours of employment.

Harassment

SmartChoice Home Healthcare Home Care believes that every employee is entitled to a working environment free of verbal, physical, visual, or other harassment because of

sex, age, color, creed, national origin, physical features, sexual orientation, handicap or veteran status.

Harassment includes, but is not limited to, any verbal, written, visual, sexually explicit language or gestures, or physical acts that are offensive in nature, intimidating, unwelcome, or that could reasonably be taken as objectionable. Employees who raise a complaint about harassment are assured that they will not be retaliated against. If you feel that you have been the subject of any form of harassment, you should immediately report the alleged act to a supervisor. The administrator will investigate immediately and will, when justified, take prompt and appropriate corrective action.

Confidentiality

As an employee of SmartChoice Home Healthcare Home Care, you have a moral and legal obligation to respect the confidentiality of clients and family members**.** The trust among a client, the organization and employees must never be broken.

Confidential information includes: client/family names, medical records, business, financial and employee information. It may be written, verbal, or computerized.

Information about clients and their illness, regardless of the source, may not be released to anyone without proper written authorization or professional need to know for the purpose of performing job duties.

Employees shall keep all their time cards, documentation and other information regarding clients out of anyone else's sight, including fellow employees, friends, family and other clients. Never keep documents where anyone else can access them. Never discuss the name of any client with whom you have worked in the past or with whom you are currently working with other clients. Please maintain confidentiality when calling the SmartChoice Home Healthcare Home Care from your cell phone or your own home. You should never let anyone know the names of the clients.

Employee discussion, gossip, careless remarks or idle chatter, in or out of SmartChoice Home Healthcare Home Care or any other inappropriate release of information concerning clients or co-workers is a breach of confidentiality and will be grounds for immediate dismissal.

Employee Evaluations

All clinical or direct staff may receive regular written evaluations. Evaluations are based on performance consistent with the job description and personnel policies.

All licensed personnel must provide proof of current state licensure. All supervisory professionals will need to have the credentials per State guidelines.

Appearance/Dress Code

Each employee is expected to be well groomed at all times. Cleanliness and personal appearance are especially important. Fingernails should be kept short and filed to prevent injury to clients.

Clean and proper modest attire is to be worn. Comfortable clothes should be worn during the winter months, as clients tend to keep temperatures warm in their homes. Only short jewelry should be worn. Rings should be limited to wedding bands.

Name tags will be issued and should be worn at all times while working.

Charting

No staff may chart for another. Staff should only chart activities and direct observations. When charting a narrative note, include full name and title.

Employee Health

All health care personnel may be required to present evidence of freedom from tuberculosis (TB) by the first day of employment. The evidence may include documentation of a negative two-step Mantoux or chest x-ray with evidence of a prior positive Mantoux. Any employee who suspects a communicable disease must discuss the situation prior to work that day.

Sick call messages should not be left on voice mail. A four-hour advance notice is requested for sick calls. Late notice may be grounds for disciplinary action and possible termination, if repeated.

Work-Related Injury

Employees who are injured while working for SmartChoice Home Healthcare Home Care should notify their supervisor immediately. An Incident Report and First Report of Injury should be completed. The employee should see the physician as soon as possible. Once you are cleared to work, you will need to have the physician complete a return to work form.

Gift and Gratuity Policy

It is the policy of SmartChoice Home Healthcare Home Care that no employee shall take or receive any gift of money or material objects of significant monetary value (over $50) from clients. However, an employee may accept a small gift of candy or cup of coffee with a client.

Restricted Activities

According to state law and company policy, employees of SmartChoice Home Healthcare Home Care may not serve as Powers of Attorney, guardians or conservators of clients.

No Smoking Policy

Staff may not smoke in the clients' homes, on their property nor in the presence of a client.

Substance Abuse

Staff members may not abuse or work under the influence of a chemical, alcohol or any other drug that impairs the employee's ability to provide services or care. Review the Drug and Alcohol Prohibition policy. Employees found to be under the influence of an illegal or narcotic medication will be disciplined according to the Disciplinary Procedure and/or Termination Policy.

