

Jensen v. Minnesota Department of Human Services, No. 09-CV-1775

Class Action Settlement Agreement, Dkt. 104 (filed June 23, 2011)

DEFENDANTS' STATUS REPORT
Monthly Data Covering December 5, 2011, through August 31, 2012

8/6/12 Version

David Ferleger
Independent Advisor and Monitor

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STATUS REPORTS

1. Defendants' status reports will be submitted every two months.
2. The first status report will cover December 5, 2011, to August 31, 2012. Under the Court's July 17, 2012 Order, the first status report is due September 17, 2012.
3. Each report (after the first report) will cover the prior two calendar months. The reports will be due on the 17th of the month.
4. Each section of the status report begins with the text of the settlement. This is followed by a grid. The grid's fields consist of:
 - *Evaluation Criteria*: Based on the settlement provisions. The "ECs" will be used to assess compliance.
 - *Person Responsible*: The state official/staff who is specifically responsible for implementation of the listed item.
 - *Documentation for Verification*: A designation of the documentation material which supports and demonstrates the status of compliance. The documentation shall be submitted separately with each status report.
 - *Next Steps*: A summary of the next steps planned by the Person Responsible (and any other appropriate person/agency) to achieve or maintain compliance.
 - *Status*: A statement of the status of the item, for example, "completed," "completed [date]," "incomplete," or "not in compliance," or "maintaining compliance," or an identification of a percentage compliance level, or a note of another conclusion regarding the status of compliance for the item.
5. For convenience, original Settlement Agreement section numbering is maintained (*e.g.*, IV. METO CLOSURE). The alphabetical sub-section headings are also maintained.

SCOPE

“Scope: The scope of DHS obligations regarding people with developmental disabilities in this Agreement pertain only to the residents of the Facility, with the exception of the provisions of Recitals, Paragraph 7, and Section X, ‘Systemwide Improvements.’” (Section III.F.)

Recitals, Par. 7.

“The State of Minnesota further declares, as a top concern, the safety and quality of life of the Residents of the Facility. The State agrees that its goal is to provide these residents with a safe and humane living environment free from abuse and neglect. The State also agrees that its goal is to utilize the Rule 40 Committee and Olmstead Committee process described in this Agreement to extend the application of the provisions in this Agreement to all state operated locations serving people with developmental disabilities with severe behavioral problems or other conditions that would qualify for admission to METO, its Cambridge, Minnesota successor, or the two new adult foster care transitional homes.”

Section X includes:

- A. Expansion of Community Support Services (long term monitoring, crisis management, training). This Section X.A. consists of “goals and objectives; they do not constitute requirements.” Sec. X.A.1.
- B. Olmstead Plan
- C. Rule 40
- D. Minnesota Security Hospital
- E. Anoka Metro Regional Treatment Center

IV. METO CLOSURE

The METO program will be closed by June 30, 2011. Any successor to METO shall: (1) comply with the U.S. Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999); (2) utilize person centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, *Standards of Practice for Positive Behavior Supports* (<http://apbs.org>) (February, 2007); (3) be licensed to serve people with developmental disabilities; (4) only serve "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety" pursuant to METO's original statutory charge under Minn. Stat. § 252.025, subd. 7; and (5) notify parents and guardians of residents, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility.

Section IV

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
1. METO closed by June 30, 2011.	Doug Seiler	The METO program closed 6-30-11. The document provided is the letter confirming the new tax ID number issued by the IRS, (exhibit 1A)		Completed 6-30-11
2. METO successors comply <i>Olmstead v. L.C.</i>	Doug Seiler Roger Deneen	The Department will be issuing a Departmental Bulletin notifying interested parties of the purpose of the program and its admission, continued stay criteria, and discharge criteria. The draft bulletin is exhibit 2 A The MSHS-Cambridge sought and was granted	Finalize the bulletin after the 9-20-12 meeting between parties and monitor	

			<p>from DHS Licensing, a variance. This variance was necessary to adapt the program to a short term intensive treatment setting designed to return the individual to the most integrated setting in accordance with Olmstead verses a residential program and to adopt specific components of the settlement agreement related to the prohibited techniques and use of emergency restraint.</p> <p>Licensing variance is exhibit 2B</p>	
<p>3. METO successors utilize person centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Assoc. of Positive Behavior Supports, <i>Standards of Practice for Positive Behavior Supports</i></p>	<p>Doug Seiler Roger Deneen</p>	<p>Draft Departmental Bulletin Exhibit 2A</p> <p>Policy on Therapeutic Interventions and Emergency use of Personal Safety Techniques Exhibit 3A</p>		
<p>4. METO successors serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."</p>	<p>Doug Seiler Roger Deneen</p>	<p>Draft Departmental Bulletin Exhibit 2A</p>		
<p>5. METO successors notify parents and guardians of</p>	<p>Doug Seiler Roger Deneen</p>	<p>Annual Survey of individuals served,</p>	<p>Facilities will issue the first survey to individuals</p>	

residents, at least annually, of their opportunity to comment in writing, by e-mail, and in person, on the operation of the Facility		families, and guardians	served, families, and guardians no later than 9-30-12		
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V.A. PROHIBITED TECHNIQUES – RESTRAINT

A. Except as provided in subpart V. B., below, the State and DHS shall immediately and permanently discontinue the use of mechanical restraint (including metal law enforcement-type handcuffs and leg hobbles, cable tie cuffs, PlastiCuffs, FlexiCuffs, soft cuffs, poesy cuffs, and any other mechanical means to restrain), manual restraint, prone restraint, chemical restraint, seclusion, and the use of painful techniques to induce changes in behavior through punishment of residents with developmental disabilities. Medical restraint and psychotropic and/or neuroleptic medications shall not be administered to residents for punishment, in lieu of adequate and appropriate habilitation, skills training and behavior supports plans, for the convenience of staff and/or as a form of behavior modification.

Section V.A

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
6. The State/DHS immediately and permanently discontinued all the prohibited restraints and techniques.	Doug Seiler Roger Deneen	Policy on Therapeutic Interventions and Emergency use of Personal Safety Techniques (Exhibit 3A)	Continue monitoring	
7. The State/DHS has not used any of the prohibited restraints and techniques.	Doug Seiler Roger Deneen	During the interval of this status report there were no reports of the use of prohibited restraints and techniques.	Continue monitoring	
<i>See quotations in "Comments" below for the exceptions are provided in V.B</i>				

<p>8. Medical restraint and psychotropic/ neuroleptic medication have not been administered to residents for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience or as behavior modification.</p>	<p>Doug Seiler Roger Deneen</p>	<p>During the interval of this status report there were no reports of the use of medical restraint or psychotropic/neuroleptic medication for punishment, in lieu of habilitation, training, behavior support plans, for staff convenience, or as behavior modification.</p>	<p>Continue monitoring</p>	
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V. B. PROHIBITED TECHNIQUES - POLICY

B. Policy. Notwithstanding subpart V. A. above, the Facility's policy, "Therapeutic Interventions and Emergency Use of Personal Safety Techniques," Attachment A to this Agreement, defines manual restraint, mechanical restraint, and emergency, and provides that certain specified manual and mechanical restraints shall only be used in the event of an emergency. This policy also prohibits the use of prone restraint, chemical restraint, seclusion and time out. Attachment A is incorporated into this Agreement by reference.

Section V.B

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
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<p>There were instances of the specified manual /mechanical restraint.</p> <p>Yes <input checked="" type="checkbox"/> No</p> <p>Number of instances: 7</p>		<p>Each instance of the use of emergency restraint will result in the following documents being included in this report:</p> <p>DHS form 3652 Documentation for the Implementation of Controlled Procedure</p> <p>DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure</p> <p>Individual Progress notes</p> <p>Use of Manual Restraint Review</p>		
<p>9. The restraints are used only in an emergency. SAME REQUIREMENT IS AT SECTION V.E. BELOW. THE REQUIREMENT IS EVALUATED HERE ONLY.</p>	<p>Doug Seiler Roger Deneen</p>	<p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G</p>	<p>Continue monitoring</p>	

<p>10. The Policy (Att. A) was followed in each instance of manual/mechanical restraint.</p>	<p>Doug Seiler Roger Deneen</p>	<p>In exhibit 9A the facility did not provide timely notice to some of the mandated parties. DHS form 3653 was not completed as the individual was discharged to a community psychiatric hospital.</p> <p>In exhibit 9C DHS form 3653 was not completed as the individual was discharged to a community psychiatric hospital.</p>	<p>Continue monitoring</p>
<p>11. There were no instances of prone restraint, chemical restraint, seclusion or time out.</p>	<p>Doug Seiler Roger Deneen</p>	<p>During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.</p>	<p>Continue monitoring</p>
<p>Seclusion is evaluated under Section V.C. Chemical restraint is evaluated under Section V.D.</p>		<p>“Emergency:” “Situations when the client’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.” (Settlement, App. A).</p>	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.C. PROHIBITED TECHNIQUES – SECLUSION AND TIME OUT FROM POSITIVE REINFORCEMENT

C. Seclusion and Time Out from Positive Reinforcement.

1. The Facility's use of seclusion is prohibited.
2. Seclusion means the placement of a person alone in a room from which egress is: a. noncontingent on the person's behavior; or b. prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the person from leaving the room.
3. The Facility's use of Room Time out from positive reinforcement is prohibited.
4. Time out means removing a person from the opportunity to gain positive reinforcement and is employed when a person demonstrates a behavior identified in the individual program plan for reduction or elimination. Room time out means removing a person from an ongoing activity to a room (either locked or unlocked).

Section V.C

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
12. There were zero instances of the use of Seclusion.	Doug Seiler Roger Deneen	During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.	Continue monitoring	
13. There were zero instances of the use of Room Time Out from Positive Reinforcement.	Doug Seiler Roger Deneen	During the interval of this status report there were no reports of the use of prone restraint, chemical restraint, seclusion, or time out.	Continue monitoring	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.D. PROHIBITED TECHNIQUES – CHEMICAL RESTRAINT

D. Chemical Restraint. The Facility shall not use chemical restraint. 1. A chemical restraint is the administration of a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition. 2. Orders or prescriptions for the administration of medications to be used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement shall not be written as a standing order or on an as-needed basis (PRN).

Section V.D

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
14. There were zero instances of drug / medication use to manage resident behavior OR to restrain freedom of movement.	Alan Radke	During the interval of this status report there were no reported instances of drug/medication use to manage resident behavior or to restrain freedom of movement	Continue monitoring	
15. There were zero instances of PRN orders (standing orders) of drug/ medication used to manage behavior or restrict freedom of movement.	Alan Radke	During the interval of this status report there were no reported instances of PRN orders (standing orders) of drug/medication used to manage behavior or restrict freedom of movement	Continue monitoring	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.E. PROHIBITED TECHNIQUES – THIRD PARTY EXPERT

E. Third Party Expert. The Department shall establish a protocol to contact, on a rotating basis, a qualified Third Party Expert from a list of at least five (5) qualified Third Party Experts pre-approved by Plaintiffs and Defendants. The costs for the Third Party Expert shall be paid by the Department. This consultation shall occur as soon as reasonably possible upon the emergency presenting but no later than thirty (30) minutes after an emergency use of restraint consistent with the Facility's policy, *Therapeutic Interventions and Emergency Use of Personal Safety Techniques*, Attachment A to this Agreement. The Facility staff shall consult with the Third Party Expert in order to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the scheduled qualified Third Party Expert is not immediately available, DHS shall then utilize the Medical Officer Review protocol as described in subpart V.F, below. If the parties cannot develop the qualified list of Third Party Experts within 30 days of final approval of this Agreement, DHS shall utilize the Medical Officer Review described in subpart V. F, below.

Section V.E

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
16. There is a protocol to contact a qualified Third Party Expert.		The Department was not able to secure the services of qualified Third Party Experts. In accordance with section V. F. of the Settlement Agreement the Medical Officer Review was initiated.	Discuss on 9-20-12 with parties and monitor	
17. There is a list of at least 5 Experts pre-approved by Plaintiffs & Defendants.				
18. DHS has paid the Experts for the consultations.				
19. A listed Expert has been contacted in each instance of emergency use of restraint.				
20. Each consultation occurred no later than 30 minutes after presentation of the emergency.				

<p>21. Each use of restraint was an "emergency." THIS REQUIREMENT IS EVALUATED AT E.C. ABOVE.</p>				
<p>22. The consultation with the Expert was to obtain professional assistance to abate the emergency condition, including the use of positive behavioral supports techniques, safety techniques, and other best practices. If the Expert was not available, See V.F. below.</p>				

“Emergency:” “Situations when the client’s conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.” Settlement, App. A.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.F. PROHIBITED TECHNIQUES – MEDICAL OFFICER REVIEW

F. Medical Officer Review. No later than thirty (30) minutes after an emergency use of restraint begins, the responsible supervisor shall contact the Department's medical officer on call in order that the medical officer may assess the situation, suggest strategies for de-escalating the situation, and approve of or discontinue the use of restraint. The consultation with the medical officer shall be documented in the resident's medical record.

Section V.F

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p>There were instances of the specified manual /mechanical restraint.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Number of instances: 7</p>	<p>Doug Seiler Roger Deneen</p>	<p>Each instance of the use of emergency restraint will result in the following documents being included in this report:</p> <p>DHS form 3652 Documentation for the Implementation of Controlled Procedure</p> <p>DHS form 3653 Consultation with Expanded Interdisciplinary Team Following Emergency Use of Controlled Procedure</p> <p>Individual Progress notes Use of Manual Restraint Review</p>		

<p>23. The responsible supervisor contacted the DHS medical officer on call not later than 30 minutes after the emergency restraint use began.</p>	<p>Doug Seiler Roger Deneen</p>	<p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"</p>	<p>Continue monitoring</p>	
<p>24. The medical officer assessed the situation, suggested strategies for de-escalating the situation, and approved of or discontinued the use of restraint.</p>	<p>Alan Radke</p>	<p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"</p>	<p>Continue monitoring</p>	
<p>25. The consultation with the medical officer was documented in the resident's medical record.</p>	<p>Doug Seiler Roger Deneen</p>	<p>Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Page 2 under section "Third Party Expert Consulted"</p>	<p>Continue monitoring</p>	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.G. PROHIBITED TECHNIQUES – ZERO TOLERANCE FOR ABUSE AND NEGLECT

G. Zero Tolerance for Abuse and Neglect. The State affirms its commitment to comply with the reporting requirements relating to abuse of vulnerable persons pursuant to Minn. Stat. § 626.557 *et seq.* The State's goal is to achieve "zero tolerance" for abuse (including verbal, mental, sexual, or physical abuse) and neglect, whether from other residents or from staff. Any staff member who has committed staff on resident abuse or neglect shall be disciplined pursuant to DHS policies and the collective bargaining agreement, if applicable. Where appropriate, the State shall refer matters of suspected abuse or neglect to the county attorney for criminal prosecution.

Section V.G

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
There were allegations of abuse (including verbal, mental, sexual, or physical abuse) or neglect. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Number of allegations: 2	Doug Seiler Roger Deneen	Incident reports and reports of suspected maltreatment		
26. All allegations were fully investigated and conclusions were reached.	Doug Seiler Roger Deneen	Policy on Zero Tolerance for Abuse and Neglect of Vulnerable Adults and Minors. (Exhibit 26A) There have been two reports of suspected abuse/neglect. Both occurred in the transitional foster care site. Neither report was substantiated. (Exhibit 26B 26C)	Continue monitoring	

<p>27. All staff members found to have committed abuse or neglect were disciplined pursuant to DHS policies and collective bargaining agreement, if applicable.</p>	<p>Doug Seiler Roger Deneen</p>				
<p>28. Where appropriate, the State referred matters of suspected abuse of neglect to the county attorney for criminal prosecution.</p>	<p>Doug Seiler Roger Deneen</p>				

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VIA. RESTRAINT REPORTING AND MANAGEMENT – REPORTING WITH FORM 31032

A. METO Form 31032 (Attachment C "Documentation of Implementation of Controlled Procedures") shall be completed by the end of the shift during which use is made of manual or mechanical restraint. Attachment C is incorporated into this Agreement by reference.

Section VI.A

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
29. Form 3652 was fully completed whenever use was made of manual or mechanical restraint.	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.	Continue monitoring	
30. For each use, Form 3652 was timely completed, that is, by the end of the shift.	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.	Continue monitoring	
31. Each Form 3652 indicates that no prohibited restraint was used.	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.	Continue monitoring	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VI.B. RESTRAINT REPORTING AND MANAGEMENT – 24 HOURS TO REPORT

B. DHS shall undertake reasonable efforts to submit within twenty four (24) hours, but no later than one (1) business day, the completed METO Form 31032 by electronic means, fax or personal delivery, to the following: a. Office of Health Facility Complaints ("OHFC"); b. Ombudsman for Mental Health and Developmental Disabilities; c. DHS Licensing; d. DHS Internal Reviewer; e. Client's family and/or legal representative; f. Case manager; g. Plaintiffs' counsel.

Section VI.B

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
Within 24 hours, and no later than one business day, Form 3652 in each instance was submitted to:	Doug Seiler Roger Deneen	Emergency use of restraint initiated 1-29-12 was not reported to all parties within the prescribed 24-hour period (Exhibit 9A) Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.	Continue monitoring	
32. ... Office of Health Facility Compliance	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		
33. ... Ombudsman for MH & DD	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		
34. ... DHS Licensing	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		
35. ... DHS Internal Reviewer	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		
36. ... Client's family and/or legal representative	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		
37. ... Case manager	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		
38. ... Plaintiffs' counsel	Doug Seiler Roger Deneen	Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G.		

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

V.I.C. RESTRAINT REPORTING AND MANAGEMENT – NOT REPLACE OTHER

C. The reporting requirements in this Section VI shall not replace any other applicable requirement for incident reporting, investigation, analysis and follow up.

Section V.I.C

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
Following are other applicable requirements for incident reporting, investigation, analysis and follow up.	Doug Seiler Roger Deneen	Reports of suspected abuse or neglect	Continue monitoring	
39. Those other reports, investigations, analyses and follow up were made in each case of restraint use.	Doug Seiler Roger Deneen	There have been no reports of suspected abuse or neglect pertaining to the 7 incidents of the use of emergency restraint	Continue monitoring	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VII.A. INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – INTERNAL REVIEWER

In order to monitor the Facility's use of manual and mechanical restraints, the Department will utilize one of its qualified employees as an internal reviewer and shall fund the costs of the external reviewer within the Office of Health Facility Complaints.

A. Internal Reviewer.

1. The Department shall designate one employee with responsibility for monitoring the Facility's use of restraints ("internal reviewer"). Presently this is Richard S. Amado, Ph.D., Director of the Department's Office for Innovation in Clinical and Person Centered Excellence, whose duties include a focus on the elimination of restraints.
2. The Facility shall complete METO Form 31032 and provide it to the internal reviewer, and all others listed in Section VI. B., above, within twenty-four (24) hours of the use of manual or mechanical restraint. 3. The internal reviewer shall consult with staff at the Facility in order to assist eliminating the use of manual and mechanical restraints.

Section VII.A

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
40. DHS designated one employee (Richard S. Amado, Ph.D.) with responsibility for monitoring the Facility's use of restraints as the Internal Reviewer.	Doug Seiler	Position description for internal expert (exhibit 40A)		
41. The Facility provided Form 31032 to the Internal Reviewer within 24 hours of the use of manual or mechanical restraint	Doug Seiler	Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G	Continue monitoring	
42. The Internal Reviewer consulted with Facility staff to assist eliminating the use of manual and mechanical restraints.	Rick Amado	Use of Manual Restraint Review included in Exhibits 9A, 9B, 9C, 9D, 9E, 9F, and 9G	Discuss with parties and monitor 8-20-12	

"Facility: Facility means the Minnesota Extended Treatment Options ("METO") program, its Cambridge, Minnesota successor, and the two new adult foster care transitional homes to which residents of METO have been or may be transferred." Sec. III.B.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VII.B. INTERNAL AND EXTERNAL REVIEW OF THE USE OF RESTRAINTS – EXTERNAL REVIEWER

B. External Reviewer.

1. The external reviewer will be approved by Plaintiffs and Defendants before hire and will be an employee of the Office of Health Facility Complaints, Minnesota Department of Health and shall have full enforcement authority consistent with the Office of Health Facility Complaints, as set forth in Minn. Stat. § 144A.53, *et. seq.*
2. DHS will fund the costs of the external reviewer.
3. The external reviewer will have the following credentials:
 - a. Ph.D. in psychology, education, clinical social work, or a related field;
 - b. Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level;
 - c. Experience in person centered planning;
 - d. Experience using the integration of diagnostic findings, assessment results and intervention recommendations across disciplines in order to create an individual program plan;
 - e. Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications.
4. Every three (3) months, the external reviewer shall issue a written report informing the Department whether the Facility is in substantial compliance with this Agreement and the policies incorporated herein. The report shall enumerate the factual basis for its conclusion and may make recommendations and offer technical assistance. The external reviewer shall provide Plaintiffs and the Department with a draft report. The Plaintiffs and the Department will have fifteen (15) business days to provide written comment. The external reviewer's final report shall be issued to Plaintiffs and the Department thereafter.
5. The external reviewer shall issue quarterly reports to the Court for the duration of this Agreement. The reports shall describe whether the Facility is operating consistent with best practices, and with this Agreement. The external reviewer's reports shall be filed on the Court's public electronic court filing system, or any successor system, with appropriate redaction of the identities of residents or other personal data information that is statutorily protected from public disclosure.
6. The external reviewer shall not be a "Special Master" nor "Court Appointed Monitor." The external reviewer shall have full enforcement authority consistent with the Office of Health Facility Complaints' authority set forth in Minn. Stat. § 144A.53, *et. seq.*
7. In addition to the external reviewer's authority described above, the following shall have access to the Facility and its records, including of residents for the purpose of ascertaining whether the Facility is complying with this Agreement: a. The Office of Ombudsman for Mental Health and Developmental Disabilities, consistent with its authority under Minn. Stat. § 245.94. This Settlement Agreement shall be deemed adequate basis for the Office of Ombudsman to exercise its powers under Minn. Stat. § 245.94, subd. 1. b. The Disability Law Center, consistent with its authority under 42 U.S.C. § 15043. This Settlement Agreement shall be deemed adequate basis for the Disability Law Center, as the designated Protection and Advocacy organization in Minnesota, to exercise its authority under 42 U.S.C. § 15043. c. Plaintiffs' counsel, upon notice to and coordination with, the Minnesota Attorney General's Office and pursuant to the Protective Order in this case.

Section VII.B

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
43. There is an External Reviewer.	Minnesota Department of Health	The External Reviewer is not in place	Recruitment is on going	See discussion between the parties and court monitor 9-20-12
44. The External Reviewer was approved by the Plaintiffs and Defendants before hire.	Minnesota Department of Health	Both the Plaintiffs' consultants and the Defendant are engaged in the interviewing of candidates		
45. The External Reviewer is an employee of the Office of Health Facility Complaints, Minnesota Department of Health.	Minnesota Department of Health			
46. The External Reviewer has full enforcement authority consistent with the Office of Health Facility Complaints' authority, as set forth in Minn. Stat. § 144A.53, <i>et. seq.</i>	Minnesota Department of Health			
47. DHS funds the costs of the external reviewer.		Interagency Agreement Exhibit 47 A		Completed

<p>48. The External Reviewer has all the following credentials:</p> <ul style="list-style-type: none"> a. Ph.D. in psychology, education, clinical social work, or a related field; b. Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level; c. Experience in person centered planning; d. Experience using the integration of diagnostic findings, assessment results and intervention recommendations across disciplines in order to create an individual program plan; e. Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications. 	<p>Minnesota Department of Health</p>			
<p>49. After providing Plaintiffs and the Department the opportunity to review and comment on a draft, the External Reviewer issued written quarterly reports (beginning 3/5/12) informing the Department whether the Facility is in substantial compliance with the Agreement and the incorporated policies, enumerating the factual basis for its conclusions.</p>	<p>Minnesota Department of Health</p>			
<p>50. There are recommendations and offers of technical assistance.</p>	<p>Minnesota Department of Health</p>			

<p>51. The External Reviewer filed the quarterly reports with the Court.</p>	<p>Minnesota Department of Health</p>			
<p>52. The following have access to the Facility and its records: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' counsel.</p>	<p>Doug Seiler Roger Deneen</p>	<p>There have been no reports from the Ombudsman, Disability Law Center, or Plaintiff's counsel regarding problems in accessing the programs.</p>	<p>Continue monitoring</p>	
<p>53. The following exercised their access authority: The Office of Ombudsman for Mental Health and Developmental Disabilities, The Disability Law Center, and Plaintiffs' counsel</p>	<p>The Office of Ombudsman for Mental Health & Developmental Disabilities, The Disability Law Center, and Plaintiffs' counsel</p>			

“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

VIII. TRANSITION PLANNING

The State shall undertake best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. The State shall actively pursue the appropriate discharge of residents and provide them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and where the individual does not object. Each resident and the resident's family and/or legal representative shall be permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she prefers. To foster each resident's self-determination and independence, the State shall use person centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs. Each resident shall be given the opportunity to express a choice regarding preferred activities that contribute to a quality life. The State shall undertake best efforts to provide each resident with reasonable placement alternatives. It is the State's goal that all residents be served in integrated community settings with adequate protections, supports, and other necessary resources which are identified as available by service coordination. This paragraph shall be implemented in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999).

Section VIII

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p>54. The State has undertaken best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>List of individuals discharged from MSHS Cambridge since 12-5-11 (Exhibit 54A). Of the fourteen people, nine had formal discharge plans. Three individuals were transferred and two individuals were taken to jails. Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	

<p>55. The State actively pursued the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and where the individual does not object.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	
<p>56. Each resident and the resident's family and/or legal representative has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	
<p>57. To foster each resident's self-determination and independence, the State used person centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	
<p>58. Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	
<p>59. The State undertakes best efforts to provide each resident with reasonable placement alternatives.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	

<p>60. The provisions under this Section have been implemented in accord with the <i>Olmstead</i> decision.</p>	<p>Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Individual's treatment plan and discharge plan Exhibits 54 B, 54 C, 54 D, 54E, 54F, 54G, 54H, 54I, 54J, 54K, 54L, 54M, 54N</p>	<p>Continue monitoring</p>	
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.A. OTHER PRACTICES AT THE FACILITY – STAFF TRAINING

A. The Facility treatment staff shall receive training in positive behavioral supports, person centered approaches, therapeutic interventions, personal safety techniques, crisis intervention, and post crisis evaluation. The training is explained more fully in Attachment B which is incorporated into this Agreement by reference. All training shall be consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, *Standards of Practice for Positive Behavior Supports* (<http://apbs.org>) (February, 2007).

Section IX.A

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
61. Facility treatment staff received training in positive behavioral supports, person centered approaches, therapeutic interventions, personal safety techniques, crisis intervention, and post crisis evaluation.	Doug Seiler Roger Deneen	The training curriculum includes positive behavioral supports, person centered thinking, person centered team work, prevention and crisis response, medically monitored restraint, personal safety techniques, and critical action review experience (Exhibit 61A)	Continue staff training	
62. This training was consistent with applicable best practices, including but not limited to the Association of Positive Behavior Supports, <i>Standards of Practice for Positive Behavior Supports</i> (http://apbs.org) (February, 2007)	Doug Seiler Roger Deneen	Training curriculum (Exhibit 61A)		

“Best Practices: Best practices means generally accepted professional standards.” “Section III.E.”

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.B. OTHER PRACTICES AT THE FACILITY – HOURS OF TRAINING

B. 1. Staff at the Facility shall receive the specified number of hours of training subsequent to September 1, 2010 and prior to December 31, 2011: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); medically monitoring restraint (1 hour). Staff at the Facility shall not be eligible to impose restraint until the above specified training has been completed and then only certain restraints in an emergency as set forth in Attachment A to this Agreement, "Therapeutic Interventions and Emergency Use of Personal Safety Techniques."

2. Staff at the Facility shall receive the specified number of hours of training subsequent to September 1, 2010 and prior to March 31, 2012: Person centered planning and positive behavior supports at least sixteen (16) hours on person centered thinking/planning, (40 hours); Post Crisis Evaluation and Assessment, (4 hours).

Section IX.B

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
63. Facility staff receives the specified number of hours of training subsequent to September 1, 2010, and prior to December 31, 2011: Therapeutic interventions (8 hours); Personal safety techniques (8 hours); Medically monitoring restraint (1 hour).	Doug Seiler Roger Deneen	Staff training transcripts (Exhibit 63A)		
64. For each instance of restraint, all staff involved in imposing restraint received all the above training.	Doug Seiler Roger Deneen	DHS Form 3652 Exhibit 9A, 9B, 9C, 9D, 9E, 9F, and 9G. Staff training transcripts (Exhibit 63A)	Continue to monitor	

<p>65. Facility staff receive the specified number of hours of training subsequent to September 1, 2010 and prior to March 31, 2012: Person centered planning and positive behavior supports at least sixteen (16) hours on person centered thinking/planning), (40 hours); Post Crisis Evaluation and Assessment, (4 hours)</p>	<p>Doug Seiler Roger Deneen</p>	<p>Staff training transcripts (Exhibit 63A)</p>		
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DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.C. OTHER PRACTICES AT THE FACILITY – VISITOR POLICY

C. Visitor Policy. The State and DHS shall permit residents unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated. Visitors shall be allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy. Residents shall be allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.

Section IX.C

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
66. Residents are permitted unscheduled and scheduled visits with immediate family and/or guardians, at reasonable hours, unless the Interdisciplinary Team (IDT) reasonably determines the visit is contraindicated.	Doug Seiler Roger Deneen	Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A)	Current procedure is being revised to improve visitor's ease of access and increase individual's interactions with their family, friends, and other community connections. Continue to monitor	
67. Visitors are allowed full and unrestricted access to the resident's living areas, including kitchen, living room, social and common areas, bedroom and bathrooms, consistent with all residents' rights to privacy.	Doug Seiler Roger Deneen	Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A)	Continue to monitor	
68. Residents are allowed to visit with immediate family members and/or guardians in private without staff supervision, unless the IDT reasonably determines this is contraindicated.	Doug Seiler Roger Deneen	Facility procedure on Client Care and Visitor Procedure 15899 (Exhibit 66A)	Continue to monitor	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.D. OTHER PRACTICES AT THE FACILITY – NO INCONSISTENT PUBLICITY

D. Upon Court approval of this Agreement, the State and DHS will discontinue any marketing of, recruitment or publicity inconsistent with the mission of the Facility.

Section IX.D

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
69. The facility has a mission consistent with the Settlement Agreement.	Doug Seiler Roger Deneen	Exhibit 2A		
70. The recruitment, publicity and marketing are consistent with the mission.	Doug Seiler Roger Deneen	Exhibit 2A		

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

IX.E. OTHER PRACTICES AT THE FACILITY – POSTING REQUIREMENTS

E. Pursuant to Minn. Stat. § 144.652, subd. 1, the Facility shall continue to post the Health Care Bill of Rights, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the Office of Health Facility Complaints, including the address and phone number of that office.

Section IX.E

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p>71. The Facility continues to post the Health Care Bill of Rights, the name and phone number of the person within the Facility to whom inquiries about care and treatment may be directed, and a brief statement describing how to file a complaint with the Office of Health Facility Complaints, including the address and phone number of that office.</p>	<p>Doug Seiler Roger Deneen</p>	<p>The program provides a client hand book (Exhibit 72A) which includes the health care bill of rights and how to contact the Office of Health Facility Complaints and the Ombudsman for Mental Health and Developmental Disabilities. Additionally the program posts this information in the living areas,</p>		
<p>72. The Health Care Bill of Rights posting is in a form and with content which is understandable by residents and family/guardians.</p>	<p>Doug Seiler Roger Deneen</p>	<p>(Exhibit 72A)</p>		

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.A. SYSTEM WIDE IMPROVEMENTS – EXPANSION OF COMMUNITY SUPPORT SERVICES

A. Expansion of Community Support Services.

1. *The provisions below on long term monitoring, crisis management, and training represent the Department's goals and objectives; they do not constitute requirements. . [ITALICS ADDED]* State Operated Community Support Services ("CSS") will be expanded in an effort to deliver the right care at the right time in the most integrated setting for individuals with developmental disabilities. The expansion of this service will allow for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999).

- a. *Long term monitoring. CSS will identify and provide long term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and prevent multiple transfers within the system. Approximately seventy five (75) individuals will be targeted for long term monitoring.*
- b. *Crisis management. Intervention and technical assistance will be provided where the consumer lives, strengthening the capacity for the clinic to serve clinically complex individuals in their homes. CSS mobile wrap-around response teams will be located across the state for proactive response to maintain living arrangements. The maximum time for CSS to arrange a crisis intervention will be three (3) hours from the time the parent or legal guardian authorizes CSS' involvement. CSS will partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS will provide augmentative training, mentoring and coaching.*
- c. *Training. CSS will provide staff at community based facilities and homes with state of the art training encompassing person centered thinking, multi-modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking. Mentoring and coaching as methodologies will be targeted to prepare for increased community capacity to support individuals in their community. [ITALICS ADDED]*

2. Expansion of CSS will begin in February of 2011 with an estimated completion date of June 30, 2011. This increase will be an additional fourteen (14) full time equivalent positions which will equate to fifteen (15) people. The proposed positions are as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; Two (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants. Total cost of salaries for these staff is estimated by DHS to be eight hundred twenty three thousand dollars (\$823,000). The estimated cost of equipment and space is estimated by DHS to be one hundred seven thousand eight hundred dollars (\$107,800). The term "behavior analyst" refers to individuals with requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts.

"goals & objectives," not requirements

Section X.A

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
73. The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in <i>Olmstead v. L.C.</i> , 527 U.S. 582 (1999).	Doug Seiler	Settlement Agreement Tracking: Community Support Services Areas document August 30, 2012 (Exhibit 74A) This document includes data from July 2011 through August 2012	Continue monitoring	
74. The State identifies, and provides long term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.	Doug Seiler	(Exhibit 74A)	Continue monitoring	
75. Approximately seventy five (75) individuals are targeted for long term monitoring.	Doug Seiler	(Exhibit 74A)	Continue monitoring	
76. CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.	Doug Seiler	(Exhibit 74A)	Continue monitoring	
77. CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.	Doug Seiler	(Exhibit 74A)	Continue monitoring	
78. CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.	Doug Seiler	(Exhibit 74A)	Continue monitoring	

79. CSS provides augmentative training, mentoring and coaching	Doug Seiler	(Exhibit 74A)	Continue monitoring	
80. CSS provides staff at community based facilities and homes with state of the art training encompassing person centered thinking, multi-modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.	Doug Seiler	(Exhibit 74A)	Continue monitoring	
81. CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.	Doug Seiler	(Exhibit 74A)	Continue monitoring	
82. An additional fourteen (14) full time equivalent positions (15 FTE) were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; Two (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants	Doug Seiler	Staffing report August 2012 (Exhibit 83A).	Maintain current staff complement	
83. None of the identified positions are vacant.	Doug Seiler	All positions are currently filled. (Exhibit 83A)		

“The term ‘behavior analyst’ refers to individuals with requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts.” Sec. X.A.2.

X.B. SYSTEM WIDE IMPROVEMENTS – OLMSTEAD PLAN

B. *Olmstead* Plan

1. Within sixty (60) days of the Court's approval of this Agreement, the Department will establish an *Olmstead* Planning Committee which will issue its public recommendations within ten (10) months of the Court's Order approving this Agreement. Within eighteen (18) months of the Court's approval of this Agreement, the State and the Department shall develop and implement a comprehensive *Olmstead* plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Settings," and is consistent and in accord with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999).

