HMONG HOME
HEALTH CARE

EMPLOYEE HANDBOOK

475 Etna Street, Suite #3
Saint Paul, MN 55106

T. (651) 488-1680

F. (651) 488-4087

hmonghomehealthcare.com

BUSINESS HOURS

Our regular office operating hours are 9 A.M. to 5 P.M. Monday through Friday. Service hours are 24/7. There are staff members on-call after normal business hours to respond to client-related employee concerns and for emergencies.

Do not call on-call staff with questions that should be addressed to the office staff during normal business hours.

OFFICE CONTACT INFORMATION

Hmong Home Health Care,
LLC. 475 Etna Street, Suite #3
Saint Paul, MN 55106
Office Phone: (651) 488-1680
Fax: (651) 488-4087
Email: contact@hh-hc.com
www.hmonghomehealthcare.com

SPECIAL INSTRUCTIONS: FOR ALL EMERGENCY CALLS DIAL 911.

For immediate staffing concerns after business hours, call the after-hours line at 651- 398-3078.

If you have any questions, the best way to reach us is by sending an email to **contact@hh-hc.com**. If you prefer you can reach the administrative team during business hours from Monday - Friday from 9am - 5pm by calling the main office line @ 651-488-1680.

If you have questions regarding EVV please reach out to **EVV@hh-hc.com**

If you have questions regarding Timecards or to submit a timecard please reach out to **Timecards@hh-hc.com**

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WELCOME TO HMONG HOME HEALTH CARE

Dear new employee:

It is our pleasure to welcome you to Hmong Home Health Care, LLC. (HHHC). HHHC is a Minnesota state licensed agency providing the services of Personal Care Assistance, Direct Support Professionals, Independent Living Services, and Respite Services.

HHHC primary objective is customer satisfaction. Customers are clients, family, friends and members of the community, referral sources, and coworkers. We can only meet this objective and fulfill our commitment through you.

As an employee of HHHC, you will perform your duties in a manner that consistently reflects your commitment. Your diligence and loyalty are necessary if we are to effectively work together to provide the best possible home health care service.

This Handbook has been designed to familiarize employees with HHHC, and its policies and procedures. These personnel policies, practices and procedures are subject to be changed, modified and/or deleted at the discretion of HHHC and shall be absolute and binding upon all employees. If any part of this Handbook is amended or revised, HHHC will inform employees in a timely fashion of such changes. The policies and procedures set forth in this Handbook, and any subsequent amendments and/or revisions thereto, revoke any and all previous inconsistent policies and procedures of HHHC, effective immediately upon communication by HHHC to its employees.

Each employee is responsible for knowledge of and compliance with all provisions contained herein.

We extend to you our sincere wishes for the very best of success as you join our team of home health care professionals.

Sincerely,

Lauren Urke
Chief Executive Officer

IMPORTANT DISCLOSURES

Governing Policies

The policies and procedures contained within this Handbook do not represent and are not to be construed as an exhaustive list of all Hmong Home Health Care, Inc's policies and procedures and may not cover every situation that may arise from day-to-day operations. Hmong Home Health Care may adopt policies and/or procedures in addition to those set forth within this Handbook from time to time at their sole discretion, however, in the event of any conflict between such policies or procedures and this Handbook, the provisions contained within this Handbook shall govern unless otherwise specifically set forth in writing.

Staying Current with State and Regulatory Changes

Hmong Home Health Care, LLC. is an administrator for Minnesota Health Care Programs providing Personal Care Assistance, Homemaking, Respite Care, and Independent Living Services. All employees should recognize that the State of Minnesota frequently changes and updates policies and procedures. To stay current with the State's latest policies and procedures, employees should regular check with the Department of Human Service's website at www.dhs.state.mn.us .

Definitions

Set forth hereinafter and throughout this Handbook, the following references and terms are to be recognized and/or referred as:

Hmong Home Health Care, LLC.: HHHC, we, our, us, the Company, the Agency.
Employees: Employees providing services, you.
Clients: Individuals receiving services.
Qualified Professional: QP- RN, LSW, etc. as defined under MN Statute 256B.0625, Subd. 19c
Personal Care Assistant: PCA
Homemaker: HMK
Direct Support Professional: DSP
Independent Living Service: ILS

Please refer to "Personal Care Service Rules and Definitions," on page 38 for more terms.

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GENERAL EMPLOYMENT POLICIES

A. AT-WILL EMPLOYMENT NATURE OF OUR EMPLOYMENT RELATIONSHIP

Hmong Home Health Care, LLC's Employee Handbook is intended to assist you in becoming familiar with our policies, procedures, and benefits. This Handbook does not constitute a guarantee that your employment will continue for a specified period or end only under certain conditions. Employment at HHHC is a voluntary employment-at-will relationship for no definite period, and nothing in this Handbook is intended to create an express or implied contract of employment or guarantee of any rate or benefit. You have the right to terminate your employment relationship for any reason, with or without cause or notice, at any time and HHHC may do the same.

From time-to-time HHHC may unilaterally, in its discretion, amend, supplement, modify, eliminate, or make an exception to, one or more of the benefits, rules or policies in this Handbook, with or without prior notice. However, HHHC will attempt to provide as much advance notice as practicable prior to the implementation of any general changes or modifications by posting such changes on the office HHHC Bulletin Board and/or by distributing written information on the changes to HHHC employees.

No supervisor or manager has the authority to change this Handbook. Any final decision regarding interpreting or changing our policies rests with HHHC's President and/or its Board of Advisors. Only HHHC's President has the authority to make any agreement contrary to this policy, and any such agreement must be in writing and signed by the President of HHHC. This Handbook replaces all of the Employer's previous materials, policies and handbooks concerning employment or working relationships between employees and the Employer (except written individual employment agreements signed by the Employer's President) whether written or verbal.

B. MISSION STATEMENT

"*Providing personalized home care services to keep our clients safe, healthy, and independent in the comfort of their homes and communities. Allowing clients to select their caregiver of choice, we ensure that our employees are well-supported, and* ***we treat our clients and caregivers like family.*** "

C. VISION

"Uplifting the communities, we serve by bettering the lives of our clients and employees."

D. EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION FIRM

We are committed to the principles of equal employment opportunity. It is the policy of HHHC to:

- **A.** Recruit, hire, train and promote persons in all job titles, without regard to race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a local human rights commission, or sexual orientation, except where such status is a bona fide occupational qualification.

- **B.** Make employment decisions in a manner which will further the principles of equal employment opportunity.

- **C.** Ensure that promotion decisions are in accord with principles of equal employment opportunity by imposing only valid requirements for promotional opportunities.

HHHC recognizes the need to identify job groups and job classifications with under-representation of minorities and the need to set goals for increasing minority representation within our workforce. HHHC assures that no

Otherwise qualified person shall be excluded from employment, be denied the benefits of employment, or be subject to discrimination in employment in any manner. Job descriptions are continuously reviewed to ensure they reflect the essential functions with reasonable work-related requirements for employment.

E. STATEMENT OF NONDISCRIMINATION

It is the policy of HHHC to provide service for all persons without regard to race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a local human rights commission, or sexual or affectional orientation. The same requirement is applied to all and there is no distinction in eligibility for, or in the manner of providing services.

