PROGRAM POLICY MANUAL

245D Community-Based Support Services, PCA, and CFSS

CarePro Home Health Care, LLC, DHS License #1103980

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This manual is a compliance template built from current Minnesota Statutes, chapters 245A, 245D, 256B, and 13, Minnesota Rules chapter 9544, and the Agency's own July 1, 2026 DHS correction order, as cited throughout. It covers CarePro Home Health Care, LLC's 245D home and community-based waiver services, Personal Care Assistance (PCA), and Community First Services and Supports (CFSS), agency model. It has not been reviewed by an attorney, have it reviewed by qualified counsel before adoption, and confirm it against any county contract or accreditation requirements that also apply to the Agency.

Agency: _____

Effective / adoption date: _____

Approved by (name, title): _____

Next scheduled full review date (recommend: annually, and after any DHS correction order or reportable incident): _____

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CORE OPERATIONS

CP-OPS-01 CORE OPERATIONS

Admission and Service Initiation

Purpose

This policy governs how CarePro Home Health Care, LLC ("the Agency") admits persons to its 245D licensed program and initiates services, so that every admission upholds the service-related and protection-related rights of the person served and meets the requirements of Minnesota Statutes, chapter 245D.

Policy

The Agency accepts persons whose assessed needs it is qualified and has the staffing, service area, and licensed capacity to meet. A decision not to admit must be based on a documented assessment of the person's needs against the Agency's current capacity, never on disability severity, communication ability, physical disability, continence status, behavioral history, or the type of residential setting the person lives in alone.

Procedure at Service Initiation

- Within 24 hours of admission (or up to 72 hours where a delayed orientation clearly benefits the person), the Designated Coordinator provides the person and, if applicable, legal representative, an explanation and copy of the Agency's maltreatment reporting policy (CP-RPT-01 / CP-RPT-02), and documents that this occurred. This step was cited as a violation in the Agency's July 1, 2026 correction order (Citation 1) and must never again be missed or delayed past the deadline without documented justification.
- Within 5 working days of service initiation, the Agency provides the person and/or legal representative a written notice that identifies the service recipient rights under section 245D.04 and an explanation of those rights, and repeats this in full every year, in the same or an earlier month as the prior year's notice, per the statutory definition of "annual." This annual renewal is tracked on the Agency's compliance calendar, since a missed annual renewal was cited as a repeat violation in both the 2022 and 2026 correction orders (Citation 3).
- Within 5 working days of service initiation, the Agency provides copies of its Grievances (CP-OPS-08), Temporary Service Suspension (CP-OPS-02), Service Termination (CP-OPS-03), and Emergency Use of Manual Restraint (CP-SAF-01) policies to the person and/or legal representative and case manager (see CP-OPS-09).
- The Designated Coordinator determines whether an Individual Abuse Prevention Plan (IAPP) is legally required for this person and develops it prior to or upon service initiation; as Agency policy, an IAPP is completed for every person served (see CP-RPT-01).
- The Agency obtains a signed statement from the person's legal representative, where one exists, authorizing the Agency to act in a medical emergency when the legal representative cannot be reached or is delayed in arriving, before or at service initiation (see CP-SAF-02); this was cited as missing for both persons reviewed in the 2026 correction order (Citation 9).

Minn. Stat. §§ 245A.65, subd. 1; 245D.04, subd. 1; 245D.095, subd. 3; 245D.10, subd. 4.

CP-OPS-02 CORE OPERATIONS

Temporary Service Suspension

Policy

The Agency may temporarily suspend services only where the person's conduct poses an imminent risk of physical harm to self or others and positive support strategies already attempted have not resolved the risk, an emergent medical issue exceeds the Agency's ability to safely support the person, or for nonpayment.

Procedure

- Before suspending services, the Agency documents consultation with the person's support team and requests case manager intervention services.
- The Agency notifies the person, legal representative, and case manager of the suspension, the reason, and the plan and timeline for resuming services.
- A suspension is temporary by definition; the Agency does not use a suspension to accomplish what would otherwise require a termination under CP-OPS-03.

Minn. Stat. § 245D.10, subd. 3.

CP-OPS-03 CORE OPERATIONS

Service Termination

Policy

The Agency may terminate services only for a reason permitted by statute, including safety concerns where positive support strategies have been attempted and have not achieved a safe outcome, nonpayment, program closure, or the person's loss of eligibility for the waiver funding the service.

