**Health Service Coordination and Care (Residential Programs) Policy**

(This policy applies to licensed providers who operate a residential program under 245D)

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**Program name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Policy**

It is the policy of this DHS licensed provider (program) to meet the health service needs of each person being served as defined and assigned in each person’s support plan or support plan addendum.

**II. Procedures**

1. When discovered, the program will promptly notify the person’s legal representative, if any, and the case manager of changes in a person’s physical and mental health needs affecting health service needs assigned to the program in the person’s support plan or support plan addendum.
2. If the program has reason to know that the change has already been reported, it is not necessary to report.
3. The program must document all health changes, including when the notification of the health changes was given to the legal representative and case manager, on the [insert name of form used at the program]](A copy of the Health Needs Change Report to be used is attached to this policy).
4. When assigned the responsibility for meeting the person’s health service needs in the person’s support plan or the support plan addendum, the program will maintain documentation on how the person’s health needs will be met, including a description of the procedures to follow in order to:
5. Provide medication assistance or medication administration according to the safe medication assistance and administration policy;
6. Monitor health conditions according to written instructions from a licensed health professional;
7. Assist with or coordinate medical, dental and other health service appointments; or
8. Use medical equipment, devices or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

Policy reviewed and authorized by:

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Print name & title Signature

Date of last policy review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last policy revision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Authority: MS § § 245D.11, subd. 2 (2) and 245D.05, subd 1