F. CONFIDENTIALITY OF COMPANY INFORMATION

The nature of our business is highly competitive. Confidential, trade secret or proprietary information ("Confidential Information") includes but is not limited to discussions, documents, notes, memoranda and data (including audio and video tapes and electronic or computer data stored on hard drives, disks or otherwise) regarding proposals, estimates, pricing, bidding, projects, marketing, customers and prospective customers and projects, Company services or products, research, development, protected health information, personnel and financial information, which employees prepare, compile, have access to, or receive at any time during the course of their employment. If you are ever in doubt as to whether information is Confidential, treat it as such until you are advised in writing by your supervisor or a Company officer to the contrary.

Employees shall not disclose Confidential Information to any business or agent of any business or use such information except in the course of employment without the prior written authorization of a Company officer.

When your employment with HHHC ends, you must return all Confidential Information and all other Company property, documents, materials, tools or equipment issued to you by the Company during the term of your employment, including all copies and information storage versions, except for your own copy of this Handbook (subject to the non-disclosure restriction in the prior paragraph). Your obligation to maintain the confidentiality of such information and not to disclose, use, remove or retain it continues, both during and after your employment with HHHC, without time limitation. An employee's unauthorized disclosure, use or retention of Confidential Information may result in possible civil and/or criminal prosecution, as well as discipline.

G. INCLEMENT WEATHER

Occasionally, the Company's business hours may be altered, or operations may be reduced or temporarily closed down due to inclement weather or emergency conditions. If threatening weather is forecast or occurs, contact the office for more information prior to your start time. Employees who elect to stay home, or to leave when operations are continuing, will be considered absent without excuse.

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PERSONNEL POLICIES, STANDARDS AND PRACTICES

A. ORIENTATION

Each employee of HHHC will be expected to complete an orientation to the agency and the services provided to our clients.

Topics in the orientation include:

- An overview of our mission, operation, and services
- Personnel policies, employee handbook
- Orientation to clinical and written policies
- Types of care or services to be delivered in clients' homes
- Client rights
- Vulnerable adult and child
- Safety issues
- Waste management and infection control training
- Confidentiality of agency and client information
- Specific skills required by staff
- Employee expectations and competency – dress code
- Payroll and benefit information
- Orientation to charting forms including time cards and submission requirements
- Any additional pertinent or required information

All employees will be asked to sign the orientation certificate and acknowledgements verifying that they have received this information.

B. COMMUNICATION, EMPLOYEE BULLETINS AND WEBSITE

HHHC strives to provide clear communication to its employees, especially when more than 90% of our workforce is out on the field. Our office support team may regularly place telephone calls to field employees to inform them of updates or to check in with field employees periodically. Other means of communication may be by postal mail, email and/or bulletin posts at our office or on the employee website.

Although it is the policy of HHHC to post and make updates, notices and company news available to employees in a timely manner per any of the means of communication stated above, it is the responsibility of the employees to assure that they receive such notices, updates and company news.

Employee Website

HHHC has made available to all employees a protected employee website to keep up to date with the latest news, updates, and industry news. The website also has important forms that employees may download, to include all current blank timecards.

Employees may access the employee website at **http://www.hmonghomehealthcare.com/for-employees/;** use the following password to login to the employee website:

Password: hhhccomp

C. COMPANY STANDARDS

At HHHC we hold ourselves to a high standard of quality where the rules and authority figures simply assure that quality is maintained and economic goals are achieved.

By accepting employment with us, you have a responsibility to HHHC and to your fellow employees and your clients to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct are expected and necessary. When each person is aware that he or she can fully depend upon fellow workers to follow the rules of conduct, then we will be a better place to work for everyone.

Generally speaking, we expect each person to act in a mature and responsible way at all times. Some of our standards are listed below; following these standards will be a benefit to you as well as HHHC.

1. All employees are expected to dress in a professional manner appropriate to the healthcare environment, or as directed by the client/family. This includes personal hygiene, jewelry, hair and makeup.

2. Smoking is NOT permitted in clients' homes or in their immediate environment at any time.

3. You are expected to arrive on time to all assignments. If an emergency arises or a situation that causes you to be more than 15 minutes late, you must notify the office so that the client can be notified immediately.

4. ***Under no circumstances*** are you to ask for or accept any money from the clients or take home property that belongs to the client.

5. No personal phone calls (including cell phones) should be made or received by you while in the client's home. Messages or emergency calls for you when working can be relayed through the office. All messages, in particular messages relating to any change in service hours, or communications regarding work functions, regardless of how comfortable you are with the client, must be relayed to through the office. ***Also, do not give out your personal or cell phone number or address to the client. If they need to reach you, they can do so through the office.***

6. Employees are to have no personal visitor's while providing care in the client's home.

7. Employees are not allowed to drink alcoholic beverages, or use any substance not prescribed by your physician, while you are working even if the client invites you to do so. Employees must not drink alcoholic beverages immediately before going to work in a client's home. If the smell of alcohol is present when you report to work, you may be sent home in violation of agency policy. If you are impaired in any way, it is your responsibility as the employee to immediately report such impairment to the HHHC management staff. This is for the safety of the client and must be taken very seriously. Working while impaired or failure to report such impairment constitutes serious employee misconduct and justification for disciplinary action, up to and including termination.

8. Do not discuss salary, charges, or your own personal financial situation with the clients and/or other employees of the agency, regardless of the relationship you have with the client and/or employee. Refer all questions regarding the client's bill to HHHC office.

9. In conversations avoid topics such as religion, politics, and disclosures about personal problems. Keep the conversation client-centered and non-argumentative. It is not appropriate to discuss your personal life with clients.

10. Always introduce yourself, your position and where you are from. If your position requires an employee badge, you are required to have your badge on you at all times. If the client requests that you not wear it, you must still have it with you. Avoid the usage of profanities, and address your clients in a respectful manner.

11. As an employee, you are obligated to uphold the reputation of HHHC's ethical standards. If you are ever in doubt regarding whether an activity meets ethical standards, please discuss it with your immediate supervisor or the HHHC management staff. As an employee, you are expected to conduct yourself in the best interest of the employer and client at all times.

12. All employees are expected to maintain accurate documentation of services provided and the exact times of the service as well as time cards. Documentation will be reviewed during orientation and at intake/QP supervision visit. All charting must be completed on the day the ser vice is provided and brought or mailed to the office at the end of the two-week work cycle. Documentation should reflect the client's care plan that is in the home. If the plan is not current or you are not able to complete the plan as written, report it to the office – and write it on your charting form. *Completing your charting forms and your time card completely and correctly is an expectation and if not completed properly can affect your employment and your pay*. The client's record is a legal document. False documentation of services provided or your time on the time card will be grounds for disciplinary action. Any questions about documentation should be addressed to the office immediately.

13. You are expected to maintain the confidentiality of the client, the client's record and the family, your fellow employees, and of Hmong Home Health Care, LLC.

14. All employees must report to the office immediately of a missed visit when employees present themselves to their work sites and the client is not home, not responding, or are otherwise unable to reach.

15. All employees are not to take clients on vacations together unless otherwise with prior approval from the office and client's doctor.