Procedure, Notice

- 60 calendar days' written notice for intensive support services.
- 30 calendar days' written notice for basic support services, PCA, and CFSS.

Notice is given to the person, legal representative, and case manager, includes the reason for termination and the person's appeal rights under section 256.045, subdivision 3(a), including temporary stay procedures under section 256.045, subdivisions 4a and 6(c). The Agency documents its efforts, with the support team, to plan for a safe transition before the termination date.

Minn. Stat. § 245D.10, subds. 3a, 3a(e).

CP-OPS-04 CORE OPERATIONS

Person-Centered Planning and Service Delivery (Intensive Support Services)

Purpose

This policy applies to persons receiving an intensive support service identified in Minn. Stat. § 245D.03, subd. 1(c), for example individualized home supports with training or with family training. Persons receiving only basic support services follow the simpler timeline in CP-OPS-05.

Procedure

- The initial planning meeting occurs before 45 days of service are provided, or within 60 calendar days of service initiation, whichever is sooner.
- Within 10 working days of the initial planning meeting, the Agency develops a service plan documenting outcomes and supports, including the methods and actions used to accomplish outcomes, the measurable and observable criteria for identifying when an outcome has been achieved and how data will be collected, the projected start date and review date, and the staff or position responsible for implementing each support. Missing this level of documented detail was cited as a repeat violation in both the 2022 and 2026 correction orders (Citation 8); the Agency's Support Plan Addendum template exists specifically to make this content structurally impossible to omit.
- Within 20 working days of the initial planning meeting, the completed Support Plan Addendum is submitted for signature; if no signature or written objection is received within 10 more working days, it is deemed approved.
- Assessments of a person's ability to self-manage health and medical needs, personal safety, and behavior must accurately reflect that specific person's actual functioning and supervision needs, not a generic or templated conclusion; an assessment that concluded a person could self-manage risks while that same person's support plan documented them as needing constant supervision was cited as a violation in the 2026 correction order (Citation 7, see also CP-SAF-03).

Minn. Stat. §§ 245D.071, subds. 3-4.

CP-OPS-05 CORE OPERATIONS

Basic Support Services, Follow-Up and Progress Reporting

Purpose

This policy applies to persons receiving only basic support services, for example homemaker services, night supervision, in-home respite, or individualized home supports without training.

Procedure

- Within 15 calendar days of service initiation, complete a preliminary Support Plan Addendum.
- Within 60 calendar days of service initiation, review and revise the preliminary Support Plan Addendum to document the services that will be provided, including how, when, and by whom.
- On a semi-annual basis, or more often if requested by the person, legal representative, or case manager, the Agency provides a written report on the person's progress or status. Failing to provide these semi-annual reports on request was cited as a violation in the 2026 correction order (Citation 6); this is now tracked on the Agency's compliance calendar.

Minn. Stat. § 245D.07, subds. 2-3.

CP-OPS-06 CORE OPERATIONS

Safe Transportation

Policy

Staff transport a person served only using a properly licensed and insured vehicle and driver, only for purposes authorized in the person's support plan, and only using the person's own required mobility equipment, restraints, or car seats. Staff never leave a person unattended in a vehicle.

Minn. Stat. § 245D.06, subd. 1.

CP-OPS-07 CORE OPERATIONS

Death of a Person Served

Policy

If a person served dies, staff first ensure the safety of anyone else present, then contact emergency services if death has not already been confirmed by a medical professional, then notify the Designated Coordinator immediately.

- If the person was a vulnerable adult, the death is reported and reviewed under the Agency's maltreatment of vulnerable adults policy (CP-RPT-01) and, where warranted, to MAARC.
- If the person was a minor, the death is reported and reviewed under the Agency's maltreatment of minors policy (CP-RPT-02) and ch. 260E, not MAARC.
- The Agency notifies the case manager, legal representative, and, where required, DHS, and preserves all records related to the person's care.

CP-OPS-08 CORE OPERATIONS

Grievances

Policy

Any person served, legal representative, or case manager may file a grievance about the Agency's services at any time, without fear of retaliation.