2. The *Olmstead* Planning Committee must be comprised of no less than fifteen (15) members with demonstrated understanding of the spirit and intent of the *Olmstead* decision, best practices in the field of disabilities, and a longstanding commitment to systemic change that respects the human and civil rights of people with disabilities. The Committee must be comprised of stakeholders, including parents, independent experts, representatives of the Department, the Ombudsman for Mental Health and Developmental Disabilities, Minnesota Governor's Council on Developmental Disabilities, Minnesota Disability Law Center, Plaintiff's counsel, and others as agreed upon by the parties.

Section X.B

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
85. An <i>Olmstead</i> Planning Committee was established by February 5, 2012	Maureen O'Connell	The <i>Olmstead</i> Planning Committee was established with the first meeting 3-7-12. (Exhibit 85A) The Committee's web site contains membership list, meeting schedules, meeting minutes and resource documents. (http://www.dhs.state.mn.us/Olmstead) (Exhibit 85B)	Completed	
86. The Committee's public recommendations were issued by October 5, 2012.	Maureen O'Connell	Olmstead Planning Committee web site(Exhibit 85B)	Continue monitoring	

<p>87. By June 5, 2013, the State and the Department developed and implemented a comprehensive <i>Olmstead</i> plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999).</p>	<p>Maureen O'Connell</p>	<p>Olmstead Planning Committee web site (Exhibit 85B)</p>	<p>Continue monitoring</p>	
<p>88. The Olmstead Planning Committee is comprised of no less than fifteen (15) members with demonstrated understanding of the spirit and intent of the <i>Olmstead</i> decision, best practices in the field of disabilities, and a longstanding commitment to systemic change that respects the human and civil rights of people with disabilities, and with the required stakeholder representation.</p>	<p>Maureen O'Connell</p>	<p>Olmstead Planning Committee web site (Exhibit 85B)</p>		<p>Completed</p>

"Best Practices: Best practices means generally accepted professional standards." Section III.E.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.C. SYSTEM WIDE IMPROVEMENTS – RULE 40

C. Rule 40.

1. Within sixty (60) days from the date of the Order approving this Agreement, the Department shall organize and convene a Rule 40 (Minn. R. 9525.2700-.2810) Advisory Committee ("Committee") comprised of stakeholders, including parents, independent experts, DHS representatives, the Ombudsman for Mental Health and Developmental Disabilities, the Minnesota Governor's Council on Developmental Disabilities, Minnesota Disability Law Center, Plaintiffs' counsel and others as agreed upon by the parties, to study, review and advise the Department on how to modernize Rule 40 to reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the "most integrated setting" and "person centered planning, and development of an *Olmstead* Plan" consistent with the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999). The Committee's review of best practices shall include the Arizona Department of Economic Security, Division of Developmental Disabilities, Policy and Procedures Manual, Policy 1600 Managing Inappropriate Behaviors.
2. Within sixty (60) days from the date of the Court's approval of this Agreement, a public notice of intent to undertake administrative rule making will be issued.
3. DHS will not seek a waiver of Rule 40 for the Facility.

Section X.C

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p>89. By February 5, 2012, the Department convened a Rule 40 Advisory Committee with the designated membership approved by the parties.</p>	<p>Alex Bartolic</p>	<p>Rule 40 Committee website http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166534 (Exhibit 89A)</p>	<p>Completed</p>	

<p>90. The function, operations and the product, of the Committee are to study, review and advise the Department on how to modernize Rule 40 to reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the "most integrated setting" and "person centered planning, and development of an 'Olmstead Plan'" consistent with the U.S. Supreme Court's decision in <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999).</p>	<p>Alex Bartolic</p>	<p>Rule 40 Committee web site(Exhibit 89A)</p>	<p>Continue monitoring</p>	
<p>91. The Committee's review of best practices included the Arizona Department of Economic Security, Division of Developmental Disabilities, Policy and Procedures Manual, Policy 1600 Managing Inappropriate Behaviors.</p>	<p>Alex Bartolic</p>	<p>Rule 40 Committee web site (Exhibit 89A)</p>		<p>Completed</p>
<p>92. The Committee issued a public notice of intent to undertake administrative rule making by February 5, 2012.</p>	<p>Alex Bartolic</p>	<p>Request for Comments On possible rule governing Aversive and deprivation procedures. (Exhibit 92A) Rule 40 Committee web site (Exhibit 89A)</p>		<p>Completed</p>
<p>93. DHS did not seek a waiver of Rule 40 for the Facility.</p>	<p>Doug Seiler Roger Deneen</p>	<p>No licensing variance has been sought.</p>		

“Best Practices: Best practices means generally accepted professional standards.” Section III.E.

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.D. SYSTEM WIDE IMPROVEMENTS – MINNESOTA SECURITY HOSPITAL

D. Minnesota Security Hospital.

1. Within sixty (60) days upon Court approval of this Agreement, the State shall undertake best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability. No later than July 1, 2011, there shall be no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital. This prohibition does not apply to persons with other forms of commitment, such as mentally ill and dangerous, mentally ill, chemically dependent, psychopathic personality, sexual psychopathic personality and sexually dangerous persons. Nor does this prohibition pertain to persons who have been required to register as a predatory offender under Minn. Stat. § 243.166 or 243.167 or to persons who have been assigned a risk level as a predatory offender under Minn. Stat. § 244.052.
2. There shall be no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.
3. No later than December 1, 2011, persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, shall be transferred by the Department to the most integrated setting consistent with *Olmstead v. L.C.*, 527 U.S. 581 (1999).

Section X.D

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p>94. Beginning at least by February 5, 2012, the State takes best efforts to ensure that there are no transfers to or placements at the Minnesota Security Hospital of persons committed solely as a person with a developmental disability.</p>	<p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p>	<p>Joint communication from the DHS commissioner and the Ombudsman for DD/MH (Exhibit 94A) Community Support Services Tracking Log—MI/Dangerous Inquiries for Persons with Intellectual Disabilities (Exhibit 94B)</p>	<p>Continue monitoring</p>	

<p>95. Beginning no later than July 1, 2011, there are no transfers or placements of persons committed solely as a person with a developmental disability to the Minnesota Security Hospital (subject to the exceptions in the provision).</p>	<p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p>	<p>List and documentation of all transfers and placements of such persons.</p>	<p>Continue monitoring</p>	
<p>96. There has been no change in commitment status of any person originally committed solely as a person with a developmental disability without proper notice to that person's parent and/or guardian and a full hearing before the appropriate adjudicative body.</p>	<p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p>	<p>List and documentation of all changes in any such person's commitment status; copies of notifications; data re any hearings.</p>	<p>Continue monitoring</p>	
<p>97. Beginning no later than December 1, 2011, all persons presently confined at Minnesota Security Hospital who were committed solely as a person with a developmental disability and who were not admitted with other forms of commitment or predatory offender status set forth in paragraph 1, above, are transferred by the Department to the most integrated setting consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999).</p>	<p>Carol Olson Doug Seiler Roger Deneen Alex Bartolic</p>	<p>There are three individuals who currently reside at the Minnesota Security Hospital who meet these criteria. All three have pending placements. Exhibit 97A, 97B, and 97C</p>	<p>Continue monitoring</p>	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.E. SYSTEM WIDE IMPROVEMENTS – ANOKA METRO REGIONAL TREATMENT CENTER

E. Anoka-Metro Regional Treatment Center. Persons committed solely as a person with a developmental disability may be transferred to AMRTC only if they have an acute psychiatric condition. Within thirty (30) days of the Court's approval of this Agreement, any AMRTC resident committed solely as a person with a developmental disability who does not have an acute psychiatric condition will be transferred from AMRTC. The transfer shall be to the most integrated setting consistent with *Olmstead v. L.C.*, 527 U.S. 581 (1999).

Section X.F.

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p>98. Beginning no later than January 5, 2012, all AMRTC residents committed solely as a person with a developmental disability and who do not have an acute psychiatric condition are transferred from AMRTC to the most integrated setting consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999)</p>	<p>Alan Radke Doug Seiler Nancy Webster-Smith</p>	<p>During the interval of this status report there was one individual admitted to AMRTC with a developmental disability under a Rule 20.01 treat to competency order and under a civil commitment Developmentally Disabled. He was admitted to AMRTC from the Competency Restoration Unit at Minnesota Security Hospital on 2-1-12. He was discharged to a foster care home 3-8-12.</p>	<p>Continue monitoring</p>	

DOCUMENTATION / ADDITIONAL INFORMATION: See supplemental material.

X.F. SYSTEM WIDE IMPROVEMENTS – LANGUAGE

F. DHS shall substitute the term "developmental disabilities" for the term "mental retardation" where it appears in any DHS policy, bulletin, website, brochure, or other publication, at the next printing or revision of the publication, provided the change does not directly conflict with federal law, jeopardize receipt of federal funds, or impair the health care billing process. DHS also agrees to draft a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.

Section X.F

Evaluation Criteria	Person Responsible	Documentation for Verification	Next Steps	Status
<p><i>This section is applicable to locations where the term "mental retardation" appears in any DHS policy, bulletin, website, brochure, or other publication</i></p>				
<p>99. The term "mental retardation" has been replaced with "developmental disabilities" in any DHS policy, bulletin, website, brochure, or other publication.</p>	<p>Alex Bartolic</p>	<p>The Department has initiated audits to identify where out dated language was use and replaced it with current language. Additionally when outdated language has been identified by the Plaintiffs and their consultants the Department has moved to replace the outdated language.</p>	<p>Continue monitoring</p>	

<p>100. DHS drafted and submitted a bill for the Minnesota Legislature that will require the replacement of terms such as "insane," "mentally incompetent," "mental deficiency," and other similar inappropriate terms that appear in Minnesota statutes and rules.</p>	<p>Tom Ruter</p>	<p><i>Laws of Minnesota 2012, Chapter 216, Article 12, Sec. 10.</i></p>	<p>Convene working group to identify areas where out dated and/or offensive language exists. Draft legislation for the 2013 session</p>	<p>Working group convened 8-11-12</p>	
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DOCUMENTATION/ADDITIONAL INFORMATION: See supplemental material.

The above information is true and correct to the best of my knowledge, information and belief.

Affirmed and submitted to the Court through its Independent Advisor and Monitor

By:


Signature

Gregory Gray
Printed Name

Chief Compliance Officer
Title

for the Defendants & the Department of Human Services

Date 9/17/12

Jensen v. Minnesota Department of Human Services, No. 09-CV-1775

Class Action Settlement Agreement, Dkt. 104 (filed June 23, 2011)

DEFENDANTS' STATUS REPORT: EXHIBITS

Monthly Data Covering December 5, 2011, through August 31, 2012

Index of Exhibits

- 1A Letter Confirming New Tax ID Number (IRS Form SS-4)
- 2A Draft DHS Bulletin #12-76-01
- 2B Licensing Variance
- 3A Policy on Therapeutic Interventions and Emergency Use of Person Safety Techniques
- 9A BB – Use of Emergency Restraint Documentation
- 9B JR – Use of Emergency Restraint Documentation
- 9C BB – Use of Emergency Restraint Documentation
- 9D NK – Use of Emergency Restraint Documentation
- 9E JR – Use of Emergency Restraint Documentation
- 9F JR – Use of Emergency Restraint Documentation
- 9G JS – Use of Emergency Restraint Documentation
- 16A Professional/Technical Contract and Solicitation
- 26A Policy 6310 – Zero Tolerance for Maltreatment of Vulnerable Adults & Minors
- 26B TL – Incident Report & Maltreatment Report Regarding Suspected Abuse/Neglect
- 26C RW – Incident Report & Maltreatment Report Regarding Suspected Abuse/Neglect
- 40A Position Description: Dr. Richard S. Amado

47A Interagency Agreement Between Minnesota Department of Human Services (DHS) and Minnesota Department of Health (DOH)

54A List of all discharges from 12/2011 through 8/20/12

54B JR – Discharge Plan and Treatment Plan

54C BB – Discharge Plan and Treatment Plan

54D AB – Discharge Plan and Treatment Plan

54E ES – Discharge Plan and Treatment Plan

54F JJ – Discharge Plan and Treatment Plan

54G JA – Discharge Plan and Treatment Plan

54H PM – Discharge Plan and Treatment Plan

54I KG – Discharge Plan and Treatment Plan

54J KY – Discharge Plan and Treatment Plan

54K JJ – Discharge Plan and Treatment Plan

54L JC – Discharge Plan and Treatment Plan


54M WW – Discharge Plan and Treatment Plan

54N JH – Discharge Plan and Treatment Plan

61A Course Description/Training Curriculum

- 63A Staff Training Transcripts
- 66A Minnesota Specialty Health System (MSHS) – Cambridge Visitor Procedure #15899
- 72A Minnesota Specialty Health System (MSHS) – Cambridge Client Handbook
- 74A Community Support Services (CSS) Areas Document: 8/30/1021
- 83A Community Support Services Staffing Report
- 85A Public Planning Committee on the Development of the Minnesota Olmstead Plan – Request for Statements of Interest
- 85B Minnesota Olmstead Planning Committee Website: (<http://www.dhs.state.mn.us/Olmstead>)
- 89A Rule 40 Advisory Committee Website:
http://www.dhs.state.mn.us/main/ldcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16_166534
- 92A Request for Comments: Possible Amendment to Rules Governing Aversive and Deprivation Procedures in Licensed Facilities Serving Persons with Developmental Disabilities, Minnesota Rules, 9525.2700 – 9525.2810
- 94A Joint Communication from DHS Commissioner and Ombudsman for Mental Health and Developmental Disabilities
- 94B Community Support Services Tracking Log – MI/D Diversion Inquires 8/31/2012
- 97A CB – Placement Update
- 97B NK – Placement Update
- 97C AL – Placement Update

Exhibit 1A

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-11-2011

Employer Identification Number:
45-2971015

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

MINNESOTA SPECIALTY HEALTH SYSTEM
CAMBRIDGE
% LORI ZOOK
PO BOX 64979
SAINT PAUL, MN 55164

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2971015. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, *Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 12192
Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575E

08-11-2011 MINN O 999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.**
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 08-11-2011
EMPLOYER IDENTIFICATION NUMBER: 45-2971015
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
|||

MINNESOTA SPECIALTY HEALTH SYSTEM
CAMBRIDGE
* LORI ZOOK
PO BOX 64979
SAINT PAUL, MN 55164

Exhibit 2A

#12-76-01

Bulletin

August 28, 2012

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Consumers of Developmental Disability Services
- Families and Legal Representatives of Developmental Services
- County Attorneys

ACTION/DUE DATE

Admission and transition to the community activities related to Minnesota Specialty Health System-Cambridge (MSHS – Cambridge)

EXPIRATION DATE

August 28, 2014

Criteria for Admission to Minnesota Specialty Health System - Cambridge

TOPIC

MSHS – Cambridge is a specialized and intensive residential service model designed to serve individuals who may have highly complex needs (multiple diagnoses and/or multiple disabilities) with a history of legal problems, public safety and/or personal safety concerns due to significant behavioral disturbances (e.g. aggressive behavior toward others, property destruction, self-injurious behavior) and/or poorly managed medical conditions.

PURPOSE

Provides an update regarding MSHS – Cambridge admission and transition to the community activities, replacing Bulletin #08-76-02 – *Criteria for Admission to METO*.

CONTACT

-MSHS – Cambridge Intake Coordinator
1425 East Rum River Drive South
Cambridge, MN 55008
763-689-7236

SIGNED

ANNE BARRY

Bulletin #11-00-00

Date

Page 2

Deputy Commissioner Chemical and Mental Health Administration

MSHS – CAMBRIDGE PROGRAM DESCRIPTION

Minnesota Specialty Health System – Cambridge (MSHS – Cambridge) serves adults (18 years of age or older) who meet the following admission criteria:

In the opinion of a licensed mental health professional as defined in Minnesota Statutes, section 245.462 subdivision 18, the individual being considered for admission has a need for behavioral health services that cannot be met by other available community-based services, or who is likely to experience a behavioral health crisis, or who will require a more restrictive setting if a medically monitored neuro-cognitive health service is not provided. The individual must also present a public safety risk.

Admission may be granted for an individual who is voluntarily consenting to admission; or who is voluntarily signed in by their legal representative; or whose treatment is court-ordered. The individual must also be a potential danger to self or others.

The program provides person-centered clinical evaluation, assessment, and treatment services not found within the community. The program provides these services in an adequate structure to maintain consumer safety.

The program provides behavioral health services using person-centered principles and positive behavioral supports to individuals who require medical monitoring. Through the use of functional analyses of the etiology of the behavioral excesses/deficiencies, the development of intervention strategies, environmental modifications, and consumer input, a treatment plan will be developed that will support individuals to regain access to the community with as much independence to engage in the community as their circumstances permit. An emphasis is placed on co-creating a community transition support plan while the individual is in MSHS-Cambridge in concert with the individual's support network to promote successful community re-integration at time of transition to the community. The plan will allow for the individual to obtain the necessary skills for success in their community of choice, by including consumer goals, providing rehabilitative/habilitative education, development of community engagement skills and interpersonal skills, skills for self-management of their illness and ability to modulate his/her emotions and behavior.

The admission process is flexible, taking into account the consideration of the individual's characteristics, staff complement and the mix of individuals being served within the MSHS – Cambridge program at any given time.

Any individual, in any state program or activity, shall not be unlawfully discriminated against on the basis of race, color, national origin, gender, sexual orientation, creed, religion, age, political

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August 28, 2012
Page 3

beliefs, disability or status with regard to public assistance.

CRISIS MANAGEMENT SERVICES

All individuals who are being considered for admission to MSHS – Cambridge will be referred to and be reviewed for alternative care and/or placement by a crisis management service in the community in an effort to avoid the need for initiating commitment proceedings.

ADMISSION, CONTINUED STAY, AND DEMISSION PROCESSES AND STANDARDS

Target Population:

Individuals with the potential for admission are generally described by the following:

1. Individuals who are not in need of acute hospital level of care (medically managed).
2. Individuals who pose a moderate to serious risk of harm to self or others that poses a public safety risk.
3. Individuals who have significant major co-morbidity that results in potential complications and may prolong the course of illness, or may necessitate availability of more closely monitored services.
4. Individuals who have moderate to serious functional impairments that prohibit them from living in another community setting without supports, and who currently have exacerbations of those impairments precluding them from safe placement in the community.
5. Individuals who have significant behavioral excesses and/or deficiencies that are the discernible result of developmental disabilities and/or intellectual deficits, aggravated by other co-occurring disorders such as serious mental illness, chemical dependency, psychological-/personality disorders, or other conditions capable of such aggravation.

Pre-Admission process:

To process a referral for admission to the MSHS – Cambridge program, the referral source needs to contact the MSHS – Cambridge Intake Coordinator at 763-689-7236, to inform MSHS – Cambridge of the intent to seek admission and to submit the following:

1. Completed MSHS – Cambridge Admission Information Form. Include a summary of the successes the individual has had within the community and what has happened to indicate the individual may need to be re-located from the current community environment.
2. Copy of the most recent Individual Service Plan (ISP)
3. Copy of the most recent Individual Education Plan (IEP), if applicable.
4. Copy of the most recent Risk Management Assessment and Plan.
5. Copies of all the most recent assessments that seem pertinent to treatment (e.g. Psychiatric assessment, Diagnostic/Psychological assessment, Functional Behavioral assessment, Functional Skills/Needs assessment, Comprehensive Social History, etc.).

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6. Copies of any pertinent community based provider/crisis service provider reports regarding the individual's treatment needs and/or most recent observations of the individual.

Exclusion Criteria:

1. Individuals who can be successfully maintained in their community or a higher level of care within their community.
2. Individuals who are in need of acute hospital (medically managed) level of care. Individuals who are forensic patients (SDP, SPP, MI&D, or are designated as a Level III Sex Offender).
3. Individuals who are court-ordered under Minnesota Rules of Criminal Procedure Rule 20, for evaluation of determination of competency (unless deemed appropriate by MSHS – Cambridge Treatment Director/Intake Coordinator for admittance).
4. Individuals needing skilled nursing care.
5. Individuals with medical conditions that require intensive medical or nursing care, special treatment equipment or supplies, or medical specialty services that cannot be provided on an outpatient basis.
6. Individuals who meet admission criteria and require alcohol or drug detoxification will be referred to detoxification services and a risk assessment will be completed prior to approval for MSHS -- Cambridge admission.
7. Individuals whose disposition to the community is delayed solely for legal or financial reasons.
8. Individuals who meet diagnostic criteria for Severe or Profound Intellectual Disability and, therefore, do not have the cognitive capacity to participate in treatment.
9. Individuals who require use of mechanical restraint devices to prevent self-injury (e.g. wear a helmet to prevent injury from head banging or a face mask to prevent injury from eye gouging).

Continuing Stay Criteria:

1. Continued stay will occur for individuals who have not demonstrated the skills and competencies to be successful in the community and continue to need (require) medically monitored care.
2. The individual would suffer deterioration and a moderate-severe disturbance in mental status or cognition and a higher level of care will likely be needed if the MSHS - Cambridge treatment is not provided.
3. The individual is actively involved in treatment or, if not actively involved, staff documents the stage of change and their attempts to engage and persuade active participation.
4. The individual is responsive to treatments offered and is showing continued improvement.
5. The Treatment Team continues to modify treatment and complete functional analyses to identify intervention strategies and environmental modifications necessary for successful placement in the community.

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Transition to Community Criteria:

1. The individual demonstrates the skills and competencies to be successful in the community with support from natural and paid supports.
2. The individual is in the program on a voluntary basis and subsequently declines services and requests to leave the program -- and leaving does not create a safety risk to self and others.
3. Individual whose condition requires a higher level of care (e.g. inpatient hospitalization, skilled nursing care or a more secure setting).

Transition to the Community Process:

1. When the individual meets criteria for transition to the community, as listed above, the primary coordinating treatment practitioner will contact the Expanded Interdisciplinary Team (EIDT), the individual, the MSHS – Cambridge treatment team, the MSHS transition coordinator, the legal representative/guardian, the county case manager, and/or other stakeholders or significant persons in the individual's life, to arrange and finalize the transition to community. At the meeting, the EIDT will confirm whether the needed and agreed upon community supports for the individual are in place. If they are not in place the team will further develop a time-specific plan to address the unmet needs. The MSHS – Cambridge administration will also send out a letter to the county case manager and legal representative/guardian when an individual meets criteria for transition from the program, indicating that the intention is to have the individual appropriately placed in the community as soon as possible, but no later than 30 days after meeting transition to the community criteria.
2. If community-based services cannot be attained within 30 days, the following will occur:
 - The EIDT will review if the MN State Operated Community Services (MSOCS) East Central Home or other MSOCS homes are an appropriate alternative for the individual to reside in and continue services until a more permanent community-based service option exists. If the EIDT concludes that MSOCS placement is an appropriate action to take, a referral will be made to MSOCS and the process for transfer of services will commence as availability allows.
 - If the EIDT concludes that the MSOCS East Central Home or other MSOCS homes are not an appropriate option for the individual, they will continue to work toward finding appropriate community-based services for the individual. When available, temporary community-based services may be arranged to be provided, if deemed appropriate by the EIDT, until a more permanent community-based option exists.

COUNTY CASE MANAGER PLACEMENT RESPONSIBILITIES

The county case manager will ensure that previous community providers (residential and vocational), guardian/conservators, family/significant others, and community support service providers, as applicable, are encouraged to participate in team meetings at MSHS - Cambridge to help facilitate treatment and community integration plan development. The case manager must ensure the following activities occur during placement with MSHS -- Cambridge:

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1. Prior to admission, identify – and communicate to the interdisciplinary team -- those conditions or supports which were not available for the individual in the community and consequently necessitated admission to a specialized intensive residential treatment service;
2. Upon admission, participate in the co-creation of a plan to integrate the consumer into the community; assure that the plan identifies the service needs and community-based supports necessary to address barriers which led to admission; and identify the anticipated date of transition back to the community team;
3. Meet, as requested by the EIDT, as an active team member at meetings designed to facilitate treatment and community transition planning;
4. Ensure ISP and transition plans are made in accordance with the requirements of Minnesota Statutes, section 256B.092, subd. 10.
5. If community transition does not occur by the planned transition date, the county case manager shall notify the MSHS – Cambridge Treatment Team of the reasons for the delay and planned activities designed to meet the new proposed date of transition.
6. If there is a barrier to an individual's plan for transition and s/he does not meet criteria for continued stay, the case manager shall meet with the MSHS – Cambridge Treatment Director and the Disability Regional Services Resource Specialist, along with other resources deemed appropriate, to identify and address the barriers preventing community-based placement.

COUNTY CASE MANAGER POST-PLACEMENT RESPONSIBILITIES

The county case manager shall monitor the post- placement activities of all individuals as specified in the ISP and transition plan. In addition, the county case manager shall provide monthly reports to the MSHS – Cambridge Treatment Director regarding the post-placement status of individuals for one year following community transition. This information will be used by MSHS - Cambridge to conduct program evaluation and report outcome data to the Minnesota Department of Human Services and state advisory groups.

QUESTIONS

Questions regarding admission to MSHS - Cambridge should be directed to the MSHS - Cambridge Intake Coordinator at (763) 689-7326.

Americans with Disabilities Act (ADA) Advisory

This information is available in other forms to people with disabilities by contacting us toll free at (800) 938-3224 or through the Minnesota Relay Service at (800) 627-3529 (TDD), 711 or (877) 627-3848 (speech to speech relay service).

Exhibit 2B

Licensing Variance

Minnesota Department of Human Services (DHS)
Licensing Division
PO Box 64242
St. Paul, MN 55164-0242

DEC 29 2011

Re: License number 804294

This variance includes the licensing requirements in Minnesota Statutes, chapter 245B with which the license holder must comply and, as applicable, alternative equivalent measures with which the license holder must comply. This includes but is not limited to the requirements that apply when consumers are prescribed psychotropic medications or when controlled procedures (aversive or deprivation procedures) are used. The license holder must notify the Commissioner of Human Services and obtain the commissioner's approval before making any changes that would alter the variance as approved by the DHS Licensing Division.

Pursuant to Minnesota Statutes, section 245B.07, subdivision 13, the commissioner may grant a variance to any of the requirements in sections 245B.02 to 245B.07 except section 245B.07, subdivision 8, (1), (vii), or provisions governing data practices and information rights of consumers provided the conditions in section 245A.04, subdivision 9, are met. Minnesota Statutes, section 245A.04, subdivision 9, includes requirements that the request for a variance must include the reasons that the applicant or license holder cannot comply with a requirement as stated in the rule and the alternative equivalent measures that the applicant or license holder will follow to comply with the intent of the rule. The statute further states that the commissioner's decision to grant or deny a variance request is final and not subject to appeal under the provisions of chapter 14.

The variance is effective January 3, 2012. However, the requirements related to the individual treatment plan, assessments, and care planning will be phase-in. For all consumers admitted on or after January 3, 2012, all requirements of the variance apply. For consumers who were admitted prior to January 3, 2012, the requirements related to the individual treatment plan, assessments, and care planning will be phase-in during the first calendar quarter of 2012 and no later than March 31, 2012.

License Number: 804294

License capacity: 16 beds

Rule/Statute Number:

Minnesota Statutes, Chapter 245B - Residential Services, (245B-RS-N).

Program Name:

The license holder's program has no ICF/DD certified beds.

Program Location:

Minnesota Specialty Health System - Cambridge (hereafter referred to as program or license holder)

Program Telephone and Fax:

1425 East Rum River Drive South, Cambridge, MN 55008

Person Requesting Variance:

PATRICIA L. CARLSON, CEO, STATE OPERATED SERVICES

Print Name and Title (must be a controlling individual)

Patricia L Carlson

Signature:

12/21/2011

Name

Date

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Reason for the variance
Alternative equivalent measures

245B.03 DEFINITIONS	Reason for the variance Alternative equivalent measures	Comparison to 245B requirement
Subdivision 1. Scope. The terms used in this chapter have the meanings given them.		
Subd. 2. Applicant. "Applicant" has the meaning given in section <u>245A.02, subdivision 3.</u>		
Subd. 3. Case manager. "Case manager" means the individual designated by the county board under rules of the commissioner to provide case management services as delineated in section <u>256B.092</u> or successor provisions.		
Subd. 4. Consumer. "Consumer" means a person who has been determined eligible to receive and is receiving services or support for persons with developmental disabilities.	The settlement agreement to the class action law suit, United States District Court, District of Minnesota, Court File No. 09-CV-1775 DWF/FLN as drafted for signature and the subsequent final settlement agreement (herein referred to as settlement or settlement agreement) defines "client" as an individual receiving treatment at METO. For purposes of this variance, the terms consumer and client are interchangeable.	
Subd. 5. Commissioner. "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.		
Subd. 6. Day training and habilitation services; developmental disabilities. "Day training and habilitation services for adults with developmental disabilities" has the meaning given in sections <u>252.40</u> to <u>252.46</u> .		
Subd. 7. Department. "Department" means the Department of Human Services.		

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>Subd. 8. Direct service. "Direct service" means, for a consumer receiving residential-based services, day training and habilitation services, or respite care services, one or more of the following: supervision, assistance, or training.</p>			
<p>Subd. 9. Health services. "Health services" means any service or treatment consistent with the health needs of the consumer, such as medication administration and monitoring, medical, dental, nutritional, health monitoring, wellness education, and exercise.</p>			
<p>Subd. 10. Incident. "Incident" means any of the following: (1) serious injury as determined by section <u>245.91</u>, subdivision 6; (2) a consumer's death; (3) any medical emergencies, unexpected serious illnesses, or accidents that require physician treatment or hospitalization; (4) a consumer's unauthorized absence; (5) any fires or other events that require the relocation of services for more than 24 hours, or circumstances involving a law enforcement agency or fire department related to the health, safety, or supervision of a consumer; (6) physical aggression by a consumer against another consumer that causes physical pain, injury, or persistent emotional distress, including, but not limited to, hitting, slapping, kicking, scratching,</p>			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance *</p>	<p>Alternative equivalent measures *</p>	<p>Comparison to 245B requirement</p>
<p>pinching, biting, pushing, and spitting; (7) any sexual activity between consumers involving force or coercion as defined under section 609.341, subdivisions 3 and 14; or (8) a report of child or vulnerable adult maltreatment under section 626.556 or 626.557.</p>	<p>Given the short-term, dynamic, and intensive nature of the treatment service provided at the program, it is assumed that a consumer's ISP (if s/he has an ISP) will not address the need for the intensive services provided by the program. As such, the Individual Treatment Plan (ITP) will guide all outcome-based services for the consumers while they are receiving treatment at the program. The anticipated average length of stay is 90 to 180 days.</p>	<p>Individual treatment plan (ITP) means a written plan treatment developed by the license holder based on the license holder's assessment of the consumer's needs and revised as necessary. The plan specifies goals and objectives and interventions to achieve the objectives. The plan also identifies the staff who are responsible to provide the interventions. The ITP must meet the requirements of 245B.06, subdivision 1. The ITP must also meet the requirements in the definition of the "treatment plan" per the settlement agreement. This includes developing the ITP based on the expanded interdisciplinary team and using person centered planning principles consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999). The definitions used in the settlement agreement are appended to this variance. Appendix A.</p>	<p>Enhanced standard [Without the variance, completion of the ISP is a county requirement.]</p>
<p>Subd. 11. Individual service plan. "Individual service plan" has the meaning given in section 256B.092 or successor provisions.</p>			
<p>Subd. 12. Individual who is related. "Individual who is related" has the meaning given in section 245A.02, subdivision 13.</p>			
<p>Subd. 12a. Interdisciplinary team. "Interdisciplinary team" means a team composed of the case manager, the person, the person's legal representative and advocate, if any, and representatives of providers of the service areas relevant to the needs of the person as described in the individual service plan."</p>			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Reason for the variance

Alternative equivalent measures

Comparison
to 245B
requirement

<p>Subd. 13. Intermediate care facility for persons with developmental disabilities. "Intermediate care facility for persons with developmental disabilities" or "ICF/MR" means a residential program licensed to provide services to persons with developmental disabilities under section <u>252.28</u> and chapter 245A and a physical facility licensed as a supervised living facility under chapter 144, which together are certified by the Department of Health as an intermediate care facility for persons with developmental disabilities.</p>			
<p>Subd. 14. Least restrictive environment. "Least restrictive environment" means an environment where services: (1) are delivered with minimum limitation, intrusion, disruption; or departure from typical patterns of living available to persons without disabilities; (2) do not subject the consumer or others to unnecessary risks to health or safety; and (3) maximize the consumer's level of independence, productivity, and inclusion in the community.</p>			
<p>Subd. 15. Legal representative. "Legal representative" means the parent or parents of a consumer who is under 18 years of age or a guardian, conservator, or guardian ad litem authorized by the court, or other legally authorized representative to make decisions about services for a consumer.</p>			
<p>Subd. 16. License. "License" has the meaning given in section <u>245A.02, subdivision 8.</u></p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>Subd. 17. License holder. "License holder" has the meaning given in section 245A.02, subdivision 2.</p>			
<p>Subd. 18. Person with developmental disability. "Person with developmental disability" means a person who has been diagnosed under section 256B.092 as having substantial limitations in present functioning, manifested as significantly subaverage intellectual functioning, existing concurrently with demonstrated deficits in adaptive behavior, and who manifests these conditions before the person's 22nd birthday. A person with a related condition means a person who meets the diagnostic definition under section 252.27, subdivision 1a.</p>			
<p>Subd. 19. Psychotropic medication use checklist. "Psychotropic medication use checklist" means the psychotropic medication monitoring checklist and manual used to govern the administration of psychotropic medications. The commissioner may revise or update the psychotropic medication use checklist to comply with legal requirements or to meet professional standards or guidelines in the area of developmental disabilities. For purposes of this chapter, psychotropic medication means any medication prescribed to treat mental illness and associated behaviors or to control or alter behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, anti-anxiety, antimanic, stimulant, and sedative or hypnotic. Other miscellaneous medications are</p>			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Alternative equivalent measures