Payroll

Paychecks are issued according to the schedule provided. If employees do not pick up their paychecks at the office, they will be mailed on the following day. Please allow 2-3 days for delivery by the postal service.

Timecards

Timecards are due according to the schedule provided. Please total the hours and sign the timecard.

Overtime: Overtime is paid after 40 hours/week at a rate of 1½ times the regular rate of pay. Overtime will not be paid for over 8 hours/day. All overtime must be approved by a supervisor before working.

Benefits: **Sick and Safe Time:**
All employees working 80 hours/year earn one hour of paid time off work for every 30 hours worked. This time accrues immediately. Employees may use Sick and Safe Time for caring for themselves and families, including for the following:

- Related to Sickness: Illness, injury, medical rest, recuperation, appointments and preventative care.
- Related to Safe Time: Time off for an appointment to address domestic violence or personal safety issues.
- Sick or Safe Time: For care of a family member.
- Family Member Place-of-care Closure: Due to inclement weather, a public emergency, an unexpected emergency or an employee's need to care for a

family member whose school or place of care has been closed due to weather or another public emergency.

- The inability to work or telework because of a public emergency relating to a communicable disease.
- Health authorities have determined that the presence of the employee or family member of the employee in the community would jeopardize the health of others because of the exposure of the employee or family member to a communicable disease.
- The employee is entitled to reinstatement at the same rate upon return from using Sick and Safe Time.

Refer to the Employee Notice for additional information on pay rate and benefits.

Lactation and Pregnancy Accommodations

Nursing mothers who need to express milk may have reasonable break times each day. The break time may run concurrently with allowed break times. A clean, private and secure room shielded from public view and free from intrusion from other coworkers or the public will be provided (not a bathroom) for the mother to use. This location includes an electrical outlet.
Pregnant employees are provided with more frequent or longer restroom, food and water breaks as well as a temporary leave of absence, modification in work schedule or job assignments, seating and limits to heavy lifting.

Leaves of Absences

Maternity Policy: Employees who are pregnant must bring a written statement from their physician after each visit indicating continued work will not be hazardous to their health or that of the baby. Leaves shall be granted without pay with full return to work arranged at the request of the employee.

FMLA Policy (for agencies with one (1) or more employees): In order for employees to receive up to 12 weeks of time away from work, leaves of absence without pay may be granted. An employee must be employed for at least 12 calendar months and have worked 1250 hours in the last 12 months prior to the leave.

These are categorized into three subsections:

I. Family Leave: The birth of a child of the employee or the placement of a child for adoption or foster care with the employee. A total of 12 weeks of leave are available during any 12-month period. The leave is not to be taken intermittently or on a reduced schedule unless mutually agreed upon by SmartChoice Home Healthcare Home Care and the employee.

2. Family Leave: The serious health condition of an employee, spouse, son, daughter, or parent that requires the employee's care. A total of 12 weeks of leave are available during any 12-month period. The leave may be taken intermittently or on a reduced leave schedule when medically necessary.

3. Medical Leave: The serious health condition that makes the employee unable to perform the functions of his/her position. A total of 12 weeks of leave are available during any 12-month period. The leave may be taken intermittently or on a reduced leave schedule when medically necessary.

The procedure to take a leave is as follows:

1. The employee must submit a written request for a leave of absence to the Administrator.
2. The employee will provide medical certification as to the nature and expected duration of the health condition that has created the need for leave.

3. The Administrator will assure that all paperwork is completed correctly and will consult with the employee regarding the return date as it applies to the medical leave. No positions will be guaranteed after the 12-week leave if the employee is able to return to work.

Jury Duty: If an employee is called for jury duty, a paid leave will be granted. SmartChoice Home Healthcare Home Care will reimburse the employee the difference between his or her regular salary and the fees received for jury duty.

Funeral Leave: A leave of absence for up to three (3) days may be granted by the Administrator in case of a death within the employee's family.

Request for Time Off: A personal leave of absence without pay may be granted if approved by the Administrator. The decision of whether to grant a leave or an extension of a leave is at sole discretion of SmartChoice Home Healthcare Home Care.