Procedure

- Staff assist the person in filing a grievance if asked, and provide contact information for outside agencies, including the Office of Ombudsman for Mental Health and Developmental Disabilities (332 Minnesota Street, Suite W1410, St. Paul, MN 55101, 651-757-1800, toll-free 1-800-657-3506) and the DHS Licensing Division (PO Box 64242, St. Paul, MN 55164-0242, 651-431-6500).
- Grievances are directed to Said Ibrahim, Director, at the Agency's address and phone number, the highest level of authority at the Agency.
- The Agency responds promptly to any grievance involving health or safety; for other grievances, an initial response is provided within 14 days and a resolution within 30 days, unless a documented reason justifies a longer timeline.
- The Agency's review considers whether policy was followed, whether additional training is needed, whether there have been prior similar complaints, and whether corrective action is needed; where warranted, the Agency develops, documents, and implements a corrective action plan.
- The Agency provides its written resolution to both the person and the case manager, and maintains the grievance and resolution in the person's service recipient record.

Minn. Stat. § 245D.10, subd. 2.

CP-OPS-09 CORE OPERATIONS

Providing Policies to Case Managers and Legal Representatives

Policy

Within 5 working days of service initiation, the Agency provides written or electronic copies of its grievance policy, service suspension and termination policy, and emergency use of manual restraint policy to the person's legal representative and case manager. Failing to provide these policies to the case manager on time was cited as a violation in the 2026 correction order (Citation 10).

- The Designated Coordinator logs the date these policies are provided for each person on the Agency's compliance calendar, and confirms delivery before the 5-working-day deadline for every new admission.
- The Agency provides written notice at least 30 days before implementing any procedural revision to a policy affecting rights under section 245D.04 or maltreatment reporting; other policy revisions are communicated at least annually.

Minn. Stat. § 245D.10, subd. 4.

REPORTING & REVIEW

CP-RPT-01 REPORTING & REVIEW

Maltreatment of Vulnerable Adults, Reporting & Internal Review

Policy

Every Agency staff person is a mandated reporter. Any staff person who knows or has reason to believe a vulnerable adult has been maltreated reports it immediately to the Minnesota Adult Abuse Reporting Center (MAARC), 1-844-880-1574, and to the Designated Coordinator.

Individual Abuse Prevention Plans

An IAPP is legally required for each vulnerable adult served, and separately for any person of any age receiving an intensive support service. As Agency policy exceeding this floor, the Agency completes an IAPP for every person served. Each IAPP is reviewed at least annually with the person, legal representative, and case manager; a missed annual review was cited as a violation in the 2026 correction order (Citation 2), where the Agency's own 2026 revisor's definition of "annual" (in or before the same month as the prior year's review) was not met. This annual review is now tracked on the Agency's compliance calendar with a 30-day advance reminder.

Minn. Stat. §§ 245A.65, subds. 1-2; 626.557, subd. 14; 245D.071, subd. 2.

CP-RPT-02 REPORTING & REVIEW

Maltreatment of Minors, Reporting & Internal Review

Policy

Any staff person who knows or has reason to believe a minor served by the Agency has been maltreated reports it immediately to the county child protection agency (common entry point) or law enforcement in the county where the child lives or where the incident occurred, not MAARC, and to the Designated Coordinator.

This duty to report applies regardless of who the suspected abuser is, including the child's own parent or guardian. Staff report what they observed and do not investigate or confront the family themselves.

Minn. Stat. ch. 260E.

CP-RPT-03 REPORTING & REVIEW

Responding to and Reporting Incidents

Policy

Staff report any injury, illness, medication error, environmental hazard, or other reportable incident to the Designated Coordinator immediately, and no later than 24 hours after becoming aware of it, using the Agency's Incident/Emergency Report.

- The Designated Coordinator reviews every incident report, determines whether the support plan, positive support strategies, or assessment need revision, and documents the review.
- Concerns suggesting a billing or documentation integrity issue are escalated immediately for reconciliation against the Agency's monthly billing-to-documentation review (see CP-COM-02).

CP-RPT-04 REPORTING & REVIEW

Positive Support Strategy Review

Policy

The Agency incorporates positive support strategies in writing into each person's support plan or support plan addendum. At least every six months, the Designated Coordinator evaluates with the person whether the identified positive support strategies still meet applicable standards, and determines whether changes are needed.

Failing to complete this six-month review was cited as a repeat violation in both the 2022 and 2026 correction orders (Citation 11). This review is now a standing item on the Agency's compliance calendar, triggered automatically six months after the prior review date for every person served, with a 30-day advance reminder to the Designated Coordinator.

Minn. R. 9544.0030, subp. 1.

SAFETY & RIGHTS

CP-SAF-01 SAFETY & RIGHTS

Emergency Use of Manual Restraint

Policy

CarePro Home Health Care, LLC permits manual restraint only as an emergency response to conduct that poses an imminent risk of physical harm to the person or others, and only when less restrictive interventions would not achieve safety. Manual restraint is used only for the period necessary to eliminate the imminent risk. Prohibited procedures are never used. If a licensed health or mental health professional has determined manual restraint is medically or psychologically contraindicated for a specific person, staff never use it on that person under any circumstance.

Reporting Procedure and Timeframes

- Immediate response: ensure the person's safety, use the least restrictive effective response, release as soon as the imminent risk ends, and check for injuries.
- Within 3 calendar days of the emergency use, the staff person who implemented it reports the incident in writing to the Designated Coordinator, including the staff and persons involved, a description of the physical and social environment and who was present, less restrictive alternatives attempted, the physical/emotional condition of the person restrained and others, any injury, whether a debriefing occurred, and a copy maintained in the person's record. Missing this staff-to-coordinator report was cited as a violation in the 2026 correction order (Citation 4).
- Within 5 working days of the emergency use, the Agency completes and documents an internal review of whether the use met the emergency standard, whether policy was followed, and whether corrective action or additional staff training is needed. This internal review step was also missing in the 2026 citation and must never be skipped.
- Within 5 working days after the internal review, the Agency consults with the expanded support team (including the person, legal representative, and case manager) to review the incident, define the antecedent and perceived function of the behavior, and decide whether the support plan, positive support strategies, or assessment need revision.
- Within 5 working days of the expanded support team review, the Agency submits the report to both the Department of Human Services and the Office of Ombudsman for Mental Health and Developmental Disabilities using the Behavior Intervention Reporting Form (BIRF), DHS-5148, through the DHS online reporting system.
- If emergency use of manual restraint recurs for the same person, the Agency develops and implements a Positive Support Transition Plan using state-prescribed forms, with a mandatory phase-out timeline; this is the only lawful mechanism for any planned restrictive intervention.

Staff Training

All direct support staff are trained on this policy at orientation and at least annually, including the definition of emergency use of manual restraint, prohibited procedures, the person's support plan and positive support strategies, and the reporting timeframes and BIRF process above.

Minn. Stat. § 245D.061; Minn. R. ch. 9544.

CP-SAF-02 SAFETY & RIGHTS

Emergencies and Medical Emergency Authorization

Policy

Before or at service initiation, the Agency obtains a signed statement from each person's legal representative, where one exists, authorizing the Agency to act in a medical emergency when the legal representative cannot be reached or is delayed in arriving, and maintains it in the person's record. Missing this signed authorization for two persons served was cited as a violation in the 2026 correction order (Citation 9).

- In any medical emergency, staff call 911 first, then follow the person's individual emergency procedures, then notify the Designated Coordinator and the person's legal representative and case manager.
- Direct support staff maintain current basic first aid; CPR is required where the person's support plan calls for it, and as Agency policy, all direct support staff maintain current CPR certification regardless.

Minn. Stat. §§ 245D.095, subd. 3; 245D.06, subd. 2.

CP-SAF-03 SAFETY & RIGHTS

Assessment of Support Needs

Policy

Every assessment of a person's ability to self-manage health and medical needs, personal safety, and behavior must be based on that specific person's actual, current functioning, never on a generic template or a prior person's assessment. Where a person's support plan documents a need for constant supervision, for example because the person is a young child, the assessment must reflect that same level of need, not a contradictory conclusion that the person can independently self-manage risk.

Producing an assessment that materially contradicted the person's own documented support plan was cited as a violation in the 2026 correction order (Citation 7). Before finalizing any assessment, the Designated Coordinator cross-checks it against the person's current support plan and resolves any contradiction before the assessment is used.

Minn. Stat. § 245D.071, subd. 3, paragraphs (b), (c).

HEALTH & MEDICATION

CP-HLT-01 HEALTH & MEDICATION

Health Service Coordination

Policy

The Agency coordinates with each person's health care providers as needed to support the outcomes in their support plan, and documents any health-related communication in the person's record.