Reason for the variance

<p>considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.</p>			
<p>Subd. 20. Residential-based habilitation. "Residential-based habilitation" means care, supervision, and training provided primarily in the consumer's own home or place of residence but also including community-integrated activities following the individual service plan. Residential habilitation services are provided in coordination with the provision of day training and habilitation services for those persons receiving day training and habilitation services under sections <u>252.40</u> to <u>252.46</u>.</p>			
<p>Subd. 21. Respite care. "Respite care" has the meaning given in section <u>245A.02, subdivision 15</u>.</p>			
<p>Subd. 22. Service. "Service" means care, supervision, activities, or training designed to achieve the outcomes assigned to the license holder.</p>			
<p>Subd. 23. Semi-independent living services or SILS. "Semi-independent living services" or "SILS" has the meaning given in section <u>252.275</u>.</p>			
<p>Subd. 23a. Supported employment. "Supported employment" services include individualized counseling, individualized job development and placement that produce an appropriate job match for the individual and the employer, on-the-job training in work and related work skills required for job performance, ongoing supervision and monitoring of</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
the person's performance, long-term support services to assure job retention, training in related skills essential to obtaining and retaining employment such as the effective use of community resources, use of break and lunch areas, transportation and mobility training, and transportation between the individual's place of residence and the work place when other forms of transportation are unavailable or inaccessible.			
Subd. 24. Volunteer. "Volunteer" means an individual who, under the direction of the license holder, provides direct services without pay to consumers served by the license holder.			
245B.03 APPLICABILITY AND EFFECT.			
Subdivision 1. Applicability. The standards in this chapter govern services to persons with developmental disabilities receiving services from license holders providing residential-based habilitation; day training and habilitation services for adults; supported employment; semi-independent living services; residential programs that serve more than four consumers, including intermediate care facilities for persons with developmental disabilities; and respite care provided outside the consumer's home for more than four consumers at the same time at a single site.			
Subd. 2. Relationship to other standards governing services at ICF's/MR.			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>(a) ICF's/MR are exempt from: (1) section <u>245B.04</u>; (2) section <u>245B.06</u>, subdivisions 4 and 6; and (3) section <u>245B.07</u>, subparagraphs (a), paragraphs (b) and (c); 7; and 8, paragraph (a), clause (4), and paragraph (b).</p> <p>(b) License holders also licensed under chapter 144 as a supervised living facility are exempt from section <u>245B.04</u>.</p>		<p>The license holder must comply with all licensing requirements concerning the use of psychotropic medications and aversive and deprivation procedures, including the following:</p> <ol style="list-style-type: none"> 1. The Psychotropic Medication Use Checklist (PMUC) or any successor forms or processes; 2. The Health Care Bill of Rights pursuant to Minnesota Statutes, Chapter 144 governed by the Minnesota Department of Health. 3. The use of aversive and deprivation procedures governed by: <ol style="list-style-type: none"> (a) The terms required in the settlement agreement. Compliance with the settlement agreement is overseen as stipulated in the agreement; (b) The program's procedure titled "<i>Therapeutic Interventions and Emergency Use of Personal Safety Techniques</i>," procedure number 3505 ("SOS reference policy number 6260), effective March 11, 2011. These documents are attachments to the settlement agreement and the program's compliance is overseen in accordance with the settlement. In addition, the Licensing Division will oversee compliance with this policy and form as required by 245B.07, subdivision 8 and 245A.04, subdivision 14. 	<p>Enhanced standard concerning aversive and deprivation procedures and a reiteration of current requirements for PMUC and the Health Care Bill of Rights.</p>

- (c) The program's procedure that identifies what physical holds staff persons are permitted to use and how the holds are to be applied are identified in a document titled "SOS PST Technique Menu SOS Community AMH and MSOCS; and,
- (d) The program's procedures and staff training must be consistent with the following requirements as defined and stipulated in the settlement agreement.
1. The program shall not use prone restraint, chemical restraint, seclusion or time out.
 2. The program shall not use mechanical restraints except Velcro soft cuffs and fabric ankle straps may be used only in an emergency and when all of the following conditions for use are met. The mechanical restraint must be:
 - a) Prior authorized by the Minnesota Specialty Health Services Director;
 - b) Specifically identified on the consumer's individual risk management plan / individual neglect abused prevention plan; and
 - c) Implemented only by staff that are trained and competent to implement the restraint.
 - d) Medical restraint and psychotropic and/or neuroleptic medications shall not be administered to clients for punishment, in lieu of adequate and appropriate habilitation, skills training and behavior supports plans, for the convenience of staff or as a form of behavior modification. Staff must follow

Comparison to 245B requirement

Alternative equivalent measures

Reason for the variance

Licensing Requirements in Minnesota Statutes, Chapter 245B

<p>protocol number 3501, dated January 3, 2012, <i>Client Care, Medical Restraints, Safety Restraints and Safety Devices</i> as applicable.</p> <p>(e) Minnesota Rules, parts 9525.2700 to 9525.2810 and any successor regulations or forms or procedures provided by the Licensing Division notwithstanding the requirements of the settlement agreement.</p> <p>4. The documentation concerning the use of aversive and deprivation procedures must be:</p> <p>(a) Sufficient so that all levels of review are effective i.e., to evaluate whether the use of the procedure was appropriate, whether the procedure meets the requirements to be continued, and for any overall evaluation and individual care planning purposes; and</p> <p>(b) Considered by the designated coordinator to determine what changes to the consumer's ITP or risk management plan may be necessary.</p>		
<p>Reiteration of current standards.</p>		<p>NOTE: Because the program is also licensed by the Minnesota Department of Health as a supervised living facility the license holder must comply with all applicable parts of Chapter 144, including but not limited to, the Health Care Bill of Rights. Chapter 245B exempts license holders that also hold a supervised living facility license from Consumer Rights requirements (in 245B) because the same or similar requirements are provided through policy and procedures and other requirements under 245B and because program is required to comply with the Health Care Bill of Rights.</p>

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>(c) Residential service sites controlled by license holders licensed under this chapter for home and community-based waived services for four or fewer adults are exempt from compliance with Minnesota Rules, parts 9543.0040, subpart 2, item C; 9555.5505; 9555.5515, items B and G; 9555.5605; 9555.5705; 9555.6125, subparts 3, item C, subitem (2), and 4 to 6; 9555.6185; 9555.6225, subpart 8; 9555.6245; 9555.6255; and 9555.6265; and as provided under section 245B.06, subdivision 2, the license holder is exempt from the program abuse prevention plans and individual abuse prevention plans otherwise required under sections 245A.65, subdivision 2, and 626.557, subdivision 14. The commissioner may approve alternative methods of providing overnight supervision using the process and criteria for granting a variance in section 245A.04, subdivision 9. This chapter does not apply to foster care homes that do not provide residential habilitation services funded under the home and community-based waiver programs defined in section 256B.092.</p>			
<p>(d) Residential service sites controlled by license holders licensed under this chapter for home and community-based waived services for four or fewer children are exempt from compliance with Minnesota Rules, parts 2960.3060, subpart 3, items B and C; 2960.3070; 2960.3100, subpart 1, items C, F, and I; and 2960.3210.</p>			

Comparison to 245B requirement

Alternative equivalent measures

Reason for the variance

Licensing Requirements in Minnesota Statutes, Chapter 245B

<p>(e) The commissioner may exempt license holders from applicable standards of this chapter when the license holder meets the standards under section <u>245A.09, subdivision 7</u>. License holders that are accredited by an independent accreditation body shall continue to be licensed under this chapter.</p>		
<p>(f) License holders governed by sections <u>245B.02 to 245B.07</u> must also meet the licensure requirements in chapter 245A.</p>		
<p>(g) Nothing in this chapter prohibits license holders from concurrently serving consumers with and without developmental disabilities provided this chapter's standards are met as well as other relevant standards.</p>		
<p>(h) The documentation that sections <u>245B.02 to 245B.07</u> require of the license holder meets the individual program plan required in section <u>256B.092</u> or successor provisions.</p>		
<p>Subd. 3. Continuity of care. (a) When a consumer changes service to the same type of service provided under a different license held by the same license holder and the policies and procedures under section <u>245B.07, subdivision 8</u>, are substantially similar, the license holder is exempt from the requirements in sections <u>245B.06, subdivisions 2, paragraphs (e) and (f), and 4; and 245B.07, subdivision 2, clause (2).</u></p>		
<p>(b) When a direct service staff person begins providing direct service under one or more licenses</p>		

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>other than the license for which the staff person initially received the staff orientation requirements under section <u>245B.07, subdivision 5</u>, the license holder is exempt from all staff orientation requirements under section <u>245B.07, subdivision 5</u>, except that:</p>			
<p>(1) if the service provision location changes, the staff person must receive orientation regarding any policies or procedures under section <u>245B.07, subdivision 8</u>, that are specific to the service provision location; and</p>			
<p>(2) if the staff person provides direct service to one or more consumers for whom the staff person has not previously provided direct service, the staff person must review each consumer's: (i) service plans and risk management plan in accordance with section <u>245B.07, subdivision 5</u>, paragraph (b), clause (1); and (ii) medication administration in accordance with section <u>245B.07, subdivision 5</u>, paragraph (b), clause (6).</p>			
<p>245B.031 ACCREDITATION, ALTERNATIVE INSPECTION, AND DEEMED COMPLIANCE. Subdivision 1. Day training and habilitation or supported employment services programs; alternative inspection status. (a) A license holder providing day training and habilitation services or supported employment services according to this chapter, with a three-year accreditation from the</p>			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>Commission on Rehabilitation Facilities, that has had at least one on-site inspection by the commissioner following issuance of the initial license, may request alternative inspection status under this section.</p>			
<p>(b) The request for alternative inspection status must be made in the manner prescribed by the commissioner, and must include: (1) a copy of the license holder's application to the Commission on Rehabilitation Facilities for accreditation; (2) the most recent Commission on Rehabilitation Facilities accreditation survey report; and (3) the most recent letter confirming the three-year accreditation and approval of the license holder's quality improvement plan. Based on the request and the accompanying materials, the commissioner may approve alternative inspection status.</p>			
<p>(c) Following approval of alternative inspection status, the commissioner may terminate the alternative inspection status or deny a subsequent alternative inspection status if the commissioner determines that any of the following conditions have occurred after approval of the alternative inspection process: (1) the license holder has not maintained full three-year accreditation; (2) the commissioner has substantiated maltreatment for which the license holder or facility is determined</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>to be responsible during the three-year accreditation period; and (3) during the three-year accreditation period, the license holder has been issued an order for conditional license, a fine, suspension, or license revocation that has not been reversed upon appeal.</p>			
<p>(d) The commissioner's decision that the conditions for approval for the alternative licensing inspection status have not been met is final and not subject to appeal under the provisions of chapter 14.</p>			
<p>Subd. 2. Programs with three-year accreditation, exempt from certain statutes. (a) A license holder approved for alternative inspection status under this section is exempt from the requirements under: (1) section <u>245B.04</u>; (2) section <u>245B.05, subdivisions 5 and 6</u>; (3) section <u>245B.06, subdivisions 1, 3, 4, 5, and 6</u>; and (4) section <u>245B.07, subdivisions 1, 4, and 6.</u> (b) Upon receipt of a complaint regarding a requirement under paragraph (a), the commissioner shall refer the complaint to the Commission on Rehabilitation Facilities for possible follow-up.</p>			

Comparison to 245B requirement

Alternative equivalent measures

Reason for the variance

Licensing Requirements in Minnesota Statutes, Chapter 245B

<p>Subd. 3. Programs with three-year accreditation, deemed to be in compliance with nonexempt licensing requirements. (a) License holders approved for alternative inspection status under this section are required to maintain compliance with all licensing standards from which they are not exempt under subdivision 2, paragraph (a).</p> <p>(b) License holders approved for alternative inspection status under this section shall be deemed to be in compliance with all nonexempt statutes, and the commissioner shall not perform routine licensing inspections.</p> <p>(c) Upon receipt of a complaint regarding the services of a license holder approved for alternative inspection under this section that is not related to a licensing requirement from which the license holder is exempt under subdivision 2, the commissioner shall investigate the complaint and may take any action as provided under section <u>245A.06</u> or <u>245A.07</u>.</p>			
<p>Subd. 4. Investigations of alleged maltreatment of minors or vulnerable adults. Nothing in this section changes the commissioner's responsibilities to investigate alleged or suspected maltreatment of a minor under section <u>626.556</u> or vulnerable adult under section <u>626.557</u>.</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>Subd. 5. Commissioner request to the Commission on Rehabilitation Facilities to expand accreditation survey. The commissioner shall submit a request to the Commission on Rehabilitation Facilities to routinely inspect for compliance with standards that are similar to the following nonexempt licensing requirements:</p> <ul style="list-style-type: none"> (1) section <u>245A.54</u>; (2) section <u>245A.65</u>; (3) section <u>245A.66</u>; (4) section <u>245B.05</u>, subdivisions <u>1</u>, <u>2</u>, and <u>7</u>; (5) section <u>245B.055</u>; (6) section <u>245B.06</u>, subdivisions <u>2</u>, <u>7</u>, <u>9</u>, and <u>10</u>; (7) section <u>245B.07</u>, subdivisions <u>2</u>, <u>5</u>, and <u>8</u>, paragraph (a), clause (7); (8) section <u>245C.04</u>, subdivision <u>1</u>, paragraph (f); (9) section <u>245C.07</u>; (10) section <u>245C.13</u>, subdivision <u>2</u>; (11) section <u>245C.20</u>; and (12) Minnesota Rules, parts 9525.2700 to 9525.2810. 			
<p>245B.04 CONSUMER RIGHTS.</p> <p>Subdivision 1. License holder's responsibility for consumers' rights. The license holder must:</p> <ul style="list-style-type: none"> (1) provide the consumer or the consumer's legal representative a copy of the consumer's rights on the day that services are initiated and an explanation of the rights in subdivisions 2 and 3 within five working days of service initiation. Reasonable accommodations shall be made by the license holder 			

Comparison to 245B requirement

Alternative equivalent measures

Reason for the variance

Licensing Requirements in Minnesota Statutes, Chapter 245B

<p>to provide this information in other formats as needed to facilitate understanding of the rights by the consumer and the consumer's legal representative, if any;</p>		
<p>(2) document the consumer's or the consumer's legal representative's receipt of a copy of the rights and an explanation of the rights; and</p>		
<p>(3) ensure the exercise and protection of the consumer's rights in the services provided by the license holder and authorized in the individual service plan.</p>		
<p>Subd. 2. Service-related rights. A consumer's service-related rights include the right to:</p>		
<p>(1) refuse or terminate services and be informed of the consequences of refusing or terminating services;</p>		
<p>(2) know, in advance, limits to the services available from the license holder;</p>		
<p>(3) know conditions and terms governing the provision of services, including those related to initiation and termination;</p>		
<p>(4) know what the charges are for services, regardless of who will be paying for the services, and be notified upon request of changes in those charges;</p>		
<p>(5) know, in advance, whether services are covered by insurance, government funding, or other sources, and be told of any charges the consumer or other private party may have to pay; and</p>		
<p>(6) receive licensed services from individuals who</p>		

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
are competent and trained, who have professional certification or licensure, as required, and who meet additional qualifications identified in the individual service plan.			
Subd. 3. Protection-related rights. The consumer's protection-related rights include the right to: (1) have personal, financial, services, and medical information kept private, and be advised of the license holder's policies and procedures regarding disclosure of such information; (2) access records and recorded information; (3) be free from maltreatment; (4) be treated with courtesy and respect for the consumer's individuality, mode of communication, and culture, and receive respectful treatment of the consumer's property; (5) voice grievances, know the contact persons responsible for addressing problems and how to contact those persons; (6) any procedures for grievance or complaint resolution and the right to appeal under section <u>256.045</u> ; (7) know the name and address of the state, county, or advocacy agency to contact for additional information or assistance; (8) assert these rights personally, or have them asserted by the consumer's family or legal representative, without retaliation;			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
(9) give or withhold written informed consent to participate in any research or experimental treatment;			
(10) have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the resident;			
(11) receive and send uncensored, unopened mail;			
(12) marital privacy for visits with the consumer's spouse and, if both are residents of the site, the right to share a bedroom and bed;			
(13) associate with other persons of the consumer's choice;			
(14) personal privacy; and			
(15) engage in chosen activities.			
245B.05 CONSUMER PROTECTION			
STANDARDS.			
Subdivision 1. Environment. The license holder must:			
(1) ensure that services are provided in a safe and hazard-free environment when the license holder is the owner, lessor, or tenant of the service site. All other license holders shall inform the consumer or the consumer's legal representative and case manager about any environmental safety concerns in writing;			
(2) lock doors only to protect the safety of consumers and not as a substitute for staff supervision or interactions with consumers;	The purpose of this variance is to address the health and safety needs of consumers during intensive assessment and treatment at the	Doors will be locked and access to common areas that are part of the residence and access to the community will be based on an individual assessment regarding safety of the consumer and others. Access to common areas that are part of the residence and access to	Equivalent standard.

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Reason for the variance

program. Based on the license holder's admission criteria it is expected that the consumers who are admitted to the program will have significant behavioral needs. As they begin treatment there is a period of intensive assessment of their specific needs, during this time it is necessary to limit their access to parts of the residential setting and to the community for health and safety reasons.

Alternative equivalent measures

the community will only be limited or denied to assure consumers' health and safety and not as a substitute for staff supervision or interactions with consumers.

Once the consumer's assessment has occurred in the initial ten (10) day assessment period, community access and freedom of movement in and out of the residence will be granted based on the level of supervision need by the individual consumer to prevent engagement in self-injury or injury to others. This level of risk need will continue to be assessed on a daily basis and modified as needed with changes in a consumer's assessed risk level. Consumers' ITPs and/or their Risk Management Plans shall identify their level of access. Consumers for whom it is determined additional access is appropriate will be provided with key cards to access otherwise locked areas.

The consumer's assessment shall be conducted in accordance with procedure number 3010, dated January 3, 2012, *Client Care, Assessment of Individual Needs and Documentation Process*.

Community integration activities and participation is not prohibited with this variance, rather there is ongoing assessment of an individual consumer's need for supervision during such activities. Community independence is to promote skill acquisition to reduce risk of harm to self or others as specified in license holder's procedures and in the consumers' ITP and/or Risk Management Plan.

Licensing Requirements
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requirement

Reason for the variance

Alternative equivalent measures

<p>(3) follow procedures that minimize the consumer's health risk from communicable diseases; and</p> <p>(4) maintain equipment, vehicles, supplies, and materials owned or leased by the license holder in good condition.</p> <p>Subd. 2. Licensed capacity for facility-based day training and habilitation services. The licensed capacity of each day training and habilitation service site must be determined by the amount of primary space available, the scheduling of activities at other service sites, and the space requirements of consumers receiving services at the site. Primary space does not include hallways, stairways, closets, utility areas, bathrooms, kitchens, and floor areas beneath stationary equipment. A facility-based day training and habilitation site must have a minimum of 40 square feet of primary space available for each</p>		<p>This alternative equivalent measure must not impede emergency evacuation when needed, as in the case of a fire, during which time doors will automatically be unlocked and staff will be present to supervise evacuation and assure the safety of any consumers who are demonstrating risk of harm to self or others. In addition, the homes are equipped with a sprinkler system throughout the physical plant. The license holder will account for how to address egress from the building in the program procedure manual.</p> <p>This alternative equivalent measure must not be used as a method of seclusion or time out as defined in the settlement agreement. See Attachment A.</p>

Comparison to 245B requirement

Alternative equivalent measures

Reason for the variance

Licensing Requirements in Minnesota Statutes, Chapter 245B

consumer who is present at the site at any one time.

Licensed capacity under this subdivision does not apply to: (1) consumers receiving community-based day training and habilitation services; and (2) the temporary use of a facility-based training and habilitation service site for the limited purpose of providing transportation to consumers receiving community-based day training and habilitation services from the license holder. The license holder must comply at all times with all applicable fire and safety codes under subdivision 4 and adequate supervision requirements under section 245B.055 for all persons receiving day training and habilitation services.

Subd. 3. Residential service sites for more than four consumers; four-bed ICF's/MR. Residential service sites licensed to serve more than four consumers and four-bed ICF's/MR must meet the fire protection provisions of either the Residential Board and Care Occupancies Chapter or the Health Care Occupancies Chapter of the Life Safety Code (LSC), National Fire Protection Association, 1985 edition, or its successors. Sites meeting the definition of a residential board and care occupancy for 16 or less beds must have the emergency evacuation capability of residents evaluated in accordance with Appendix F of the LSC or its successors, except for those sites that meet the LSC Health Care Occupancies Chapter or its successors.

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>Subd. 4. Meeting fire and safety codes. An applicant or license holder under sections <u>245A.01</u> to <u>245A.16</u> must document compliance with applicable building codes, fire and safety codes, health rules, and zoning ordinances, or document that an appropriate waiver has been granted.</p>			
<p>Subd. 5. Consumer health. The license holder is responsible for meeting the health service needs assigned to the license holder in the individual service plan and for bringing health needs as discovered by the license holder promptly to the attention of the consumer, the consumer's legal representative, and the case manager. The license holder is required to maintain documentation on how the consumer's health needs will be met, including a description of procedures the license holder will follow for the consumer regarding medication monitoring and administration and seizure monitoring, if needed. The medication administration procedures are those procedures necessary to implement medication and treatment orders issued by appropriately licensed professionals, and must be established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 245B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for meeting the health service needs of the consumer, as they are outlined in the ITP. See section 245B.06, subdivision 1(a) for further detail.</p>	<p>Equivalent standard.</p>
<p>Subd. 6. First aid. When the license holder is providing direct service and supervision to a consumer who requires a 24-hour plan of care and receives services at a site licensed under this chapter,</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>the license holder must have available a staff person trained in first aid, and, if needed under section <u>245B.07, subdivision 6, paragraph (d)</u>, cardiopulmonary resuscitation from a qualified source, as determined by the commissioner.</p>			
<p>Subd. 7. Reporting incidents. (a) The license holder must maintain information about and report incidents under section <u>245B.02, subdivision 10, clauses (1) to (7)</u>, to the consumer's legal representative, other licensed caregiver, if any, and case manager within 24 hours of the occurrence, or within 24 hours of receipt of the information unless the incident has been reported by another license holder. An incident under section <u>245B.02, subdivision 10, clause (8)</u>, must be reported as required under paragraph (c) unless the incident has been reported by another license holder.</p>			
<p>(b) When the incident involves more than one consumer, the license holder must not disclose personally identifiable information about any other consumer when making the report to each consumer's legal representative, other licensed caregiver, if any, and case manager unless the license holder has the consent of a consumer or a consumer's legal representative.</p>			
<p>(c) Within 24 hours of reporting maltreatment as required under section <u>626.556</u> or <u>626.557</u>, the license holder must inform the consumer's legal representative and case manager of the report unless</p>			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Alternative equivalent measures

Reason for the variance

<p>there is reason to believe that the legal representative or case manager is involved in the suspected maltreatment. The information the license holder must disclose is the nature of the activity or occurrence reported, the agency that receives the report, and the telephone number of the Department of Human Services Licensing Division.</p>				
<p>(d) Except as provided in paragraph (e), death or serious injury of the consumer must also be reported to the Department of Human Services Licensing Division and the ombudsman, as required under sections <u>245.91</u> and <u>245.94</u>, subdivision 2a.</p>				
<p>(e) When a death or serious injury occurs in a facility certified as an intermediate care facility for persons with developmental disabilities, the death or serious injury must be reported to the Department of Health, Office of Health Facility Complaints, and the ombudsman, as required under sections <u>245.91</u> and <u>245.94</u>, subdivision 2a.</p>				
<p>245B.055 STAFFING FOR DAY TRAINING AND HABILITATION SERVICES.</p>				
<p>Subdivision 1. Scope. This section applies only to license holders that provide day training and habilitation services.</p>				

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Alternative equivalent measures

Reason for the variance

<p>Subd. 2. Factors. (a) The number of direct service staff members that a license holder must have on duty at a given time to meet the minimum staffing requirements established in this section varies according to:</p> <ul style="list-style-type: none"> (1) the number of persons who are enrolled and receiving direct services at that given time; (2) the staff ratio requirement established under subdivision 3 for each of the persons who is present; and (3) whether the conditions described in subdivision 8 exist and warrant additional staffing beyond the number determined to be needed under subdivision 7. 			
<p>(b) The commissioner shall consider the factors in paragraph (a) in determining a license holder's compliance with the staffing requirements and shall further consider whether the staff ratio requirement established under subdivision 3 for each person receiving services accurately reflects the person's need for staff time.</p>			
<p>Subd. 3. Staff ratio requirement for each person receiving services. The case manager, in consultation with the interdisciplinary team shall determine at least once each year which of the ratios in subdivisions 4, 5, and 6 is appropriate for each person receiving services on the basis of the characteristics described in subdivisions 4, 5, and 6. The ratio assigned each person and the documentation of how the ratio was arrived at must</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures*	Comparison to 245B requirement
<p>be kept in each person's individual service plan. Documentation must include an assessment of the person with respect to the characteristics in subdivisions 4, 5, and 6 recorded on a standard assessment form required by the commissioner.</p>			
<p>Subd. 4. Person requiring staff ratio of one to four. A person who has one or more of the following characteristics must be assigned a staff ratio requirement of one to four: (1) on a daily basis the person requires total care and monitoring or constant hand-over-hand physical guidance to successfully complete at least three of the following activities: toileting, communicating basic needs, eating, or ambulating; or (2) the person assaults others, is self-injurious, or manifests severe dysfunctional behaviors at a documented level of frequency, intensity, or duration requiring frequent daily ongoing intervention and monitoring as established in an approved behavior management program.</p>			
<p>Subd. 5. Person requiring staff ratio of one to eight. A person who has all of the following characteristics must be assigned a staff ratio requirement of one to eight: (1) the person does not meet the requirements in subdivision 4; and (2) on a daily basis the person requires verbal prompts or spot checks and minimal or no physical assistance to successfully complete at least three of</p>			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Reason for the variance

Alternative equivalent measures

the following activities: toileting, communicating
basic needs, eating, or ambulating.

Subd. 6. Person requiring staff ratio of one to six.
A person who does not have any of the
characteristics described in subdivision 4 or 5 must
be assigned a staff ratio requirement of one to six.

Subd. 7. Determining number of direct service staff required. The minimum number of direct service staff members required at any one time to meet the combined staff ratio requirements of the persons present at that time can be determined by following the steps in clauses (1) through (4):
(1) assign each person in attendance the three-digit decimal below that corresponds to the staff ratio requirement assigned to that person. A staff ratio requirement of one to four equals 0.250. A staff ratio requirement of one to eight equals 0.125. A staff ratio requirement of one to six equals 0.166. A staff ratio requirement of one to ten equals 0.100;
(2) add all of the three-digit decimals (one three-digit decimal for every person in attendance) assigned in clause (1);
(3) when the sum in clause (2) falls between two

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whole numbers, round off the sum to the larger of the two whole numbers; and
(4) the larger of the two whole numbers in clause (3) equals the number of direct service staff members needed to meet the staff ratio requirements of the persons in attendance.

Subd. 8. Conditions requiring additional direct service staff. The license holder shall increase the number of direct service staff members present at any one time beyond the number arrived at in subdivision 4 if necessary when any one or combination of the following circumstances can be documented by the commissioner as existing:
(1) the health and safety needs of the persons receiving services cannot be met by the number of staff members available under the staffing pattern in effect even though the number has been accurately calculated under subdivision 7; or
(2) the behavior of a person presents an immediate

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<p>danger and the person is not eligible for a special needs rate exception under Minnesota Rules, parts 9510.1020 to 9510.1140.</p>			
<p>Subd. 9. Supervision requirements. At no time shall one direct service staff member be assigned responsibility for supervision and training of more than ten persons receiving supervision and training, except as otherwise stated in each person's risk management plan.</p>			
<p>245B.06 SERVICE STANDARDS. Subdivision 1. Outcome-based services. (a) The license holder must provide outcome-based services in response to the consumer's identified needs as specified in the individual service plan.</p>	<p>Based on the license holder's admission criteria it is expected that the consumers who are admitted will have significant behavioral needs and require specialized, intensive treatment services. Due to the short time frame that specialized services are needed and rendered, a consumer's ISP (if s/he has an ISP) will not likely contain provisions for the</p>	<p>The license holder will provide outcome-based services as specified in the Individual Treatment Plan (ITP), in response to the consumer's needs as outlined in the assessments performed by the program treatment team. The treatment planning will address person center planning concepts of essential life style planning, including forms that are based on essential life style planning. The ITP assessment and development will be completed according to the following requirements. Assessment of immediate needs: Upon the consumer's admission the license holder must evaluate the consumer's immediate needs, including needs related to his or her: (1) Health and safety, including the need for crisis assistance;</p>	<p>Enhanced standard.</p>

Alternative equivalent measures

Reason for the variance

intensive services rendered at the program and there will not be time to account for the specified individual needs in the ISP.

- (2) Housing and legal issues.
- (3) Special needs accommodations (e.g. deaf / interpreter services, physical assistance, etc.)

Initial treatment plan. An initial treatment plan must be completed within the next calendar day from the date of consumer's admission and must be completed by a mental health professional or a designated coordinator under clinical supervision. The initial treatment plan may be expanded to meet the requirements of the Individual Treatment Plan (ITP).

(1) The initial treatment plan must be based on the consumer's ISP (when available), intake information and assessment of immediate needs, including consideration of crisis assistance strategies that have proven effective in the past.

(2) The initial treatment plan must include initial treatment objectives and interventions for the services to be provided and must identify medically necessary rehabilitation and/or habilitation services to be provided.

(3) The initial treatment plan must be dated, signed, and approved by the designated coordinator or mental health professional within the next calendar day from the date of the consumer's admission.

Diagnostic assessment. Within five days of the consumer's admission, a diagnostic assessment must be completed or updated by a mental health professional. The diagnostic assessment must be completed in accordance with Minnesota Rules, part 9505.0372. (Note: this does not prohibit people who have a diagnosis of serious or persistent mental illness from being served by the program.)

Functional assessment. A mental health professional or designated coordinator with clinical supervision must complete a functional assessment of the consumer within ten calendar days of admission. The assessment must be updated at least monthly and no more than 35 days from the last update. The update must include any changes in the consumer's functioning and mental health symptoms. The functional assessment must be based on information provided by the consumer, referral source or sources,

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and observations from staff. The functional assessment must

include:

- (1) The consumer's functional impairment or impairments related to skills deficits from developmental disability and symptoms of the mental illness that are identified in the diagnostic assessment;
- (2) The consumer's personal experience regarding his or her skills deficits from developmental disability and symptoms of mental illness and how they interfere with his or her goals;
- (3) The consumer's strengths and resources;
- (4) The date the assessment was and must be updated at least monthly, but no more than 35 days from the last update;
- (5) The signatures and the date of signatures of the mental health professional, or the designated coordinator and clinical supervisor, if a designated coordinator conducted the assessment or updated the assessment; and,
- (6) The areas of functional impairment as listed in procedure number 3010, dated January 3, 2012, *Client Care Assessment of Individual Needs*.

Individual treatment plan. Within ten days of the consumer's admission, the initial treatment plan must be refined and further developed as the ITP. The ITP must be completed by a mental health professional or a designated coordinator under clinical supervision and must be updated at least monthly, but no more than 35 days from the last update.

Treatment planning must include the consumer and must be focused on the consumer's successful transition from the program to a less restrictive community-based setting. The treatment planning must also include participation by or input from the consumer's family, legal representative and case manager as permitted by the consumer (if they are his/her own legal representative). The ITP must include all areas in 245B.06, subdivision 1, part (b), (1) through (6).

Within five days of the completion of the ITP, the mental health professional must approve and sign the plan.

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>(b) Services must be based on the needs and preferences of the consumer and the consumer's personal goals and be consistent with the principles of least restrictive environment, self-determination, and consistent with:</p> <ul style="list-style-type: none"> (1) the recognition of each consumer's history, dignity, and cultural background; (2) the affirmation and protection of each consumer's civil and legal rights; (3) the provision of services and supports for each consumer which: <ul style="list-style-type: none"> (i) promote community inclusion and self-sufficiency; (ii) provide services in the least restrictive environment; (iii) promote social relationships, natural supports, and participation in community life; (iv) allow for a balance between safety and opportunities; and (v) provide opportunities for the development and exercise of age-appropriate skills, decision making and choice, personal advocacy, and communication; and (4) the provision of services and supports for families which address the needs of the consumer in the context of the family and support family self-sufficiency. 	<p>The ITP must meet the requirements in 245B.06, subdivision 1, concerning out-come base services, including promoting community inclusion and providing services in the least restrictive environment. These are consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999).</p> <p>NOTE: Additionally, the ITP must meet the requirements in the definition of the "treatment plan" per the settlement agreement. This includes developing the ITP based on the expanded interdisciplinary team and using person centered planning principles consistent with <i>Olmstead v. L.C.</i>, 527 U.S. 582 (1999). The definitions used in the settlement agreement are appended to this variance. See Appendix A. Compliance with the settlement is outside the scope of the variance.</p>	<p>Equivalent standard – repeats the requirement 245B.02, subdivision 11, above.</p>	<p>Comparison to 245B requirement</p>
<p>(c) The license holder must make available to the consumer opportunities to participate in the</p>			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>community, functional skill development, reduced dependency on care providers, and opportunities for development of decision-making skills. "Outcome" means the behavior, action, or status attained by the consumer that can be observed, measured, and can be determined reliable and valid. Outcomes are the equivalent of the long-range goals and short-term goals referenced in section <u>256B.092</u>, and any rules promulgated under that section.</p>	<p>Subd. 2. Risk management plan. (a) The license holder must develop, document in writing, and implement a risk management plan that meets the requirements of this subdivision. License holders licensed under this chapter are exempt from sections <u>245A.65</u>, <u>subdivision 2</u>, and <u>626.557</u>, <u>subdivision 14</u>, if the requirements of this subdivision are met.</p>	<p>Given the short-term, dynamic, and intensive nature of the treatment service provided at the program, it is not conducive to completely re-develop a consumer's Risk Management Plan (if s/he has an RMP). As such, the license holder will instead address the immediate risk and vulnerability needs of the consumer during his/her short term treatment delivery at the program.</p>	<p>The license holder will practice a two prong approach to addressing the consumers' risk/vulnerability needs.</p> <p><u>Prong 1.</u> This approach applies to consumers who have developmental disability case management services through their county, a current ISP, and a current RMP. The license holder will obtain and adopt the most recent RMP as the plan to be used during the services rendered at the program. In order to accommodate for areas whereby the consumer may have a varied risk or vulnerability, given the program's new environment for the consumer, the license holder will complete an Individual Neglect and Abuse Prevention Plan (INAPP) within eight (8) hours of admission to the program, which will include any differences in the assessment or plan to address all areas listed in 245B.06, subdivision 2, (b), parts (1) through (5). The procedure for how to complete the INAPP and how frequently to do so shall be included in the program's procedure manual.</p> <p><u>Prong 2.</u> This approach applies to consumers who <i>do not</i> have developmental disability case management services through their</p>
			<p>Enhanced standard.</p>

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county, and ISP, and a current RMP. The license holder will immediately assess the consumer's risk and vulnerability areas and develop an INAPP to address these areas within the first eight (8) hours of admission to the program. Within the first ten (10) days of admission to the program, the license holder will develop a full RMP as defined in 245B.06, subdivision 2, (b), parts (1) through (5) and receive appropriate verbal or written approval from the legal representative and case manager as set forth in 245B.06, subdivision 2, (c) and written approval within in the ten (10) day period the RMP is being completed. Following this initial RMP being completed the Prong 1 approach will then be followed and the RMP the license holder created will remain in the consumer's data file, while the procedure for how to complete the INAPP and how frequently to do so shall be included in the program's procedure manual.