Termination

A two-week notice of termination is requested. If an emergency arises, a shorter notice may be agreed upon between the Administrator and employee. An employee who resigns without prejudice and who has a satisfactory record may be entitled to re-employment. No recommendation will be furnished for an employee who terminates with prejudice or for disciplinary reasons. The employment relationship is "at will".

If an employee is absent from work for more than three consecutive days without notifying SmartChoice Home Healthcare Home Care, he or she will be considered to have abandoned the job. This will be recorded as a voluntary resignation without possibility of rehire.

Evidence of any of the following is grounds for immediate termination with valid circumstantial data. The Administrator may use the event for strong disciplinary action rather than termination.

- Dishonesty
- Neglect or misconduct that could result in malpractice or civil suit
- Racial intolerance
- Failure to obey reasonable instructions
- Reporting to work intoxicated or under the influence of a controlled substance
- Failure to notify the employer of absence from work
- Insubordination
- Client abuse or misuse (Vulnerable Adult Act)
- Profanity
- Falsification of records
- Giving confidential information pursuant to Minnesota Statutes Section 144.651
- Violation of client rights pursuant to Minnesota Statutes
- Violence on premises
- Failure to report evidence of vulnerable adult act violations
- Failure to comply with safety regulations enforced by the AWAIR program
- Financial Exploitation*

All of the above conditions are grounds for immediate termination. Any new employees shall be subject to discharge at the option of the employer during the first 520 hours. No employee shall be suspended, demoted or dismissed without sufficient cause. If after proper investigation, it is verified that an employee has been disciplined unjustly, he or she will be reinstated with the full rights to benefits provided, however that no claim for compensation for time lost shall be paid. In the case of a dismissal, the employee affected may request and shall receive from the employer in writing the reason for the dismissal. Employees so disciplined during the probationary period, shall forfeit all other benefits, except earned wages during the time that he/she worked. Accumulation of one verbal and two written notices is cause for dismissal.

*An employee may not borrow money or accept expensive gifts from clients. Notify the Administrator of any gifts received from a client, including meals. Failure to follow the Gift and Gratuity Policy may be considered financial exploitation.

Disciplinary Procedure

When disciplinary action is warranted, SmartChoice Home Healthcare Home Care will follow a progressive disciplinary process including the following.

1. Verbal Warning
2. Written Warning
3. Suspension Without Pay
4. Termination

Employee Handbook
Signature Page

I have read and understand the **Employee Handbook, or content interpreted in my native language to me,** and I agree to these terms of employment with SmartChoice Home Healthcare LLC. I have received a copy of the **Employee Notice**.

_____ _____

Employee Signature Date

_____

Print Name

Policies included in Employee Handbook

- Equal Opportunity Employment
- Orientation and Probation
- Harassment
- Confidentiality
- Employee Evaluations
- Appearance and Dress Code
- Charting
  Employee Health
- Work Related Injuries
- Gift and Gratuity Policy
- Restricted Activities
- No Smoking
- Substance Abuse
- Payroll
- Timecards
- Overtime
- Benefits
- Leaves of Absences
- Termination
- Disciplinary Procedures

SMARTCHOICE HOME HEALTHCARE

Policy Title: Employee Safety
Effective Date: March 10, 2026

Policy Statement: SmartChoice Home Healthcare staff members will be aware of the need to be security and safety conscious and report any real or anticipated problems to their immediate supervisor. Staff will be alerted to specific problems prior to providing client care.

Procedure:

1. Information about safety/security practices is incorporated into SmartChoice Home Healthcare's orientation program and includes, but is not limited to, the following.
   - Staff will familiarize themselves with emergency exits and fire safety features in each client's home at the beginning of service delivery.

2. Staff providing home care services will be educated in the following areas.
   a. Safe handling of household cleaning products and potential exposure to bodily fluids using standard precautions.

3. During the client evaluation, the Program Coordinator or Director will address any safety concerns or problems and include specific interventions in the Care Plan.

4. All job-related accidents, injuries and illnesses are reported and consequently investigated to determine any corrective action that is needed to minimize or eliminate hazards.