CP-HLT-02 HEALTH & MEDICATION

Medication Assistance and Administration, Not a Covered Service

Policy

Unless a person's support plan specifically authorizes medication assistance or administration as a covered 245D service, staff do not set up, assist with, or administer medication. Staff may remind a person of a scheduled medication time, but do not physically administer medication or make judgment calls about dosage.

Minn. Stat. § 245D.05.

CP-HLT-03 HEALTH & MEDICATION

Universal Precautions and Sanitary Practices

Policy

Staff use standard infection-control precautions, including hand hygiene and appropriate use of gloves and other protective equipment, when providing personal care or handling bodily fluids, and follow the person's own sanitary and household preferences where they do not conflict with safety.

PCA & CFSS SERVICES

CP-PCA-01 PCA & CFSS SERVICES

Personal Care Assistance (PCA) Service Delivery

Policy

The Agency provides Personal Care Assistance (PCA) services under Minn. Stat. § 256B.0659, delivering only the activities of daily living, instrumental activities of daily living, and health-related tasks authorized in the person's PCA care plan and assessment, performed by a qualified personal care assistant under the required level of supervision.

- Each PCA worker completes required worker qualification training before providing unsupervised services, and the Agency documents this training in the worker's personnel file (see CP-PCA-03 for EVV documentation of each visit).
- PCA services are billed only for time and tasks actually authorized, delivered, and documented; the Agency's monthly billing-to-documentation reconciliation applies equally to PCA services (see CP-COM-02).

Minn. Stat. § 256B.0659.

CP-PCA-02 PCA & CFSS SERVICES

Community First Services and Supports (CFSS), Agency Model

Policy

The Agency provides Community First Services and Supports (CFSS) under the agency-provider model, under Minn. Stat. § 256B.85, delivering services consistent with each person's CFSS Service Delivery Plan and person-centered support plan.

- Under the agency-provider model, the Agency, not the person, is the employer of record for CFSS support workers, and is responsible for worker qualification, training, and supervision.
- CFSS support workers complete required qualification training, documented in the personnel file, before providing unsupervised services.

Minn. Stat. § 256B.85.

CP-PCA-03 PCA & CFSS SERVICES

Electronic Visit Verification (Caretap)

Policy

Federal law (the 21st Century Cures Act) requires electronic verification of PCA and CFSS visits: the type of service, the individual receiving it, the date, the location, the individual providing it, and the time it began and ended. The Agency uses Caretap to capture this information for every PCA and CFSS visit, and Caretap transmits this data to HHAeXchange, Minnesota's state-designated EVV data aggregator.

- Staff clock in when they start and clock out when they finish, at the point of care, not before or after.
- The service recorded must match the service actually provided and the person's authorization; the person must be present, and for active-support services, present and participating.
- Staff never alter or backdate an EVV record; errors are reported to the Designated Coordinator to correct through the proper process. Doing otherwise is Medicaid program integrity fraud.
- The service note and the EVV/time record must agree; a monthly billing-to-documentation reconciliation is completed before claims are submitted.

COMPLIANCE & ETHICS

CP-COM-01 COMPLIANCE & ETHICS

Data Privacy

Policy

The Agency protects the private data of every person served and every employee, consistent with the Minnesota Government Data Practices Act as applicable, Minn. Stat. §§ 13.01-13.10 and 13.46, and HIPAA where the Agency's billed services make it a covered entity. Staff share private information only with people authorized to receive it as part of a person's care.

Minn. Stat. §§ 13.01-13.10, 13.46.

CP-COM-02 COMPLIANCE & ETHICS

Anti-Fraud, Program Integrity, and Billing Accuracy

Policy

The Agency bills only for services actually provided, in compliance with this chapter and each person's federal waiver plan. Progress notes and service documentation must accurately reflect what happened during a visit; billing for a service the record shows was not actually delivered as authorized (for example, respite billed while the person was not present, or training billed while the person was asleep) was cited as a violation in the 2026 correction order (Citation 5), and separately referred to the DHS Office of Inspector General, Program Integrity and Oversight Division.

Procedure

- A monthly billing-to-documentation reconciliation is completed before any Minnesota Health Care Programs claim is submitted; no claim is submitted without a matching, accurate signed service note.
- If the Agency identifies an overpayment, it self-reports and repays within the timeframe required by 42 CFR § 401.305 (the 60-day overpayment rule), and does not alter any record already under DHS or OIG review.
- Incomplete documentation supporting a claim can result in recovery of 20 percent of the claims paid or up to $5,000, whichever is less; repeated violations can result in recovery of up to $5,000 or 20 percent of the claims paid, whichever is greater.