(b) The risk management plan must identify areas in which the consumer is vulnerable, based on an assessment, at a minimum, of the following areas:
(1) an adult consumer's susceptibility to physical, emotional, and sexual abuse as defined in section 626.5572, subdivision 2, and financial exploitation as defined in section 626.5572, subdivision 9; a minor consumer's susceptibility to sexual and physical abuse as defined in section 626.556, subdivision 2; and a consumer's susceptibility to self-abuse, regardless of age;

(2) the consumer's health needs, considering the consumer's physical disabilities; allergies; sensory impairments; seizures; diet; need for medications;

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>and ability to obtain medical treatment;</p>			
<p>(3) the consumer's safety needs, considering the consumer's ability to take reasonable safety precautions; community survival skills; water survival skills; ability to seek assistance or provide medical care; and access to toxic substances or dangerous items;</p>			
<p>(4) environmental issues, considering the program's location in a particular neighborhood or community; the type of grounds and terrain surrounding the building; and the consumer's ability to respond to weather-related conditions, open locked doors, and remain alone in any environment; and</p>			
<p>(5) the consumer's behavior, including behaviors that may increase the likelihood of physical aggression between consumers or sexual activity between consumers involving force or coercion, as defined under section 245B.02, subdivision 10, clauses (6) and (7).</p>			
<p>(c) When assessing a consumer's vulnerability, the license holder must consider only the consumer's skills and abilities, independent of staffing patterns, supervision plans, the environment, or other situational elements.</p>			
<p>(d) License holders jointly providing services to a consumer shall coordinate and use the resulting assessment of risk areas for the development of each license holder's risk management or the shared risk</p>			

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<p>management plan. The license holder's plan must include the specific actions a staff person will take to protect the consumer and minimize risks for the identified vulnerability areas. The specific actions must include the proactive measures being taken, training being provided, or a detailed description of actions a staff person will take when intervention is needed.</p>			
<p>(e) Prior to or upon initiating services, a license holder must develop an initial risk management plan that is, at a minimum, verbally approved by the consumer or consumer's legal representative and case manager. The license holder must document the date the license holder receives the consumer's or consumer's legal representative's and case manager's verbal approval of the initial plan.</p>			
<p>(f) As part of the meeting held within 45 days of initiating service, as required under section 245B.06 subdivision 4, the license holder must review the initial risk management plan for accuracy and revise the plan if necessary. The license holder must give the consumer or consumer's legal representative and case manager an opportunity to participate in this plan review. If the license holder revises the plan, or if the consumer or consumer's legal representative and case manager have not previously signed and dated the plan, the license holder must obtain dated signatures to document the plan's approval.</p>			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>(g) After plan approval, the license holder must review the plan at least annually and update the plan based on the individual consumer's needs and changes to the environment. The license holder must give the consumer or consumer's legal representative and case manager an opportunity to participate in the ongoing plan development. The license holder shall obtain dated signatures from the consumer or consumer's legal representative and case manager to document completion of the annual review and approval of plan changes.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for meeting the assessment needs of the consumer, as they are outlined in the ITP. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>Reiteration of standards and clarification due to ITP directing services.</p>
<p>Subd. 3. Assessments. (a) The license holder shall assess and reassess the consumer within stated time lines and assessment areas specified in the individual service plan or as requested in writing by the case manager.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for providing a written summary, analysis, and recommendations for use in the development of the ITP. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>Reiteration of standards and clarification due to ITP directing services.</p>
<p>(b) For each area of assessment requested, the license holder must provide a written summary, analysis, and recommendations for use in the development of the individual service plan.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for providing a written summary, analysis, and recommendations for use in the development of the ITP. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>Reiteration of standards and clarification due to ITP directing services.</p>
<p>(c) All assessments must include information about the consumer that is descriptive of:</p>			
<p>(1) the consumer's strengths and functional skills;</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B and	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
(2) the level of support and supervision the consumer needs to achieve the outcomes in subdivision 1.	The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.	The license holder is responsible for meeting the supports and methods requirements in the timelines outlined in the ITP. See section 246B.06, subdivision 1(a) for further detail.	Reiteration of standards and clarification due to ITP directing services.
Subd. 4. Supports and methods. The license holder, in coordination with other service providers, shall meet with the consumer, the consumer's legal representative, case manager, and other members of the interdisciplinary team within 45 days of service initiation. Within ten working days after the meeting, the license holder shall develop and document in writing:			
(1) the methods that will be used to support the individual or accomplish the outcomes in subdivision 1, including information about physical and social environments, the equipment and materials required, and techniques that are consistent with the consumer's communication mode and learning style specified as the license holder's responsibility in the individual service plan;			
(2) the projected starting date for service supports and the criteria for identifying when the desired outcome has been achieved and when the service supports need to be reviewed; and			
(3) the names of the staff, staff position, or contractors responsible for implementing each outcome.			
Subd. 5. Progress reviews. The license holder must participate in progress review meetings following	The ITP will replace the ISP, given the short-term nature of the service	The license holder is responsible for meeting the progress review requirements for the consumer, as they are outlined in the ITP.	Reiteration of standards

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>stated time lines established in the consumer's individual service plan or as requested in writing by the consumer, the consumer's legal representative, or the case manager, at a minimum of once a year. The license holder must summarize the progress toward achieving the desired outcomes and make recommendations in a written report sent to the consumer or the consumer's legal representative and case manager prior to the review meeting.</p>	<p>delivery at the program. See section 246B.06, Subdivision 1(a) for further detail.</p>	<p>See section 246B.06, subdivision 1(a) for further detail.</p>	<p>and clarification due to ITP directing services.</p>
<p>Subd. 6. Reports. The license holder shall provide written reports regarding the consumer's status as requested by the consumer, or the consumer's legal representative and case manager.</p>			
<p>Subd. 7. Staffing requirements. The license holder must provide supervision to ensure the health, safety, and protection of rights of each consumer and to be able to implement each consumer's individual service plan. Day training and habilitation programs must meet the minimum staffing requirements as specified in sections <u>252.40</u> to <u>252.46</u> and rules promulgated under those sections.</p>			
<p>Subd. 8. Leaving the residence. Each consumer requiring a 24-hour plan of care shall receive services during the day outside the residence unless otherwise specified in the individual's service plan. License holders, providing services to consumers living in a licensed site, shall ensure that they are prepared to care for consumers whenever they are at the residence during the day because of illness, work</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail. Based on the program's admission</p>	<p>The license holder is responsible for meeting the 24 hour plan of care requirement for the consumer, as it is outlined in the ITP. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>Reiteration of standards and clarification due to ITP directing services.</p>

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schedules, or other reasons.

criteria it is expected that the consumers who are admitted will have significant behavioral needs and may be away from their home community. As they begin treatment there is a period of intensive assessment of their specific needs, during this time, services provided outside the residence may not be appropriate.

Subd. 9. Day training and habilitation service days. Day training and habilitation services must meet a minimum of 195 available service days.

Subd. 10. Prohibition. Psychotropic medication and the use of aversive and deprivation procedures, as referenced in section 245.825 and rules promulgated under that section, cannot be used as a substitute for adequate staffing, as punishment, or for staff convenience.

245B.07 MANAGEMENT STANDARDS.

Subdivision 1. **Consumer data file.** The license holder must maintain the following information for each consumer:

The consumer data file is the primary repository of information concerning the consumer. It must contain all relevant documentation concerning the consumer's assessed needs and services, including the ITP and when received the ISP.

Reiteration of standards and clarification due to ITP directing services.

(1) identifying information that includes date of birth,

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
medications, legal representative, history, medical, and other individual-specific information, and names and telephone numbers of contacts;			
(2) consumer health information, including individual medication administration and monitoring information;			
(3) the consumer's individual service plan. When a consumer's case manager does not provide a current individual service plan, the license holder shall make a written request to the case manager to provide a copy of the individual service plan and inform the consumer or the consumer's legal representative of the right to an individual service plan and the right to appeal under section 256.045;		The license holder is responsible for seeking a current copy of the ISP prior to development of the ITP, and either having the current ISP in the consumer's data file or a copy of the written request for the ISP in the consumer's data file.	Reiteration of current standards.
(4) copies of assessments, analyses, summaries, and recommendations;			
(5) progress review reports;			
(6) incidents involving the consumer;			
(7) reports required under section 245B.05, subdivision 7;			
(8) discharge summary, when applicable;	See variance request to 245B.07, subdivision 8, paragraph (c), clause (1), item (ii).	A discharge summary shall be written for each consumer within seven calendar days prior to the consumer's planned discharge or within ten days of the consumer's leaving the program if the discharge was not planned. The discharge summary must be completed by a designated coordinator and provided to the people and providers who will be subsequently providing services or supports to the consumer. All discharge summaries must include: (a) A brief review of the consumer's strengths and	Enhancement of standards

Comparison to 245B requirement

Alternative equivalent measures

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- needs while in the program, including what is important to and important for the consumer;
- (b) The consumer's response to his or her ITP;
 - (c) The consumer's response to the overall program;
 - (d) The goals and objectives that the program recommends to be addressed during the first three months following the consumer's discharge;
 - (e) Recommended actions or supports to assist the consumer with successful transition, including target dates for completion and identifying the people or agencies who are responsible to work with the consumer after discharge;
 - (f) The tasks identified to transition the consumer, including the action steps, dates and identified responsible persons or agencies who will be working with the consumer after discharge, including but not limited to needed medical and mental health services;
 - (g) The consumer's forwarding address and telephone number;
 - (h) Copies of the consumer's most recent ITP, Risk Management Plan/Individual Neglect and Abuse Prevention Plan developed while under care at the program;
 - (i) The date the discharge summary was completed; and,
 - (j) The names of individuals who participated in the development of the discharge plan including the consumer, a program staff member, county case manager, legal representative (if applicable), and as time and circumstance permit family members, medical / psychiatric providers and representatives of the receiving program; and
 - (k) The signature of the designated coordinator who completed it.

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>(9) record of other license holders serving the consumer that includes a contact person and telephone numbers, services being provided, services that require coordination between two license holders, and name of staff responsible for coordination;</p>			
<p>(10) information about verbal aggression directed at the consumer by another consumer; and</p>			
<p>(11) information about self-abuse.</p>			
<p>Subd. 2. Access to records. The license holder must ensure that the following people have access to the information in subdivision 1:</p>			
<p>(1) the consumer, the consumer's legal representative, and anyone properly authorized by the consumer or legal representative;</p>			
<p>(2) the consumer's case manager;</p>			
<p>(3) staff providing direct services to the consumer unless the information is not relevant to carrying out the individual service plan; and</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program.</p> <p>See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for assuring that staff who are identified as providing treatment services to the consumer have access to the consumer's medical record and consumer data file, including the ISP when it is relevant to carrying out the ITP and was received by the program.</p>	<p>Reiteration of standards and clarification due to the ITP directing services.</p>
<p>(4) the county adult foster care licensor, when services are also licensed as an adult foster home. Adult foster home means a licensed residence operated by an operator who, for financial gain or otherwise, provides 24-hour foster care to no more</p>			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance</p>	<p>Alternative equivalent measures</p>	<p>Comparison to 245B requirement</p>
<p>than four functionally impaired residents. Subd. 3. Retention of consumer's records. The license holder must retain the records required for consumers for at least three years following termination of services.</p>			
<p>Subd. 4. Staff qualifications. (a) The license holder must ensure that staff is competent through training, experience, and education to meet the consumer's needs and additional requirements as written in the individual service plan. Staff qualifications must be documented. Staff under 18 years of age may not perform overnight duties or administer medication. (b) Delivery and evaluation of services provided by the license holder to a consumer must be coordinated by a designated person. The designated person or coordinator must minimally have a four-year degree in a field related to service provision, and one year work experience with consumers with developmental disabilities; a two-year degree in a field related to service provision, and two years of work experience with consumers with developmental disabilities, or a diploma in community-based developmental disability services from an accredited postsecondary institution and two years of work experience with consumers with developmental disabilities. The coordinator must provide supervision, support, and evaluation of activities that include:</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, Subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for assuring that staff have the appropriate qualifications for treatment delivery as it is set forth in the consumers' ITPs. See section 246B.06, subdivision 1(a) for further detail on how the ITP drives outcome-based services for consumer during his/her treatment at the program.</p>	<p>Reiteration of standards and clarification due to the ITP directing services.</p>

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>(1) oversight of the license holder's responsibilities designated in the individual service plan;</p>			
<p>(2) instruction and assistance to staff implementing the individual service plan areas;</p>			
<p>(3) evaluation of the effectiveness of service delivery, methodologies, and progress on consumer outcomes based on the condition set for objective change; and</p>			
<p>(4) review of incident and emergency reports, identification of incident patterns, and implementation of corrective action as necessary to reduce occurrences.</p>			
<p>(c) The coordinator is responsible for taking the action necessary to facilitate the accomplishment of the outcomes for each consumer as specified in the consumer's individual service plan.</p>			
<p>(d) The license holder must provide for adequate supervision of direct care staff to ensure implementation of the individual service plan.</p>			
<p>Subd. 5. Staff orientation. (a) Within 60 days of hiring staff who provide direct service, the license holder must provide 30 hours of staff orientation. Direct care staff must complete 15 of the 30 hours orientation before providing any unsupervised direct service to a consumer. If the staff person has received orientation training from a license holder licensed under this chapter, or provides semi-independent living services only, the 15-hour requirement may be</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>reduced to eight hours. The total orientation of 30 hours may be reduced to 15 hours if the staff person has previously received orientation training from a license holder licensed under this chapter.</p>			
<p>(b) The 30 hours of orientation must combine supervised on-the-job training with coverage of the following material:</p>			
<p>(1) review of the consumer's service plans and risk management plan to achieve an understanding of the consumer as a unique individual;</p>			
<p>(2) review and instruction on the license holder's policies and procedures, including their location and access;</p>			
<p>(3) emergency procedures;</p>			
<p>(4) explanation of specific job functions, including implementing objectives from the consumer's individual service plan;</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder will be responsible for assuring that staff identified as providing treatment services have needed orientation and training to carry out the consumers' ITPs. See section 246B.06, subdivision 1(a) for further detail on how the ITP drives outcome-based services for consumer during his/her treatment at the program.</p>	<p>Reiteration of standards and clarification due to the ITP directing services.</p>
<p>(5) explanation of responsibilities related to section <u>245A.65</u>; sections <u>626.556</u> and <u>626.557</u>, governing maltreatment reporting and service planning for children and vulnerable adults; and section <u>245.825</u>, governing use of aversive and deprivation procedures;</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>(6) medication administration as it applies to the individual consumer, from a training curriculum developed by a health services professional described in section <u>245B.05, subdivision 5</u>, and when the consumer meets the criteria of having overriding health care needs, then medication administration taught by a health services professional. Staff may administer medications only after they demonstrate the ability, as defined in the license holder's medication administration policy and procedures. Once a consumer with overriding health care needs is admitted, staff will be provided with remedial training as deemed necessary by the license holder and the health professional to meet the needs of that consumer.</p>			
<p>For purposes of this section, overriding health care needs means a health care condition that affects the service options available to the consumer because the condition requires:</p>			
<p>(i) specialized or intensive medical or nursing supervision; and</p>			
<p>(ii) nonmedical service providers to adapt their services to accommodate the health and safety needs of the consumer;</p>			
<p>(7) consumer rights; and (8) other topics necessary as determined by the consumer's individual service plan or other areas identified by the license holder.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program.</p>	<p>The license holder is responsible for including other topics as necessary into the ITP.</p>	<p>Reiteration of standards and</p>

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Alternative equivalent measures

Reason for the variance

	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
	See section 246B.06, subdivision 1(a) for further detail on how the ITP drives outcome-based services for consumer during his/her treatment at the program.		clarification due to the ITP directing services.
	See section 246B.06, subdivision 1(a) for further detail.		
		(c) The license holder must document each employee's orientation received.	
		Subd. 6. Staff training. (a) A license holder providing semi-independent living services shall ensure that direct service staff annually complete hours of training equal to one percent of the number of hours the staff person worked. All other license holders shall ensure that direct service staff annually complete hours of training as follows:	
		(1) if the direct services staff have been employed for one to 24 months and:	
		(i) the average number of work hours scheduled per week is 30 to 40 hours, the staff must annually complete 40 training hours;	
		(ii) the average number of work hours scheduled per week is 20 to 29 hours, the staff must annually complete 30 training hours; and	
		(iii) the average number of work hours scheduled per week is one to 19 hours, the staff must annually complete 20 training hours; or	
		(2) if the direct services staff have been employed for more than 24 months and:	
		(i) the average number of work hours scheduled per week is 30 to 40 hours, the staff must annually	

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
complete 20 training hours;			
(ii) the average number of work hours scheduled per week is 20 to 29 hours, the staff must annually complete 15 training hours; and			
(iii) the average number of work hours scheduled per week is one to 19 hours, the staff must annually complete 12 training hours.			
If direct service staff has received training from a license holder licensed under a program rule identified in this chapter or completed course work regarding disability-related issues from a postsecondary educational institute, that training may also count toward training requirements for other services and for other license holders.			
(b) The license holder must document the training completed by each employee.			
(c) Training shall address staff competencies necessary to address the consumer needs as identified in the consumer's individual service plan and ensure consumer health, safety, and protection of rights. Training may also include other areas identified by the license holder.	The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.	The license holder is responsible for assuring that staff identified as providing treatment services have the needed orientation and training necessary to address the consumers' needs identified in the ITP and to ensure the consumers' health, safety, and protection of rights. See section 246B.06, subdivision 1(a) for further detail on how the ITP drives outcome-based services for consumer during his/her treatment at the program.	Reiteration of standards and clarification due to the ITP directing services.
(d) For consumers requiring a 24-hour plan of care, the license holder shall provide training in cardiopulmonary resuscitation, from a qualified			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Reason for the variance

Alternative equivalent measures

<p>source determined by the commissioner, if the consumer's health needs as determined by the consumer's physician indicate trained staff would be necessary to the consumer.</p>			
<p>Subd. 7. Volunteers. The license holder must ensure that volunteers who provide direct services to consumers receive the training and orientation necessary to fulfill their responsibilities.</p>			
<p>Subd. 8. Policies and procedures. The license holder must develop and implement the policies and procedures in paragraphs (a) to (c).</p>			
<p>(a) Policies and procedures that promote consumer health and safety by ensuring:</p>			
<p>(1) consumer safety in emergency situations;</p>			
<p>(2) consumer health through sanitary practices;</p>			
<p>(3) safe transportation, when the license holder is responsible for transportation of consumers, with provisions for handling emergency situations;</p>			
<p>(4) a system of record keeping for both individuals and the organization, for review of incidents and emergencies, and corrective action if needed;</p>			
<p>(5) a plan for responding to all incidents, as defined in section 245B.02, subdivision 10, and reporting all incidents required to be reported under section 245B.05, subdivision 7;</p>			
<p>(6) safe medication administration as identified in section 245B.05, subdivision 5, incorporating an observed skill assessment to ensure that staff</p>			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Comparison
to 245B
requirement

Alternative equivalent measures

Reason for the variance

demonstrate the ability to administer medications consistent with the license holder's policy and procedures;	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>(7) psychotropic medication monitoring when the consumer is prescribed a psychotropic medication, including the use of the psychotropic medication use checklist. If the responsibility for implementing the psychotropic medication use checklist has not been assigned in the individual service plan and the consumer lives in a licensed site, the residential license holder shall be designated; and</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for assuring that the psychotropic medication use checklist is completed and followed as delineated in the consumer's ITP. See section 246B.06, subdivision 1(a) for further detail on how the ITP drives outcome-based services for consumer during his/her treatment at the program. The license holder must comply with all licensing requirements related to the use of psychotropic medications and aversive and deprivation procedures. This includes but is not limited to use of the Psychotropic Medication Use Checklist (PMUC) or any successor forms or processes.</p>	<p>Reiteration of current standards.</p>
<p>(8) criteria for admission or service initiation developed by the license holder.</p>			
<p>(b) Policies and procedures that protect consumer rights and privacy by ensuring:</p>			
<p>(1) consumer data privacy, in compliance with the Minnesota Data Practices Act, chapter 13; and</p>			
<p>(2) that complaint procedures provide consumers with a simple process to bring grievances and consumers receive a response to the grievance within a reasonable time period. The license holder must provide a copy of the program's grievance procedure and time lines for addressing grievances. The</p>			

Licensing Requirements
in Minnesota Statutes, Chapter 245B

Reason for the variance

Alternative equivalent measures

Comparison
to 245B
requirement

<p>program's grievance procedure must permit consumers served by the program and the authorized representatives to bring a grievance to the highest level of authority in the program.</p>			
<p>(c) Policies and procedures that promote continuity and quality of consumer supports by ensuring:</p>			
<p>(1) continuity of care and service coordination, including provisions for service termination, temporary service suspension, and efforts made by the license holder to coordinate services with other vendors who also provide support to the consumer. The policy must include the following requirements:</p>			
<p>(i) the license holder must notify the consumer or consumer's legal representative and the consumer's case manager in writing of the intended termination or temporary service suspension and the consumer's right to seek a temporary order staying the termination or suspension of service according to the procedures in section <u>256.045, subdivision 4a</u> or subdivision 6, paragraph (c);</p>			
<p>(ii) notice of the proposed termination of services, including those situations that began with a temporary service suspension, must be given at least 60 days before the proposed termination is to become effective;</p>	<p>The purpose of this variance is to accommodate the dynamic, intensive, and time-limited nature of the assessment and treatment milieu at the program. The license holder will employ utilization management in order to assure that consumers who no longer require</p>	<p>1. The license holder will implement a Utilization Management procedure (available in the program's procedure manual) that defines admission, continued stay, and discharge criteria for services, including discharge processes as required under the special conditions for 256B.07, subdivision 1, paragraph (8). The procedure must require that the first utilization review occurs between the tenth and twentieth day of admission and</p>	<p>Enhancement to standards.</p>

Licensing Requirements
in Minnesota Statutes, Chapter 245B

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requirement

Reason for the variance

Alternative equivalent measures

services provided by the program are transitioned to more appropriate services. In most cases, it may not be possible to meet the minimum of 60 days of notice before terminating or suspending treatment and also meet utilization management.

within every 45 days of the last utilization review thereafter.

2. Consumers, their legal representatives, and case managers will be informed of the license holder's utilization management procedures and policies concerning notice of suspension or termination of services, prior to or upon the consumer's admission.
3. If a consumer does not meet criteria for continued stay as determined in these utilization reviews and meets the program's discharge criteria as required in the program's procedure manual, a letter informing the consumer, his/her legal representative, and his/her county case manager will be sent. The letter shall explain that the program intends to terminate services. The letter must be sent a minimum of 30 days prior to the date services are to be terminated and must follow the program's procedure on utilization review and discharge criteria.
4. The license holder and extended interdisciplinary team will work together to develop a discharge plan at the time the letter is issued and no consumer will not be discharged without a discharge plan in effect, even if the 30 days have expired since the letter of intent to discharge was issued.
5. If the utilization review and/or the program treatment team assess that the consumer is exceeding the level of care need that the program can support (i.e. is in need of acute hospital level of care for medical or psychiatric needs), the license holder will immediately respond to transfer the consumer to appropriate level of care.

Licensing Requirements
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Reason for the variance

Alternative equivalent measures

Comparison
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requirement

<p>(iii) the license holder must provide information requested by the consumer or consumer's legal representative or case manager when services are temporarily suspended or upon notice of termination;</p> <p>(iv) use of temporary service suspension procedures are restricted to situations in which the consumer's behavior causes immediate and serious danger to the health and safety of the individual or others;</p> <p>(v) prior to giving notice of service termination or temporary service suspension, the license holder must document actions taken to minimize or eliminate the need for service termination or temporary service suspension; and</p> <p>(vi) during the period of temporary service suspension, the license holder will work with the appropriate county agency to develop reasonable alternatives to protect the individual and others; and</p> <p>(2) quality services measured through a program evaluation process including regular evaluations of consumer satisfaction and sharing the results of the evaluations with the consumers and legal</p>		<p>6. The license holder must complete a discharge summary for all consumers in accordance with the variance to 256B.07, subdivision 1, clause (8).</p> <p>7. The license holder is subject to all requirements related to the Health Care Bill of Rights, pursuant to Minnesota Statutes, Chapter 144, including those related to discharge and termination of services.</p>	

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures*	Comparison to 245B requirement
<p>representatives.</p>			
<p>Subd. 9. Availability of current written policies and procedures. The license holder shall:</p>			
<p>(1) review and update, as needed, the written policies and procedures in this chapter;</p>			
<p>(2) inform consumers or the consumer's legal representatives of the written policies and procedures in this chapter upon service initiation. Copies must be available to consumers or the consumer's legal representatives, case managers, the county where services are located, and the commissioner upon request;</p>	<p>Because the license holder will employ utilization management in order to assure that consumers who no longer require services provided by the program are transitioned to more appropriate services, in most cases, it may not be possible to meet the minimum of 60 days of notice before terminating or suspending treatment and also meet utilization management.</p>	<p>The license holder must specifically inform the consumer and the consumer's legal representative of the license holder's utilization management procedures and policies concerning notice of suspension or termination of services, prior to or at the time of the consumer's admission to the program.</p> <p>Additionally, the license holder must provide to the consumer's case manager a copy of the license holder's utilization management procedures and policies concerning notice of suspension or termination of services. The license holder must provide this information to the case manager in writing prior to or at the time of the consumer's admission to the program.</p>	<p>Enhanced standard.</p>
<p>(3) provide all consumers or the consumers' legal representatives and case managers a copy and explanation of revisions to policies and procedures that affect consumers' service-related or protection-related rights under section 245B.04. Unless there is reasonable cause, the license holder must provide this notice at least 30 days before implementing the revised policy and procedure. The license holder must document the reason for not providing the notice at least 30 days before implementing the revisions;</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>(4) annually notify all consumers or the consumers' legal representatives and case managers of any revised policies and procedures under this chapter, other than those in clause (3). Upon request, the license holder must provide the consumer or consumer's legal representative and case manager copies of the revised policies and procedures;</p>			
<p>(5) before implementing revisions to policies and procedures under this chapter, inform all employees of the revised policies and procedures; and</p>			
<p>(6) document and maintain relevant information related to the policies and procedures in this chapter.</p>			
<p>Subd. 10. Consumer funds. (a) The license holder must ensure that consumers retain the use and availability of personal funds or property unless restrictions are justified in the consumer's individual service plan.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program. See section 246B.06, subdivision 1(a) for further detail.</p>	<p>The license holder is responsible for assuring that consumer's retain the use and availability of personal funds or property unless restrictions are justified in the consumer's ITP. See section 246B.06, subdivision 1(a) for further detail on how the ITP drives outcome-based services for consumer during his/her treatment at the program.</p>	<p>Reiteration of standards and clarification due to the ITP directing services.</p>
<p>(b) The license holder must ensure separation of consumer funds from funds of the license holder, the program, or program staff.</p>			
<p>(c) Whenever the license holder assists a consumer with the safekeeping of funds or other property, the license holder must have written authorization to do so by the consumer or the consumer's legal representative, and the case manager. In addition, the license holder must:</p>			

<p>Licensing Requirements in Minnesota Statutes, Chapter 245B</p>	<p>Reason for the variance *</p>	<p>Alternative equivalent measures *</p>	<p>Comparison to 245B requirement</p>
<p>(1) document receipt and disbursement of the consumer's funds or the property;</p>			
<p>(2) annually survey, document, and implement the preferences of the consumer, consumer's legal representative, and the case manager for frequency of receiving a statement that itemizes receipts and disbursements of consumer funds or other property; and</p>			
<p>(3) return to the consumer upon the consumer's request, funds and property in the license holder's possession subject to restrictions in the consumer's individual service plan, as soon as possible, but no later than three working days after the date of the request.</p>	<p>The ITP will replace the ISP, given the short-term nature of the service delivery at the program.</p> <p>The license holder has policies and procedures that specifically identify items that are not permitted to be retained as personal property by any consumers when they are receiving services from the license holder. These items shall be identified as "contraband".</p> <p>See section 246B.06, subdivision 1(a) for further detail.</p>	<p>Items that meet the license holder's definition of contraband will be returned to the consumers' legal representatives, if possible, or retained by the license holder and returned to the consumer within three days of discharge from the program, provided there are no legal reasons to the contrary.</p> <p>Any restrictions on consumer's personal property beyond those related to contraband must be addressed in the consumer's ITP and be related to the health and safety needs.</p> <p>Any restrictions on consumer's personal property, regardless of the reason or license holder's policies and procedures, must comply with the Health Care Bill of Rights, pursuant to Minnesota Statutes, Chapter 144.</p>	<p>Equivalent standards.</p>
<p>(d) License holders and program staff must not:</p> <p>(1) borrow money from a consumer;</p> <p>(2) purchase personal items from a consumer;</p> <p>(3) sell merchandise or personal services to a</p>			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
consumer;			
(4) require a consumer to purchase items for which the license holder is eligible for reimbursement, or (5) use consumer funds in a manner that would violate section <u>256B.04</u> , or any rules promulgated under that section.			
Subd. 11. Travel time to and from a day training and habilitation site. Except in unusual circumstances, the license holder must not transport a consumer receiving services for longer than 90 minutes per one-way trip. Nothing in this subdivision relieves the provider of the obligation to provide the number of program hours as identified in the individualized service plan.			
Subd. 12. Separate license required for separate sites. The license holder shall apply for separate licenses for each day training and habilitation service site owned or leased by the license holder at which persons receiving services and the provider's employees who provide training and habilitation services are present for a cumulative total of more than 30 days within any 12-month period, and for each residential service site. Notwithstanding this subdivision, a separate license is not required for:			
(1) a day training and habilitation service site used only for the limited purpose of providing transportation to consumers receiving community-based day training and habilitation services from a			

Licensing Requirements in Minnesota Statutes, Chapter 245B	Reason for the variance	Alternative equivalent measures	Comparison to 245B requirement
<p>license holder;</p> <p>(2) a day training and habilitation program that is in a separate building that is adjacent to the central operation of the day training and habilitation program; or</p> <p>(3) a satellite day training and habilitation program.</p> <p>For purposes of this clause, a satellite day training and habilitation program is a program that is affiliated with the central operations of an existing day training and habilitation program and is in a separate nonadjacent building in the same county as the central operation day training and habilitation program.</p>			
<p>Subd. 13. Variance. The commissioner may grant a variance to any of the requirements in sections <u>245B.02 to 245B.07</u> except section <u>245B.07</u>, <u>subdivision 8(1)(vii)</u>, or provisions governing data practices and information rights of consumers if the conditions in section <u>245A.04</u>, <u>subdivision 9</u> are met.</p> <p>Upon the request of the license holder, the commissioner shall continue variances from the standards in this chapter previously granted under Minnesota Rules that are repealed as a result of this chapter. The commissioner may approve variances for a license holder on a program, geographic, or organizational basis.</p>			

**Cells shaded in gray denote that the 245B requirement does not apply to the license issued for this program, license 804294.*

DEC 28 2011

AUTHORITY:

Minnesota Statutes, 245A.04, subdivision 9 provides authority for the commissioner to grant variances.

NON-TRANSFERABLE:

This variance is not transferrable to any other license held by the license holder or facility owned or leased by the license holder.

CHANGES OR MODIFICATIONS OF CONDITIONS:

The license holder must obtain approval from the Licensing Division prior to any changes or modifications to the conditions set forth in the variance. Any amendments to this variance must be in writing. Failure to comply with the conditions or failure to obtain prior approval for changes to the variance may result in revocation of the variance and may be cause for other sanctions under sections 245A.06 and 245A.07.

RIGHT TO RESCIND OR CANCEL:

The Licensing Division may rescind or cancel any variance granted in this request at any time, with or without cause, upon written notice to the license holder.

EFFECTIVE DATE:

This variance is effective January 3, 2012. The license holder is responsible to comply with all terms and conditions of the variance as of the effective date of the variance unless there is explicit written agreement with the Director of the Licensing Division to the contrary, or an alternative effective date is specified within the terms of the variance. Except as expressly approved in the variance, the provider must comply with all requirements of Minnesota Statutes, chapter 245B.


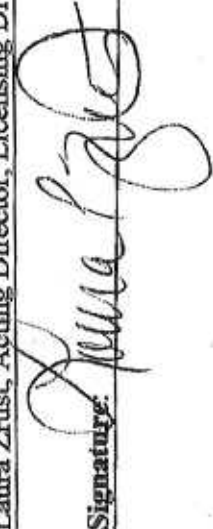
Variance Expiration Date: N/A	Type of Variance: Continuous
Name and title of the person accepting the terms of the variance:	
PATRICIA L. CARLSON CEO, SOS	
Signature: 	Date: 12-23-2011
Name and title of the person approving the variance request:	
Laura Zrust, Acting Director, Licensing Division	
Signature: 	Date: 1/3/12

Exhibit 3A

Effective Date: April 24, 2012

Procedure Number: 6260

Minnesota Specialty Health System – Cambridge
(Formerly Known as Minnesota Extended Treatment Options – METO)

CLIENT CARE

THERAPEUTIC INTERVENTIONS AND EMERGENCY USE OF PERSONAL SAFETY TECHNIQUES

SOS REFERENCE POLICY NUMBER: 6260

BACKGROUND:

MSSH-Cambridge uses positive behavior support strategies as its core means for encouraging alternate behaviors in place of behaviors that inhibit a client's ability to live sustainably in the community. Essential to this approach is fostering and sustaining an environment in which positive behavior support (PBS) strategies are utilized, as well as alternate modalities and methods of communication to assist clients to better meet their needs and have more control over the behaviors that inhibit a client's ability to live sustainably in the community. MSSH-Cambridge prohibits the use of any aversive or deprivation procedures as interventions in a client's Individual Program Plan or equivalent treatment plan documentation.

PURPOSE:

Even within the framework of positive behavior support programming in the Treatment Plan, there are emergencies in which less restrictive behavioral support strategies are ineffective in sustaining safety. When an emergency occurs, it is incumbent on staff to assure the individual's and others' safety in the moment. MSSH-Cambridge defines these emergencies as situations where the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.

The *only* time a restraint will be used at MSSH-Cambridge, will be as a safety measure when treatment has failed and an emergency results. The only type of emergency restraint permitted at MSSH-Cambridge is certain specified manual restraint and the use of Velcro soft cuffs and fabric ankle straps. MSSH-Cambridge shall use the least amount of intervention necessary to safely physically manage an individual, only when less restrictive behavioral support strategies have been ineffective in sustaining safety, and only concurrent with the uncontrolled behavior. These procedures will be continued for the least amount of time necessary to bring the individual's behavior under control and be appropriate to the situation to ensure safety.

Whenever possible, staff shall first attempt to de-escalate these emergencies by implementing the client's Treatment Plan with specific references to less restrictive alternatives that are known to help that client de-escalate, as well as through negotiation, redirection, distraction, and modifications to the environment all of which are likely to assist the client to utilize alternate behaviors to meet their needs. Restraint shall not be used for disciplinary purposes, for the convenience of staff, or as a substitute for treatment, nor shall restraint be used to compel clients to receive/participate in treatment. MSSH-Cambridge has a zero tolerance for misuses of emergency risk reduction procedures and will take appropriate corrective and/or disciplinary action when such misuses are identified.

DEFINITIONS:

Client: An individual receiving treatment at MSSH-Cambridge.

Responsible Supervisor: Home Supervisor, Work Supervisor, Administrator on Duty (AOD), or Lead Worker on Duty.

Designated Coordinator The Designated Coordinator is responsible for much of the rest of the intake documentation. The Designated Coordinator collaborates with other team members to produce the client's ITP, under the supervision of the Mental Health Professional.

Staff Certified in Therapeutic Intervention and Personal Safety Techniques: A staff member who has successfully completed the State Operated Services standardized and facility approved "Therapeutic Intervention" and "Personal Safety Technique" courses within the past year or taken a "Therapeutic Intervention" and "Personal Safety Technique" refresher classes within the last year.

Therapeutic Interventions: A form of intervention which consists of early identification of potential emergencies; prevention of emergencies through verbal, non-verbal, and nonphysical methods; diversion by providing choices to clients or alternate activities, environments or personal contacts. Prevention is predicated on identification of individual client needs, planning to meet those needs, and the use of specific de-escalation techniques in the client's Treatment Plan.

Personal Safety Techniques (PST): Application of external physical control by employees to a client only when a client causes an emergency despite the preventive therapeutic intervention strategies attempted. Physical control is based on the principle of using the least amount of force necessary to prevent injury and protect life and physical safety when positive behavior programming and other less restrictive prevention strategies have failed.

Manual Restraint: "Manual restraint" means physical intervention intended to hold a client immobile or limit a client's movement by using body contact as the only source of physical restraint. It is any manual method that restricts freedom of movement or normal access to one's body, including hand or arm holding to escort an individual over his or her resistance to being escorted. The term *does not mean* physical contact used to: facilitate the client's completion of a task or response when the client does not resist or the client's resistance is minimal in intensity and duration; conduct necessary to perform medical examination or treatment; response blocking and brief redirection used to interrupt an individual's limbs or body without holding a client or limiting his or her movement; or holding an individual, with no resistance from that individual, to calm, or comfort.