16. Medical administration for Clients is NOT ALLOWED, unless the employee is Med-certified and has been pre-approved to do so by the HHHC management staff.

17. Qualified Professional Supervisory Visits – the Department of Human Services requires all providers to perform supervisory visits on a regular basis. At the visit the Qualified Professional (QP) reviews services, provides training and evaluation of the PCAs, and provides any other necessary information about Hmong Home Health Care or PCA services. It is important that you work with us to schedule these visits. In the event that the QP is unable to contact the client and employee(s) to perform a supervisory visit, it's up to HHHC's discretion not to honor the employee(s) timesheet(s) until the visit has been scheduled and performed to ensure that the client's needs are being met within the PCA program guidelines.

D. TRANSPORTATION OF CLIENTS

The current HHHC policy is that all employees are prohibited from transporting patients in employee's vehicle and/or in patient's vehicle at all times, unless employees have obtained prior written consent from the agency, and only when the assigned Client's care plan specifies the need for transportation, and/or in circumstances of medical emergencies that would necessitate such a transport. All employees will sign a written document at the time of hire that they will be responsible for any injuries or accidents should they choose to do transport the patients at any time and will be held accountable to ensuring that the vehicles used in the transports are insured at all times. Employees providing services for the few clients whose care plan require transportation must abide to the following guidelines and policies:

• Employee must enroll in HHHC's Motor Vehicle Program through the HR Department.

• Employee must have a valid MN driver's license and agree to have Company pull a two-year vehicle background check. Background should have no major vehicular and/or driving violations.

• All personal vehicles used by employees for transporting Clients will maintain and carry full insurance coverage and a minimum of $100,000 liability insurance paid for by the employee. The policy will name Hmong Home Health Care, LLC. as an additional insured, and the employee must provide to HHHC a certificate of insurance form acceptable to HHHC confirming such coverage requirements.

- All safety features of an employee vehicle used to transport a Client must be functioning and active restraints must be deployed to the extent possible.
- **Transportation of Clients is limited to accomplishing needs of individual care plans only.** Such needs must be documented on the individual care plan maintained with HHHC. The Department of Human Services (DHS) does not allow PCA's to bill for PCA services while transporting a Client. However, PCAs may accompany Clients, in vehicle driven by licensed mobility company, if the Client needs assistance with ADL's during transport or at the point of destination.
- PCAs are NOT to drive the Client's vehicle while performing PCA functions.
- HHHC do NOT provide company vehicles for transportation of Clients or for employee use.
- HHHC does not reimburse employees for mileage for transporting Clients (even if they are approved to transport clients).
- HHHC will review motor vehicle records annually for all employees. Only those employees that meet the following conditions will be allowed to use a vehicle for transportation of clients:
  - No more than two moving violations within the past three (3) years.
  - No "at fault" accidents within the past three (3) years.
  - Absolutely NO convictions of driving under the influence, reckless driving, driving while intoxicated, vehicular manslaughter, driving dangerously or any similar offense.
- Approved employees who plan to renew motor vehicle approval annually are required to submit any changes on-going and/or updates to their insurance/vehicle change or driver's license revocations, suspensions, etc.

Any employees violating this policy shall be on grounds for disciplinary actions to include immediate termination of employment.

E. DISCIPLINARY ACTION/RESOLUTION

Occurrence of any of the following violations, **<u>may result in immediate dismissal without warning</u>**:

- Willful violation of any HHHC or client policy.
- Willful violation of security or safety rules.
- Negligence or any careless action that endangers the life or safety of another person
- Unauthorized possession of dangerous or illegal firearms or weapons on HHHC or client property.
- Insubordination or refusing to obey instructions properly issued by your manager pertaining to your work.
- Threatening, intimidating or coercing fellow employees on or off the premises--at any time, for any purpose.
- Theft of HHHC or client property or the property of fellow employees; unauthorized use or removal of HHHC or client property
- Dishonesty, willful falsification or misrepresentation on your application for employment or other work records; lying about sick or personal leave; falsifying or alteration of client records
- Malicious gossip and/or spreading rumors, engaging in behavior designed to create discord and lack of harmony
- Immoral conduct or indecency on HHHC or client property
- Unsatisfactory or careless work, failure to HHHC standards
- An act of harassment, sexual, racial or any other action which creates a hostile or intimidating working environment.
- Sleeping on the job
- Failure to report an absence or late arrival or excessive absence or lateness. Even one instance of failure to report for scheduled work, without notice, constitutes a voluntary resignation. This is a serious violation for the safety of the client, who would be left without a scheduled worker or someone to cover for the missing employee when no notice is given.
- Obscene or abusive language toward any manager, employee or client; indifference or rudeness towards a client or fellow employee.

- **Alteration of your own time records or attendance documents; altering another employee's time records, or causing someone to alter or misrepresent your time records.**

Should your performance, work habits, overall behavior, conduct, or demeanor be unsatisfactory in the judgement of the company, based on violations of the above or of any other company policies, rules, or regulations, you will be subject to disciplinary action, up to and including immediate dismissal. The company also may terminate your employment with or without cause. Failure to perform the duties of your position which, by past experience you have proven capable of performing, constitutes voluntary refusal to perform your work and is contrary to the employer's best interests. Such refusal to perform job duties represents knowing and willful misconduct for which disciplinary action up to and including termination is justified.

When a supervisor discovers an infraction has occurred, it will be documented and the appropriate disciplinary action will occur. If client safety is compromised by your actions or if actions involve serious misconduct such as a breach of the policy or violation of the law, the supervisor may suspend the employee immediately and recommend termination.

Depending on the seriousness of the infraction, the employer may terminate the employee for willful misconduct. In the alternative, the employee and the supervisor will meet to discuss the infraction. Should disciplinary action be justified, the employee will be required to sign the disciplinary form. The report becomes a permanent part of the employee's personnel record.

F. OPEN DOOR POLICY / EMPLOYEE GRIEVANCES

HHHC is committed to providing a positive work environment where employees take responsibility and ownership for problem solving at all levels of the business. It is the policy of HHHC to make available members of the management team to listen, counsel or discuss employee concerns. Any employee who feels they have been treated unfairly in regards to their employment may file a grievance with their direct supervisor, or to the Staffing Coordinator. The supervisor receiving the grievance will report it directly to the HR Department. The HR Department will respond to the grievance within five (5) business days. If the HR personnel does not resolve the grievance, it will be forwarded to the Director of Operations or CEO for resolution. The grievance system is a means for employees to present problems or complaints.

G. EMPLOYEE DRESS CODE

Employees are expected to present a neat, professional and well-groomed appearance at all time while on an assignment and/or providing service with Clients. Our field employees also act as visual representatives of HHHC and are an essential part of the image of the company.

H. PERFORMANCE EVALUATIONS

Performance reviews will be utilized as a measure to assist in improving and evaluating employee job performance. Your supervisor will conduct performance reviews after an introductory period (usually between 30-60 days after start of employment) and then periodically and/or annually thereafter. The primary reason for performance reviews is to identify your strengths and weaknesses in order to reinforce your good habits and develop ways to improve in your weaker areas.

You are expected to be present at all QP Supervision visits. Missed attendance during
Supervision visits will warrant you as absent and shall be reflected poorly on your performance evaluation.