Last updated by: Nathan Xiong

Universal Precautions and Sanitary Practices Policy

I. Policy

It is the policy of this DHS licensed provider (program) to follow universal precautions and sanitary practices, including hand washing, for infection prevention and control, and to prevent communicable diseases.

II. Procedures

A. Universal precautions, sanitary practices, and prevention
Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:
1. Use of proper hand washing procedure
2. Use of gloves in contact with infectious materials.
3. Use of a gown or apron when clothing may become soiled with infectious materials
4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solution when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

B. Control of communicable diseases (Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health)(http://www.health.state.mn.us)
1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to the Designated Manager, Mengda Deng 651-808-
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Policy reviewed and authorized by:

Max Xiong CEO
Print name & title Signature

Date of last policy review: 3/10/2026 Date of last policy revision: 3/10/2026

Legal Authority: MS §§ 245D.11, subd. 2 (1) and 245D.06, subd 2 (5)

NOTE: The website from the Minnesota Department of Health (MDH) is included as a resource for additional information.

SMARTCHOICE HOME HEALTHCARE

OSHA BLOODBORNE PATHOGENS EXPOSURE DETERMINATION				
Job Classification	Potential for Exposure			Comments
	All	Some	None	
Administration/Managers			X	Does not routinely perform duties with occupational hazard.
Supervisors/Coordinators		X		May have exposure risk when working with clients.
Direct Care Staff		X		May have exposure risk when performing normal duties.

Last updated by: Mengda Deng March 10, 2026

SMARTCHOICE HOME HEALTHCARE

Policy Title: Communicable Diseases
Effective Date: March 10, 2026
Reference: MS §§ 245D.11, subd. 2 (1) and 245D.06, subd 2 (5)

Policy Statement: SmartChoice Home Healthcare will follow current federal and state guidelines for the prevention, control and reporting of communicable diseases.

Procedure

1. The Administrator is responsible for reporting any client who has or is suspected of having a reportable communicable disease.
    - Staff are instructed to report any signs of possible infections or symptoms of communicable diseases promptly.

2. The report shall be submitted to the commissioner (Minnesota Department of Health at 651-201-5414) per the required time frames (within one working day).
    - Reference: Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health)(http://www.health.state.mn.us)

3. Staff will report clients exposed to a diagnosed communicable disease to other licensed providers and residential settings.

4. Staff diagnosed with a communicable disease may return to work upon direction of a health care professional.

5. SmartChoice Home Healthcare may maintain an Infection Control Log as part of the Quality Improvement program in order to monitor the incidence of infections for trends among clients and/or employees.

Last updated by: Nathan Xiong

JOB DESCRIPTIONS

SMARTCHOICE HOME HEALTHCARE LLC
POSITION DESCRIPTION – DIRECT SUPPORT STAFF

Employee Name: _____ Date: _____
REPORTS TO: Designated Coordinator
PRIMARY RESPONSIBILITY: The direct support staff is responsible to provide direct care to clients according to the client's needs as written in the client's support plan, support plan addendum, case manager or federal waiver plan.

JOB RESPONSIBILITIES:

1. Read and follow established support plans/plan of care, addendums and individual abuse prevention plan which may include:
    - Communication skills and barriers
    - Observation, reporting and documentation of client status, and the services and supports furnished
    - Reading and recording of temperature, pulse, respiration and blood pressure
    - Basic infection control procedures
    - Basic elements of body functioning, changes in body function, injuries and other changes that must be reported
    - Maintenance of a clean, safe and healthy environment
    - Recognize emergencies and have knowledge of emergency procedures
    - The physical, emotional, cognitive and developmental needs of and ways to work with the populations served, including the need for confidentiality and respect for the client, his or her privacy and his or her property
    - Commonly used health technology equipment and assistive devices
2. Demonstrate competence in assigned tasks and responsibilities, including, but not limited to:
    - Activities of Daily Living
    - Instrumental Activities of Daily Living
    - Medications
    - Behavioral Health
    - Adequate nutrition and fluid intake
    - Other assigned and/or delegated tasks
3. Prepare meals, including modified diets and food safety
4. Complete household chores.
5. Is aware of and uses good safety practices, including but not limited to:
    - Body mechanics
    - Falls prevention
    - Reporting of defective equipment or hazards
    - Wiping spills or wet floors immediately
    - Using Universal Precautions and appropriate infection control measures
    - Knowledge of emergency procedures