Mechanical Restraint: "Mechanical restraint" means the use of a device to limit a client's movement or hold a client immobile as an intervention precipitated by a client's behavior. The only approved mechanical restraints at MSHS-Cambridge are Velcro soft cuffs and fabric ankle straps. The term does not apply to devices used to treat a client's medical needs to protect a client known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness, or to position a client with physical disabilities in a manner specified in the client's Treatment Plan.

Emergency: Situations when the client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety. Client refusal to receive/participate in treatment shall not constitute an emergency.

Expanded Interdisciplinary Team: Expanded interdisciplinary team means a team composed of: the client receiving treatment from MSHS-Cambridge; his or her case manager; his or her legal representative and advocate, if any; representatives of providers of residential, day training and habilitation, and support services identified in the client's Treatment Plan; a health professional, if the client has overriding medical needs; mental health professionals (e.g. Psychologist, Psychiatrist, Counselor) if the client has overriding mental health needs; and a designated coordinator. The designated coordinator must have at least one year of direct experience in assessing, planning, implementing, and monitoring a plan that includes a behavior intervention program.

Treatment Plan: A plan developed by the Expanded Interdisciplinary Team, outlining positive behavior support strategies as the course of treatment intervention intended to encourage alternate behaviors in place of those behaviors that inhibit a client's ability to live sustainably in the community. This plan is developed using the information garnered from a thorough assessment of the function of the undesired behaviors, as well as person centered planning principles consistent with *Olmstead v. L.C.*, 527 U.S. 582 (1999), in order to assist the Expanded Interdisciplinary Team in creating treatment interventions that will effectively help the client get his or her needs met by alternate methods.

Prone Restraint: "Prone restraint" means any restraint that places the individual in a facedown position. Prone restraint does not include brief physical holding of an individual who, during an incident of physical restraint, rolls into a prone or supine position, when staff restore the individual to a standing, sitting, or side-lying position as soon as possible.

Restraint: Means the use of manual, mechanical, prone, or chemical restraint.

Chemical Restraint: Is the administration of a drug or medication when it is used as a restriction to manage the client's behavior or restrict the client's freedom of movement and is not a standard treatment or dosage for the client's condition. Orders or prescriptions for the administration of medications to be used as a restriction to manage the client's behavior or restrict the client's freedom of movement shall not be written as a standing order or on an as-needed basis (PRN).

Seclusion: Means the placement of a client alone in a room from which egress is:

- a. noncontingent on the client's behavior; or
- b. prohibited by a mechanism such as a lock or by a device or object positioned to hold the door closed or otherwise prevent the client from leaving the room.

Time Out: Means removing a client from the opportunity to gain positive reinforcement and is employed when a client demonstrates a behavior identified in the individual program plan for reduction or elimination. Room time out means removing a client from an ongoing activity to a room (either locked or unlocked).

RESPONSIBILITIES & PROCEDURES:

A. Assessments

1. Development of the Treatment Plan: Following admission, the Designated Coordinator for the client's Expanded Interdisciplinary team, with the assistance of all other team members will obtain information about the client that could help minimize the use of restraint by identifying the following:
 - a. Techniques that would help the individual control his or her behavior.
 - b. The client's need for methods or tools to manage his or her behavior.
 - c. Pre-existing medical conditions or any physical disabilities and limitations that would place the individual at greater risk during the use of restraint (see section on "Admission History and Physical and Annual History and Physical assessments").
 - d. Any history of sexual or physical abuse or other trauma that would place the individual at greater psychological risk during restraint.
 - e. Techniques identified by the client or his or her family that would help minimize the use of restraint.
2. Admission History and Physical and Annual History and Physical assessments: MSHS-Cambridge RN's shall ensure that all MSHS-Cambridge clients are assessed by a physician or advanced practice RN (APRN) or nurse practitioner (NP) during the admission physical and at least annually thereafter to determine whether the client has a physical condition, i.e., obesity,

asthma, etc., which would make implementation of any restraint medically contraindicated. The physician's statement regarding contraindication of these procedures shall be included in the admission history and physical report, the doctor or APRN's admitting orders (treatments, diagnostic procedures, and administration of medications that must be carried out by a nurse upon written order), and annual physical examination report. Alternatives and/or means under which restraint might be used when there is a medical contraindication will be written as an identifiable treatment order on the client's medical record physician order sheet.

B. Staff Training on Therapeutic Interventions and Emergency Restraint

1. Upon employment, all MSHS-Cambridge staff members shall complete the full SOS Therapeutic Interventions and Personal Safety Techniques (TI/PST) course and Positive Behavior Supports course. This training will consist of:
 - a. Staff are trained in early detection of escalation by an individual during the 12 or more hours of training per year on Positive Behavior Supports (varying based on the length needed to complete computer based portions and test outs of the training).
 - b. Upon start of employment, a 16 hour orientation training with mandatory skill check-off and certification. This includes 8 hours of training in therapeutic intervention (including boundaries and negotiation) and 8 hours of training in personal safety techniques. This curriculum includes therapeutic boundaries and risk reduction negotiation techniques. Semi-annually thereafter, 8 hours (4 hours in therapeutic intervention, including boundaries and negotiation, and 4 hours of training in personal safety techniques), with mandatory skill checkoff and certification.
 - i. Required level of proficiency: Employee will be able to accurately and independently demonstrate in role play use of therapeutic interventions as documented by a SOS certified TI/PST instructor.
 - ii. Recommended SOS certified TI/PST instructor to student ratio for refresher training is 2 to 15.
 - iii. All training of employees in Therapeutic Intervention shall be conducted by SOS certified therapeutic intervention instructors.
 - iv. All employees shall complete a therapeutic intervention course at minimum annually and optimally semi-annually or more often if assigned by supervisor.
 - c. Staff are trained in early detection of escalation for a particular individual, through client specific training on their treatment plans and what positive behavior support strategies are known to assist a particular client in de-escalation. The Designated Coordinator is responsible for assuring this client specific training occurs every time the EIDT modifies the client's Treatment Plan.

C. Implementation of Therapeutic Interventions and Emergency Restraint:

1. When staff perceive warning signs of a potential emergency they should:
 - a. Attempt to utilize Therapeutic Intervention techniques, positive behavior support strategies that are known to work for the individual, or other alternatives or de-escalation strategies to reduce the need for restraint. The focus of the therapeutic interventions is in early detection of escalation of risk taking behavior. Staff will then utilize positive behavior support techniques known to assist a particular client to de-escalate according to their Treatment Plan
 - b. Ensure, if possible, a 4'x6' mat and a mat for the client's head area is available and used to provide safeguard to the client during those restraints that have a client lay on the floor. Mats are located and available in all areas of the campus where client activities occur. Since these mats are located in areas where they are readily available and staff are trained in early detection of escalation by an individual through the

annual Positive Behavior Supports training, training on the use of Therapeutic Interventions, or by specific training on a client's Treatment Plan and what techniques are known to assist a particular client in de-escalation, it is likely that these mats will be ready for use in emergency situations. If staff are unable to guide the client directly onto the mat or the mat is not readily available, once the client is immobilized the mat will be placed under their body or they will be rolled into a side lying position onto the mat. The small mat will be placed under the client's head if their head is not on the larger mat.

- c. Only initiate the use of restraint if trained in its use, and use only facility approved physical intervention techniques and holds.
- d. Prone restraint is prohibited because positional asphyxiation is a risk factor. The prone restraint (face down) position will only be used at MSHS-Cambridge as a transitory take down portion of a manual restraint procedure. The client should be rolled into a side-lying position or seated position as quickly as is possible. In addition, it is considered a transitory prone facing portion of a restraint if during a brief physical holding of an individual he or she rolls into a prone facing position, when staff restore the individual to a standing, sitting, or side-lying position as soon as possible. Applying back pressure while a client is in the prone position is prohibited.
- e. Notify the RN and/or Lead Worker On Duty immediately.
- f. Notify the responsible supervisor immediately.
- g. Make sure a MSHS-Cambridge Form #DHS 3652 (Documentation for Implementation of Controlled Procedure) is initiated as soon as is possible following initiation of restraint.
- h. During the use of a restraint, continuously monitor the client's physical condition closely for signs of distress (cardiac, respiratory, circulation, choking, seizure onset) and take immediate action to discontinue restraint and provide emergency first aid (including calling 911) if distress is noted. Take vital signs if directed by RN. Document the results of this monitoring every 15 minutes on MSHS-Cambridge Form #DHS 3652.
- i. As soon as reasonably possible upon the emergency presenting, but no later than 30 minutes after the emergency begins, the responsible supervisor shall contact a Third Party Expert from a pre-approved list. The expert shall be consulted in order to obtain professional assistance to abate the emergency condition, including the use of positive behavioral support techniques, safety techniques, and other best practices. If the scheduled qualified Third Party Expert is not immediately available, the responsible supervisor shall contact the Department's medical officer on call in order that the medical officer may assess the situation, suggest strategies for de-escalating the situation, and approve of or discontinue the use of restraint. The consultation with the Third Party Expert or medical officer shall be documented in the client's medical record.
- j. During the use of a restraint, timing of checks, prompts, and additional procedural steps begin with the point in time at which the client is immobilized. At this point, staff will inform the client of the release criteria. Release criteria for emergency restraint are sixty (60) seconds wherein (1) the client is physically calm, and (2) without verbal threats/indication of intent to resume imminent risk of physical harm to self or others.
- k. Efforts to lessen or discontinue the restraint must be made at least every 15 minutes unless contraindicated and these efforts must be documented. MSHS-Cambridge Form #DHS 3652 must be used to document these efforts at release. At fifteen (15) minutes following application of restraints, staff will speak with the client and attempt to

ascertain whether the client will safely comply with staff efforts to release the ankle restraint. If the client indicates a willingness to comply, as evidenced by no struggling and no verbal threats, staff will release the ankle restraint. If the client indicates unwillingness to comply safely with the attempt to loosen the restraint, staff will continue the restraint and document the unsuccessful attempt on MSHS-Cambridge Form #DHS 3652 (Use of Controlled Procedure Form).

- l. Restraint will be continued for the least amount of time necessary to bring the client's behavior under control. The maximum duration for a single episode of restraint without opportunity for mobility or exercise is 50 minutes. If after three (3) consecutive 15-minute offers to discontinue restraint the client continues to struggle and/or verbalize intent to resume behavior which creates an imminent risk of physical harm, staff will nonetheless remove the mechanical restraints or discontinue use of manual restraint. If and only if the client's conduct again constitutes an emergency, staff will reinitiate the restraint. Verbal threats alone are insufficient reason to reinitiate restraint. If the client appears calm for 60 seconds, staff will speak with the client and attempt to ascertain whether the client will safely comply (i.e. verbalizes he or she does not intend to engage in imminent risk of physical harm to self or others) with release from restraint. If the client indicates a willingness to comply, as evidenced by no struggling and no verbal threats to cause imminent risk of physical harm to self or others, staff will release from restraint. If the client re-escalates and again engages in behavior constituting an emergency, staff will re-apply restraint per the above procedures. If restraint is reimposed, the Third Party Expert must again be consulted. The client must be given an opportunity for release from the manual or mechanical restraint and for motion and exercise of the restricted body parts for at least ten (10) minutes out of every sixty (60) minutes.
- m. If at any time during use of a restraint staff believe the health or safety of either the client or staff is in jeopardy because of the restraint, staff shall immediately release the client. If it looks like the restraint may last longer than 15 minutes, the responsible supervisor shall be asked to conduct an immediate assessment and will do so in consultation with the on call Medical Director or on call Administrator for the program. The responsible supervisor with training/experience working with developmentally disabled adults with comorbid mental health conditions, will assess whether the client's mental health condition is causing him or her to engage in imminent risk of physical harm to self or others and subsequently if there is a need to contact a physician to request a consideration of the use of psychotropic medication to manage the client's mental health symptoms more effectively and minimize the need for further restraint to keep the individual safe (MSHS-Cambridge Procedure #3601).
- n. Following the client's release from the use of restraint, staff should:
 - (1) Provide immediate care for any client injuries incurred.
 - (2) Assume the occurrence of using restraint may have been traumatic for the individual and debrief with them as he or she permits.
 - (3) Try to get the client integrated back into his or her normal routine as quickly as possible.
 - (4) Complete required documentation including MSHS-Cambridge form #DHS 3652.
- o. The Facility shall not use Chemical Restraint.
- p. The Facility shall not use Seclusion or Time Out.
- q. The Facility shall not use Mechanical Restraint except Velcro soft cuffs and fabric ankle straps may be used only when an emergency
- r. Medical restraint, and psychotropic and/or neuroleptic medications shall not be

administered to clients for punishment, in lieu of adequate and appropriate habilitation, skills training and behavior supports plans, for the convenience of staff and/or as a form of behavior modification.

D. Reporting and reviewing emergency use.

Any use of restraint must be reported and reviewed as specified in the following items:

1. Staff member who implemented the procedure:
 - a. Complete required documentation including MSHS-Cambridge Form #DHS 3652. This form must be completed before the end of each staff's shift.
 - b. A client Incident Report (see MSHS-Cambridge Procedure #3303) shall be completed if the client experienced any physical injury.
2. Nursing/Designee:
 - a. Review and complete designated nursing sections of MSHS-Cambridge Form #DHS 3652.
 - b. Ensure that the completed MSHS-Cambridge Form #DHS 3652 summarizes the opinions of the private vendor who was consulted.
 - c. Review and complete designated nursing section of MSHS-Cambridge client incident report and submit to supervisor/AOD/Lead Worker on Duty.
3. Supervisor/AOD/Lead Worker on Duty:
 - a. Review and complete designated supervisory sections of MSHS-Cambridge Form #DHS 3652.
 - b. Ensure that the completed MSHS-Cambridge Form #DHS 3652 summarizes the opinions of the private vendor who was consulted.
 - c. Ensure that the completed original of form #DHS 3652 is delivered to the HIMS collection area before the end of the shift on which the restraint occurred.
 - d. Complete an Employee Injury/Illness Notification Form if any staff experience an injury and deliver to Human Resources by the end of the shift.
 - e. Review and complete a client incident report if the client experienced any injury and route to the HIMS collection area before the end of the shift on which the injury occurred.
 - f. The completed MSHS-Cambridge form # DHS 3652 shall be submitted electronically, faxed or personally delivered (through the United States Postal Service [USPS]) to the following offices or persons. A reasonable effort must be made to submit it within 24 hours, but in no event later than the next business day. See I:\Programs\MSHS-Cambridge\GEN\Forms\Client Medical Record\Client Medical Record (DHS Forms)\EUCP Notification Process - Info & Templates for instructions on e-mail and fax notifications.
 - (1). Office of Health Facility Complaints;
 - (2). Ombudsman for Mental Health and Developmental Disabilities;
 - (3). DHS Licensing;
 - (4). DHS Internal Reviewer;
 - (5). Client's family and/or legal representative;
 - (6). Case manager;
 - (7). Plaintiffs' counsel.
 - g. If it is discovered that information has been sent to the wrong e-mail address, fax number or USPS mailing address, you must report the error immediately.
 - (1) Notify DHS Data Privacy Official – Sarina Turner at (651) 746-4743
 - (2) Notify SOS Health Information Management Services (HIMS).
 - (a) Sondra Johnson (SOS HIMS Director) at (651) 295-2302; and
 - (b) Bridgette Nevala (SOS Assistant HIMS Director) at (612) 390-5626

- (3) Include the following details in the notification:
 - (a) Who the e-mail, fax or letter was sent to
 - (b) What documents or information were sent
 - (c) The date the e-mail, fax or letter was sent
 - (d) The date it was discovered
 - (e) If the e-mail was successfully recalled
- (4) Complete the DHS Privacy - Security Complaint or Incident Report Form 2008 (available on the iNET under Forms/SOS (non-Medical Record) Policy Forms. Submit the form to the DHS Data Privacy Official, SOS HIMS Director and SOS Assistant HIMS Director.
- h. This procedure and referenced process have been reviewed by SOS HIMS personnel and have been deemed to meet HIPAA requirements for privacy.
- 4. Scan form #DHS 3652 and send copies to the MSHS-Cambridge Director/Operations Manager, Facility Clinical Supervisor, and the client's treatment team. A reasonable effort must be made to submit it within 24 hours, but in no event later than the next business day.
 - a. Submit a copy of the Emergency Use of Controlled Procedure Report to the BMRC, the DHS internal reviewer, and as otherwise required by law within five working days after the EIDT review of the emergency use of restraint.
- 5. Designated Coordinator:
 - a. **Within 14 calendar days** after the use of restraint, members of the EIDT must confer to discuss the following (HIMS has 7 days to submit to county case manager, and county case manager has 7 days after receiving the report to confer):
 - 1) The incident that necessitated the use of restraint
 - 2) A description of the imminent risk of physical harm to self or others and the plan for reduction or elimination of this behavior in observable and measurable terminology
 - 3) Identify the antecedent or event that gave rise to the imminent risk of physical harm to self or others
 - 4) Identify the perceived function the imminent risk of physical harm to self of others served
 - 5) Determine what modifications should be made to the existing Individual Program Plan to reduce the need for future use of an emergency manual restraint.
 - 6) Documentation of attempts to use less restrictive alternatives.
 - b. The Designated Coordinator will document any recommendations the EIDT makes in regards to 1-6 above on MSHS-Cambridge Form #DHS 3653 and submit the completed form to HIMS. The HIMS department shall then forward the original to the Operations Center for filing in the client's permanent medical record and to the Behavior Management Review Committee.
 - c. The Designated Coordinator will identify in the client's Treatment Plan any recommendations the EIDT makes in regards to 1-6 above.
 - d. The Designated Coordinator shall ensure that the plan for reducing the behavior that caused the emergency, as well as changes made to the adaptive skill acquisition portion of the plan are incorporated into the Treatment Plan within 15 calendar days after the EIDT review above. The Designated Coordinator shall document the decisions of the EIDT in the client's permanent record. During this time, the Designated Coordinator shall document all attempts to use less restrictive alternatives including:
 - (1) strategies that were not successful in reducing the client's engagement in imminent risk of physical harm to self or others;

- (2) attempts made at less restrictive procedures that failed and why they failed; and
 - (3) rationale for not attempting the use of other less restrictive alternatives.
- e. The Designated Coordinator for each client shall be responsible to monitor the repeated use of restraint. When restraint occurs more than twice in 30 days for an individual client, it must be reviewed by the EIDT, MSHS-Cambridge Director, facility Clinical Supervisor or designee, and the DHS internal reviewer to determine if any modifications or adjustments to the treatment plan would be warranted.
5. Behavior Management Review Committee (BMRC) The BMRC reviews completed MSHS-Cambridge Forms #DHS 3653 and #DHS 3652 at its regularly scheduled meeting and identifies any concerns they might have regarding the use of restraint and document them in the BMRC minutes.
 6. Critical Action-Review of Experience (CARE) Any time additional staff are needed for intensive negotiations or use of restraint, a CARE meeting will be attempted. Attendance at the CARE meetings is voluntary, confidential and will be used only for information gathering. Facilitators for these meetings are volunteer Human Services Support Specialist and clinical staff. Information will be gathered on what went well during the critical action (so this can be replicated) and identify where staff were not as effective, so that the program can determine alternative prevention measures that can be applied across the program, determine if additional staff training is needed, and provide a communication channel and suggestions for the involved staff to MSHS-Cambridge Administration. Completed CARE information will be submitted to the MSHS-Cambridge Director and assigned CARE review team for review and follow up with the respective MSHS-Cambridge treatment teams, SOS Therapeutic Intervention instructors, or the internal Behavior Management Review Committee.
 7. HIMS shall maintain statistics on the use of restraints. For each use of restraint it shall record: the client's name, the date of the restraint, the type of restraint used, and the length of time the restraint was used. This information shall be provided to the Director (or Facility Operations Manager), facility Clinical Supervisor, and DHS [Internal Reviewer] monthly.

DATA PRIVACY: Staff must ensure compliance with state and federal data privacy regulations.


REFERENCES:

State Operated Services Policy 6260, Therapeutic Intervention


CANCELLATIONS: This procedure supersedes MSHS-Cambridge Procedure #6260 dated 08/01/2011.

REVIEWER: Facility Treatment Director/Facility Clinical Director

AUTHENTICATION SIGNATURES:



Stuart W. Hazard, M.S., L.P., B.C.B.A.
MSHS – Cambridge Treatment Director



Administrative Reviewer
Natalie M. Marr, Psy D, LP
MSHS Clinical Director

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBITS 9A-G TO
DEFENDANTS'
STATUS REPORT**

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibits 9A-G to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

- Voluminous Document* (Document number of order granting leave to file conventionally: ___)
- Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)
- Physical Object (description):
- Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media
- Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 57)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

Exhibit 26A

Effective Date: July 13, 2012

Policy Number: 6310

Client Care

Zero Tolerance for Maltreatment of Vulnerable Adults and Minors

POLICY:

State Operated Services affirms its commitment to comply with the reporting requirements relating to maltreatment of vulnerable adults pursuant to Minnesota Statutes, section 626.557, and maltreatment of minors pursuant to Minnesota Statutes, section 626.556. The goal of State Operated Services is to achieve “zero tolerance” for the maltreatment of any client.

Any staff member who has committed maltreatment shall be disciplined pursuant to DHS policies and the collective bargaining agreement, if applicable. Where appropriate, State Operated Services shall refer matters of suspected abuse or neglect to the county attorney for criminal prosecution.

All employees, agents, or persons providing services to clients (including but not limited to contractors, consultants and volunteers) are mandated reporters and must report any suspected abuse, neglect or financial exploitation which they have reason to believe has occurred.

APPLICABILITY:

This policy applies to all employees, agents, or persons providing services in the program (including but not limited to contractors, consultants and volunteers).

AUTHORITY:

Minnesota Statutes, sections 245A.65-.66, (Department of Human Services Licensing Requirements Governing Maltreatment of Vulnerable Adults and Maltreatment of Minors)
Minnesota Statutes, section 626.556, (Reporting of Maltreatment of Minors)
Minnesota Statutes, section 626.557, (Reporting of Maltreatment of Vulnerable Adults)
Minnesota Statutes, section 626.5572, (Definitions for the Vulnerable Adult Act)

PURPOSE:

To achieve “zero tolerance” for the maltreatment of any client and to ensure compliance with the requirements of the Minnesota Human Services Licensing Act, the Vulnerable Adult Act, and the Maltreatment of Minors Act.

DEFINITIONS:

See definitions in Minnesota Statutes, section 626.5572 (Vulnerable Adult Definitions) and Minnesota Statutes, section 626.556 subd. 2 (Maltreatment of Minors Definitions)

RESPONSIBILITIES:

Administrator

The Administrator is responsible for establishing local procedures consistent with statute and licensing requirements; for ensuring that staff is aware of and receives the required training; appointing internal review teams; and ensure that internal reports and known external reports of suspected maltreatment are reviewed. The Administrator shall ensure that the Common Entry Point telephone number and all other required reporting telephone numbers are posted at each program.

Chief Quality Officer

The SOS Chief Quality Officer is responsible for evaluating all maltreatment reports on an annual basis for critical elements which would indicate a need for quality improvement.

PROCEDURES:

1. Every residential or inpatient program (except for those licensed under Minnesota Statutes, chapter 245B) shall have a program abuse prevention plan for the program and an individual abuse prevention plan for each client.
2. Every outpatient program shall have a program abuse prevention plan for the program and an individual abuse prevention plan for every minor client and all adult clients determined to be a vulnerable adult as defined in Minnesota Statutes, section 626.5572 subd. 21(a)(4).
3. Programs which are licensed under Minnesota Statutes, chapter 245B and are exempt from the requirement to establish program abuse prevention plans and individual abuse prevention plans must develop, document in writing, and implement a risk management plan that meets the requirements of Minnesota Statutes, section 245B.06, subd. 2.
4. Every program shall have a procedure for the external and internal reporting and review of vulnerable adult maltreatment allegations and maltreatment of minors allegations.
5. Every program shall ensure that a copy of all postings required by the Vulnerable Adult Act or Maltreatment of Minors Act, and applicable licensing requirements are located in a prominent location in each program and are available to staff, clients, and the client's representatives.

DATA PRACTICES:

State and Federal laws require government agencies to maintain the privacy of the data that they collect in the course of their business. Information maintained about clients is considered private data and can be released only with the consent of the client, a court order, or in accordance with a statutory provision.

REFERENCES:

SOS Policy 2020: Incident Reports

DHS-6088 Notice of Status of Report of Suspected Maltreatment

DHS-6089 Internal Review of Maltreatment Report

CANCELLATIONS:

This policy supersedes State Operated Services Policy number 6310, dated March 4, 2010 and State Operated Services Policy number 6330, dated September 25, 2010.



Patricia Carlson, Chief Executive Officer
State Operated Services

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBITS 26B-C TO
DEFENDANTS'
STATUS REPORT**

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibits 26B-C to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):



- Voluminous Document* (Document number of order granting leave to file conventionally: ___)
- Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)
- Physical Object (description):
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- Other (description):

Exhibit 40A

Supervisor - Doug Seiler - 01042467

40A

Position Description: Section A

State of Minnesota Department of Human Services		EMPLOYEE NAME: Richard Amado #00026091	
ADMINISTRATION/DIVISION: DHS/SOS/Special Populations		ACTIVITY: Professional	
CLASSIFICATION TITLE: Behavior Medicine Specialist, Senior	WORKING TITLE (if different): State Operated Services - Project Director - Person Centered Thinking Initiative	POSITION NUMBER:	
PREPARED BY: Doug Seiler, Administrator, Special Populations	PREVIOUS INCUMBENT: None	APPRAISAL PERIOD: From: January 1 To: December 31	
EMPLOYEE'S SIGNATURE (this position description accurately reflects my job): 	DATE: 3-7-11	SUPERVISOR'S SIGNATURE (this position description reflects the employee's current job): 	DATE: 03-04-2011

POSITION PURPOSE: This position encompasses a number of roles divided between the business lines of State Operated Services and State Operated Services Administration. The position will provide consultation, instruction, and sets a direction for behavioral health services in implementing best practices, development of a culture of person centered thinking, implementation of Positive Behavior Supports and the reduction of the use of seclusion and restraint within State Operated Services and state wide integration of these concepts into all facets of SOS Administration and Direct Service Delivery within all service sites.

As the Person Centered Thinking Initiative Project Director this position will assure the competency of administrators, supervisors and staff members within SOS and the quality of their work around the delivery of person centered planning, treatment, discharge and community service integration. This position also serves consultative and leadership roles across SOS including:

- Consulting on difficult neurocognitive and dual disorder cases
- Serving as a liaison to programs and services
- Innovating and implementing best practices
- Modeling professionalism
- Overseeing the following outcomes in areas of oversight:
 - Quality person centered outcomes
 - Consistent evidenced based clinical decision making
 - High quality work environment
 - Gathering, maintaining and delivery of clinical outcome reports to management to assist in decision making and setting future directions within SOS.

This position will participate in the legal settlement arbitrations around the current METO program, participate in planning and development of court agreed upon programmatic changes, with a focus on the work developed being executed in all State Operated Services' programs.

REPORTABILITY:

Reports to: Regional Administrator
Supervises: N/A

DIMENSIONS:

Budget: As negotiated annually for the delivery of training and other programmatic services needed to implement the goals of this position.

Clientele: Staff, consumers, and other stakeholders served by State Operated Services.

Position Description: Section B

PRINCIPAL RESPONSIBILITY #1 50%

PRIORITY: A

DISCRETION: A

To develop and implement a training package, with measurable outcomes, for the effective delivery of positive behavior supports and person centered planning enhancing effective community integration for consumers served by State Operated Services (SOS) and producing a measureable decrease in the use of Seclusion and Restraint.

Tasks

- a. To locate and procure a recognized, deliverable and measureable curriculum which can be implemented within SOS in the provision of PBS/PCP treatment and effective community integration with an initial focus on the neurocognitive programs and then rolled out throughout all of SOS.
- b. Gather information to establish a base line for where the programs are prior to roll out of any training and assure a system is in place to measure progress against the base line information gathered and documented.
- c. Act as a liaison with the Policy Divisions within DHS to bring to their attention barriers and or other obstacles that may arise which preclude the successful implementation of the training within SOS.
- d. Assess level of competency of current providers and work to increase their skills and abilities to maximize their clinical effectiveness in direct service delivery.
- e. Serve on stakeholder, advisory or other committees as directed by the Regional Administrator and or SOS Executive or Medical Director.
- f. Conduct presentations as requested by the Regional Administrator, SOS Executive Director or Medical Director.
- g. As part of a team, work with stakeholders to formalize Person Centered Planning, Treatment and Effective Community Integration in accordance with necessary clinical and administrative competencies.
- h. Consult with needed DHS Policy Makers and assist in the draft of statutory language and rules to effectively govern the delivery of person centered planning principles.
- i. Recommend ongoing development plan for continued program integrity and best practice

Competencies

- 1. Communication
- 2. Teaching and Training
- 3. Networking
- 4. Teaming
- 5. Customer Service

Meets Expectations:

Performs all aspects of position in a knowledgeable, positive and effective manner.

Exceeds Expectations:

In addition to meeting expectations in all aspects of the position:

- Displays leadership.
- Facilitates and supports the strengthening of relationships and collaboration between SOS and other policy divisions.
- Develops and contributes innovative approaches to a person center culture.

Professional Goals:

Continued learning and understanding of Positive Behavior Supports and Person Centered Culture and their implementation, in order to facilitate adoption by SOS and other settings.

Development Plan to Achieve Goals:

Consultation, training and mentoring with national experts.

PRINCIPAL RESPONSIBILITY 2 30% PRIORITY: A DISCRETION: A

Develop SOS Evidence Based Program design and development in a Person Centered Culture (PCC). Assist SOS administrators, managers and clinical/medical directors in designing and implementing innovative treatment programs utilizing Evidence Based Practice (EBP) that meet the evolving needs of those we serve in person centered treatment environments. Responsibilities include behavioral technology transfer of existing practices to meet the unique needs of SOS service lines and the individuals they serve.

Tasks

- a. Maintain up-to-date EBP's within SOS.
- b. Assist in the dissemination of innovative approaches that support continuous program improvement.
- c. Provide SOS with quarterly written updated progress reports.
- d. Provide clinical reports as to reduction of seclusion and restraint and progress in EBP and PCC.

Performance Indicators

- + Requested project proposals around training are delivered on time and useful to customers.
- + The Director of the Best Practice Center is apprised of activities related to that office.
- + Information provided is updated and substantiated in the research and literature.
- + Recipients of technical assistance report consultation were meaningful and helpful.
- + There is a marked reduction and or elimination of the use of seclusion and restraint within SOS.

Competencies

- 1. Expert in Evidence Based Practice
- 2. Ability to innovate and improve clinical processes
- 3. Effective facilitation
- 4. Implementation of Project Management
- 5. Clear and effective communication

Meets Expectations:

- 1. Able to effectively communicate the role and application of EBP pertinent to SOS, knowledgeable about several EBP, provide technical assistance for purposes of education and implementation.
- 2. Can apply EBP to current service delivery practices, integrates, implementation of EBP with outcomes and performance improvement plans.
- 3. Creates a strong team through recruitment and coaching; is an effective team leader, dedicated to team goals.
- 4. Establishes a clear plan of action for implementation projects, has a communication system for keeping all project team members informed, effectively brings implementation to closure.
- 5. Adept at technical explanations and writing, appears comfortable in presenting, is articulate and well organized speaker, persuasive in communicating both verbally and in writing, builds motivation and interest in implementing new approaches with staff.
- 6. There is a measured, reported, marked reduction in the use of seclusion and restraint within SOS.

Exceeds Expectations:

- 1. Able to integrate multiple evidence base practices across all areas of implementation including: training organization standards, and performance improvement.
- 2. Provides creative solutions for transfer of EBP to SOS settings.
- 3. Shows excellent teamwork, drives others to exceed goals. Works within and between teams. Knowledgeably, skillfully and capably manages the team process.
- 4. Knows how to select the best team members to undertake an implementation project, communicates well with all project team members so problems don't occur, and is superior at coordinating resources needed to complete the project.
- 5. Communicates persuasively and convincingly, builds interactivity with audience, is an articulate spokes person for the implementation of EBP, a great listener to the feedback/ideas/concerns of others.
- 6. There is no use of seclusion and/or restraint within SOS.

Professional Goals

Develop a process for continued improvement and implementation of EBP in conjunction with SOS leadership, managers, program directors and direct care staff within SOS.

Development Plan to Achieve Goals

Continued training by national experts on implementation of EBP's.

PRINCIPAL RESPONSIBILITY #3 10% PRIORITY: A DISCRETION: A
Establish qualifications, skills and abilities for the SOS classification system of Behavior Analysts and Behavior Management Assistants

Tasks

- a. Work with HR in the establishment of this series and insure proper training, academic qualifications, skills and abilities are set forth within all Position Descriptions for this classification group
 - b. Assure a plan is in place and implemented which will promote the supervision, growth and development of the skill sets in the classification throughout SOS.
 - c. Work with policy division to move these qualifications etc. as the benchmark for services which are licensed by DHS and reimbursed by Disability Service Division.
-

Performance Indicators

- a. Classifications exist and are a part of the SOS classification system.
 - b. Measures are in place which assure supervision, growth and development are occurring which improve the skill sets of individuals within this classification.
 - c. Benchmarks around the skill sets identified within DHS licensing and Disability Services Reimbursement Manual.
-

Competencies

- 1. Extensive knowledge of the field of Behavioral Analysis.
 - 2. Knowledge and skill in the provision of competent clinical supervision of BA work.
 - 3. Knowledge and skill of Board Requirements in the field of Behavioral Analysis.
 - 4. Capacity to provide leadership and mentoring to develop skills in the field of BA.
-

Expectations

Defined within the tasks of this particular responsibility.

PRINCIPAL RESPONSIBILITY #4 10% PRIORITY: A DISCRETION: A
Other responsibilities as directed by the Regional Administrator, SOS Chief Executive Officer, and SOS Chief Medical Officer.

Tasks

- a. Involvement with the METO lawsuit as assigned.
-

Performance Indicators and Expectations

Performance Indicators and Expectations shall be set at the time which other designated duties are assigned and shall be mutually agreed upon by the incumbent and supervisor.

Position Description: Section C

RELATIONSHIPS

The clinical, supervisory, and administrative duties of the Person Centered Thinking Initiative Project Director requires competence in providing leadership, modeling professional clinical behaviors, and providing consultation to SOS Managers, Supervisors, Program Directors and Direct Care Staff within SOS. Initial focus of this work shall be within SOS Special Populations Neurocognitive Programs. This position maintains active communication with consumers, members of the inter-disciplinary treatment teams, treatment program administration, departmental staff members, medical staff, and officers and administration of the organized medical staff. The position requires interdisciplinary collaboration and clear communication to subordinates, peers and DHS administrators. The Person Centered Thinking Initiative Project Director collaborates with other leaders in the organization making decisions about health care services, settings, and organizational priorities. The individual in this role collaborates with leadership of SOS through formal delegated committee roles in:

- ✓ SOS Recruitment Advisory Committee
- ✓ SOS Statewide Medical Executive Committee
- ✓ SOS Clinical Cabinet
- ✓ SOS Leadership (all service lines)
- ✓ SOS Best Practices Center
- ✓ SOS Person Centered Treatment Planning Committee
- ✓ SOS Executive Committee

KNOWLEDGE, SKILLS, AND ABILITIES

The Person Centered Thinking Initiative Project Director is currently licensed as a Licensed Psychologist in the State of Minnesota, possesses a Ph.D. in psychology, and is recognized by the State of Minnesota as a qualified psychological services provider. The education background and experiential qualifications are directly related to State Operated Services Vision and Mission and to the treatment needs of the individuals served within SOS facilities. Skills and abilities include these specialized competencies but also leadership and professional behaviors required. These include positive communication and team building skills, skills with negotiating with others on professional disagreements, and skills at motivating and reinforcing staff and supervisors. Experience and formal training in administration and management are maintained and updated.

