



Temporary Service Suspension and Service Termination

I. PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for temporary service suspension and service termination.

II. POLICY

It is the intent of Intercommunity Home Health Care to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, and other licensed caregivers during situations that may require or result in temporary service suspension or service termination. Intercommunity Home Health Care restricts temporary service suspension to situations in which the person's conduct poses an imminent risk of physical harm to self or others and less restrictive or positive support strategies do not achieve and maintain safety.

III. PROCEDURE

- A. Positive support strategies will be taken prior to the need for temporary service suspension as a means to reduce or eliminate the person's conduct that is posing an imminent risk of harm to self or others. All positive support strategies taken will be clearly documented by direct support staff and management staff.
- B. The Designated Coordinator and/or Designated Manager may meet to discuss the person's conduct, services that may require suspension, the positive support strategies taken, and any other possibilities to reduce the need for service suspension.
- C. If service termination or temporary service suspension is determined to be necessary, documentation and notification standards will be met according to MN Statutes, chapter 245D. The Senior Director will be notified of the pending temporary service suspension or service termination.
- D. Prior to temporary service suspension or service termination, the Designated Coordinator and/or Designated Manager will document actions taken (including those positive support strategies attempted) to minimize or eliminate the need for temporary service suspension or termination.



Intercommunity Home Health Care

- E. The Designated Coordinator or Designated Manager will notify the person and/or legal representative and case manager, in writing, on the first day of the intended temporary service suspension or service termination. This notice will be provided as soon as possible prior to the temporary service suspension and at least 60 days prior to the proposed effective date of service termination including those situations that began with temporary service suspension. This notice may be given in conjunction with a notice of temporary service suspension.
 1. Information regarding positive support strategies and other measures taken to prevent the temporary service suspension or service termination will be included in this notice.
 2. The notice will also inform the person served and/or legal representative and case manager of the person's right to seek a temporary order staying the temporary service suspension or service termination according to the procedures in MN Statutes, section 256.045, subdivision 4a or subdivision 6, paragraph (c).
- F. Information must and will be provided, as requested, to the person served and/or legal representative and case manager during the temporary service suspension or upon the notice of service termination.
- G. During temporary service suspension, the Designated Coordinator and/or Designated Manager must work collaboratively with the county and support team to develop reasonable alternatives to protect the person and/or others.
- H. Upon the transfer of the person, any funds or other property of the person will be surrendered to the person's legal representative or given to the executor or administrator of the estate in exchange for an itemized receipt. A written inventory that was completed regarding the person's funds or property will be placed in their file with signatures obtained from the legal representative, executor, or administrator of the estate.
- I. The Intercommunity Home Health Care will maintain information about the temporary service suspension or service termination, including the written notice, in the service recipient record.

Legal Authority: MS §§ 245D.10, subd. 3 and 4



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Acknowledgement of Receipt

As the Client, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Client Signature:

Date:

Representative Signature:

Date: