

**DHS DIVISION OF LICENSING
Self-Monitoring Checklist**

Home and Community-Based Services Licensed under Minnesota Statutes, chapter 245D

HEALTH SERVICES

Definitions

"Coordinated service and support plan" [CSSP] has the meaning given in sections [256B.0913, subdivision 8](#); [256B.0915, subdivision 6](#); [256B.092, subdivision 1b](#); and [256B.49, subdivision 15](#), or successor provisions [section 245D.02, subdivision 4b].

The CSSP is developed by the case manager in consultation with person and/or their representative. The CSSP provides direction to license holders and assigns responsibilities, including:

- *Services/tasks that the license holder is responsible to implement*
- *Reporting requirements above the minimum reporting required in Chapter 245D*
- *Person-centered planning elements*
- *Additional assessments to be completed by the license holder, if any.*

"Coordinated service and support plan addendum" [CSSP addendum] means the documentation that this chapter requires of the license holder for each person receiving services [section 245D.02, subdivision 4c].

The person's support team or expanded support team must participate in the development of the CSSP addendum. The CSSP addendum is not a single document. It is multiple documents or documentation the license holder is required to develop that identify how services will be delivered in order to meet a person's identified needs and desired outcomes.

Within the scope of services and the responsibilities assigned to the license holder in the CSSP, the CSSP addendum may include the following elements:

- *Documentation when the person's rights have been restricted, including justification and the plan for full restoration of rights [section 245D.04, subdivision 3, paragraph (c)]*
- *Documentation of the health needs procedures, including psychotropic medication monitoring [sections 245D.04, subdivision 3, paragraph (c) and 245D.051]*
- *Reports of incidents [section 245D.06, subdivision 1]*
- *Documentation of the positive support transition plan, when required [section 245D.06, subdivision 8]*
- *Individual abuse prevention plan (IAPP) [section 245A.65, subdivision 2, paragraph (b)]*
- *Assessments and service planning [sections 245D.07, subdivision 2 and 245D.071, subdivision 3]*
- *Documentation of the methods to be used to support a person's identified needs and accomplish identified outcomes [section 245D.071, subdivisions 3 – 5] including:
 *Documentation of any continuous use of permitted actions and procedures [section 245D.06, subdivision 7, paragraphs (b) and (c)] and
 Documentation of the support team's review of emergency use of manual restraint and any changes to the person's service plan [section 245D.061, subdivision 7]**
- *Progress reports and recommendations [sections 245D.07, subdivision 3 and 245D.071, subdivision 5]*

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"Health services" means any service or treatment consistent with the health needs of the person, such as medication administration and monitoring, medical, dental, nutritional, health monitoring, wellness education, and exercise [section 245D.02, subdivision 9].

"Licensed health professional" means a person licensed in Minnesota to practice those professions described in section [214.01, subdivision 2](#) [section 245D.02, subdivision 14].

"Medication" means a prescription drug or over-the-counter drug. For purposes of this chapter, "medication" includes dietary supplements [section 245D.02, subdivision 16].

"Service site" means the location where the service is provided to the person, including, but not limited to, a facility licensed according to chapter 245A; a location where the license holder is the owner, lessor, or tenant; a person's own home; or a community-based location [section 245D.02, subdivision 32].

Key

Language that is contained in [brackets] or *italics* is provided for clarification.

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LAW / RULE CITE	LICENSING STANDARD	RECORD 1	RECORD 2	RECORD 3	NOTES
245D.05	Health Needs The license holder met all requirements for health service needs assigned to the license holder in the CSSP or the CSSP addendum, consistent with the person's health needs.				
245D.03 , Subd. 2, (d)	A license holder providing services licensed according to this chapter in a supervised living facility [SLF] is exempt from compliance with section 245D.05, subdivision 2 [medication administration].				
245D.03, Subd. 2, (e)	A license holder providing residential services to persons in an ICF/DD is exempt from compliance with section 245D.05, subdivision 1b [medication assistance].				
245D.05 , Subd. 1, (a)	<p>Meeting Health Needs The license holder was responsible for meeting health service needs assigned in the CSSP or the CSSP addendum, consistent with the person's health needs.</p> <hr/> <p>Unless directed otherwise in the coordinated service and support plan or the coordinated service and support plan addendum, the license holder promptly notified the person's ___ legal representative, if any, and the ___ case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the license holder in the CSSP or the CSSP addendum, when discovered by the license holder, ___ unless the license holder has reason to know the change has already been reported.</p> <hr/> <p>The license holder documented when the notice was provided.</p>				
245D.05, Subd. 1, (b)	<p>Documentation of How Health Needs Would Be Met If responsibility for meeting the person's health service needs was assigned to the license holder in the CSSP or the CSSP addendum, the license holder maintained documentation on how the person's health needs would be met,</p>				

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	including a description of the procedures the license holder would follow in order to: (1) provide medication setup, assistance, or administration according to this chapter;				
	(2) monitor health conditions according to written instructions from a licensed health professional;				
	(3) assist with or coordinate ___ medical, ___ dental, and ___ other health service appointments; or				
	(4) use medical equipment, devices, or adaptive aides or technology ___ safely and correctly ___ according to written instructions from a licensed health professional.				
245D.05, Subd. 1a	<p><u>Medication Setup</u> For the purposes of this subdivision, "medication setup" means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration when the license holder is assigned responsibility in the CSSP or the CSSP addendum.</p> <p>A prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.</p> <p>If responsibility for medication setup was ___ assigned to the license holder in the CSSP or the CSSP addendum, ___ or if the license holder provided it as part of medication assistance or medication administration, the license holder documented in the person's medication administration record:</p> <p>___ dates of setup;</p> <p>___ name of medication;</p> <p>___ quantity of dose;</p>				

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	<p>___ times to be administered; and</p> <p>___ route of administration at time of setup; and,</p> <p>___ when the person will be away from home, the license holder documented in the person's medication administration record to whom the medications were given</p>				
245D.05, Subd. 1b	<p><u>Medication Assistance</u> For purposes of this subdivision, "medication assistance" means any of the following:</p> <p>(1) bringing to the person and opening a container of previously set up medications, emptying the container into the person's hand, or opening and giving the medications in the original container to the person;</p> <p>(2) bringing to the person liquids or food to accompany the medication; or</p> <p>(3) providing reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or performing regularly scheduled treatments and exercises.</p> <hr/> <p>If responsibility for medication assistance was assigned to the license holder in the CSSP or the CSSP addendum, the license holder ensured that medication assistance was provided in a manner that enabled a person to self-administer medication or treatment when ___the person was capable of directing the person's own care, or ___when the person's legal representative was present and able to direct care for the person.</p> <hr/> <p>The license holder ensured that the requirements in section 245D.05, subdivision 2, paragraph (b), clauses (2) to (4) were met [before providing medication assistance]:</p> <p>(2) The license holder obtained written authorization from the person or the person's legal representative to administer medication or treatment and obtained reauthorization annually as needed.</p> <hr/> <p>If the person or the person's legal representative refused to authorize the license holder to administer medication, the medication was not administered.</p>				

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	The refusal to authorize medication administration was reported to the prescriber as expediently as possible.				
	(3) The staff person responsible for administering the medication or treatment completed medication administration training according to section 245D.09, subdivision 4a , paragraphs (a) and (c), and, as applicable to the person, paragraph (d).				
	(4) For a license holder providing intensive support services, the medication or treatment was administered according to the license holder's medication administration policy and procedures as required under section 245D.11, subdivision 2 , clause (3).				
245D.05, Subd. 2, (a)	<p><u>Medication Administration</u> For purposes of this subdivision, "medication administration" means:</p> <p>(1) checking the person's medication record; (2) preparing the medication as necessary; (3) administering the medication or treatment to the person; (4) documenting the administration of the medication or treatment or the reason for not administering the medication or treatment; and (5) reporting to the prescriber or a nurse any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed. Adverse reactions must be immediately reported to the prescriber or a nurse.</p>				
245D.05, Subd. 2, (b)	(1) If responsibility for medication administration was assigned to the license holder in the CSSP or the CSSP addendum, the license holder implemented medication administration procedures to ensure a person took medications and treatment as prescribed.				
	The license holder ensured that the requirements in clauses (2) to (3) were met before administering medication or treatment.				
	(2) The license holder obtained written authorization from the person or the person's legal representative to administer medication or treatment.				

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	This authorization remained in effect unless it was withdrawn in writing and could be withdrawn at any time.				
	If the person or the person's legal representative refused to authorize the license holder to administer medication, the medication was not administered.				
	The refusal to authorize medication administration was reported to the prescriber as expediently as possible.				
	(3) For a license holder providing intensive support services, the medication or treatment was administered according to the license holder's medication administration policy and procedures as required under section 245D.11, subdivision 2, clause (3).				
245D.05, Subd. 2, (c)	The license holder ensured the following information was documented in the person's medication administration record:				
	(1) Information on any ___risks or ___other side effects that are reasonable to expect, and ___any contraindications to its use.				
	This information [<i>risks, side effects, and contraindications</i>] was readily available to all staff administering the medication;				
	(2) The possible consequences if the medication or treatment is not taken or administered as directed;				
	(3) Instruction on when and to whom to report the following: (i) if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and				
	(ii) the occurrence of possible adverse reactions to the medication or treatment;				
	(4) Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and				

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	Notation of when a medication or treatment was started, administered, changed, or discontinued.				
245D.05, Subd. 4, (a)	<p><u>Reviewing and Reporting Medication and Treatment Issues</u> When assigned responsibility for medication administration, the license holder ensured that the information maintained in the medication administration record was current and was regularly reviewed to identify medication administration errors.</p> <p>At a minimum, the review was conducted every three months, or more frequently as directed in the CSSP or the CSSP addendum or as requested by the person or the person's legal representative.</p>				
245D.05, Subd. 4, (b)	<p>Based on the review, the license holder developed and implemented a plan to correct patterns of medication administration errors when identified.</p> <p>If assigned responsibility for medication assistance or medication administration, the license holder reported the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or the CSSP addendum:</p> <p>(1) Any reports required under subdivision 2, paragraph (c), clause (4);</p> <p>(2) A person's refusal or failure to take or receive medication or treatment as prescribed; or</p> <p>(3) Concerns about a person's self-administration of medication or treatment.</p>				

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245D.05, Subd. 5	<p><u>Injectable Medications</u> Injectable medications were administered according to a prescriber's order and written instructions when one of the following conditions were met:</p> <p>(1) A register nurse or licensed practical nurse administered injection; (2) A supervising registered nurse with a physician's order was delegated the administration of injectable medication to an unlicensed staff member and provided the necessary training; or (3) There was an agreement signed by the license holder, the prescriber, and the person or the person's legal representative specifying what injections may be given, when, how, and that the prescriber retained responsibility for the license holder's giving the injections.</p>				
	A copy of the agreement was placed in the person's service recipient record.				
	Only licensed health professionals were allowed to administer psychotropic medications by injection.				
245D.06, Subd. 2, (1), (iv)	<p><u>First Aid & CPR</u> The license holder met all requirements for having a staff person available trained in first aid and, if needed, CPR.</p>				
245D.06, Subd. 2, (1), (iv)	<p><u>Staff Trained in First Aid</u> A staff person was available at the service site that was trained in basic first aid whenever persons are present and staff was required to be at the site to provide direct service.</p> <ul style="list-style-type: none"> ▪ <i>Only applies if the license holder was the owner, lessor, or tenant of the service site.</i> ▪ <i>If the license holder's policies and procedures or a person's CSSP or CSSP addendum stated that <u>all</u> staff will be trained in First Aid then the license holder also met that requirement.</i> 				

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	<p><u>Staff Trained in CPR if Needed</u> A staff person was available at the service site that was trained in cardiopulmonary resuscitation (CPR) whenever persons were present and staff was required to be at the site to provide direct service.</p> <ul style="list-style-type: none"> ▪ <i>Only applies if the license holder was the owner, lessor, or tenant of the service site <u>and</u> was required in a person's CSSP or CSSP addendum.</i> ▪ <i>If the license holder's policies and procedures or a person's CSSP or CSSP addendum stated that <u>all</u> staff will be trained in CPR then the license holder also met that requirement.</i> <hr/> <p>The CPR training included <input type="checkbox"/> in-person instruction, <input type="checkbox"/> hands-on practice, and <input type="checkbox"/> an observed skills assessment under the direct supervision of a CPR instructor.</p>				
245D.09, Subd. 1	<p><u>Staffing Requirements</u> The license holder met the staffing requirements [meaning there were a sufficient number of competent staff available] to ensure the health, safety, and protection of rights of each person and to be able to implement each person's plan.</p>				
	<p>The license holder provided the level of direct service support staff supervision, assistance, and training necessary so they:</p> <hr/> <p>(1) ensured the health, safety, and protection of rights of each person; and</p> <hr/> <p>(2) implemented the responsibilities assigned to the license holder in each person's CSSP or identified in the CSSP addendum, according to the requirements of this chapter.</p>				
245D.09	<p><u>Staff Qualifications</u> The license holder ensured that staff was qualified and competent to meet the person's health needs.</p>				

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245D.09, Subd. 3, (a)	<p><u>Staff Competence</u> The license holder ensured that staff providing direct support, or staff who had responsibilities related to supervising or managing the provision of direct support service, were competent as demonstrated through skills and knowledge training, experience, and education to meet the person's needs and additional requirements as written in the CSSP or CSSP addendum, or when otherwise required by the case manager or the federal waiver plan.</p>				
245D.09, Subd. 3, (b)	<p><u>Minimum Age Requirements</u> Staff under 18 years of age did not perform overnight duties or administer medication.</p>				
245D.09, Subd. 4a	<p><u>Staff Orientation</u> The license holder ensured that staff providing direct service received orientation as required.</p>				
245D.09, Subd. 4a, (d)	<p><u>Medication Administration Orientation & Training</u> The staff person reviewed and received instruction on medication administration procedures established for the person when medication administration was assigned to the license holder according to section 245D.05, subdivision 1, paragraph (b).</p> <hr/> <p>Unlicensed staff administered medications only after successful completion of a medication administration training, from a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician.</p> <hr/> <p><u>Observed Skill Assessment</u> The training curriculum incorporated an observed skill assessment conducted by the trainer to ensure staff demonstrated the ability to safely and correctly follow medication procedures.</p>				

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	<p>The medication administration was taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person had or developed a health care condition that affected the service options available to the person because the condition required:</p> <p>(1) specialized or intensive medical or nursing supervision; and (2) nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.</p>				
245D.09, Subd. 4a, (e)	<p>The staff person reviewed and received instruction on the safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, including but not limited to ventilators, feeding tubes, or endotracheal tubes.</p>				
	<p>The training was provided by a licensed health care professional or a manufacturer's representative.</p>				
	<p>The training incorporated an observed skill assessment to ensure staff demonstrated the ability to safely and correctly operate the equipment according to the treatment orders and the manufacturer's instructions.</p>				
<u>245D.11,</u> Subd. 2	<p><u>Program Medication Administration Policies & Procedures</u> The license holder implemented the program's policies and procedures that promote health and safety.</p>				
	<p><u>Policies & Procedures – Intensive Support Services</u> The license holder ensured that staff implemented the program's policies and procedures that promote health and safety, including:</p> <p>(1) Use of universal precautions and sanitary practices; (2) Health service coordination and care for residential programs; (3) Safe medication assistance and administration; (4) Safe transportation; (5) Emergency response and reporting; (6) Incident response and reporting; and (7) Reviewing emergencies and incidents.</p>				

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245D.051	Psychotropic Medication Use and Monitoring The license holder met all requirements for psychotropic medication use and monitoring as assigned to the license holder in the CSSP or the CSSP addendum, consistent with the person's health needs.				
245D.051, Subd. 1	For the purposes of this section, "target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation.				
245D.051, Subd. 1, (a)	<u>Conditions for Psychotropic Medication Administration</u> When a person is prescribed a psychotropic medication and the license holder is assigned responsibility for administration of the medication in the person's CSSP or CSSP addendum, the license holder ensured that the requirements in paragraphs (b) and (c) and section 245D.05, subdivision 2, were met.				
245D.051, Subd. 1, (b)	<u>Documentation for Psychotropic Medications</u> The license holder ___developed, ___implemented, and ___maintained the following documentation in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071 : (1) a description of the target symptoms that the psychotropic medication is to alleviate; and (2) documentation methods the license holder used to monitor and measure changes in the target symptoms that are to be alleviated by the psychotropic medication if required by the prescriber. The license holder collected and reported on medication and symptom-related data as instructed by the prescriber. The license holder provided the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.				

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245D.051, Subd. 2	<u>Refusal to Authorize Psychotropic Medication</u> If the person or the person's legal representative refused to authorize the administration of a psychotropic medication as ordered by the prescriber, the license holder did not administer the medication.				
	The refusal to authorize medication administration was reported to the prescriber as expediently as possible.				
	After reporting the refusal to the prescriber, the license holder followed any directives or orders given by the prescriber.				
	A refusal was not overridden without a court order.				
	Refusal to authorize administration of a specific psychotropic medication was not used as grounds for service termination and did not constitute an emergency.				
	A decision to terminate services was reached in compliance with section 245D.10, subdivision 3 [policy and procedures for service termination].				