Minn. Stat. §§ 245D.07, subds. 1-2; 256B.064; 42 CFR § 401.305.

HR & CONDUCT

CP-CON-01 HR & CONDUCT

Alcohol, Drug, and Cannabis Use

Policy

No owner, manager, direct support staff person, subcontractor, or volunteer of the Agency may, while directly responsible for the care or supervision of a person served, abuse prescription medication, or be in any manner under the influence of a chemical, including alcohol, illegal drugs, cannabis, or the misuse of legal drugs, that impairs their ability to provide services or care. Minnesota's legalization of recreational cannabis does not change this prohibition.

Reporting and Response

- A staff person who observes another staff person who appears impaired while responsible for a person served immediately removes that individual from direct care duties and notifies the Designated Coordinator without delay.
- A confirmed violation results in immediate removal from direct-care duties pending investigation, and may result in discipline up to and including termination.

Minn. Stat. §§ 245A.04, subd. 1(c); 181.950-181.957.

CP-CON-02 HR & CONDUCT

Staff Orientation and Training

New-Hire Orientation

Within 60 calendar days of hire, the Agency provides and documents completion of orientation covering: job description, functions, and safety/incident reporting; current policies and procedures; data privacy; service recipient rights under section 245D.04; maltreatment reporting under sections 245A.65, 245A.66, 626.557, and chapter 260E; person-centered planning principles; the definitions of manual restraint and restrictive interventions; prohibited procedures; basic first aid; minimizing the risk of sexual violence; and topics specific to the person's caseload. Failing to complete this orientation within 60 days of hire was cited as a violation in the 2026 correction order for two staff persons (Citation 12).

Person-Specific Training

Before a staff person has unsupervised direct contact with a specific person served, the Agency trains that staff person on that person's own support plan and, where applicable, medication procedures, medical equipment, mental health crisis response, and activities of daily living relevant to that person.

Annual Training

Each year, the Agency provides refresher training covering data privacy, service recipient rights, maltreatment reporting, person-centered planning, safe and correct use of manual restraint, prohibited procedures, basic first aid (unless the staff person's certification remains current), and minimizing the risk of sexual violence. Failing to provide this annual training was cited as a violation in the 2026 correction order (Citation 13).

Documentation

The Agency documents every orientation and training in the staff person's personnel record, including the date completed, the number of hours per subject area, and the name of the trainer, as well as the date of the staff person's first supervised and first unsupervised direct contact with a person served. Incomplete personnel records on both counts were cited as a violation in the 2026 correction order (Citation 14). This documentation is tracked on the Agency's compliance calendar with reminders before each 60-day and annual deadline.

Minn. Stat. § 245D.09, subds. 3-5; § 245D.095, subd. 5.

CP-CON-03 HR & CONDUCT

Designated Coordinator and Designated Manager Qualifications and Oversight

Policy

The Agency designates a Designated Coordinator and a Designated Manager who meet the qualifications in Minn. Stat. § 245D.081, subds. 2-3, and verifies and documents those qualifications, including education, work experience, and supervisory experience, using the DHS Designated Coordinator and Designated Manager Verification Form, signed by the Coordinator, the Manager, and the Authorized Agent, before that person begins serving in the role.

Designating a person who did not meet these qualifications, and who did not in turn ensure the requirements underlying Citations 1 through 14 of this manual were met, was cited as a violation in the 2026 correction order (Citation 15).

Ongoing Oversight Duties

- The Designated Coordinator supervises direct support staff, facilitates accomplishment of each person's outcomes, provides instruction and direct observation sufficient to assess staff competency, and evaluates the effectiveness of service delivery against measurable criteria.
- The Designated Manager maintains a current understanding of licensing requirements, ensures the Designated Coordinator's duties are fulfilled, ensures staff competency requirements are met, and evaluates information to develop, document, and implement ongoing program improvements, including maintaining the Agency's compliance calendar and conducting monthly file audits of client and personnel records against a written checklist.

Minn. Stat. § 245D.081, subds. 2-3.

ADOPTION

By signing below, CarePro Home Health Care, LLC adopts this Program Policy Manual in its entirety, superseding all prior versions of the 22 policies listed in the Policy Index.

Signature: _____

Printed Name: _____

Title: _____

Date: _____