SOS Competencies

In addition to the knowledge, skills and abilities described above, the incumbent must possess all of the following competencies to a degree appropriate to the job responsibilities.

1. ***Adapting to Change***—the employee will be able to anticipate, keep pace and be proactive in addressing clients' evolving needs within a developing delivery system.
2. ***Decision-Making/Problem Solving***—the employee will be able to make independent decisions on delegated responsibilities bases on SOS Policy, Mission, and Vision.
3. ***Customer Service***—Employees will be able to identify who the customers are (internal and external). Employees will be able to use a variety of effective strategies responding to customer services needs in a respectful and professional manner.
4. ***Person Centeredness***—Employees will be able to recognize the strengths and gifts of individuals and will creatively enhance peoples ability to lead a self-determining life. Employees will be able to appreciate and facilitate relationships and community connections.
5. ***Crisis Intervention***—the employee will be able to effectively intervene to prevent and to respond to crisis in the community.
6. ***Training***—the employees will be able to work cooperatively with a group of people with different backgrounds sharing of a common purpose, goals, and outcome to produce high quality results.
7. ***Computer Skills***—Employees will be able to use the computer to perform their job duties as assigned.
8. ***Negotiation***—the employee will be able to use interest based negotiation techniques to reach win-win agreements.
9. ***Work Safety***—the employee will be able to work safely while providing services.
10. ***Professional Behavior***—the employee will be able to exhibit discipline-specific competent practice in combination with ethics and respect for others.
11. ***Technology***—has the functional and technical knowledge and skills to work with technology/equipment needed to perform their job duties.

PROBLEM SOLVING and CREATIVITY

This position requires knowledge and creativity to solve problems that arise in the delivery of clinical care to patients including the ability to solve complex patient problems in addition to the ability to solve problems that arise from discord among various departments or team members of the treatment staff. Arranging for positive training experiences in developing effective consumer based treatment plans, handling differences of opinion amongst staff, negotiating differences between disciplines, and related problems that require effective, efficient problem solving, creativity and flexibility. This position also requires demonstration of innovation in transforming research in behavioral technology to SOS practice.

FREEDOM TO ACT

This position maintains autonomy in decision making in accordance with his/her license to practice psychology within the State of Minnesota, Minnesota Statutes regarding psychology practice, the provisions of the Minnesota Hospital and Commitment Act, other state statutes governing care and treatment of patients, DHS rules and policies, the Ethical Code of the American Psychological Association, SOS medical staff bylaws and regulations and SOS Policy and Procedures as laid out in the SOS policy and procedure manual. There is total freedom of action within the position descriptions and discretionary reporting by exception through normal review process.

Exhibit 47A

**STATE OF MINNESOTA
INTERAGENCY AGREEMENT**

Accounting Information:

Org# _____ Req#H55 _____ fiscal year: _____ vendor number: _____
Total amount of contract: _____ amount of contract first fy: _____
commodity code: _____ commodity code: _____
object code: _____ object code: _____

Accounting Distribution 1: Accounting Distribution 2: Accounting Distribution 3:

fund: **1000** fund: _____ fund: _____
appr: **H556016** appr: _____ appr: _____
org/sub: **H5536177** org/sub: _____ org/sub: _____
rept cat: _____ rept cat: _____ rept cat: _____
amount: _____ amount: _____ amount: _____

Processing Information:

CFMS Entry: Contract: **48843**

AGPS Entry: Contract:

Order: **3000011103**

WHEREAS, the MINNESOTA DEPARTMENT OF HUMAN SERVICES (hereinafter the "REQUESTING AGENCY") is empowered to enter into Interagency Agreements pursuant to Minnesota Statutes Section 471.59, Subdivision 10; and

WHEREAS, the MINNESOTA DEPARTMENT OF HEALTH (hereinafter the "PROVIDING AGENCY") is empowered to enter into Interagency Agreements pursuant to Minnesota Statutes Section 471.59, Subdivision 10; and

WHEREAS, in the Stipulated Class Action Settlement Agreement entered in the matter entitled *James and Lorie Jensen, et al., v. Minnesota Department of Human Services, et al.*, United States District Court, District of Minnesota, Court File Number 09-CV-1775 DWF/FLN (hereinafter "Settlement Agreement"), the PROVIDING AGENCY, who was not a party to the matter, was directed to hire an employee to serve as an external reviewer possessing certain enumerated qualifications to monitor the use of manual and mechanical restraints at the Minnesota Specialty Health System Program and two new adult foster care transitional homes (hereinafter "the Facilities"); and file written reports with the REQUESTING AGENCY, the Plaintiffs in the case, and the Court; and

WHEREAS the PROVIDING AGENCY will undertake best and reasonable efforts to comply with the directives of the Stipulated Class Action Settlement Agreement, subject to statutory, financial, and administrative constraints;

NOW, THEREFORE, it is agreed:

In order to monitor the use of emergency manual and mechanical restraints at the Facilities,
Revised 5/31/2012

the REQUESTING AGENCY shall fund all costs and expenses incurred by the PROVIDING AGENCY in hiring and employing an external reviewer and retaining an expert consultant ("CONTRACTOR"). Pursuant to the court- approved Settlement Agreement, as set forth in Section VII.B.1, the REQUESTING AGENCY delegates the authority to the PROVIDING AGENCY to have full enforcement authority over the FACILITIES. This delegated authority does not in any way preclude the REQUESTING AGENCY'S Licensing Division from exercising its enforcement authority.

I. PROVIDING AGENCY DUTIES

PROVIDING AGENCY shall:

A. Hire an employee to fulfill the duties of external reviewer as a staff member of the Office of Health Facility Complaints with delegated enforcement authority pursuant to Minnesota Statutes Section 144A.52, Subdivision 3.

B. Make every attempt to hire an individual to serve as the external reviewer with the following credentials: an advanced practice registered nurse with specialized background and experience working in facilities that provide services to psychiatric patients, including: appropriate use of restraints; Rule 40 procedures; and knowledge of current standards of treatment and care of clients.

C. Conduct the selection process for the external reviewer as follows: Assemble an interview team consisting of one representative from the PROVIDING AGENCY'S Office of Health Facility Complaints, the REQUESTING AGENCY, the Office of the Minnesota Ombudsman for Mental Health and Developmental Disabilities, an advocate for persons with disabilities; as well as Shamus O'Meara, attorney for the Plaintiffs in the matter entitled *James and Lorie Jensen, et al., v. Minnesota Department of Human Services, et al.*, or another designated representative of the Plaintiffs. This interview team will conduct the first level of interviews and determine the candidates for further consideration. The PROVIDING AGENCY, through its Office of Health Facility Complaints, shall conduct all further interviews and selection processes and, in its sole discretion, select the candidate to be hired as the external reviewer.

D. If needed, the advanced practice registered nurse hired for this position will complete additional training related to person-centered planning, positive behavioral supports, other best practices, and use of restraints as requested by the PROVIDING AGENCY or as directed by the Court.

E. Require the external reviewer to conduct monthly monitoring visits to the Facilities.

F. Hire or retain as an independent contractor an individual to serve as a CONTRACTOR to provide support on an as-needed basis to the external reviewer referenced in I.A.

G. Hire or retain a CONTRACTOR with the following types of comparable skills and credentials:

1. Ph.D. in psychology, education, clinical social work, or a related field;
2. Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level;
3. Experience in person-centered planning;
4. Experience using the integration of diagnostic findings, assessment results, and intervention recommendations across disciplines in order to create individual program plans;
5. Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications; and
6. Possess the abilities to conduct assessments, and conduct those assessments, until an appropriate external reviewer is hired.

II. EXTERNAL REVIEWER'S DUTIES

- A. Every three (3) months, the external reviewer shall issue a written report informing the REQUESTING AGENCY whether the Facilities are in substantial compliance with the terms and conditions of the Settlement Agreement and the policies incorporated therein. The report shall enumerate the factual basis for its conclusion and may offer technical assistance. The external reviewer shall provide Plaintiff's attorney Shamus O'Meara and the REQUESTING AGENCY with a draft report who will each have fifteen (15) business days to provide written comments. The external reviewer's final report shall be issued to Plaintiff's attorney, the REQUESTING AGENCY, and the REQUESTING AGENCY's Licensing Division thereafter.
- B. The external reviewer shall issue quarterly reports to the Court for the duration of this Agreement. The reports shall describe whether the Facilities are operating consistent with best practices, and with the Settlement Agreement. The external reviewer's reports shall be filed on the Court's public electronic court filing system, or any successor system, with appropriate redaction of the identities of residents or other not public information that is statutorily protected from public disclosure.
- C. The external reviewer shall not be a "Special Master" or "Court-Appointed Monitor." The external reviewer shall have enforcement authority consistent with Minnesota Statute, Sections 144A.52, Subd. 3 and 144A.53.

III. REQUESTING AGENCY'S DUTIES

REQUESTING AGENCY shall:

- A. Approve the individual proposed by the PROVIDING AGENCY to serve as the external reviewer before hire; and

B. Fund all costs and expenses of the external reviewer and the CONTRACTOR.

IV. CONSIDERATION AND TERMS OF PAYMENT

- A. Consideration for all services performed by PROVIDING AGENCY pursuant to this Agreement shall be paid by the REQUESTING AGENCY as follows: Total compensation for all services and expenses under this agreement shall not exceed Two-Hundred-Five thousand dollars (\$205,000)
- B. Terms of Payment. Payment shall be made by the REQUESTING AGENCY on a quarterly basis within **thirty (30)** days after the PROVIDING AGENCY has presented quarterly invoices for services performed to REQUESTING AGENCY.

V. CONDITIONS OF PAYMENT

All services provided by PROVIDING AGENCY pursuant to this Agreement shall be performed to the satisfaction of the REQUESTING AGENCY, as determined at the sole discretion of its authorized representative.

VI. TERMS OF AGREEMENT

This Agreement shall be effective on June 25, 2012, or upon the date that the **final required signature is obtained by the PROVIDING AGENCY, pursuant to Minnesota Statutes, Section 16C.05, Subdivision 2, whichever occurs later**, and shall remain in effect through June 30, 2015 or until all obligations set forth in this Agreement have been satisfactorily fulfilled, whichever occurs first.

VII. CANCELLATION

This Agreement may be canceled by the REQUESTING AGENCY or PROVIDING AGENCY at any time, with or without cause, upon thirty (30) days written notice to the other party. In the event of such a cancellation, the PROVIDING AGENCY shall be entitled to payment, determined on a pro rata basis, for work or services satisfactorily performed.

VIII. AUTHORIZED REPRESENTATIVES

The REQUESTING AGENCY'S authorized representative for the purposes of administration of this Agreement is Michael Tessneer, Michael.tessneer@state.mn.us; tele:651-431-3763, or his/her successor. The PROVIDING AGENCY'S authorized Representative for the purposes of administration of this Agreement is Darcy A. Miner, or his/her successor. Each representative shall have final authority for acceptance of services of the other party and shall have responsibility to insure that all payments due to the other party are made pursuant to the terms of this Agreement.

IX. ASSIGNMENT

Neither the PROVIDING AGENCY nor the REQUESTING AGENCY shall assign or transfer any rights or obligations under this Agreement without the prior

written consent of the other party.

X. AMENDMENTS

Any amendments to this Agreement shall be in writing, and shall be executed by the same parties who executed the original Agreement, or their successors in office.

XI. LIABILITY

The PROVIDING AGENCY and the REQUESTING AGENCY agree that each party will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other and the results thereof. The PROVIDING AGENCY and the REQUESTING AGENCY liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes Section 3.736, and other applicable laws.

XII. INFORMATION PRIVACY PROTECTION

For purposes of executing its responsibilities and to the extent set forth in this Agreement, the PROVIDING AGENCY'S employees and agents will have access to private or confidential data including but not limited to data maintained by the REQUESTING AGENCY to the extent necessary to carry out the PROVIDING AGENCY'S responsibilities under this Agreement. The PROVIDING AGENCY and REQUESTING AGENCY agree to comply with all relevant requirements of the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13 (hereinafter "Data Practices Act"), in providing services under this Agreement. Darcy Miner; darcy.miner@state.mn.us; 651-201-3700 (PROVIDING AGENCY'S employee or agent) or his/her successor is the responsible authority in charge of all data collected, used, or disseminated by the PROVIDING AGENCY in connection with the performance of this Agreement. Sarina Foreman; 651-431-4930 (REQUESTING AGENCY'S employee or agent) or his/her successor is the responsible authority in charge of all data collected, used, or disseminated by the REQUESTING AGENCY in connection with the performance of this Agreement. See Minnesota Statutes Section 13.46, Subdivision 10.

- A. *Duty to ensure proper handling of data:* PROVIDING AGENCY and REQUESTING AGENCY shall be responsible for training their respective employees who are authorized to access and use the data collected under the terms and for the purposes specified in this Agreement. This responsibility includes ensuring that staff is properly trained regarding:
1. The Data Practices Act and in particular, Minnesota Statutes Section 13.46 ("welfare data");
 2. The Minnesota Health Records Act, Minnesota Statutes Sections 144.291-144.298;
 3. Federal law and regulations that govern the use and disclosure of substance

abuse treatment records, 42 USCS Section 290dd-2 and 42 CFR Sections 2.1 to 2.67;

4. The Health Insurance Portability Accountability Act ("HIPAA"), 45 CFR Parts 160 and 164 (if applicable);
5. Electronic Health Records (as governed by Health Information Technology for Economic and Clinical Health Act (HITECH), 42 USC 201 and 42 USC 17931; and
6. Any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use, and dissemination of private or confidential information.

B. *Minimum necessary access to data:* The PROVIDING AGENCY and REQUESTING AGENCY shall comply with the "minimum necessary" access and disclosure standards set forth in the Data Practices Act. The dissemination of "private" and/or "confidential" data on individuals is limited to "that necessary for the administration and management of programs specifically authorized by the legislature or local governing body or mandated by the federal government." See Minnesota Statutes Section 13.05, Subdivision 3.

C. *PROVIDING AGENCY and REQUESTING AGENCY shall:*

1. Not use or further disclose the information other than as permitted or required by this Agreement, or as required by law;
2. Use appropriate safeguards to prevent use or disclosure of the information by its employees other than as provided for by this Agreement;
3. Report any use or disclosure of the information not provided for by this Agreement of which it becomes aware to one another;
4. Provide notification to the individuals affected by an unauthorized disclosure;
5. Consistent with this Agreement, ensure that any agents (including contractors and subcontractors), analysts, and others to whom it provides private or confidential data, agree to be bound by the same restrictions and conditions that apply to them with respect to such information;
6. Upon completion, expiration or termination of this Agreement, return or destroy all protected information received from the other agency, unless return or destruction is not feasible. If return or destruction is not feasible, each agency will extend the protections of this Agreement to the information collected during the course of this Agreement.

D. *Release of data*

1. No private or confidential data created, collected, received, stored,

used, maintained or disseminated in the course or performance of this Agreement will be disseminated except as authorized by statute, either during the period of this Agreement or thereafter. Each party shall be independently responsible for compliance with any requirements of the Health Insurance Portability Accountability Act, if applicable, and neither party will be liable for any violation of any provision of HIPAA indirectly or directly arising out of, resulting from, or in any manner attributable to actions of the other party or its employees or agents.

- 2. The PROVIDING AGENCY and REQUESTING AGENCY agree that each is independently responsible for complying with the Data Practices Act, and that each party will be responsible for its own acts and those of its employees and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party or its employees, or the results thereof.

IN WITNESS WHEREOF, the parties have caused this contract to be duly executed intending to be bound thereby.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05

By: Sheila Bj Beu by Jay A. Beu

Date: 6/29/2012

CFMS Contract No: 48843

2. PROVIDING AGENCY

By: Bernard [Signature]

Title: Fred Grant Admin

Date: 7/19/12

3. REQUESTING AGENCY

By: [Signature]
With delegated authority

Title: Chief Compliance Officer

Date: July 5, 2012

Distribution:
Requesting Agency – Original (fully executed) contract
Providing Agency
Contracts Section

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBITS 54A-N TO
DEFENDANTS'
STATUS REPORT**

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibits 54A-N to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

- Voluminous Document* (Document number of order granting leave to file conventionally: ___)
- Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)
- Physical Object (description):
- Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media
- Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 57)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

Exhibit 61A

Chemical and Mental Health Services Course Description

INTRODUCTION TO POSITIVE BEHAVIOR SUPPORTS

SOS0001014

POSITIVE BEHAVIOR SUPPORTS - 3 DAY TRAINING

Length: 24.00 hrs

Max Capacity: 30

Frequency:

Instructor Name(s) and Qualifications

Amado, Richard S. PHD

Rick Amado -PhD, LP, competencies in applied behavior analysis, positive behavior supports, person centered planning, supervision, and training; over 40 years experience effectively serving people for whom typical supports and services do not work; helped to define the field and best practices.

Competencies

Using basic PBS skills in everyday situations

a. How Competency Will Be Met: Testing and OJT Checklists

Creator Rick Amado

Delivery Method

Didactic, demonstrations, and exercises

Brief Description

Participants use activities, didactic, demonstrations, and 8 hours of OJT practicum to acquire some fundamentals of Positive Behavior Supports.

Date Developed 10/9/06

Date Revised 5/15/11___by Rick Amado

Objectives

Upon completion of this course, participant will be able to:

- 1 Understand the difference between traditional behavior modification and Positive Behavior Support
- 2 Identify potential factors influencing behavior
- 3 Use at least one behavior data collection method
- 4 Conduct a simple functional behavior assessment

Chemical and Mental Health Services Course Description

PERSON CENTERED THINKING 2 DAY WORKSHOP

SOS0001396

Length: 16.00 hrs Max Capacity: 48 Frequency:

Instructor Name(s) and Qualifications

Michael Smull

Michael Smull is the Chair of The Learning Community for Essential Lifestyle Planning (TLC-ELP), and Director of Support Development Associates. Certified trainers from Support Development Associates.

Competencies

Apply Basic Person Centered Skills.

How this competency will be met: Skill Demonstration

Delivery Method

Lecture, PowerPoint, Activities

Brief Description

Course Description: __Lecture, Activities, Discussion in Person Centered Thinking skills

Objectives

Learning Objectives: Upon completion of this course, participant will be able to:

- Day One: Identify Basic Strategies of person centered thinking.
- Day two, Experience the process personally for applied learning.

Chemical and Mental Health Services Course Description

THERAPEUTIC INTERVENTION REFRESHER

SOS0001413

PERSON CENTERED, TEAMWORK, PREVENTION=A3 & CRISIS RESPONSE

Length: 4.00 hrs

Max Capacity: 25

Frequency: Annually

Instructor Name(s) and Qualifications

Completion of State Operated Services Community Therapeutic Intervention Instructor training.

Competencies

Upon completion the participant will be able to use Therapeutic Intervention techniques to resolve conflicts and prevent aggressive behavior by people receiving SOS services.

Competence will be verified through successful completion of course objectives, participation in course exercises and discussions.

Delivery Method

Classroom

Brief Description

The participant will increase their competence and confidence for resolving conflicts and prevent aggressive behavior through the use of teamwork; environmental, self and other awareness; understanding challenging behaviors; early intervention, negotiation and non physical intervention strategies.

Based on State Operated Services Policy #6260 Therapeutic Intervention.

Date Revised: 6/3/10

Objectives

During this course and upon completion, participant will:

1. Recall learned Therapeutic Intervention concepts, skills and techniques.
2. Demonstrate teamwork, awareness and situational assessment, safety, communication and negotiation concepts in practice.
3. Identify characteristics of people, and environment that influence outcomes of escalating situations.
4. Using aforementioned skills in Therapeutic Intervention, apply least intrusive techniques during interventions.

Updated on: 6/2010

Chemical and Mental Health Services Course Description

SOS0001577

MEDICALLY MONITORED RESTRAINT

Length: 2.00 hrs Max Capacity: 12 Frequency: yearly

Instructor Name(s) and Qualifications

RN
Registered Nurse

Competencies

Supervisor observation on implementing competencies that are taught in client environment.

Delivery Method

verbal, powerpoints, and handouts

Methods and Activities: classroom and discussion

Brief Description

Recognizing physical affects as a result of restraint, review manual restraint processes and documentation, review case-studies, review of vital signs.

Objectives

Upon completion the participant will be able to:

1. have a competent knowledge base as it relates to the process of manual restraint, its documentation and appropriate form used.
2. will be able to verbalize the definition of restraint.
3. To assess/monitor client before, during and after a restraint.
4. Demonstrate how to monitor and care for client that is currently being restrained.
5. Demonstrate how to completely and accurately complete all necessary documents.

Chemical and Mental Health Services Course Description

PERSONAL SAFETY TECHNIQUES REFRESHER

SOS0000134

Length: 4.00 hrs **Max Capacity:** 25 **Frequency:** annually

Instructor Name(s) and Qualifications

Trained Personal Safety Techniques Instructors

Competencies

Upon Completion of this training the participant will be able to:

1. Is able to effectively and safely move within and out of the potentially threatening situation.
2. Is able to use effective verbal and non-verbal techniques to communicate with an upset person.
3. A. Is able to use Verbal Techniques and Personal Safety Techniques effectively and safely to prevent or reduce physical injury.
4. *Is able to use Verbal Intervention and Personal Safety Techniques to safely and effectively control, escort or restrain a person. *Use only with participants who work in programs where use of restraint is permitted.

Delivery Method

Classroom
Physical demonstrations and interactive participation.

Brief Description

Focus of training: This required course has the dual purpose of giving staff techniques and skills to physically intervene with aggressive people, and improve the confidence of staff by teaching attitudes and skills needed to prevent injury to self and others. Each participant is required to participate in the practice of techniques. Each participant is required to demonstrate competence.

Date Developed: 2002
Revised 9/2011

Objectives

Upon Completion of this training the participant will be able to:

1. Is able to effectively and safely move within and out of the potentially threatening situation.
2. Is able to use effective verbal and non-verbal techniques to communicate with an upset person.
3. A. Is able to use Verbal Techniques and Personal Safety Techniques effectively and safely to prevent or reduce physical injury.
4. *Is able to use Verbal Intervention and Personal Safety Techniques to safely and effectively control, escort or restrain a person. *Use only with participants who work in programs where use of restraint is permitted.

Chemical and Mental Health Services Course Description

SOS0001476

CRITICAL ACTION REVIEW EXPERIENCE

PURPOSE, PROCESS, FOLLOW UP

Length: 4.00 hrs Max Capacity: 20 Frequency: As requested

Instructor Name(s) and Qualifications

DR NANCY DILLON DR STEVEN PRATT

SOS executives, clinically trained
PhD, MD

Competencies

To improve individual and staff outcomes by conducting critical incident reviews

Delivery Method

Classroom, demonstration, participation in activities, handouts. Practice Steps.

Brief Description

The purpose, process and follow up for a Critical Action Review Experience

Objectives

1. Describe the purpose of the critical action review
2. Describe the conceptual framework for reviewing critical action reviews
3. Describe the process of how to conduct the review
4. Describe the format for conducting the review
5. Describe the follow-up process after the review
6. Establish an environment that facilitates open discussion
7. Conduct a critical action review using the scenario and format provided
8. Provide feedback to the unit/program and administration

Exhibit 63A

**State Operated Services
MSHS - Cambridge**

This report includes all active employees in the MSHS-Cambridge and MSOCS-East Central Locations, pending verification from Human Resources.

{person_style_view.Employment_Status} = "A" and
{lut_event_xstatus.description} in ["Misc.", "Mastered", "Finished"] and
{person_style_view.Course_Code} in ["SOS0001476", "SOS0001453", "SOS0000131", "SOS0000133", "SOS0000134", "SOS0000830", "SOS0001014", "SOS0001162", "SOS0001227", "SOS0001395", "SOS0001396", "SOS0001413", "SOS0001577"] and
{person_style_view.Start_Date} in DateTime (2010, 09, 01, 00, 00, 00) to DateTime (2012, 03, 31, 00, 00, 00) and
{(person_style_view.DHS_Department_ID) in ["H55W102", "H55W107", "H55W109", "H55W111", "H55W113", "H55W114", "H55X20A"]} OR
{(person_style_view.DHS_Department_ID) IN ["H55YT02"]} AND {person_style_view.P_City} = "CAMBRIDGE")

**H55W102 MSHS CAMBRIDGE-ADMINISTRATIVE
00279745 JOHNSON, GINA P
OFFICE & ADMIN SPECIALIST SR**

Job Start Date: 10/28/2011

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/06/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W102 MSHS CAMBRIDGE-ADMINISTRATIVE
 00309678 MATTSON, CATHERINE
 STATE PROG ADMIN PRINCIPAL

<Continued>

Job Start Date: 09/30/1998

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W102 MSHS CAMBRIDGE-ADMINISTRATIVE
 00318061 PALMER, KIMBERLY G
 SOCIAL WORK SPEC

<Continued>

Job Start Date: 12/08/1999

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/25/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/25/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/14/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/12/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W102 MSHS CAMBRIDGE-ADMINISTRATIVE
 00347084 HIEBERT, STEVEN J
 INVESTIGATOR

<Continued>

Job Start Date: 02/02/2009

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W102 MSHS CAMBRIDGE-ADMINISTRATIVE
 00614892 HAZARD, STUART W
 STATE PROG ADMIN DIRECTOR

<Continued>

Job Start Date: 05/23/2012

* Recent Job Start Date, required training in progress.

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/08/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W107 MSHS CAMBRIDGE-CAMPUS CLINICAL
 00765434 KLUTE, ELIZABETH A
 BEHAVIOR ANALYST 1

Job Start Date: 07/25/2007

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Finished	4.00	02/09/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Finished	4.00	05/31/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/23/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Finished	4.00	02/09/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Finished	4.00	05/31/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	02/23/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/06/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED PBS PART 1	SOS0001453	Finished	24.00	09/07/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W107 MSHS CAMBRIDGE-CAMPUS CLINICAL
 01009551 THOMAS, DAWN R
 BEHAVIOR ANALYST 1

<Continued>

Job Start Date: 02/27/2002

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/06/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	48.00			
Total Contact Hours (all dates):	48.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W107 MSHS CAMBRIDGE-CAMPUS CLINICAL
 01023751 BLOM, DAVID R
 BEHAVIOR ANALYST 3

<Continued>

Job Start Date: 11/21/2001

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/06/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED PBS PART 1	SOS0001453	Finished	24.00	09/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W107 MSHS CAMBRIDGE-CAMPUS CLINICAL
 01084303 KASL, JACK L
 PSYCHOLOGIST 3

<Continued>

Job Start Date: 06/18/2003

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/15/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011	
Total Contact Hours:	8.00				
Total Contact Hours (all dates):	8.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/23/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011	
Total Contact Hours:	8.00				
Total Contact Hours (all dates):	8.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/23/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED PBS PART 1	SOS0001453	Finished	24.00	09/07/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W109 MSHS CAMBRIDGE-CAMPUS PROGRAM
 00169294 BECKER, MITCHELL J
 GROUP SUPERVISOR ASST

Job Start Date: 10/01/1986

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS000133, SOS000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS000134	Mastered	4.00	11/28/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	02/20/2012
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	12/05/2011
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W109 MSHS CAMBRIDGE-CAMPUS PROGRAM
 00239986 BACON, KERRY L
 BUILDING MAINTENANCE SUPV

<Continued>

Job Start Date: 03/01/2007

**Not all courses are required of Maintenance Staff*

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/05/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES BLOCKS & RELEASES F	SOS0001395	Mastered	2.00	01/05/2012
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	6.00			

H55W109 MSHS CAMBRIDGE-CAMPUS PROGRAM
 00316447 CARLSON, MARGARET L
 GROUP SUPERVISOR ASST

<Continued>

Job Start Date: 04/11/2001

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/29/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	12/05/2011
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00094490 MCINTYRE, DANA
 RECREATION THERAPIST SENIOR

Job Start Date: 03/04/1987

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/23/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	12/05/2011
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00096951 PETERSON, SUSAN E
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/29/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/05/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS000133, SOS000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS000134	Mastered	4.00	05/31/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS000134	Mastered	4.00	01/05/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00246326 ROEHL, JUDY A
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 08/15/2001

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/09/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/05/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00343550 KUNSHIER, JAMES M
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 12/01/2003

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/23/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00358678 MORGAN, KEVIN D
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 07/08/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00361860 JOHNSON, STEPHANIE J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 03/16/2001

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/15/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/29/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/15/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00704731 HEDLUND, PENNY L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/29/1998

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00813025 SJOSTEDT, STACEY A
 BEHAVIOR ANALYST 1

<Continued>

Job Start Date: 06/02/2004

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/09/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED PBS PART 1	SOS0001453	Finished	24.00	09/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 00937570 GRAHAM, AMY L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/07/1998

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
POSITIVE BEHAVIOR SUPPORTS	SOS0000830	Finished	8.00	09/01/2010	
INTRODUCTION TO POSITIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011	
Total Contact Hours:	32.00				
Total Contact Hours (all dates):	32.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg. Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01022686 PRIGGE, PERRI L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 11/30/1998

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01030098 CARLSON, KATHLEEN P
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 09/27/1999

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION (NEO)	SOS0000131	Mastered	8.00	09/19/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	16.00			
Total Contact Hours (all dates):	16.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/23/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	12/05/2011
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
POSITIVE BEHAVIOR SUPPORTS	SOS0000830	Finished	8.00	09/01/2010
INTRODUCTION TO POSITIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	32.00			
Total Contact Hours (all dates):	32.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01032246 CLINE, KENDRA
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/26/2000

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/09/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01032248 COYLE, WILLIAM E
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/26/2000

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/27/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	2.00	03/27/2012
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	10.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01034091 SORENSON, LAVONNE K
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/17/2000

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/09/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01068773 DOWNING, MICHAEL G
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/15/2002

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/23/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01102690 GILLESPIE, JESSE J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 10/31/2005

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/09/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/14/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/12/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01105753 MCGUIRE, KELLY D
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/17/2006

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/09/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01107864 KASSA, BRIAN C
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 06/26/2006

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/14/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/12/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W111 MSHS CAMBRIDGE-HOMES 5&6
 01107874 LAMOREAUX, DONI J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 06/26/2006

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00059634 ARONSON, DENNIS M
 SKILLS DEVELOPMENT SPECIALIST

Job Start Date: 08/08/2007

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00099574 HANSON, RICKY M
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 08/10/2005

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	04/06/2011
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/05/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/05/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/06/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00100296 CARDA, JUDY A
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/29/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:			12.00	
Total Contact Hours (all dates):			12.00	

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:			12.00	
Total Contact Hours (all dates):			12.00	

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/09/2011
Total Contact Hours:			2.00	
Total Contact Hours (all dates):			2.00	

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:			13.00	
Total Contact Hours (all dates):			13.00	

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:			24.00	
Total Contact Hours (all dates):			24.00	

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:			4.00	
Total Contact Hours (all dates):			4.00	

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00101464 MELL, JANE M
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/07/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/05/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00123164 LANCRAN, MARY J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/20/2005

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/08/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00134090 VILLNOW, CHARLOTTE
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/29/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	12/05/2011	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/12/2011	
Total Contact Hours:	48.00				
Total Contact Hours (all dates):	48.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00282599 HICKS, DAVID A
 BEHAVIOR ANALYST 1

<Continued>

Job Start Date: 05/07/1991

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00283598 LAWRENCE, MICHAEL E
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/07/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001677)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001677	Finished	2.00	11/16/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00283945 JABS, EDWIN R
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/07/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/05/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00309721 LEE, YVONNE L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 10/18/2006

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/08/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00508374 GILLESPIE, EBEN J
 RESIDENTIAL PROG LEAD

<Continued>

Job Start Date: 01/07/1998

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/29/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/09/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 00556589 NOREN-MULLINS, ROBBIN K
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/12/2005

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
Total Contact Hours:			8.00	

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/04/2012
Total Contact Hours:			4.00	
Total Contact Hours (all dates):			12.00	

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
Total Contact Hours:			8.00	

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/04/2012
Total Contact Hours:			4.00	
Total Contact Hours (all dates):			12.00	

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/16/2011
Total Contact Hours:			2.00	
Total Contact Hours (all dates):			2.00	

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:			13.00	
Total Contact Hours (all dates):			13.00	

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:			24.00	
Total Contact Hours (all dates):			24.00	

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:			4.00	
Total Contact Hours (all dates):			4.00	

H56W113 MSHS CAMBRIDGE-HOMES 7&8
 00816488 NORDLUM, MARIDY A
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/29/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/09/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01001222 JONES, CHRISTOPHER A
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 01/07/1998

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	05/31/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	05/31/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001677)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/05/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01001225 HAAS, DAVID K
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/29/1998

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/14/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/12/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION-REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/06/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01025211 JOHNSON, MATTHEW J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/07/1999

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/01/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/01/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/09/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	12/05/2011
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01040275 FLAHERTY, RONALD D
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 11/28/2000

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/15/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/15/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/22/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001677)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/14/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01068779 HAURI, HEATHER M
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 04/15/2002

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/08/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01070670 BELL, RICHARD P
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 07/15/2002

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/09/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/15/2011

Total Contact Hours: 8.00

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/23/2012

Total Contact Hours: 4.00

Total Contact Hours (all dates): 12.00

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011

Total Contact Hours: 4.00

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	02/23/2012

Total Contact Hours: 4.00

Total Contact Hours (all dates): 8.00

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011

Total Contact Hours: 2.00

Total Contact Hours (all dates): 2.00

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012

Total Contact Hours: 13.00

Total Contact Hours (all dates): 13.00

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011

Total Contact Hours: 24.00

Total Contact Hours (all dates): 24.00

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012

Total Contact Hours: 4.00

Total Contact Hours (all dates): 4.00

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01073558 CAMPION, CLAYTON R
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 12/02/2002

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/15/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/15/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	11/30/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W113 MSHS CAMBRIDGE-HOMES 7&8
 01146417 GLASSING, DEBORAH A
 LICENSED PRACTICAL NURSE 1

<Continued>

Job Start Date: 11/28/2011

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION (ORIENTATION CLASS) AMI	SOS000131	Mastered	8.00	12/12/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001396)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES (ORIENTATION CLASS)	SOS0000133	Mastered	8.00	12/12/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001677)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001677	Finished	2.00	12/05/2011	
Total Contact Hours:	2.00				
Total Contact Hours (all dates):	2.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRO TO PERSON CENTERED TX PLANNING-NEO	SOS0001227	Finished	2.00	12/07/2011	
Total Contact Hours:	2.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	15.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55W114 MSHS CAMBRIDGE-HEALTH SERVICES
 00238022 NORDIN, SHARON A
 REGISTERED NURSE SENIOR

Job Start Date: 06/28/1995

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	01/04/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/14/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W114 MSHS CAMBRIDGE-HEALTH SERVICES
 01016033 MARCINIAK, JANET C
 REGISTERED NURSE SENIOR

<Continued>

Job Start Date: 09/25/2002

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	11/28/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	11/28/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	02/21/2012
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/12/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W114 MSHS CAMBRIDGE-HEALTH SERVICES
 01018367 BARTNICK, AMANDA M
 REGISTERED NURSE

<Continued>

Job Start Date: 07/05/2007

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/29/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/05/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001182, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W114 MSHS CAMBRIDGE-HEALTH SERVICES
 01069388 HEPBURN, ADELE J.
 REGISTERED NURSE

<Continued>

Job Start Date: 03/31/2010

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	09/29/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	10/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	09/29/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	10/20/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

H55W114 MSHS CAMBRIDGE-HEALTH SERVICES
 01146430 IRWIN, TARA C
 LICENSED PRACTICAL NURSE 1

<Continued>

Job Start Date: 11/28/2011

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION (ORIENTATION CLASS) AMI	SOS000131	Mastered	8.00	12/12/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES (ORIENTATION CLASS)	SOS0000133	Mastered	8.00	12/12/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2011
Total Contact Hours:	12.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/05/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRO TO PERSON CENTERED TX PLANNING-NEO	SOS0001227	Finished	2.00	12/07/2011
Total Contact Hours:	2.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	15.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55W114 MSHS CAMBRIDGE-HEALTH SERVICES

<Continued>

01148262 URNESS, RANDA J

Job Start Date: 03/05/2012

LICENSED PRACTICAL NURSE 1

* Recent Job Start Date, required training in progress.