- Reporting incidents/accidents to the Administrator or Director of Nursing on the day of occurrence

6. Participate in care conferences with other members of the health care team.

7. Maintain absolute oral, written and electronic confidentiality of all information pertaining to clients, families, and employees.
8. Document as directed/indicated in clinical record.
9. Know what to do and to whom and how to report when:
    - An incident occurs
    - There is potential or substantiated neglect or maltreatment
    - Private information is shared with a person or entity not authorized to know the information
    - A manual restraint is used
    - A client is not able to exercise their rights under the Bill of Rights
10. Demonstrate awareness of:
    - Professional boundaries
    - Cultural diversity
    - Person-centered practices
11. Plan and facilitate activities for clients to enhance socialization.
12. Assists with personal communication skills as described in the support plan .
13. Promote a safe and comfortable environment for the client and family while respecting the dignity and privacy of the home environment.
14. Recognize and manage your own stressors, which may affect work performance.
15. Participate in in-service educational programs, as required by state regulations and your employer.
16. Perform additional duties as assigned by the Manager or Program Coordinator.
17. Adhere to all agency policies.

EXPERIENCE/JOB SKILLS REQUIREMENTS

- High School Graduate, or Compassionate individual without HS diploma.
- Home Health Aide course completion preferred.
- Satisfactory completion of orientation and competency evaluations
- Be able to read, write, or comprehend and carry out directions and instructions.
- Able to function effectively with minimal direct supervision.
- Good health status and emotional stability.
- Demonstrate a strong commitment to client service and service excellence.

WORKING CONDITION REQUIREMENTS

PHYSICAL DEMANDS: (Occasionally means 1-2 hours of an 8 hour workday, frequently means 2.5 to 5.5 hours of an 8 hour workday and continually means 6 to 8 hours of an 8 hour workday)

Sit	Occasionally
Stand	Continually
Walk	Continually

POSITION DESCRIPTION
Direct Support Staff

Bend/Stoop	Continually
Squat	Continually
Crawl	Occasionally
Reach above shoulder	Frequently
Reach below shoulder level	Frequently
Lift, Carry, Push, Pull	
Maximum 50 lbs.	Continually
Over 50 lbs.	Frequently

ENVIRONMENTAL CONDITIONS:

Involves being:	
Inside	Continually
Outside	Occasionally
Exposed to temperatures of:	
32 degrees F and less	Occasionally
100 degrees F and more	Occasionally
Wet and humid conditions	Occasionally
Noise, vibration	Occasionally

HAZARDS/EXPOSURE:

Infectious wastes	Continually
Toxic chemicals	Frequently
Needles/Body fluids	Continually
Radiation	Never
Chemotherapeutics	Never
Mechanical Hazards-Driving	Frequently

I HAVE READ AND FULLY UNDERSTAND THIS JOB DESCRIPTION.
I AGREE TO ABIDE BY THE REQUIREMENTS SET FORTH AND WILL PERFORM ALL DUTIES AND RESPONSIBILITIES TO THE BEST OF MY ABILITY.

_____ _____

Employee Signature **Date**

SMARTCHOICE HOME HEALTHCARE LLC
POSITION DESCRIPTION – PROGRAM COORDINATOR

Employee Name: _____ Date: _____
REPORTS TO: Director/Manager/Program Coordinator

PRIMARY RESPONSIBILITY: The Program Coordinator is responsible to coordinate and evaluate the services provided, including supervision, support and evaluation of all activities.