Having a performance review does not necessarily guarantee a salary increase.

I. PERSONNEL RECORDS

Personnel policies for all employees of HHHC have been established to provide a framework governing personnel administration within HHHC. Actions within the scope of personnel administration will not exceed the limits set forth herein.

The HR Department is responsible for maintaining complete up-to-date personnel records for all employees. It is, therefore, important that all employees notify HHHC's HR Department promptly of any changes in their name, marital status, home address, and telephone number.

Personnel files are HHHC property. The employee may request with HHHC to set a time to review the information in his or her personnel file. This review should take place at the office of HHHC during regular business hours. The employee may also request a copy of the information in the personnel file. All requests for a copy of the information in the personnel file should be made in writing, and will be processed within 10 business days from the date the request is made.

J. EMPLOYMENT VERIFICATION

Employees may need employment and income verified when applying for a mortgage or loan, leasing an apartment, applying for insurance, etc. Basic employment information can be verified by telephone.
For telephone inquiries, no written authorization from the employee is required and we only confirm whether the information being verified is correct or incorrect. We do not verbally provide confidential employment information. You may direct telephone inquires to the HR/Payroll Department by calling (651) 262-5522.

Written inquiries for employment information must be accompanied by an authorization signed by the employee that grants permission for the release of the requested information to the verifying organization(s). HHHC reserves the right to enforce a 48 hour turnaround in processing written employment verifications.

K. LICENSURE/CERTIFICATION RENEWAL

If your position requires licensure, registration or certification, it is your responsibility to keep those documents current. Updated information must be kept in your employee file and no one will be permitted to provide client care unless documentation is current. If an employee fails to keep their licensure, registration or certification, they are considered to have voluntarily quit.

L. VOLUNTARY RESIGNATION

To voluntarily terminate your position, we request that you provide a fourteen (14) day written notice to your immediate supervisor (a longer period of time may be required depending on job classification). At HHHC's option, the employee may continue to work during this fourteen (14) day period unless a satisfactory replacement can be found and trained sooner. Employees who voluntarily resign must do so in writing. Benefit hours earned will only be paid to those employees who provide the required advance notice of resignation.
No show/ no call is considered a voluntary resignation.

M. TERMINATION

The employment relationship is an at-will relationship and is based on mutual consent of the employee and HHHC. Accordingly, either the employee or HHHC can terminate the employment relationship at any time. All HHHC's property must be returned to the office before termination and payment of salary and/or benefits.

Severance pay will not be offered to employees who terminate whether voluntarily or involuntarily.

N. FIELD EMPLOYEE SCHEDULES AND SCHEDULING

At no point in time are employees guaranteed a set amount of working hours. The amount of employee's working hours are subjected and limited to the care plan and authorized hours of their assigned client(s). Schedules for field employees are set in accordance to their assigned client(s)' authorized hours. Employees are NOT in charge of scheduling their own hours, and must abide to the schedule set for them by HHHC per their client(s)' needs and authorized hours. Employees may NOT alter their own schedule without prior written approval from HHHC, and must agree to only work the amount hours and/or schedules that are authorized by HHHC for them to work. Clients do NOT have the authority to determine and set schedules for employees. All schedules are determined by, managed by and must be set through HHHC only, per the needs of the client.

O. ATTENDANCE AND REPORTING

As a HHHC employee, we rely on you to contribute to the success of the organization. Regular attendance and punctuality at scheduled work times is of utmost importance. Attendance and punctuality is a consideration when we review recommendations for promotions, salary adjustments, and transfers.

Punctuality:

All employees will be expected to report at the scheduled work time. You must notify your supervisor, call the Staffing Coordinator at 651-488-1680, or the after-hours line at 651-398-3078 as soon as you become aware that you will be unable to report to an assignment on time. Excessive tardiness will be subject to disciplinary action. Corrective measures will be taken if you do not voluntarily correct the problem.

Absenteeism:

You must notify your supervisor or designated on-call person if you will be absent from your assignment as soon as you become aware. For absents or tardiness due to emergencies, reports must be made no later than two (2) hours before the scheduled starting time to the office at 651-488-1680 or to the after-hours line at 651-398-3078. All other planned or expected absents or tardiness that are not emergency related must be communicated no later than 2 weeks before the expected absence or tardiness and may or may not be acceptable/approved. In the event of an emergency or hospitalization occurs due to sudden illness or accident, your designated emergency contact should notify the office and management team as soon as possible. A doctor's statement may be required for absenteeism due to illness at supervisory discretion. The doctor's statement must include the nature of the illness, the expected duration of the illness, any physical limitations or restrictions on your ability to work and the anticipated return to work date if totally unable to work in any capacity. A release from your physician stating the date you can return to normal work duties may be requested by HHHC and should be submitted at the time of your return. Prior to your return to work (if totally unable to work), you must keep HHHC management informed as to what your physical abilities to work and what limitations the doctor may place on you due to your illness or injury. You should request the doctor complete a form entitled, "CLINIC REPORT OF WORKABILITY" (or their equivalent form) and provide HHHC with this form, completed and signed by your physician as proof of your inability to work and your physical limitations. You may be required to provide these forms on a regular basis if illness or injury keep you out of work for an extended period. A chronic pattern of absenteeism will be subject to disciplinary action.

One instance of a "no-call/no-show" on a scheduled assignment is considered a voluntary quit.

P. CLIENT HOSPITALIZATION

If an employee's client is hospitalized, and the employee is aware of the hospitalization, employee is expected to notify the office and/or if after hours, leave a detailed message on the office's main voice mail box (651) 262-5502 detailing the following:

- Date and time of admittance (required)
- Which hospital the client has been admitted to, if known
- The reason why client is admitted, if known
- The anticipated date of return, if known

Home care services for client shall be placed on hold, and **employee cannot work until client is released from hospital.** When the client is discharged from the hospital, the employee must call and notify the office with the time and date of discharge so care can be resumed. Employees violating this policy will be subjected to disciplinary action and may be on grounds for immediate termination of employment.

An employee cannot be paid during the time his/her client is in the hospital. When a client has been admitted into a hospital and/or care facility (nursing home, hospice care, respite care facilities), it is impossible for the employee to provide home care services for client, therefore, employee must inform HHHC and not chart that employee has worked any hours while client is hospitalized and/or admitted into a care facility. Employee may work for and claim any work done for client on the day of hospital admittance and discharge ONLY if time worked does NOT overlap with hospitalization times.

Infraction on this policy is a serious violation of company and federal policy, and will be considered as time card fraud. Employee will be subjected to disciplinary action and may be on grounds for immediate termination of employment. By law, employee will also be obligated to return all funds paid out to employee for the times that the employee had charted and claimed for while client is being hospitalized for in a care facility.

Q. EMPLOYEE MANDATED MATERNITY LEAVE

In the best interest and for the safety of the employee, and unless otherwise cleared in writing by a physician and/or verified with a medical clinic, all HHHC employees providing services are required to take a minimum of seven (7) days leave of absence from work immediately after giving birth to a child. The leave of absence shall be unpaid. It is the employee's responsibility to inform HHHC at least one month in advance of when employee is expected to deliver a child, so that HHHC may secure a temporary replacement for when the employee shall be on maternity leave. Infraction on this policy may subject employee to disciplinary action and may be on grounds for termination. Pregnant employees have the right to request and receive reasonable accommodations, which may include, but are not limited to, more frequent or longer breaks, seating, limits to heavy lifting, temporary transfer to another position, temporary leave of absence or modification in work schedule or tasks.