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION (ORIENTATION CLASS) AMI	SOS0000131	Mastered	8.00	03/19/2012
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES (ORIENTATION CLASS)	SOS0000133	Mastered	8.00	03/19/2012
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRO TO PERSON CENTERED TX PLANNING-NEO	SOS0001227	Finished	2.00	03/14/2012
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

H55X20A MSOCS FC EAST CENTRAL
 01009088 BERKNES, STEVEN W
 HUMAN SVCS SUPPORT SPECIALIST

Job Start Date: 02/17/1999

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/29/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	03/29/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55X20A MSOCS FC EAST CENTRAL
 01040262 KISLENGER, MATTHEW J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 11/28/2000

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	03/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	03/08/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01066349 BROWN, STACEY L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 11/13/2001

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/29/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	03/29/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01073560 STRADAL, DUSTIN L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 12/02/2002

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/27/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	2.00	03/27/2012
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	10.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/07/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01095070 BAYNE, KRISTA M
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 11/29/2004

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/01/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001396)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/01/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	03/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01100441 DOWNING, DACRI A
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 08/15/2005

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/09/2011
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	02/09/2011
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	1.00	03/29/2012
Total Contact Hours:	1.00			
Total Contact Hours (all dates):	1.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSITIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	03/27/2012
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	03/08/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01105006 WYRICK, CRYSTAL M
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 03/06/2006

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	03/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP-1	SOS0001396	Finished	13.00	02/08/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSITIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01107866 BRASCH, TERRIE L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 06/26/2006

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/29/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	1.00	03/29/2012
Total Contact Hours:	1.00			
Total Contact Hours (all dates):	1.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	03/27/2012
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55X20A MSOCS FC EAST CENTRAL
 01107872 OLSON, KERI L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 06/26/2006

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/15/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	03/08/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55X20A MSOCS FC EAST CENTRAL
 01108537 KOOLMO, REBECCA L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 07/31/2006

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/28/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	03/28/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP-1	SOS0001396	Finished	13.00	02/08/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	01/26/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55X20A MSOCS FC EAST CENTRAL
 01113753 RICHARD, DANIELLE L
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 03/26/2007

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/29/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	06/02/2011	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/29/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	06/02/2011	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011	
Total Contact Hours:	12.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	02/06/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55X20A MSOCS FC EAST CENTRAL

<Continued>

01113755 WYRICK, WESLEY W

Job Start Date: 03/26/2007

HUMAN SVCS SUPPORT SPECIALIST

THERAPEUTIC INTERVENTIONS (SOS000131, SOS0001413)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/02/2010	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/29/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/02/2010	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011	
Total Contact Hours:	8.00				
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	03/29/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	12.00				

MEDICALLY MONITORED RESTRAINT (SOS0001577)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012	
Total Contact Hours:	13.00				
Total Contact Hours (all dates):	13.00				

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)					
1-SEP-2010 to 31-DEC-2011					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	11/10/2011	
Total Contact Hours:	24.00				
Total Contact Hours (all dates):	24.00				

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)					
1-JAN-2012 to 31-MAR-2012					
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>	
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012	
Total Contact Hours:	4.00				
Total Contact Hours (all dates):	4.00				

H55X20A MSOCS FC EAST CENTRAL
 01113756 BROUILLARD, AMANDA J
 HUMAN SVCS SUPPORT SPECIALIST

<Continued>

Job Start Date: 03/26/2007

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/28/2010
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	03/29/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/28/2010
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	08/11/2011
Total Contact Hours:	8.00			

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	03/29/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	12.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	4.00	02/15/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)

1-SEP-2010 to 31-DEC-2011

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)

1-JAN-2012 to 31-MAR-2012

<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/28/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55YT02 SUPS OF TRANSITIONAL SERVICES
 01007558 KUZNIA, STEPHANIE A
 REGISTERED NURSE ADMIN-SUPV

Job Start Date: 11/25/2009

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	12/21/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Mastered	4.00	02/23/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/21/2010
Total Contact Hours:	4.00			
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER AMRTC	SOS0000134	Mastered	4.00	02/23/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	8.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/02/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	03/14/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	03/27/2012
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

H55YT02 SUPS OF TRANSITIONAL SERVICES
 01110700 MARR, NATALIE M
 BEHAVIORAL MED PRACTITIONER

<Continued>

Job Start Date: 01/20/2009

THERAPEUTIC INTERVENTIONS (SOS0000131, SOS0001413)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
THERAPEUTIC INTERVENTION REFRESHER	SOS0001413	Finished	4.00	12/20/2011
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

PERSONAL SAFETY TECHNIQUES (SOS0000133, SOS0000134, SOS0001395)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSONAL SAFETY TECHNIQUES REFRESHER	SOS0000134	Mastered	4.00	12/20/2011
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

MEDICALLY MONITORED RESTRAINT (SOS0001577)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
MEDICALLY MONITORED RESTRAINT	SOS0001577	Finished	2.00	12/08/2011
Total Contact Hours:	2.00			
Total Contact Hours (all dates):	2.00			

PERSON CENTERED PLANNING (SOS0001227, SOS0001162, SOS0001396)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
PERSON CENTERED THINKING 2 DAY WORKSHOP	SOS0001396	Finished	13.00	01/09/2012
Total Contact Hours:	13.00			
Total Contact Hours (all dates):	13.00			

POSITIVE BEHAVIORAL SUPPORTS (SOS0001014, SOS0000830)				
1-SEP-2010 to 31-DEC-2011				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
INTRODUCTION TO POSTIVE BEHAVIOR SUPPORTS	SOS0001014	Finished	24.00	12/01/2011
Total Contact Hours:	24.00			
Total Contact Hours (all dates):	24.00			

POST CRISIS EVALUATION AND ASSESSMENT (SOS0001476)				
1-JAN-2012 to 31-MAR-2012				
<u>Class Name</u>	<u>Course Code</u>	<u>Reg Status</u>	<u>Contact Hours</u>	<u>Start Date</u>
CRITICAL ACTION REVIEW EXPERIENCE	SOS0001476	Finished	4.00	02/14/2012
Total Contact Hours:	4.00			
Total Contact Hours (all dates):	4.00			

Exhibit 66A

Effective Date: September 15, 2009

Procedure Number: 15899

Minnesota Specialty Health System - Cambridge

CLIENT CARE

VISITOR PROCEDURE

SOS REFERENCE POLICY NUMBER: None

MSHS - Cambridge clients are civilly committed prior to admission due to having exhibited dangerous behaviors constituting a risk to themselves and/or the public. As such, responsible clinical practice includes intense supervision, a higher level of environmental safety precaution, and an expectation of active treatment participation to be deemed safe to receive visitors or leave the MSHS - Cambridge campus for trips or vacations. Visits are considered an integral part of the client's social well being if the client is progressing in his/her treatment plan and the nature and impact of the visit are not clinically contraindicated, as determined by the treatment team. Visits are permitted unless contraindicated in the Individual Program Plan. Any restrictions upon visitation will be established by the interdisciplinary team with input from the client's guardian or conservator and documented in the person's medical record. Visits are to be held in the facility's visiting areas for privacy and safety purposes. Private visits between a client and visitor may occur outside the facility when the client has an approved pass plan. Special arrangements may be requested of the treatment team to have visits occur in the home. Such visits will be evaluated in light of needs of the individual client, privacy and convenience of the other clients in the home, and ongoing functioning needs of the home (meal times, treatment activities, etc.) Guardians, county case managers, legal counsel, personal physicians, and religious advisors will be provided access to view their client's living quarters as needed to insure that adequate services are being provided.

DEFINITIONS:

Visit: A social or business call, occurring on the MSHS - Cambridge campus, with a MSHS - Cambridge client, by someone not employed by the Minnesota Department of Human Services.

Authorized Visitor: Clients may be visited by adult relatives, children and friends approved by their interdisciplinary team, as well as attorneys, probation officers, case managers, court appointed examiners, clergy and personal physicians. Minors under the age of eighteen (18) years old must be accompanied by an immediate adult family member or legal guardian. Supervision of children is the responsibility of the parent, guardian or adult family member accompanying them. All children must be listed on the Visitor Registration Form. The treatment team will be informed of all visits that include children.

An initial approved visitor list will be established at the client's admission meeting. This list will be updated and confirmed at the client's 21 day meeting. Additions to the list may be requested by the client, the guardian, the county case manager, or by the individual seeking to make visits. Approval of individuals to be added to the list must be made by at least the county case manager, the guardian, and the MSHS - Cambridge treatment team clinical lead. Visitation privileges of any individual may be suspended or terminated if such visitation is determined to be clinically contraindicated by the MSHS - Cambridge treatment team. For any visit, all approved visitors to the MSHS - Cambridge campus must be identified and listed prior to the date of the visit. This list will be checked against photo IDs upon the arrival of the visitors.

Restricted Visitor(s): Individuals who are prohibited from visiting a client.

Gifts: Items that are to be given by a visitor to the client. Treatment plans frequently include vocational, budgeting, and other associated training aimed at increasing client independence and self-reliance. Because of this, unplanned gift giving is discouraged, as are gifts of money or food. Gift-giving may be prohibited for

individual clients if such gifting is determined to be clinically contraindicated by the MSHS - Cambridge treatment team.

Contraband: State law prohibits the introduction of illegal contraband to this facility or its grounds. Contraband items include, but are not limited to the following: any controlled substance, firearms, weapons and explosives of any kind, any items that could be used in the commission of a crime, or unauthorized leaving of campus and any intoxicating, alcoholic or malt beverages.

Personal Possessions List: A list of personal possessions that clients are permitted to have in the home (See Attachment).

RESPONSIBILITIES:

Home Treatment Team Lead (Designated Coordinator):

- Review and approve all individual applicants to approved visitor list.
- Notify team members of any denials for or removals from approved visitor list.
- Record any restriction in the client's medical record and in the Individual Program Plan.

Receptionist

- Require all visitors arriving to see a client to sign the registration form located in the reception area and verify by checking identification (valid drivers license, state photo identification card from state of residence, valid military photo identification or valid passport. Check visitors' photo IDs each time they visit to insure they are who they claim to be, and check this list against the list that was established before the visit to ensure that no more or other visitors than were approved have come for the visit.
- Require all visitors to fill out a declaration form (MSHS - Cambridge #20051) if they brought any items, including money, to give to the client whom they are visiting.
- Alert building social worker, supervisory or administrative OD (AOD) of any unauthorized person requesting to visit with a client.
- Record all visits and outings in both the green and red (MSHS - Cambridge #32013) record books located at the reception area.
- Call the home announcing a visitor has arrived.
- Alert RN, OD, supervisor, or AOD to assess the situation if a visitor appears to be impaired.

Building Social Worker:

- Complete and update Approved Visitors List for each client and place most current version in the reception office.
- Ensure all visit authorizations or restrictions are available to the receptionists.
- Alert visitors in advance, if possible, to any changes in the client's health, behavior or program plan that may prohibit an outing or visit.
- Ensure that at least quarterly interactions with family members and others are entered in each client's medical record.

- Notify prospective visitors of approval or disapproval of proposed visits and notify the interdisciplinary team and operations center.

Home staff:

Visitation on Campus

- In the absence of the AOD or receptionist, require all visitors arriving to see a client to sign the registration form located in the reception area and verify by checking identification (valid drivers license, state photo identification card from state of residence, valid military photo identification or valid passport). Check visitors' photo IDs each time they visit to insure they are who they claim to be, and check this list against the list that was established before the visit to ensure that no more or other visitors than were approved have come for the visit. Require all visitors to fill out a declaration form (MSHS - Cambridge #20051) if they brought any items, including money, to give to the client whom they are visiting.
- Alert the client that a visitor plans to visit. Inform receptionist, or AOD if reception is closed, if client refuses the visit.
- Escort client to the visiting area and provide required supervision during the visit.
- Review the visitor's declaration form listing all items, including money that will be given to the client. Any items that are not permitted are identified at this time.
- The approved items will then be taken by the visitor to the visiting room or items will be given to home staff.
- Alert medical staff of any medical concerns (e.g., injuries, seizures) that may have occurred during the visit.
- When the visit is completed, assist the client in transitioning back to their daily routine.
- Document that the visit occurred; observations of the client before, during, and/or after the visit, and the total length of the visit in the client's 1035 progress notes.

Supervisor/Administrative OD:

- Investigate any report of unauthorized visitors and take appropriate action.
- In the absence of anyone working the reception area (weekends, holidays, etc.): Check visitors' photo IDs to ensure they are who they claim to be, and check this list against the list that was established before the visit to insure that no more or other visitors than were approved have come for the visit.
- Require all visitors to fill out a declaration form if they brought any items, including money, to give to the client whom they are visiting.
- Put the completed visitor slip in the gray visitor box in the south lobby.
- Evaluate fitness of visitors re: intoxication, etc.
- Call the home and announce that a visitor has arrived.

MSHS - Cambridge Director/MSHS - Cambridge Campus Manager:

- Ensure clinical appropriateness of procedures and Procedures related to determination of authorized visitors list.
- Ensure clinical appropriateness of procedures and Procedures related to determination of restricted visitors list.

PROCEDURES:

Visiting Rules and Guidelines:

- A. MSHS - Cambridge shall be notified in advance of visits and visits should be pre approved. This is to minimize the waiting time, ensure staffing is available to supervise the visit if necessary, ensure the client is available to receive visitors and desires to have visitors. At least 24 business hour (one business day) advance notice is preferred for visits. At the time any on-campus visit is scheduled, those visiting should be named and listed for corroboration at the time of the visit.
- B. Upon arrival on campus, all visitors must first register at the Reception Area on the south end of the Administration Building, present photo identification and be issued a visitor's authorization card prior to contacting any MSHS - Cambridge client(s). In the event the operations center is closed the visitor must call the client's home to notify staff of their arrival. The visitor(s) must wait at the visiting room for staff to arrive. Visitors are not to go directly to the client's home and if they do so will be redirected back to the visiting area. Arrangements can be made with the unit social worker in advance to visit the client's home. Signing the visitor registration form indicates the visitor has read, understands and agrees to abide by all the visiting rules.
- C. Frequency of visits may be determined by the individual client's IDT.
- D. Pets are not allowed in the visiting room or on campus. Pets required as service animals (i.e. Seeing Eye dogs) will be allowed.
- E. No video equipment, cameras, or other recording devices are allowed in the visiting area.
- F. Visits that have been determined by the interdisciplinary team to require staff supervision will be restricted to no more than one hour in length, from the scheduled starting time. Clients may request additional visiting time up to one hour. The OD and staff will make the decisions on additional visit time, based on available space, staffing and established visiting hours. Length of visits that are unsupervised will be determined by the interdisciplinary team.
- G. Each visit party may have no more than 5 visitors in the visiting room. This number does not include the client.
- H. Visitor Dress code: The staff member supervising the visit will monitor for appropriate visiting dress and refer questionable situations to the AOD. The AOD's decision is final. Any visitor wearing clothing that the staff member deems inappropriate for the visiting room will not be allowed to visit. Visitors who are turned away will have the opportunity to leave the facility to change clothes and return for a visit. The following dress is prohibited:
1. All shorts, skirts, or dresses must be mid-thigh or longer when seated.
 2. No low cut or V-cut, scoop neckline or other tops that allow cleavage to show.
 3. No halter tops, crop tops, tops with cut out backs or tops with large armholes that reveal undergarments.

4. No sheer or see-through clothing.
 5. No head wear of any type (Only exception: for religious custom as demonstrated on valid photo ID.
 6. Slits in dresses or skirts must be no higher than mid thigh or longer when seated.
 7. Any clothing with words, offensive messages, or advertisement and/or any clothing with profanity or distasteful depictions, advertising for drugs, beer or political statements advocating violations of law.
- I. Touch during visits will be limited only to the following: Kissing and hugging (only at the greeting and conclusion of the visit), hand holding, arm around shoulder, head on shoulder. Any other touch is not allowed (included by not limited to): kissing and hugging (other than the greeting and conclusion of the visit), body rubbing, wrestling, hands in or under clothing, rough housing, hitting, other touch deemed excessive, unwanted, or potentially abusive as judged by the staff member observing. These types of restricted touch will result in termination of the visit. If abusive touching is suspected, staff will follow MSHS - Cambridge Procedure 3301-Reporting Abuse and Neglect.
- J. Visitor sign-in hours are 9:00 a.m.-5:00 p.m., seven days a week. Visitation hours may be extended until 7:00 p.m. Request for variations from these hours need to be made to the client's building social worker, who will refer the matter to the interdisciplinary team. If a visit will occur during any mealtime, special arrangements need to be made. Clients involved in public school programs and community employment are expected to attend work/school each day. Special arrangements may need to be made with the Building Social Worker if a visit will interrupt this schedule. Supervised visits are limited to scheduled visiting hours, one hour in length, and up to a total of two hours and two visits per week. This does not include visits by social workers, legal representatives, attorneys, clergy and/or parole officers. Unsupervised visit length will be determined by the interdisciplinary team.
- K. The right to privacy in the living area will be protected for all clients. Visits will take place in a separate or private area provided for visitation outside of the home whenever possible.
1. The primary visiting area is the lobby at the south end of the Administration & Program Support Building.
 2. Secondary visiting areas are: the lobby at the west end of the west wing of the Administration & Program Support Building; the South conference room and West Conference room may also be used during non-business hours .
 3. Other visitation areas may be designated as they are made available by MSHS - Cambridge management.
 4. Staff offices will not be used for client visits. This does not mean that professional staff may not meet with clients and interested others in their offices.
 5. Liability issues prohibit the use of the recreation center by anyone but MSHS - Cambridge clients and staff. The recreation center is not to be used as a visitation site.

- L. Visitors must inform staff members of all items they choose to bring into the visiting room prior to a visit. All items are subject to search before introduction in the visiting room. The following items are allowed into the visiting room during a visit:
1. Legal documents
 2. Religious items that do not violate procedures outlined in MSHS - Cambridge's Environmental Safety Procedure #1439.
 3. Opened letters
 4. Pictures brought to the visiting area are restricted to portraits of clients and/or their visitors and must be programmatically appropriate as determined by the IDT.
 5. Unplanned giving of gifts, money and food are discouraged. Gift giving may be prohibited if determined to be clinically contraindicated by the MSHS - Cambridge treatment team. Any food or beverage brought to the visit must be consistent with any programmatic dietary restrictions and any food left over after the visit must be taken away by the visitors.
 6. Any items given to the client must be in accordance with the listing of personal possessions that are allowed (see attachment).
- M. MSHS - Cambridge will not be responsible for the personal property of visitors.
- N. The interdisciplinary team will determine if visits need to be observed and what criteria need to be met.
- O. Staff will be assigned to provide supervision for visits if the interdisciplinary team requires supervised visits.
- The staff member observing visits is responsible for remaining alert, implementing guidelines for supervision outlined in the treatment plan, and being of assistance to the visitors and clients to ensure a proper visit environment. Staff will follow appropriate data practices and procedures.
- P. Visits by professionals to the facility for client record review or client interviews should take place Monday through Friday, excluding holidays, between 8:00 a.m. and 4:00 p.m.
1. Persons wanting to review client medical records or interview clients must produce a photo ID and valid authorization to do so: either a release of information form properly completed or a court order authorizing the action.
 2. Request to review records or interview clients at times other than those above must be arranged through the building social worker at least three days ahead of time.
- Q. Client may have restrictions placed on visiting if:
1. The client is exhibiting aggressive or disruptive behavior.
 2. The client is exhibiting behavior that jeopardizes the safety of the client or others.
 3. The client is exhibiting behavior that jeopardizes the security of the facility.
 4. The client's treatment plan identifies a need for restricted visiting.
 5. The client refuses to follow visiting rules.

- R. A visit in progress may be terminated if:
1. The client or visitor fails or refuses to comply with visiting rules.
 2. Visits may be denied, cancelled, or limited based on weather or other pertinent extenuating circumstances, including but not restricted to current client behavior, current or previous visitor behavior, or ongoing programmatic needs as determined by the IDT.
 3. Staff members observing the visit may terminate visits. Prior to terminating a visit, visitors may, but are not required to be given a warning. Serious violations, i.e., introduction of contraband will result in immediate termination of the visit.

Staff member observing the visit is to contact the supervisor on duty if it is, or may be necessary to terminate a visit. The staff member observing the visit and the supervisor, or unit staff will discuss privately whether the visit is to be terminated. If it is agreed to terminate, the two staff will inform the client and visitor that the visit is terminated and the reason for termination. Their decision is final. Staff supervising the visit will communicate with building staff if additional staff are needed to assist in the termination of the visit or to escort the client back to the building.

The incident terminating the visit will be documented in the client's medical record and an incident report will be completed. The Clinical Director and treatment team will be notified of any visit termination. Visiting privileges for the client will be suspended until the unit treatment team has the opportunity to review the incident that resulted in the termination of the visit, and determine what, if any, change in visit status is warranted.

- S. Visiting rules for MSHS - Cambridge will be issued to new clients at admission and updated as necessary.
- T. Under no circumstances are visits on the MSHS - Cambridge campus to result in a client acquiring goods or services that she/he could not gain access to or permission for from the IDT.

DATA PRIVACY:

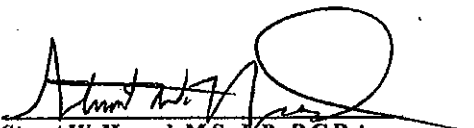
Staff must ensure compliance with state and federal data privacy regulations.

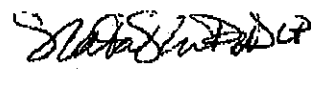
REFERENCES:

- A. Minn. Stat. § 245.825, Subdivision 1
- B. Consolidated Standards 245B.04
- C. Attachment I – Allowed Personal Property

CANCELLATIONS: This Procedure supersedes MSHS-Cambridge Procedure #3514 dated 5/8/08.

AUTHENTICATION SIGNATURES:


Stuart W. Hazard, M.S., L.P., B.C.B.A.
MSHS – Cambridge Treatment Director


Administrative Reviewer
Natalie M. Marr, Psy D, LP
MSHS Clinical Director

Effective Date: September 15, 2009

Procedure Number: 15899

ATTACHMENT I

Minnesota Specialty Health System - Cambridge

CLIENT CARE

ALLOWED PERSONAL PROPERTY

Property Description	Male	Female
Books, magazines, folders (any combination)	5	5
Video tapes, cassettes, game cartridges (any combination)	10	10
CDs / DVDs (any combination, team approved)	20	20
Clocks (small, battery-powered)	1	1
Personal music playback device with headphones	1	1
Hand-held video game device	1	1
Underwear, T-shirts, socks	10 ea.	10 ea.
Shirts, pants	10 ea.	10 ea.
Robe (no string / tie closures)	1	1
Jackets, winter coats	1 ea.	1 ea.
Sweaters, Sweatshirts (no string closures)	6 combined	6 combined
Hats, caps	5	5
Gloves, mittens	2 pr.	2 pr.
Razor (electric)	1	1
Stuffed animals (small)	1	2
Slippers (crepe or rubber sole)	1 pr.	1 pr.
Shoes, winter boots, work boots (any combination)	4 pr.	6 pr.
Belts	1	2
Handkerchiefs, bandanas (white w/ traditional pattern)	2	2
Bras	0	5
Dresses / slips	0	2 ea.
Pillows and bed linens	1 ea.	1 ea.
Quilts, blankets (any combination)	2	2
Bound ledger books or notepads	2	2
Laundry basket (plastic)	1	1
Storage Tubs (plastic, 18-20 gallon)	1	1
Writing Implements (crayons only)	1 box/12 total	1 box/12 total
Grooming Kit (see attachment 1-A)	1	1
Make-up Kit (no mirrors, any combination)	0	5
Hair-Clips / Binders	0	10
Jewelry (ONLY stud earrings, plain band rings, watches, bracelets, & key-rings - any combination)	6	10

Exhibit 72A

72A

Minnesota Specialty Health System Cambridge



Minnesota Department of Human Services

May, 2012

Attention. If you want free help translating this information, ask your worker.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker).

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມ ດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານ.

Hubaddhu. Yo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị.

LB-1-0002 (10-09)

This information is available in alternative formats to individuals with disabilities by calling (651) 431-3676. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact the ADA designee through a treatment team.

Introduction

Welcome. This program is run by the Minnesota Department of Human Services. We hope that your treatment program and experiences assist you in meeting your goals for recovery. Our goal is to help you return to living in the community. We believe that individuals who are being treated within our programs have the capability, skills and talents that will help them in their recovery and we as professionals need to be a support that works with you in that recovery. We also believe that you have family and friends who are critical in your recovery as well and we encourage their involvement. You may have a legal representative. A legal representative is someone that the court appoints to help make decisions for you. A legal representative is expected to act on your behalf and may be appointed by the courts to make some decisions for you.

This handbook tells you about:

- Your treatment and discharge planning
- Your responsibilities
- Rights, advocacy and self-help organizations.

Treatment and discharge planning

Treatment Plan

We encourage you to take part in your treatment planning. We want you to be the decision maker in your care and treatment. If you have questions, please ask staff. Some suggestions of things that you can do to help us partner with you and accomplish your treatment plan goals are:

- Give accurate and complete information about past illnesses, hospitalizations, medications, and other matters related to your treatment.
- Tell a staff member about any changes in your medical condition.
- Bring your concerns, problems, and suggestions to the staff or the treatment team.

Medical Services

We provide some medical services here. When you need services that this facility does not provide, we refer you to health care in the community. These services may include eye exams, glasses, routine dental care, skin care, or emergency hospital care. You are responsible to pay for these additional medical services and co-pays. Your daily rate does not cover the cost of these services. We can help you apply for Medical Assistance and other state and federal assistance programs to help pay for these services.

County Case Management Services

If you are committed, your county social services agency will assign you a county case manager. If you are not committed, you have the right to apply for case management services.

Discharge Planning

Discussion about discharge should begin sooner rather than later. Before your discharge, your treatment team will work with you and individuals involved in your care to develop a plan for services needed after you leave.

Your responsibilities

Cost of Treatment

Staff from fiscal services (1-888-220-3714) can answer your questions about cost, payment, and insurance claims. Accurate information from you is important. You may be required to pay a percentage of the cost of your treatment based on the amount on your ability to pay. You will receive a notice stating the amount you can pay. If you do not agree with this amount, you have the right to appeal. You must appeal within 15 days of receipt of the notice. If you want more details on the cost of your treatment or the appeal process, ask staff from fiscal services for assistance.

Insurance Coverage

Insurance may pay for your stay. Contact your health plan's member services for information regarding your benefits and these rights. If you need assistance with this, please ask staff to help you.

Predatory Offender Registration Law

State Law requires that certain persons must register as a predatory offender. This includes persons charged with, or petitioned for a felony violation of certain statutes. It also includes persons committed as a sexual psychopathic personality or sexually dangerous person. If you are a person required to register under this law you may need to register or provide information regarding an address change at the time of your admission and prior to your discharge from this program. If you have questions, ask a member of your treatment team.

Your rights

Right to Protection from Maltreatment

Staff must report maltreatment of persons known as vulnerable adults.

Who is a Vulnerable Adult?

Any person, 18 years of age or older, admitted to this facility is a vulnerable adult, under the Vulnerable Adult Act.

What is Maltreatment?

Maltreatment is abuse, financial exploitation or neglect of a vulnerable adult. Definitions of abuse, financial exploitation and neglect as defined under the Vulnerable Adult Act are listed below:

Abuse

- Physical or sexual assault; or,
- Forcing a vulnerable adult to engage in prostitution; or,
- Sexual contact by a staff person or any person providing services at this facility; or,
- Non-therapeutic physical or verbal conduct which can or does produce physical or emotional pain or injury; or,

- Any unauthorized aversive or deprivation procedure.
- Any prohibited aversive or deprivation procedure.

Financial Exploitation

- Action by someone entrusted with a vulnerable adult's property or finances which does or is likely to result in harm (detriment) to the vulnerable adult; or
- Someone without legal authority obtaining control of a vulnerable adult's property or money; or
- Someone forcing a vulnerable adult, against their will, to perform services for the profit or advantage of another.

Neglect

- Care giver neglect - failure of care giver to provide necessary food, clothing, shelter, health care, or supervision.
- Self-neglect - a person's inability to obtain necessary food, clothing, shelter, health care or supervision.
- Exploitation through neglect - absence of necessary financial management that might lead to exploitation.

Who Should Report Maltreatment?

Anyone can report maltreatment, if they suspect it. Staff must report such incidents. You should report any maltreatment that happens to you.

How to Report

- Tell a staff member; or
- Call the Common Entry Point (the Agency designated by the county to receive vulnerable adult maltreatment reports). This number is posted in the facility.

What You Report

- Tell what happened, to whom, when, and where
- Tell who did, or was responsible for the maltreatment, if you know.

Treatment Rights

You have many rights while participating in treatment. Your rights vary depending on the type of facility you are receiving treatment in. A copy of the Minnesota Patient Health Care Bill of Rights is included in this handbook and is posted in the facility along with the other rights that apply to your treatment. If any of your rights need to be restricted you will be told why and the restriction will be documented in your treatment record. Let staff know right away if you feel your rights have been violated. To have your medical treatment remain confidential, such information is disclosed to outsiders only with your written informed consent unless allowed by law.

Grievance Procedures

Feel free to raise questions or concerns about your care and treatment. You have a right to file a grievance. This will not affect your treatment or the way we treat you. Staff will tell you when to expect a response and from whom. This information is posted at your facility.

Right to See the Ombudsman

You may have questions about your treatment and your rights under the law. You have been given a brochure from the Office of Ombudsman for Mental Health and Developmental Disabilities; they can help you understand your rights.

Personal Funds and Property

If you bring personal property or money, you may keep anything that is not considered a safety issue to you or others. Items taken from you will be returned when you leave. If you have questions about what you are allowed to keep and what we are putting into storage, please feel free to ask. When you are discharged from this facility, you are responsible to take your personal belongings with you or to make other arrangements. You must talk to staff if other arrangements are necessary. The State and its employees are not liable for the loss, damage, or destruction of property of patients of this facility.

Policy for Equal Opportunity in Service Delivery

Employees, programs, services and policies cannot discriminate against you for services on the basis of race, color, national origin, sex, sexual orientation, marital status, age, creed, religion, political beliefs, disability or status with regard to public assistance. They must also allow physical and program access for individuals with disabilities. You may file a discrimination complaint. You must file a written complaint within one year of the alleged discrimination. To ask for a discrimination complaint form, call or write to the Civil Rights Coordinator, Office for Equal Opportunity (see back of book)

Unanticipated Outcomes

You and individuals involved in your care will be informed of potential treatment outcomes and any unanticipated outcome, either positive or negative.

Patient Health Care Bill of Rights - 2010 Minnesota Statutes, section 144.651

Subdivision 1. Legislative intent. It is the intent of the legislature and the purpose of this section to promote the interests and well-being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

Subd. 2. Definitions. For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center or at a birth center licensed under section 144.615. "Patient" also means a minor who is admitted to a residential program as defined in section 253C.01. For purposes of subdivisions 1, 3 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health treatment on an outpatient basis or in a community support program or other community-based program. "Resident" means a person who is admitted to a non-acute care facility including extended care facilities, nursing homes, and boarding care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and 29, "resident" also means a person who is admitted to a facility licensed as a board and lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, or a supervised living facility under Minnesota Rules, parts 4665.0100 to 4665.9900, and which operates a rehabilitation program licensed under Minnesota Rules, parts 9530.4100 to 9530.4450.

Subd. 3. Public policy declaration. It is declared to be the public policy of this state that the interests of each patient and resident be protected by a declaration of a patients' bill of rights which shall include but not be limited to the rights specified in this section.

Subd. 4. Information about rights. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. In the case of patients admitted to residential programs as defined in section 253C.01, the written statement shall also describe the right of a person 16 years old or older to request release as provided in section 253B.04, subdivision 2, and shall list the names and telephone numbers of individuals and organizations that provide advocacy and legal services for patients in residential programs. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further

explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subd. 6. Appropriate health care. Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning. This right is limited where the service is not reimbursable by public or private resources.

Subd. 7. Physician's identity. Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Subd. 8. Relationship with other health services. Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Subd. 9. Information about treatment. Patients and residents shall be given by their physician's complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative, or both. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's medical record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information. Every patient or resident suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

Subd. 10. Participation in planning treatment; notification of family members. (a) Patients and residents shall have the right to participate in the planning of their health care. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative, or both. In the event that

the patient or resident cannot be present, a family member or other representative chosen by the patient or resident may be included in such conferences. A chosen representative may include a doula of the patient's choice. (b) If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required under paragraph (c) to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. The facility shall allow the family member to participate in treatment planning, unless the facility knows or has reason to believe the patient or resident has an effective advance directive to the contrary or knows the patient or resident has specified in writing that they do not want a family member included in treatment planning. After notifying a family member but prior to allowing a family member to participate in treatment planning, the facility must make reasonable efforts, consistent with reasonable medical practice, to determine if the patient or resident has executed an advance directive relative to the patient or resident's health care decisions. For purposes of this paragraph, "reasonable efforts" include: (1) examining the personal effects of the patient or resident; (2) examining the medical records of the patient or resident in the possession of the facility; (3) inquiring of any emergency contact or family member contacted under this section whether the patient or resident has executed an advance directive and whether the patient or resident has a physician to whom the patient or resident normally goes for care; and (4) inquiring of the physician to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive. If a facility notifies a family member or designated emergency contact or allows a family member to participate in treatment planning in accordance with this paragraph, the facility is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights. (c) In making reasonable efforts to notify a family member or designated emergency contact, the facility shall attempt to identify family members or a designated emergency contact by examining the personal effects of the patient or resident and the medical records of the patient or resident in the possession of the facility. If the facility is unable to notify a family member or designated emergency contact within 24 hours after the admission, the facility shall notify the county social service agency or local law enforcement agency that the patient or resident has been admitted and the facility has been unable to notify a family member or designated emergency contact. The county social service agency and local law enforcement agency shall assist the facility in identifying and notifying a family member or designated emergency contact. A county social service agency or local law enforcement agency that assists a facility in implementing this subdivision is not liable to the patient or resident for damages on the grounds that the notification of the family member or emergency contact or the participation of the family member was improper or violated the patient's privacy rights.

Subd. 11. Continuity of care. Patients and residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Subd. 12. Right to refuse care. Competent patients and residents shall have the right to refuse treatment based on the information required in subdivision 9. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's or resident's medical record.

Subd. 13. Experimental research. Written, informed consent must be obtained prior to a patient's or resident's participation in experimental research. Patients and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Subd. 14. Freedom from maltreatment. Patients and residents shall be free from maltreatment as defined in the Vulnerable Adults Protection Act. "Maltreatment" means conduct described in section 626.5572, subdivision 15, or the intentional and nontherapeutic infliction of physical pain or injury, or any persistent course of conduct intended to produce mental or emotional distress. Every patient and resident shall also be free from nontherapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Subd. 15. Treatment privacy. Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance.