JOB RESPONSIBILITIES

1. Provide oversight of the agency's responsibilities assigned in the client's support plan and support plan addendum.
2. Take actions necessary to facilitate the accomplishment of the required outcomes.
3. Instructs and assists direct support staff implementing the support plan and the service outcomes.
    a. Directly observe and supervise the service delivery, including assessment of the staff competency
    b. Determine if one or more agency staff are sufficiently competent to accept delegation for direct observation and competency assessment of the service delivery activities of direct support staff
    c. Provide consultation to direct support staff as needed
    d. Participates in orientation of new staff
    e. Respond to employee performance problems or complaints related to services and participate with the Director in disciplinary activities as needed
    f. Identify staff training needs and develop and implement a plan to address them:
        i. Provide in-services as appropriate
        ii. Coordinate other educational opportunities for staff
        iii. Obtain relevant training materials
        iv. Provide documentation of training to Director
        v. Respond to requests for training as appropriate
4. Evaluate the effectiveness of service delivery, methodologies and progress toward the client's outcomes based on measurable and observable criteria.
    a. Conduct initial and ongoing reviews for each client served
    b. Develop effective support/care plans
    c. Design and use data systems to measure the effectiveness of services and supports
5. Provide consultation to direct support staff as needed.
6. Documents appropriately.
7. Communicate with families, responsible parties, representatives, case managers and other health care providers as indicated.

POSITION DESCRIPTION

8. Is aware of, uses and promotes good safety practices, including but not limited to:
    a. Body mechanics
    b. Reporting of defective equipment or hazards
    c. Wiping spills or wet floors immediately
    d. Using Standard Precautions and appropriate infection control measures
    e. Knowledge of emergency procedures
    f. Reporting incidents/accidents to the Director on the day of occurrence
9. Demonstrate commitment to team building activities within agency
10. Maintain absolute confidentiality of all information pertaining to clients, families and employees
11. Promote a safe and comfortable environment for the clients and families
12. Demonstrate excellent written and verbal communication skills
13. Recognize and manage own stresses, which may affect work performance
14. Participates in in-service educational programs as required by state regulations
15. Perform additional duties as assigned by Director
16. Adheres to all agency policies

EXPERIENCE/EDUCATION/JOB SKILLS REQUIREMENTS

- Baccalaureate degree in a field related to human services, health and/or education and at least one (1) year of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older

OR

- Associate degree in a field related to human services, health and/or education and two (2) years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older

OR

- Diploma in a field related to human services, health and/or education from an accredited postsecondary institution and three (3) years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older **OR**
- Minimum of 50 hours of education and training related to human services and disabilities and four (4) years of full-time work experience providing direct care services to persons with disabilities or persons age 65 and older under the supervision of a staff person meeting the requirements above
- Must be able to read, write, comprehend and carry out directions and instructions
- Able to function independently
- Good health status and emotional stability
- Demonstrate a strong commitment to service excellence

POSITION DESCRIPTION

WORKING CONDITION REQUIREMENTS

PHYSICAL DEMANDS: (Occasionally means 1-2 hours of an 8 hour workday, frequently means 2.5 to 5.5 hours of an 8 hour workday and continually means 6 to 8 hours of an 8 hour workday)

Sit/Stand	Frequently
Walk	Frequently
Bend/Stoop/Squat/Crawl	Occasionally
Reach above/below shoulder level	Frequently
Lift, Carry, Push, Pull	
Maximum 50 lbs.	Frequently
Over 50 lbs.	Occasionally

ENVIRONMENTAL CONDITIONS:

Involves being:	
Inside	Continually
Outside	Occasionally
Exposed to temperatures of:	
Under 32/over 100 degrees F	Occasionally
Wet and humid conditions	Occasionally
Noise, vibration	Occasionally

HAZARDS/EXPOSURE:

Infectious wastes	Occasionally
Toxic chemicals	Occasionally
Radiation	Never
Chemotherapeutics	Never
Mechanical Hazards-Driving	Frequently

I HAVE READ AND FULLY UNDERSTAND THIS JOB DESCRIPTION.
I AGREE TO ABIDE BY THE REQUIREMENTS SET FORTH AND WILL PERFORM ALL DUTIES AND RESPONSIBILITIES TO THE BEST OF MY ABILITY.

_____ _____

Employee Signature **Date**

SMARTCHOICE HOME HEALTHCARE LLC
POSITION DESCRIPTION – DIRECTOR/MANAGER

Employee Name: _____ Date: _____
REPORTS TO: Governing Board

PRIMARY RESPONSIBILITY: The Director provides program management and oversight of the services provided. Assures adequate resources and efficient and effective use in meeting the agency goals and objectives.