R. PAYROLL POLICIES

HHHC is responsible for keeping accurate record of the hours you work. You are responsible for completing your timecard accurately and on time. Falsifying your timecard will lead to disciplinary action. At the time of orientation, timecard submission and pay dates will be discussed. Each contact with a client (visit or shift) must be documented on an employee time record or activity report. The cares provided to the client must be documented for the client record. Employees will not be paid for services provided until documentation is received in the office. Employee's signatures on their time cards is their confirmation that they performed all the work and duties for every hour declared on their time cards. Declaration of time worked by an employee that is found not to have been worked by that employee or has been worked by another person, is considered fraud by the employee who represented he or she performed the work for which we paid them and is accordingly willful misconduct subject to disciplinary action up to and including termination. Fraudulent payroll claims are also considered theft by swindle contrary to Minnesota Statutes 609.52 and can be charged as a felony theft, accordingly. We as the employer take this very seriously and encourage every employee to be honest

on their time cards and never let anyone work their hours or misrepresent their time worked or services performed.

Notwithstanding entries on time cards, Hmong Home Health Care, LLC. will NOT compensate employees for hours worked in excess of hours specifically authorized in writing on the Client's Service Plan or for time put in when their client is not enrolled in Medical Assistance or on a Waiver without prior written permission from HHHC. All working hours and schedules MUST BE PRE-APPROVED BY HHHC.

Pay Period

Pay periods are every two weeks. Paydays are paid every other Monday. Your time cards must be turned into the office minimally every two weeks before 3pm on Tuesday of the end of a two week pay period cycle.

Time Cards

Hmong Home Health Care is in the process of transitioning to all electronic timesheets/timecards. We will be helping all employees move over to using electronic visit verification ("EVV"). The administrative team will reach out to employees who are still using paper timecards to transition to clocking in electronically. Please email or call the Billing team to update your email address and phone number at evv@hh-hc.com or (651) 262-5523 so the team can enroll you onto Hmong Home Health Care's electronic visit verification platform.

Unless previous arrangements have been made, HHHC may not honor timecards submitted later than forty-five (45) days after which they are originally due. **It is the employee's responsibility to submit their timecards on time.** HHHC must always look on the best interest of the Clients and if a timecard is not submitted on time, it may be deemed that employees had failed to report to work and may be subjected to disciplinary actions as stated in this Handbook, in addition to HHHC not honoring any work claimed after 45 days after which timecards are due.

For those who have not transitioned to electronic timesheets yet and are still using paper timecards, those timecards are timecards are due by 3pm on the Tuesday immediately following every pay period cycle. It is the responsibility of each employee to make sure that their timecards are in on time. **If an employee misses the 3pm cutoff time for turning in timecards, the Billing team will NOT be able to process timecards into payroll on time, the employee will not receive a check for those two weeks of pay and will have to wait until the next payroll cycle to receive their check.**

Paper Time Card Submission

Employees who have not yet been transitioned to EVV, may (a) turn in time cards at the front office, (b) drop off time cards in after hours drop box, (c) fax time cards to 651-488-4087, (d) email scanned time cards to timecards@hh-hc.com, or mail to HHHC office at: 475 Etna Street, Suite #3 St. Paul, MN 55106.

Paper timecards that have been scanned and sent electronically to HHHC must be legible, clear, free of dark spots, and in PDF format. The entire timecard needs to be displayed to fit and fill the standard 8 1/2 x 11 frame. This means that all scanned timecards must be scanned using a scanning device or pre-approved scanning application. Timecards that are sent as images (photo taken) will not be accepted. HHHC may ask for a resubmission for processing if timecards do not meet these standards.

Copies of original time cards are kept on file at the HHHC office and available for immediate inspection by governmental investigative authorities.

MN Provider Monthly Hours Limit

Minnesota law also prohibits any employee from providing or being paid for more than three hundred ten (310) hours per month of personal care assistance (PCA) and any caregiver work without respect to the number of Clients, recipients or employers (including work for HHHC AND any other home care agencies in MN). HHHC will strictly enforce this law.

All employees must notify HHHC of any other employment and hours work for any other home care agency if working at the same time as their employment with HHHC.

Overtime

No employee is to work any overtime unless he/she is authorized to do so with prior written authorization from the office. Hmong Home Health Care, LLC. employees are paid time and a half for any hour(s) worked over 40 hours per week (Monday thru Sunday). Furthermore, if an employee has obtained prior written consent to work overtime hours, there will be a limit on this amount of approved over time hours and any exceptions for overtime may only be granted to accommodate specific and temporary needs of clients. Thus, each employee can only work the number of over time hours that has been pre-authorized. If you need to work overtime for any reason, please call (651) 262-5503.

Check Distribution Options and Direct Deposit Benefit

HHHC offers employees the options of having their checks mailed to them or by the benefit of direct deposit into their checking or savings account(s). HHHC strongly recommends enrolling in direct deposit to minimize delays in payments.

- **Mailed checks:** Mailed checks are dropped off at the postal office before Monday morning for delivery. Delivery to your local mail box may vary due to conditions beyond HHHC's control. **There is a fourteen (14) business day waiting period for replacement of lost checks.** Checks will be mailed to the current mailing address on the employee's personnel file in the office. It is the employee's responsibility to notify the office and update any changes in addresses as soon as possible, so that it doesn't interrupt delay in receiving checks by mail.

- **Direct Deposit:** Direct deposits are sent electronically and in most cases the deposit is usually in the employee's bank account on Monday (Payday) morning. Employees are advised that individual banks, holidays and processing delays may affect the posting date. Employees wishing to use direct deposit must request for the service in writing and provide necessary bank routing information. Direct deposit may take up to two (2) pay cycles to go into effect.

Employees may change their check distribution option at any time during their employment at HHHC. To change your check distribution option, you must make the request in writing at the office with our payroll department. Check distribution changes may take up to two (2) pay cycles to go into effect.

Training Pay

HHHC offers paid training, at minimum wage, to employees when they come into the office for orientation, comp training and/or any other applicable training courses offered at HHHC's office. PCAs do not get paid for taking the required online PCA certificate course offered through the state nor any take home and online or in-person continuing education courses required to stay compliant with their PCA employment eligibility. All paid trainings are only offered at the discretion of HHHC, and HHHC reserves the right to not honor any request for paid training should request be made more than sixty (60) days after the training date.

Holiday Pay

HHHC will pay $18/hr for work on the following four

holidays:

- New Year's Day - January 1st
- Independence Day - July 4th
- Thanksgiving Day- November 26th
- Christmas Day- December 25th

Holiday pay is not paid on any other holiday, other than the two stated above, and all work done on any other national holiday will be paid at your straight time.

Mandatory Payroll Deductions

FICA (Social Security Tax), Federal Income Tax Withholding, and State Income Tax Withholding are mandated by law to be withheld from your paycheck.