Subd. 16. Confidentiality of records. Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and sections 144.291 to 144.298. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third-party payment contracts, or where otherwise provided by law.

Subd. 17. Disclosure of services available. Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

Subd. 18. Responsive service. Patients and residents shall have the right to a prompt and reasonable response to their questions and requests.

Subd. 19. Personal privacy. Patients and residents shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subd. 20. Grievances. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for

the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place. Every acute care inpatient facility, every residential program as defined in section 253C.01, every non-acute care facility, and every facility employing more than two people that provides outpatient mental health services shall have a written internal grievance procedure that, at a minimum, sets forth the process to be followed; specifies time limits, including time limits for facility response; provides for the patient or resident to have the assistance of an advocate; requires a written response to written grievances; and provides for a timely decision by an impartial decision maker if the grievance is not otherwise resolved. Compliance by hospitals, residential programs as defined in section 253C.01 which are hospital-based primary treatment programs, and outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure

Subd. 21. Communication privacy. Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose. Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record. There shall be access to a telephone where patients and residents can make and receive calls as well as speak privately. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility. This right is limited where medically inadvisable, as documented by the attending physician in a patient's or resident's care record. Where programmatically limited by a facility abuse prevention plan pursuant to section 626.557, subdivision 14, paragraph (b), this right shall also be limited accordingly.

Subd. 22. Personal property. Patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Subd. 23. Services for the facility. Patients and residents shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

Subd. 24. Choice of supplier. Residents may purchase or rent goods or services not included in the per diem rate from a supplier of their choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the residents.

Subd. 25. Financial affairs. Competent residents may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.

Subd. 26. Right to associate. (a) Residents may meet with and receive visitors and participate in activities of commercial, religious, political, as defined in section 203B.11 and community groups without interference at their discretion if the activities do not infringe on the right to privacy of other residents or are not programmatically contraindicated. This includes; (1) the right to join with other individuals within and outside the facility to work for improvements in long-term care; (2) the right to visitation by an individual the patient has appointed as the patient's health care agent under chapter 145C; (3) the right to visitation and health care decision making by an individual designated by the patient under paragraph (c). (b) Upon admission to a facility where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian or conservator of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian or conservator of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility. (c) Upon admission to a facility, the patient or resident, or the legal guardian or conservator of the patient or resident, must be given the opportunity to designate a person who is not related who will have the status of the patient's next of kin with respect to visitation and making a health care decision. A designation must be included in the patient's health record. With respect to making a health care decision, a health care directive or appointment of a health care agent under chapter 145C prevails over a designation made under this paragraph. The unrelated person may also be identified as such by the patient or by the patient's family.

Subd. 27. Advisory councils. Residents and their families shall have the right to organize, maintain, and participate in resident advisory and family councils. Each facility shall provide assistance and space for meetings. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings. Resident and family councils shall be encouraged to make recommendations regarding facility policies.

Subd. 28. Married residents. Residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

Subd. 29. Transfers and discharges. Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or

nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

Subd. 30. Protection and advocacy services. Patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection service or advocacy service.

Subd. 31. Isolation and restraints. A minor patient who has been admitted to a residential program as defined in section 253C.01 has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes, to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Subd. 32. Treatment plan. A minor patient who has been admitted to a residential program as defined in section 253C.01 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and the minor patient's parents or guardian shall be involved in the development of the treatment and discharge plan.

Subd. 33. Restraints. (a) Competent nursing home residents, family members of residents who are not competent, and legally appointed conservators, guardians, and health care agents as defined under section 145C.01, have the right to request and consent to the use of a physical restraint in order to treat the medical symptoms of the resident. (b) Upon receiving a request for a physical restraint, a nursing home shall inform the resident, family member, or legal representative of alternatives to and the risks involved with physical restraint use. The nursing home shall provide a physical restraint to a resident only upon receipt of a signed consent form authorizing restraint use and a written order from the attending physician that contains statements and determinations regarding medical symptoms and specifies the circumstances under which restraints are to be used.

(c) A nursing home providing a restraint under paragraph (b) must: (1) document that the procedures outlined in that paragraph have been followed; (2) monitor the use of the restraint by the resident; and (3) periodically, in consultation with the resident, the family, and the attending physician, reevaluate the resident's need for the restraint. (d) A nursing home shall not be subject to fines, civil money penalties, or other state or federal survey enforcement remedies solely as the result of allowing the use of a physical restraint as authorized in this subdivision. Nothing in this subdivision shall preclude the commissioner from taking action to protect the health and safety of a resident if: (1) the use of the restraint has jeopardized the health and safety of the resident; and

(2) the nursing home failed to take reasonable measures to protect the health and safety of the resident.

(e) For purposes of this subdivision, "medical symptoms" include: (1) a concern for the physical safety of the resident; and (2) physical or psychological needs expressed by a resident. A resident's fear of falling may be the basis of a medical symptom. A written order from the attending physician that contains statements and determinations regarding medical symptoms is sufficient evidence of the medical necessity of the physical restraint. (f) When determining nursing facility compliance with state and federal standards for the use of physical restraints, the commissioner of health is bound by the statements and determinations contained in the attending physician's order regarding medical symptoms. For purposes of this order, "medical symptoms" include the request by a competent resident, family member of a resident who is not competent, or legally appointed conservator, guardian, or health care agent as defined under section 145C.01, that the facility provide a physical restraint in order to enhance the physical safety of the resident.

Important addresses and phone numbers

The following is a list of organizations that can provide you support or address concerns.

Minnesota Civil Liberties Union (ACLU-MN)

2300 Myrtle Avenue, Suite 180

St. Paul, MN 55114

651.645.4097

The ACLU-MN may accept cases about illegal detention or violations of other civil rights. It accepts requests for services by letter only.

Civil Rights Coordinator

Office for Equal Opportunity

Department of Human Services

PO Box 64997

St. Paul, MN 55164-0997

651.431.3040 (voice)

866.786.3945 (TTY/TDD)

651.431.7444 (fax)

800.627.3529 (Minnesota Relay Service)

877.627.3848 (Speech-to-Speech Relay)

To file a complaint of discrimination, write:

USDA

Director, Office of Civil Rights

1400 Independence Avenue SW

Washington, D.C. 20250-9410

800.795.3272 (voice)

202.720.6382 (TTY/TDD)

Depending upon the circumstances you may be able to file a complaint with:

Minnesota Department of Human Rights

625 Robert Street N.

St. Paul, MN 55155

651.296.5663 or 800.657.3704 (voice)

651.296.1283 (TTY/TDD)

and

U.S. Department of Health and Human Services

Office for Civil Rights, Region V

233 N. Michigan Avenue

Suite 240

Chicago, IL 60601

312.886.2359 (voice)

312.353.5693 (TTY/TDD)

Consumer Survivor Network

1821 University Avenue West, Suite S160

St. Paul, MN 55104-2833

651.637.2800 or 1.800.483.2007

This agency can help you find self-help, including hope and recovery.

Legal Advocacy for Persons with Developmental Disabilities

430 First Avenue North Suite 300

Minneapolis, MN 55401-1780

New client intake: 612.332.1441 or

1.800.292.4150 (in-state only)

TTY: Minnesota Relay Service 1.800.627.3529

This agency can provide information about individual rights and how to enforce them.

Mental Health Association of Minnesota

475 Cleveland Avenue N., Suite 222

St. Paul, MN 55104-5589

651.493.6634 or 1.800.862.1799 Fax: 651.340.1202

TTY: Minnesota Relay Service 1.800.627.3529

www.mentalhealthmn.org

This agency is a voluntary health agency that is an advocate for mentally ill and emotionally disturbed persons in Minnesota. Volunteers carry out programs at the state, regional and local levels.

Minnesota Board of Medical Practice

2829 University Ave. SE Suite 500

Minneapolis, MN 55414-3246

612.617.2130

Complaints in-state 1.800.657.3709

TTY: Minnesota Relay Service 1.800.627.3529

www.bmp.state.mn.us

The Board is a State agency that licenses physicians and assures that they meet standards. If the way a physician practices medicine concerns you, contact this board.

Minnesota Board on Aging

PO Box 64976

St. Paul, MN 55164-0976

651.431.2500 or 1.800.882.6262

TTY: Minnesota Relay Service 1.800.627.3529

www.mnaging.org

This board provides planning, coordination and evaluation of programs for the aging.

Minnesota Department of Human Services Licensing Division

PO Box 64242
St. Paul, MN 55164-0242
651-431-6500

TTY: Minnesota Relay Service 1.800.627.3529

This is a division of the Department of Human Services that monitors and enforces the rules of the Commissioner of Human Services and laws of Minnesota.

Minnesota Mental Health Law Project Mid-Minnesota Legal Assistance

430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780
New client intake: 612.334.5970 or
1.800.292.4150 (in-state only)

612.332.1441 (general information)

TTY: 612.332.4668

The Law Project can give information and advise individuals about their rights and how to enforce them. The Project has priorities about which cases it accepts.

Minnesota State Bar Association Statewide Lawyer Referral System

600 Nicollet Mall, Suite 380
Minneapolis, MN 55402
612.333.1183 or 1.800.882.6722
TTY: Minnesota Relay Service 1.800.627.3529

www.mnfindalawyer.com

This service provides legal counsel to persons who do not know a lawyer or are unable to hire one because they cannot pay the full fee. Free half-hour consultation.

National Alliance for the Mentally Ill of Minnesota

800 Transfer Road, Suite 7A
St. Paul, MN 55114-1146
651.645.2948

TTY: Minnesota Relay Service 1.800.627.3529

www.namimn.org

The Alliance is a nonprofit agency working to improve mental health services, educate the public about mental illness and promote self-help of consumers. It is the affiliate of the National Alliance for the Mentally Ill.

Office of Health Facility Complaints

P.O. Box 64970
St. Paul, MN 55164-0970
651.201.4201 or 1.800.369.7994 Fax: 651.281.9796
TTY: Minnesota Relay Service 1.800.627.3529

www.health.state.mn.us

This office investigates complaints against health care providers and helps patients in enforcing their rights.

Office of the Ombudsman for Long-Term Care

540 Cedar Street
PO Box 64971
St. Paul, MN 55164-0971

651.431.2555

Complaint Hotline 1.800.657.3591

TTY: Minnesota Relay Service 1.800.627.3529

www.mnaging.org

This office provides services for older adults, including advocacy.

Office of the Ombudsman for Mental Health and Developmental Disabilities

Metro Square Building Suite 420
121 7th Place East
St. Paul, MN 55101-2117

651.757.1800 or 1.800.657.3506 Greater MN

TTY: Minnesota Relay Service 1.800.627.3529

www.ombudmhdd.state.mn.us

This office responds to complaints or concerns about agencies, facilities or programs that provide services or treatment for developmental disabilities, mental illness, chemical dependency, or emotional disturbance.

The Joint Commission

Office of Quality Monitoring

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1.800.994.6610

E-mail: complaint@jointcommission.org

You can contact this organization if you have a concern about the quality of care or safety at a Joint Commission accredited facility. The Joint Commission encourages you to first bring your concerns to the attention of the health care organization's leaders.

Exhibit 74A

SETTLEMENT AGREEMENT TRACKING: COMMUNITY SUPPORT SERVICES AREAS
REPORTING PERIOD: FY 13 – JULY 2012 (AND SUMMARY NOTES FROM FY 12)
DATE OF REPORT: AUGUST 30, 2012

Section/page	Requirement	Progress/Status/Data	Evaluation
X/Page 16 Reference tracking document Item (s) # 75 and 76	CSS will identify and provide long term monitoring of persons with clinical & situational complexities to avert crisis, provide strategies for service entry changing needs and prevent multiple transfers with the system (Target maximum 75)	<ul style="list-style-type: none"> -Monitoring services called Extended Supports -Service protocols and procedures completed -Established internal Extended Supports Review Committee -CSS Staff trained re monitoring and reporting -Set up/development = complete FY 12 = 27 cases FY 13 July = 33	FY 13 100% Extended Supports cases maintaining least restrictive residence with crisis prevention plans implemented
X/Page 16 Reference tracking document Item(s) 74, 77 and 78 And 97	Intervention & technical assistance will be provided where the person lives, strengthening capacity for the person to remain at home. CSS services will be statewide and respond within 3 hours from authorization by guardian and provide augmentative training coaching and mentoring	# CSS Cases summary FY 12 = Average 449 served per month # Open Cases – FY 13 July = 472 # Wrap Around summary FY 12 = Average 10 new cases per month # New Wrap Around/Aug FY 13 July = 3	FY 13 Weekly triage/diversion meetings held for appropriate level of care determination 100% of CSS cases response within time specified per team and authorizations completed Discharge transition from MSH -3 clients with target moves by October 1, 2012
X Page 17 Reference tracking	CSS will partner with Community Crisis Intervention Services to maximize support, complement	-Quarterly partnering with Metro Crisis Coordination Program (MCCP) -Referral partnerships with community crisis homes	Implementation: On-going per collaborative agreements

document items # 79	strengths and avoid duplication	established with technical assistance provided, as needed/requested	Collaboration with 5 cases under shared service contracts and residential placements maintained.
<p>X/Page 17 Reference tracking document items 80 and 81, 82</p>	<p>CSS will provide staff at community based facilities and homes with training in person centered thinking, multi modal assessment, positive behavior supports, consultation and facilitation skills</p>	<p>FY 12 -Training provided per individual cases (see open cases above) -# trainings provided per FY 12 training contracts: 77 -# individuals received training: 730</p> <p><u>FY 13</u> July # trainings provided = 15 # people trained = 157</p>	<p>Implementation: On-going per referrals and training contracts</p> <p>Evaluation surveys received are positive. Measures of the impact of training implementation to be determined by re-referrals after training</p> <p>100% Staff trained and providing case work</p>
<p>X/Page 17 Reference tracking document item #83 and # 84</p>	<p>Expansion of CSS will include 14 FTEs</p>	<p>Completed See attachment for names and positions None of the positions vacant</p>	

Exhibit 83A

Staffing Attachment RE: Reference # 83

Team/Region	Position	Staff Name/Date of Hire
NW CSS	Social Worker	Sarah Reitmeier 4/2012
NE CSS	Social Worker	Jayne Whiteford 8/2012/ Resign 11/2012
7E CSS	Behavior Modification Assistants	Shaina Connolly 6/2011
		Dave Ruth 3/2011
		Jessica Ruth 3/2011
	Behavior Analyst 1	Jeremy Huntley 6/2011
	Social Worker	Mai Khou Yang 7/2011
Metro CSS	Social Worker	Rachel Dean 7/2011
Region 10 CSS	Behavior Analyst 3	Megan Tarmann 10/2011
	Behavior Analyst 1	Marcus Padilla 6/2011
	Behavior Modification Assistants	Trish Efta 8/2011
		Renee Langford 8/2011
		Melissa Stoltz 8/2011
Brainerd CSS	Behavior Analyst 3	Valarie Smith 6/2011
Synergy CSS	Social Worker	Hector Matascastillo – 11/2011
Statewide	CSPS 3 – Care Coordination	Megan Mulkey 6/2011

Exhibit 85A

Public Planning Committee on the Development of the Minnesota Olmstead Plan

Request for Statements of Interest

The Minnesota Department of Human Services ("the Department") will convene an Olmstead Planning Committee ("the Committee") consistent with the Stipulated Class Action Settlement Agreement approved by the Federal Court in *Jensen, et al. v. Minnesota Department of Human Services, et al.*, Court File No. 09-CV-1775 (DWF/FLN). The Committee will issue public recommendations to the Department in November of 2012. The Department will utilize these recommendations in the development and implementation of a comprehensive Olmstead Plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their needs in the "Most Integrated Setting" and is consistent with the U. S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999).

The Department is seeking Statements of Interest ("SOI") from individuals interested in serving on the Committee. Interested persons should demonstrate an understanding of the spirit and intent of the *Olmstead* decision, best practice in the field of disabilities, and a long-standing commitment to the systemic change that respects the human and civil rights of people who experience disabilities such as developmental disabilities, mental illness, or other disabling conditions.

The anticipated time commitment is one meeting each month for eight months. The first Committee meeting is scheduled for **March 7, 2012, from 9:00 a.m. to 12:00 p.m. at 444 Lafayette Road, St. Paul, MN, in room 3148**. Consistent with the settlement agreement, the Department would like SOIs from parents or other family members of persons who experience disabilities, individuals who experience disabilities (including Self-Advocates), independent experts, providers, and other interested parties. Below are descriptions of the preferred qualifications to be considered when selecting individuals to serve on the Committee. Some employees of the Department as well as plaintiffs' counsel to the settlement agreement will review the SOIs.

All persons expressing an interest in serving on this committee will be requested to write a brief statement summarizing their interest in serving on the committee, their experiences in advocacy, and knowledge and experience with the "Most Integrated Setting" as it relates to the lives of people who experience disabilities.

Parents and other Family Members. Parents and other family members should briefly describe their background and experience involving people who experience disabilities. They should also describe their experience advocating for and representing these individuals and anything else they believe is useful for the Department and plaintiffs' counsel to the lawsuit to know in making their selection.

Individuals Who Experience Disabilities (including Self Advocates). Individuals interested in serving on the committee should briefly describe what training and experience they have had in self-advocacy or advocacy on behalf of individuals with disabilities. This should include experience in working with large groups with diverse membership.

Independent experts. Independent experts include professionals who practice in the areas of developmental disabilities, mental illness, or other disabilities and who have achieved advanced degrees in areas such as psychology, education, clinical social work, nursing, or physicians with an MD practicing in psychiatry. Interested persons should briefly describe their understanding of the spirit and intent of the *Olmstead* decision, training and experience in person-centered planning and other best practices in the field of disabilities, and examples of a long-standing commitment to the human and civil rights of people who experience disabilities.

Service Providers. Service providers should briefly describe their understanding of the spirit and intent of the *Olmstead* decision, training and experience in person-centered planning and other best practices in the field of disabilities, and examples of a long-standing commitment to the human and civil rights of people who experience disabilities. In addition, service providers should provide the number of individuals served, the types of services, licensing status, and the geographic area of the state where providing services.

Other interested parties. Other parties who are interested in serving on the Committee should briefly describe their background and experience involving people who experience disabilities, their understanding of the spirit and intent of the *Olmstead* decision, and examples of a long-standing commitment to the human and civil rights of people who experience disabilities, and why they would like to serve on the Committee.

If you are interested in submitting a Statement of Interest, please complete the form at

<http://survey.dhs.state.mn.us/surveylogin.asp?k=132709584787>

to submit the form online or contact the Department by phone or mail to have a paper copy sent to you. Reimbursement of some expenses may be made available for some committee members based on need. Completed SOI forms must be received by the Department by **February 13, 2012**.

To request a paper copy of the SOI form:

Call (65) 431-2137 or MN Relay: 711 or 800.627.3529

Mail your request for a paper copy AND send your completed form to:

Minnesota Department of Human Services
Disability Services Division
PO Box 64967

St. Paul, MN 55164-0967
ATTN: Cynthia Godin

Scanned copies of completed SOI may be sent to:

cynthia.godin@state.mn.us

The Department values and strives for a diverse committee composition including gender, racial, geographic, age, and socioeconomic diversity.

Exhibit 92A

Minnesota Department of Human Services

Division of Disability Services

REQUEST FOR COMMENTS

Possible Amendment to Rules Governing Aversive and Deprivation Procedures in Licensed Facilities Serving Persons With Developmental Disabilities, *Minnesota Rules*, 9525.2700-9525.2810.

Subject of Rules. The Minnesota Department of Human Services requests comments on its possible amendment to rules governing Aversive and Deprivation Procedures in Licensed Facilities Serving Persons With Developmental Disabilities. The Department is considering rule amendments that are consistent with the demands of the Stipulated Class Action Settlement Agreement approved by the Federal Court in *Jensen, et al. v. Minnesota Department of Human Services, et al.*, Court File No. 09-CV-1775 (DWF/FLN). The Department has agreed to make revisions that “modernize” the rule to “reflect current best practices, including, but not limited to the use of positive and social behavioral supports, and the development of placement plans consistent with the principle of the “most integrated setting” and “person centered planning, and development of an ‘Olmstead Plan.’”

The Department may expand the scope of this rule to apply to currently unlicensed services or populations not currently protected by this rule. Toward that effort and remaining consistent with the settlement agreement, the Department’s rule revision will address other relevant issues that come up, but only as the Department deems to have time.

Persons Affected. The amendment to the rules would likely affect providers of services to persons with developmental disabilities, recipients of those services and their families, and advocates for persons with developmental disabilities. Providers currently not subject to the rules might be affected if scope of this rule is expanded.

Statutory Authority. *Minnesota Statutes*, section 245.825, requires the Department to adopt rules for governing the use of aversive and deprivation procedures in all licensed facilities and licensed services serving persons with developmental disabilities as defined in section 252.27, subdivision 1a.

Public Comment. Interested persons or groups may submit comments or information on these possible rules in writing until further notice is published in the *State Register* that the Department intends to adopt or to withdraw the rules. The Department will not publish a notice of intent to adopt the rules until more than 60 days have elapsed from the date of this request for comments. The Department does plan to appoint an advisory committee to comment on the possible rules. The advisory committee will consist of at least one representative from the following groups and organizations: parents of persons with developmental disabilities, independent experts, DHS representatives, the Ombudsman for Mental Health and Developmental Disabilities, the Minnesota Governor’s Council on Developmental Disabilities, Minnesota Disability Law Center, Plaintiffs’ counsel, and others as agreed upon by the parties to the settlement agreement referenced above.

Rules Drafts. The Department has not yet drafted the possible rules amendments.

Agency Contact Person. Written comments, questions, requests to receive a draft of the rules when it has been prepared, and requests for more information on these possible rules should be directed to: Dean Ritzman at Minnesota Department of Human Services, PO Box 64967, St. Paul, MN 55164-0967, Phone 651.431.2444, Fax (651) 431.7411 and *email* dean.ritzman@state.mn.us. TTY users may call MN Relay at 711 or (800) 627.3529. Written comments, questions, and requests for more information on the rulemaking process should be directed to: Bob Klukas, Department of Human Services, Appeals and Regulations Division, PO Box 64941, St. Paul, MN 55164-0941, (651) 431-3613, FAX at (651) 431-7523, email robert.klukas@state.mn.us.

Alternative Format. Upon request, this information can be made available in an alternative format, such as large print, braille, or audio. To make such a request, please contact the agency contact person at the address or telephone number listed above.

NOTE: Comments received in response to this notice will not necessarily be included in the formal rulemaking record submitted to the administrative law judge if and when a proceeding to adopt rules is started. The agency is required to submit to the judge only those written comments received in response to the rules after they are proposed. If you submitted comments during the development of the rules and you want to ensure that the Administrative Law Judge reviews the comments, you should resubmit the comments after the rules are formally proposed.

Dated:

Lucinda Jesson, Commissioner
Department of Human Services

State Register Request for Statements of Interest

The Minnesota Department of Human Services ("the Department") is planning to revise Minnesota Rules parts 9525.2700 to 9525.2810 consistent with a lawsuit settlement and will publish a request for comments in the State Register. In preparation of the anticipated rule change and in keeping with the pending settlement agreement, the Department will establish a Rule Advisory Committee ("the Committee"). The Department is seeking Statements of Interest ("SOI") from individuals interested in serving on the Committee. The anticipated time commitment is meeting on a monthly basis for six to twelve months. Consistent with the pending settlement agreement, the Department would like SOIs from parents, independent experts, family members, providers, and self-advocates. Please see descriptions of the factors the Department is considering in selecting individuals to serve on the Committee.

Parents. Parents interested in serving on the Committee should describe how they are connected to people with developmental disabilities. Parents should also describe their advocacy experience and anything else they believe is useful for the Department and other parties to the lawsuit to know.

Independent experts. The Department is looking for independent experts with a Ph.D. in a relevant area such as psychology, education, clinical social work, developmental disabilities and mental illness, or other related field. The person should have certification or be eligible for certification as a board certified Behavior Analyst at the doctoral level. Interested persons should describe their experience in person-centered planning, integrating diagnostic findings, assessment results and intervention recommendations across disciplines to create an individual program plan, and demonstrated competence in the empirical evaluation of mood and behavior altering medications.

Family members. Family members interested in serving on the Committee should describe how they are connected to people with developmental disabilities. Family members should also describe their advocacy experience and experience representing a person with developmental disabilities.

Providers. Providers interested in having representation on the Committee should describe how their representative successfully served individuals with complex behaviors or needs, the current licensing status, if any, the number of clients served, the types of services, and the geographic area of the state where providing services. Crisis service providers should state if they are licensed to serve individuals with developmental disabilities.

Self-advocates. Self-advocates interested in serving on the Committee should describe what training and/or involvement they have had with self-advocacy. They should describe why they like working with large groups and sharing their opinion with those groups.

If you are interested in submitting a Statement of Interest please go to www.dhs.state.mn.us/SOI_form to download the form or contact the Department by phone or mail to have one sent to you. Completed SOI forms must be received by the Department by **Friday, December 16, 2011.**

To request a paper copy of the SOI form:

Call 651.431.2676 or xxx.xxx.xxxx for TTY

Mail your request for a paper copy AND send your completed form to:

Suzanne Todnem
Minnesota Department of Human Services, DSD
PO Box 64967
St. Paul, MN 55164-0967

Electronic submission of SOI may be sent to:

Suzanne.todnem@state.mn.us

The Department values and strives for a diverse committee composition including gender, racial, geographic, age, and socioeconomic diversity.

Statement of Interest Form (sample)

First Name:	Last Name:	DOB:
Street Address:	City and State:	Zip code:
Email Address:	Phone 1:	Phone 2:

Thank you for your interest in serving on the Rule Advisory Committee to revise Minnesota Rules parts 9525.2700-2810. We are asking for your cooperation in providing certain private information concerning you. This data is important to the Department as we seek to establish diversity on the Committee. This information will be shared with persons who process your Statement of Interest.

The information requested on the enclosed form is private data. Your provision of this data is entirely voluntary. We will *not* hold it against you if you decide not to provide this information.

PLEASE CHECK THE APPROPRIATE BOXES: Gender: Male Female

WITH WHICH RACIAL/ETHNIC GROUP DO YOU IDENTIFY?

The following are categories identified for purposes of federal reporting requirements. We regret if the group most appropriate for you is not listed. If this is the case, please indicate an alternate group with which you might identify.

- | | | |
|------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> African American (Black) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Caucasian (White) | <input type="checkbox"/> Other |

DO YOU CLAIM DISABILITY STATUS (See definition below)? Yes No

DISABILITY STATUS, defined as a person who:

- (1) has a physical, sensory or mental condition which significantly limits one or more major life activities (e.g., walking, seeing, hearing, speaking, breathing, eating, sleeping);
- (2) or has a record of such a condition (e.g., an individual with a history of lung cancer, heart disease, psychiatric illness, or other debilitating illness, whose illness is either cured, controlled or in remission);
- (3) or is regarded as having such a condition (e.g., an individual with a port wine stain or prominent facial scar who, despite having no limitations, is perceived and treated as a person with a significant limitation).

DO YOU NEED SPECIAL ACCOMMODATIONS for the application process, such as a reader or sign

language interpreter? Yes No

Please specify type of accommodation needed:

The data in this form can be collected, if required, in an alternate manner. Contact the Department below at (651) 431-2676 or TTY (xxx) xxx-xxxx. **Return form to: Minnesota Department of Human Services, Suzanne Todnem, 540 Cedar Street, P.O. Box 64997, St. Paul, MN 55164-0997, or Suzanne.todnem@state.mn.us.**

We appreciate your cooperation in our efforts to ensure a diverse Committee.

Parents
Describe how you are connected to people with developmental disabilities.
Describe your advocacy experience.
Please tell us anything else about you that you would like us to know.

Independent Experts
State in what area you have a Ph.D. and about your certification or eligibility for certification as a board certified Behavior Analyst at the doctoral level.
Describe your experience in person-centered planning, integrating diagnostic findings, assessment results and intervention recommendations across disciplines to create an individual program plan, and demonstrated competence in the empirical evaluation of mood and behavior altering medications.



Minnesota Department of **Human Services**

Rule 40 Advisory Committee Composition and Selection Criteria

WHO – Recommended Composition:

- **Advisory Committee**
 - *Parents (2)
 - Statements of Interest (“SOI”)
 - *Independent Experts (1)
 - SOI
 - *Ombudsman for Mental Health and Developmental Disabilities (DD) (1)
 - Self-designated
 - *Minnesota Governor’s Council on DD (1)
 - Self-designated
 - *Minnesota Disability Law Center (1)
 - Self-designated
 - *Plaintiff’s Counsel (1)
 - Self-designated
 - *DHS representatives (2)
 - Self-designated
 - Family members (1)
 - SOI
 - Self-advocates (1)
 - SOI
 - Provider Representatives (1-2)
 - SOI
 - Crisis Service Provider (0-1)
 - SOI
 - County Case Managers (1-2)

- Minnesota Association of County Social Service Administrators (MACSA) designates
 - Tentative total = **15**
- Sub-groups/task force
 - Internal and external subject-matter experts, diversity groups, etc.
 - Community members and other stakeholders
 - Others as deemed necessary by a majority the core committee

*Indicates a required committee member per the June 2011 settlement agreement (pending final approval).

HOW – Selection Process:

- Specific groups or organizations named in the settlement agreement will designate their own representative(s) (see “self-designated” above). Those self-designated committee members may provide input on who will fill the remaining 7 of 15 advisory committee positions.
- DHS will publicly request and accept Statements of Interest (“SOI”) from individuals interested in serving on the remaining 7 advisory committee positions. DHS will determine due dates and provide notice via State Register, list serves, and its public web site. After approximately three weeks from the date of first publication in the State Register, DHS will no longer receive SOIs for consideration as of the date stated in the State Register notice. DHS will review the SOIs. DHS will then share a list of names of all who submitted a SOI along with its recommendations to the self-designated committee members and Plaintiffs’ counsel.
- Plaintiffs’ counsel and the self-designated committee members may simply agree to DHS’s recommendations or request to see specific SOIs submitted during the open application period and submit their recommendation(s) to DHS. DHS and Plaintiffs’ counsel will then make the final selection of the remaining 7 committee positions per the settlement agreement.

WHAT – Factors Considered:

- Parents
 - Parents of a minor or adult child who has a developmental disability with a co-occurring mental illness, and

- Advocacy experience.
- Independent experts
 - Ph.D. in a relevant area, e.g., psychology, education, clinical social work, developmental disabilities and mental illness, behavior analysts, or other related field;
 - Certification or eligible for certification as a Board certified Behavior Analyst at the Doctoral level;
 - Experience in person-centered planning;
 - Experience using the integration of diagnostic findings, assessment results and intervention recommendations across disciplines in order to create an individual program plan; and
 - Experience and demonstrated competence in the empirical evaluation of mood and behavior altering medications.
- Family members
 - Family members of a person with a developmental disability with a co-occurring mental illness;
 - Experience representing a person with a developmental disability; and
 - Advocacy experience.
- Provider representatives, factors considered
 - Successfully serves(d) individuals with complex behaviors and needs;
 - Current licensing status, if any;
 - Crisis Service Provider should be licensed to serve individuals with developmental disabilities.
 - Number of clients currently served;
 - Type of services; and
 - Geographic area of the state where providing services.
- Self-advocates
 - Ability and comfort level to work in a med-large group and express their opinion, and
 - Training and involvement with self-advocacy.

Overarching factors/goals:

- Diversity –
 - The Department values and strives for a diverse committee composition including gender, racial, geographic, age, and socioeconomic diversity.
- Combined total of 15 members maximum.

Exhibit 94A



Minnesota Department of Human Services

January 13, 2012

To: County Social Service Directors
 County Prepetition Screening Teams
 County Attorneys
 Defense Panel Attorneys
 Court Administrators
 Minnesota Judges

On December 1, 2011, the U.S. District Court formally accepted the Settlement Agreement in the Jenson v. State of Minnesota Civil Case. This agreement between the parties has set Minnesota on a clear path to increase the opportunities for people with a developmental disability for full integration into community life.

One particular provision ends the practice of admitting a person to the Minnesota Security Hospital under a developmental disability (DD) commitment. The Department ended this practice in July of 2011. Since that time a number of individuals with DD have been committed as Mentally Ill and Dangerous (MI/D). The Department of Human Services and the Office of the Ombudsman for Mental Health and Developmental Disabilities are committed to the spirit of this provision and are dedicated to diverting persons with DD from commitment as MI/D through the development of safe and appropriate integrated community based supports and treatment.

To adhere to the spirit of this settlement agreement, the Department of Human Services and the Office of the Ombudsman will collaborate in establishing an early intervention/diversion process for persons with a developmental disability who are, or may be, at risk of commitment as mentally ill and dangerous. At the Department level we will ensure access to community based funding for programs and services and to clinical and program expertise provided through Community Support Services. The Office of the Ombudsman will assign a Regional Ombudsman to the individual client. The Regional Ombudsman will work collaboratively with all parties to ensure that the client is provided with safe and appropriate client centered services in the least restrictive environment.

Effective immediately any person with developmental disability who is at risk, or may be at risk, of commitment as mentally ill and dangerous should immediately be brought to the attention of the Department by contacting Community Support Services, Care Coordination Specialist Megan Mulkey at 651-387-9322 and the Office of the Ombudsman for Mental Health and Developmental Disability at 651-757-1800 or toll free 1-800-657-3506. This notification will begin a collaborative process with the individual, the family and/or guardian, the county, and the providers to address the necessary support and treatment needs and presenting safety issues thereby avoiding a commitment.

Page 2

This initiative represents our commitment to a strategy of earlier intervention to produce better outcomes for the individual served and to effectively manage the safety risk to others.

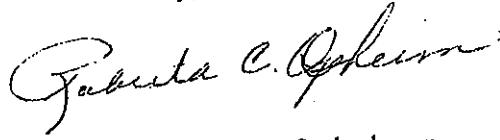
We appreciate your active engagement in this important initiative to help us make it successful.

Sincerely,



Lucinda Jesson
Commissioner

Sincerely,



Roberta Opheim, Ombudsman
Office of the Ombudsman for Mental
Health and Developmental Disabilities

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBIT 94B TO
DEFENDANTS'
STATUS REPORT**

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibit 94B to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

- Voluminous Document* (Document number of order granting leave to file conventionally: ___)
- Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)
- Physical Object (description):
- Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media
- Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 57)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of
Bradley J. Jensen, et al.,

File No. 09-CV-01775-DWF-FLN

Plaintiffs,

vs.

Minnesota Department of Human
Services, an agency of the State of
Minnesota, et al.,

**PLACEHOLDER FOR
EXHIBITS 97A-C TO
DEFENDANTS'
STATUS REPORT**

Defendants.

This document is a place holder for the following items which are filed in conventional or physical form with the Clerk's Office:

Exhibits 97A-C to Defendants' Status Report

If you are a participant in this case, this filing will be served upon you in conventional format.

This filing was not e-filed for the following reason(s):

- Voluminous Document* (Document number of order granting leave to file conventionally: ___)
- Unable to Scan Documents (e.g., PDF file size of one page larger than 2MB, illegible when scanned)
- Physical Object (description):
- Non Graphical/Textual Computer File (audio, video, etc.) on CD or other media
- Item Under Seal pursuant to a court order* (Pursuant to Protective Order: Doc. No. 57)
- Item Under Seal pursuant to the [Fed. R. Civ. P. 52](#) and [Fed. R. Crim. P. 49.1](#) (Document number of redacted version: ___)
- Other (description):