JOB RESPONSIBILITIES:

1. Agency Planning, Development and Maintenance
   - Participate in the development of the organizational goals, objectives and overall implementation of the agency strategic plan.
   - Maintain current understanding of the licensing requirements sufficient to ensure compliance throughout the program including applicable federal, state and local regulations.
   - Ensure that corrective action is taken when ordered by the commissioner and that the terms and conditions of the license and any variance are met.
   - Review/develop, adhere to and enforce company policies and procedures.
   - Assure that ethical and clinical standards of practice are maintained.
   - Remain current on local health care issues and trends, along with home and community-based service issues and trends.
   - Develop, evaluate and review on a regular basis policies, procedures and practices to maintain compliance with regulations, requirements and standards and recommend modifications to the management team.
2. Program Evaluation
   - Evaluate the satisfaction of clients served, their legal representative(s) and case manager(s) related to the service delivery and progress toward accomplishing outcomes and ensuring and protecting the client's rights.
   - Ensure that corrective actions identified as necessary following review of incident and emergency reports are implemented by the agency.
   - Develop, document and implement ongoing program improvements.
3. Human Resources Management
   - Evaluate and establish appropriate staffing levels necessary to provide an efficient and effective operation; monitor staff performance to ensure all work functions are accomplished in a timely, accurate and productive manner.
   - Ensure the duties of the program coordinator are fulfilled according to required responsibilities.
   - Ensure staff competency requirements are met.
   - Ensure staff orientation and training are provided and documented as required.
   - Develop effective work groups among the staff through the use of team building strategies and provide for educational programs on pertinent and required topics.

- Participate in hiring and orientation of personnel, as indicated.

4. Financial Management
   - Participate in the annual budgeting process and formulate and adhere to an annual budget including revenue and net income goals in an effort to achieve the organization's operating and financial objectives.

EXPERIENCE/EDUCATION/JOB SKILLS REQUIREMENTS:

- Baccalaureate or associated degree in a field related to human services, health and/or education or diploma in a field related to human services from an accredited postsecondary institution
- Minimum of three (3) years of supervisory level experience in a program providing direct support services to persons with disabilities or persons age 65 and older.
- Excellent conceptual thinking skills with the ability to identify and analyze complex and sensitive issues, problems and conflicts and to use independent judgment to make decisions and to recommend and/or implement solutions.
- Ability to identify strategic organizational goals.
- Ability to listen and communicate clearly, fluently and diplomatically orally and in writing in the English language; also to maintain excellent interpersonal and cooperative working relationships with management, staff and clients.

PHYSICAL REQUIREMENTS OF POSITION:

PHYSICAL DEMANDS: (Rarely means less than 1 hour of an 8 hour workday, occasionally means 1-2 hours of an 8 hour workday, frequently means 2.5 to 5.5 hours of an 8 hour workday and continually means 6 to 8 hours of an 8 hour workday)

Sit/Stand/Walk	Frequently
Bend/Stoop	Occasionally
Squat/Crawl	Occasionally
Reach above/below shoulder level	Occasionally
Lift, Carry, Push, Pull	
Maximum 50 lbs.	Occasionally
Over 50 lbs.	Occasionally

ENVIRONMENTAL CONDITIONS:

Involves being:	
Inside	Continually
Outside	Occasionally

Exposed to temperatures of:	
32 degrees F and less	Occasionally
100 degrees F and more	Occasionally
Wet and humid conditions	Occasionally
Noise, vibration	Occasionally

HAZARDS/EXPOSURE:

Infectious wastes	Occasionally
Toxic chemicals	Occasionally
Needles/Body fluids	Occasionally
Radiation	Never
Chemotherapeutics	Never
Mechanical Hazards-Driving	Frequently

I HAVE READ AND FULLY UNDERSTAND THIS JOB DESCRIPTION.
I AGREE TO ABIDE BY THE REQUIREMENTS SET FORTH AND WILL PERFORM ALL DUTIES AND RESPONSIBILITIES TO THE BEST OF MY ABILITY.

_____ _____

Employee Signature **Date**