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ETHICAL STANDARDS AND CRUCIAL COMPANY POLICIES

Hmong Home Health Care, LLC. is committed to the highest ethical standards in the conduct of business. These ethical standards and policies go beyond rules set by law as we understand that our employees' and clients' trust in our company is a heavy responsibility. The purpose of this section is to set forth the business ethics of Hmong Home Health Care in written format which provides clear guidance to all our employees.

A. GENERAL GUIDELINES

All employees have a personal responsibility to ensure that their actions meet the highest ethical standards, and to abide by the policies, rules and regulations outlined in this Handbook that apply to their work. The following list of guidelines is expected to be followed by all employees:

1. Employees must use good judgment conduct the business of HHHC honestly, ethically and in good faith. From time to time, you may find yourself in a situation where your responsibilities are unclear. In such circumstances, you must consult with your immediate supervisor or a member of the HHHC management team to be certain that you are using good judgment and acting consistent with the law and the policies in this Handbook.

2. Employees are expected to cooperate fully and honestly with HHHC in any investigation or proceeding concerning the employee's conduct or the conduct of other persons or entities with which HHHC has a business relationship.

3. Employees are responsible to know about and comply with the laws, rules and regulations applicable to the employee's position and the policies of HHHC. You are responsible to seek the advice of the RN, your immediate supervisor, or a member of the HHHC management team if you have any questions in regards to this matter.

4. Employees must report to proper authorities any violations or suspected violations of the policies outlined in this section and/or the law by any HHHC employee.

5. Employees must recognize the continuing obligation of all employees to fulfill the company's mission in enhancing and maximizing Clients' quality of life.

6. **Employees must NEVER ask a client to sign an incomplete timecard or to sign before the time has been worked. Such an action is unethical and may be considered as timecard fraud, and will subject the employee to disciplinary action up to and including termination of employment.**

7. Employees must comply with all the policies, rules and regulation of HHHC as amended at any time, including, without limitation, the policies in this Handbook.

B. SAFETY

Safety is, and will always be, our top priority for all employees at HHHC. Each employee must do everything he or she can to ensure the safety of themselves, our Clients and their co-workers. Employees are expected to:

- Put safety first in all situations.
- Understand and follow the safety and health rules and practices that apply to the job.
- Take necessary precautions to protect HHHC employees and Clients from harmful or dangerous situations.
- Not possess firearms or other weapons on Client premises or on HHHC property.
- Not retaliate against or threaten anyone for the good faith reporting or supplying of information about conduct implicating safety.
- Immediately report accidents, injuries, hazards, unsafe practices or conditions to your immediate supervisor or a member of HHHC's management team.

HHHC has set forth a Health and Safety Program, outlined in Section 4 in this Handbook, to explain the certain policies and protocols in preventing and report injuries on the job.

C. PROHIBITION OF HARASSMENT/SEXUAL HARASSMENT

1. Harassment/Sexual Harassment Policy Statement

HHHC is committed to providing a work environment that is free of unlawful discrimination. This policy includes the prohibition of harassment based upon race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), membership or non-membership in a labor organization, sexual orientation, status with regard to public assistance, complaining in good faith to the Employer or to a public authority, or any other characteristic protected under federal, state or local law. It also forbids sexual harassment in the work environment. Complaints alleging harassment based upon protected characteristics will be handled in the same manner as complaints alleging sexual harassment. "Sexual harassment" has been defined as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

a. Submission to such conduct is made a term or condition, either explicitly or implicitly, of an individual's employment;
b. Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment; or
c. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creates an intimidating, hostile or offensive work environment, and the Employer knew or should have known of the existence of the harassment and failed to take timely and appropriate action. All employees are expected to follow this policy without exception.

Sexual harassment of an employee by another employee, client, or other person is a form of misconduct that undermines the integrity of the employment relationship and will not be tolerated. If the investigation of a complaint of sexual harassment indicates that harassment has occurred, an offending employee will be immediately terminated. Every effort will be made to correct and remove the harassing situation if a non-employee is conducting the harassment.

The following are examples of sexual harassment that will not be tolerated at any time:

1. Rape, sexual assaults, molestation or attempts to commit these assaults.
2. Use of offensive or demeaning language that has a sexual connotation.
3. Objectionable physical closeness or physical contact.
4. Unwelcome suggestions about or invitations to social engagements or work-related social events.
5. Any suggestion, whether direct or indirect, that an employee's job security, job assignment, conditions of employment or opportunities for advancement are in any way dependent upon an employee's granting of sexual favors to any other employee, supervisor or manager.
6. Any action relating to an employee's job status which is, in fact, affected by whether the employee granted or refused to grant sexual favors to another employee, or affected by how the employee responded to sexual advances, sexual comments, or jokes.
7. The creation of an atmosphere of sexual harassment or intimidation, regardless of whether or not the people whose actions created that atmosphere intended to do so.
8. The deliberate or careless making of jokes or remarks of a sexual nature to or in the presence of employees who may find such jokes or remarks offensive.
9. The deliberate or careless distribution, posting or display of materials (such as cartoons. articles, pictures, etc.), which have a sexual content and which are not necessary for the work environment, to employees who may find such materials offensive.

Perception of what is considered offensive is defined by each person separately. As such, things that may offend some, may not offend others. We must be aware of this and be sensitive to anything that a client, family member or anyone with whom we are in contact, considers offensive and/or sexually inappropriate. When advised of this by such individual claiming to be offended, as employees we must immediately discontinue this behavior or whatever it is by which the person is claiming to be offended. **ALL SUCH ENCOUNTERS CONSIDERED OFFENSIVE MUST BE REPORTED IMMEDIATELY TO HHHC MANAGEMENT.**

2. Investigation and Recommendation

HHHC will, upon receipt of a report or complaint alleging harassment or other inappropriate conduct, authorize an investigation, which may result in discipline.

In determining whether alleged conduct constitutes harassment or other inappropriate conduct, HHHC may consider the surrounding circumstances, the nature of the alleged statements or conduct, the relationships between the parties involved and the context in which the alleged incidents occurred. Whether a particular action or incident constitutes harassment or other inappropriate conduct requires consideration of all the facts and surrounding circumstances.

The investigation may consist of personal interviews with the complainant, the individual(s) against whom the complaint or report has been made, and others who may have knowledge of the alleged incident(s) or circumstances giving rise to the complaint or report. The investigation may also include any other lawful methods deemed pertinent by the investigator.

In addition, HHHC may take immediate steps, at its discretion, to protect the complainant, witnesses or other employees pending completion of an investigation.

3. Discipline and Other Appropriate Action

HHHC may take any appropriate action it deems necessary in response to complaints which are confirmed by investigation. Such action may include discipline, such as verbal or written warnings, paid or unpaid suspensions, prospective reductions in pay, demotions, transfers, ineligibility for promotions, benefits or raises, counseling or other required conditions for retaining employment, last chance warnings or termination, without opportunity for reemployment, as well as general reminders of its policy, orientation, and training, in order to punish harassment or other inappropriate conduct and to prevent its recurrence.

D. NON-RETALIATION POLICY

HHHC prohibits retaliation of any kind against employees or anyone who make good faith reports regarding potential agency-related violations of laws, regulations or policies is prohibited. Violators may be subjected to disciplinary action.

E. VULNERABLE ADULT/CHILD POLICY

HHHC's staff will assess each client to determine the client's vulnerability to abuse or neglect. All employees of home health agencies are mandated reporters if they suspect that a client is being abused or neglected. If you, as an employee of HHHC, are concerned that a client may be abused or neglected, **report your concerns directly to a nursing supervisor or member of the management team**. Reasonable judgment should be used when reporting, making certain that the abuse or neglect is apparent and not just merely hearsay.

When abuse or neglect is suspected or identified, HHHC employees will report those observations or findings within 24 hours. The employee may report by phone or in person. The following information is to be included in the report:

- Persons involved including alleged victims, perpetrators, and witnesses nature and extent of the suspected abuse or neglect and any disability of the victim
- When and where the abuse/neglect occurs
- Any evidence of previous abuse or neglect
- Individual creating the report
- Any additional information pertinent to the suspected abuse or neglect

For those under 18, the reporter must file the report directly to the Common Entry Point (CEP), per their specified county. When the information has been reported to the supervisor for adults ages 18 and over, that person must assess and determine whether a report must be filed with the CEP.
The CEP, or the unit designated under Minnesota laws by the commissioner of human services for receiving reports of suspected maltreatment, will operate as the Minnesota Adult Abuse Reporting Center (MAARC). MAARC is available 24 hours per day to take calls from mandated and voluntary reporters of suspected maltreatment of vulnerable adults. MAARC will:

- immediately notify the county agency responsible when the vulnerable adult needs immediate adult protective services.
- immediately notify a law enforcement agency for any report of suspected maltreatment in which there is reason to believe a crime has been committed.
- immediately notify the medical examiner and the Ombudsman for Mental Health and Development Disabilities for nay report of suspected maltreatment which involves suspicious death.
- refer reports of suspected maltreatment to the lead investigative agency (LIA). responsible for the report.

Reports of suspected maltreatment of a vulnerable adult are made 24/7/365 to MAARC at 844-880-1574.
http://registrations.dhs.state.mn.us/WebManRpt/Who_CEP4.html

Any person who makes a report in good faith will have immunity from any civil liability that otherwise might result from the report. Failure to report is a misdemeanor and exposes the non-reporter to potential civil damages.
Any person who intentionally makes a false report is guilty of a misdemeanor and shall be liable for actual civil damages suffered by the person or persons reported.

Who is Vulnerable?

1. Any person, regardless of age or where the person is living, who is unable or unlikely to report abuse without assistance because of mental or physical function impairment or his/her emotional status

2. Any person who lives in or receives services from a facility. -OR-

   If abuse or neglect is suspected of a person who cannot reasonably ask for assistance or help, the employee has the responsibility to report the abuse or neglect. There may be times when the person is fully competent and does not wish for help. Their decision must be respected and in this instance, no report would be made.

What is Abuse?
Abuse is the intentional and non-therapeutic infliction of pain or injury or any persistent course of conduct intended to produce mental or emotional distress. This implies hitting, striking or injury of a person, or conduct intended to upset or disturb a person.

What is Neglect?
Neglect means failure by a caregiver to supply the vulnerable adult with necessary food, clothing, shelter, health care or supervision.

F. INCIDENT REPORTING

Hmong Home Health Care is committed to providing a safe and healthy working environment. In the event that an unusual incident occurs while you are working in a client's home, a call should be immediately placed to your supervisor, within 24 hours, and a report of the incident completed. You must complete an incident report as soon after the incident as is safely possible.

Examples of incidents that you observed or witnessed that require reporting include:
- A client's fall or injury
- A medication error
- Equipment failure causing real or potential harm to clients or employees
- Property damage
- Theft.

The incident report must be detailed and specific and include the following:
- Location
- Date and time
- Client's name and address
- Employee's name and address (if the incident involves an employee)
- The exact incident and how it occurred
- The immediate action taken
- The follow-up action taken
- The person notified.

G. CLIENT CONFIDENTIALITY AND HIPAA POLICY

By accepting employment with HHHC, you have obligated yourself to carefully refrain from discussing any Client's condition or personal affairs with anyone outside HHHC unless expressly authorized to do so. Do not pass on medical information to clients and visitors unless you have been instructed to do so by your supervisor. In addition, all information seen or heard regarding clients, directly or indirectly, is completely confidential and not to be discussed even with your family. Your job as an employee requires that you govern yourself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breech of professional ethics but may also involve an employee in legal proceedings. Information about the clients or HHHC is not to be given to the media. This is essential for the protection of both the client and HHHC. Very strict laws regarding the release of information concerning clients bind agencies.

Medical Information (HIPAA)

HHHC is committed to protecting and safeguarding against the improper disclosure of "protected health information," including "electronic protected health information" ("PHI") pursuant to any obligations it may have under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HHHC's Director of Operations is currently our Compliance Officer. In this capacity, the Compliance Officer is responsible to ensure that HHHC maintains safeguards against the improper disclosures of an employee's PHI. For all non-routine disclosures of an individual employee's PHI, HHHC will provide notice and obtain the affected employee's consent before disclosure is made. HHHC will document all disclosures of PHI. All employees are instructed to direct any questions or complaints regarding medical information or HHHC's policies or procedures concerning medical information to the Compliance Officer. Further, any employee may bring a complaint, ask a question or raise a concern regarding medical information or HHHC's policies or procedures concerning medical information without fear of retaliation.

You will be asked to sign an agreement that indicates you understand and agree to abide by this policy and any breach of this will result in disciplinary action, including possible immediate termination from employment.

H. PROVIDER-CLIENT BOUNDARIES

In caring for Clients, it is common for strong emotional bonds to develop. However, when the limits of the provider-to-Client/family relationship are not clear or where normal professional boundaries are not respected, problems are likely to arise.

Common reasons for boundary problems include:

- Cultural misunderstandings
- Psychiatric disorders in which normal boundaries are not recognized or respected.
- Health professional stress/burnout
- Differences in personality styles.

Warning signs and examples of potential boundary blurring include:

1. Gift giving from/to Clients or from/to family of Clients;
2. Clients having or wanting access to provider's home phone number, or other personal information;
3. Client/family expectations that the provider will provide care or socialize outside of care settings;
4. The provider revealing excessive personal information with Client/family.

Not all boundary issues are detrimental to the provider-patient relationship, and some clearly enhance compassionate care and serve to reinforce a trusting relationship. However, it is important for the caregiver to self-reflect and consider the following questions when boundaries are approached:

- Am I treating this Client or family member differently than I do other Clients?

- Would I be comfortable if this gift or action was known to the public or supervisors?
- What emotions of my own does this Client trigger and are the emotions impacting my decision-making?
- Are my actions truly helpful for the Client, or am I acting in a manner to meet my personal needs?
- Could this boundary issue represent a sign that I am experiencing professional burnout?

Any employee not sure of the appropriate response in their situation to these questions should discuss the situation with their immediate supervisor or a member of the HHHC management team.

I. RESPECT FOR THE CLIENT'S PROPERTY AND FINANCES

HHHC employees are prohibited from borrowing a Client's property, nor in any way convert a Client's property to HHHC's possession, except in payment of a fee at the fair market value of the property. HHHC employees are expected to exercise care when handling client property and to obtain Client approval in using Client's property. Any damage or loss of client property must be reported to the responsible party and your supervisor as soon as possible.

HHHC employees may assist Clients with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a Client's property. HHHC employees must provide receipts to the Client for all transactions and purchases paid with the client's funds. In the rare instance when receipts are not available, the transaction must be documented. Employees will provide these services as directed in the Client's individual care plan. If these services are requested by the Client and are not on the care plan, you MUST notify the supervisor of this request and may NOT provide the service unless you have been authorized to do so.

Employees of HHHC may not accept powers-of-attorney from Clients for any purpose, and may not accept appointments as guardians or conservators unless there is a clear organizational separation between the employee services and programs that appoints guardianship or conservatorship.

J. DRUG AND ALCOHOL PROHIBTION POLICY

I. Policy

It is the policy of HHHC to support a workplace free from the effects of drugs including cannabis, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

II. Procedures

A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.

B. The consumption of alcohol and use of cannabis are prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.

C. Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs or cannabis, in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.

D. The use, sale, manufacture, distribution, or possession of illegal drugs or cannabis while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.

E. Any employee convicted of criminal drug use or activity must contact Human Resources (HR) by calling 651.488.1680 no later than five (5) days after the conviction.

F. Criminal conviction for the sale of narcotics, illegal drugs, cannabis, or controlled substances will result in corrective action up to and including termination.

G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs or cannabis in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

K. CLIENT RIGHTS

As an employee of HHHC, you are expected to respect Client rights at all times. The Home Care Client Bill of Rights (page 67) will be explained during Intake and each home care client will receive a copy of their rights during the intake visit. Clients are also informed of their right to contact the Home Health Agency Hotline Number provided by the Minnesota Department of Health.

If clients have complaints regarding their services, they are encouraged to state their complaint to the agency staff. If you receive a complaint, report it to your supervisor. HHHC will make every attempt to respond to the clients concern. In the event the client does not feel the complaint has been heard or responded to, they may contact the hotline number and someone from the Department of Health will investigate.

Clients do NOT make decisions regarding employee status for HHHC. This includes, but is not limited to: changes in hours of work, days of work, transfer of hours to another employee or any changes whatsoever in employee status. The client must request any and all changes in hours, or conditions of employment or employment status directly through the management of HHHC only. If the client has problems or issues with the employee of HHHC, it is the client's responsibility as well as the employee's responsibility, to make requests for resolution of these issues or for any changes in employee's status directly through the management of HHHC. These issues or changes must be approved in writing by the management of HHHC prior to any changes being implemented. Any employee who makes changes in their employment status of any kind (whether such changes are their request or the request of the client) without the expressed written consent of HHHC, will be considered to have voluntarily resigned when such changes constitute failure of the employee to report for scheduled work previously approved by the employer, HHHC management, effective the day they fail to report for such previously scheduled work. Other changes implemented without the written consent of HHHC constitute a violation of the agreement between HHHC, the client and the employee. This constitutes employee misconduct and may result in disciplinary action up to and including discharge.

4

HEALTH AND SAFETY PROGRAM

The safety of our employees is the foremost consideration in the operation of HHHC. Accidents and injuries are not only costly to the company and the individual workers, but are often disastrous to the future of their families. HHHC endeavors to provide our employees with a workplace free of recognized health and safety hazards in an effort to conserve our human and financial resources. An annual Health and Safety as well as Infection Control training will be reviewed.

A. PROGRAM OBJECTIVES

The objective of our health and safety program is to prevent employee accidents, injuries and illnesses through:

- Employee Right-to-Know Program
- Personal Protective Equipment
- Safety In-service
- Maintenance of safe and healthful working conditions
- Assure proper training for all employees in job procedures.

Although safety is the responsibility of every employee, the management of HHHC is responsible for the implementation, maintenance and enforcement of safety and health policies and procedures. Employees are responsible for day to day work activities and are responsible for complying with all safety regulations, and notifying their supervisor in the event of an accident or unsafe work conditions. Compliance with the following safety rules is required to help prevent injuries to individual employees or others:

- Never report to work under the influence of alcoholic beverages or drugs. Nor shall any employee consume, purchase or possess these items while working.
- Always use proper personal protective equipment for each assigned job.
- Always use proper technique for lifting, transferring or assisting your client.
- Report all accidents and injuries to your supervisor immediately.
- Actively support and participate in HHHC's efforts to provide a workplace accident and injury reduction program.

Any employee observed committing an unsafe act, violation of safety rules or causing an unsafe condition to exist will be stopped immediately. Instruction in the safe procedure will be given.

Disciplinary action will be instituted for all staff who are noncompliant with the safety rules. Violation of these safety rules constitutes employee misconduct, for which disciplinary action, up to and including termination, may be taken.

Each employee will receive orientation regarding the safety rules upon hire. Additionally, employees will be kept aware of changes and additions to the program through employee memos. Safety Training will include:

- Company safety policy
- Employee responsibilities
- Communication, hazard reporting, accident reporting
- Emergency plan
- Blood-borne pathogens
- Personal protective equipment
- Back safety

B. EMPLOYEE INJURY ON THE JOB

All employees suffering a work-related injury or illness must report immediately to their supervisor so that they may be referred for necessary medical attention. Employees must fill out an accident/injury report, regardless of the severity of the injury, and submit it to their supervisor within 24 hours.

Accident investigation will be completed with each incident. This is not to place blame, but rather to determine the cause of the incident and eliminate causative factors. All employees are responsible for safety; therefore safety will be one item that is included in every employee's job description. Safety attitude and participation will also be considered as part of all employee performance reviews. The number one goal of the HHHC's AWAIR program is to establish a safe work environment for all company employees.

D. RETURN-TO-WORK PROGRAM

HHHC supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control worker's compensation costs.

If you are injured at work:

- Report the injury to the HR department immediately – no matter how minor the injury is.
- Fill out the *First Report of Injury* form and turn it in to the HR department or the Claims Coordinator.
- The HR department or an HHHC manager will report it to our organization's worker's compensation claims coordinator within 24 hours.

Any questions concerning worker's compensation should be directed to the Director of Operations.

The HR department or HHHC manager will help arrange for medical treatment following an injury.

Current positions can be modified to fit the medical limitations of injured employees by modifying workstations, altering specific tasks or working reduced hours. If this is not possible, temporary transitional jobs may be made available.

This *Return-to-Work Program* is an important part of our organization's commitment to manage work-related injuries in a way that's best for our employees and for this organization.

All employees will maintain safe health standards at all times and will notify managers of any questions or concerns related to health and safety.

Review the Return-to-Work Program form in your orientation packet, sign and return to your orientation facilitator.

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EMPLOYEE BENEFITS

A. UNPAID LEAVES / LEAVE OF ABSENCE

Time off / Vacation Requests

Requests for time off or schedule changes must be submitted in writing to your immediate supervisor at least two (2) weeks in advance so a replacement can be oriented. All changes to the regular schedule must be communicated with the office. When more than one employee requests the same day off, seniority, amount of advance notice and the needs of HHHC will be considered to determine which request will be approved. The supervisor has the final discretion for granting of time off.

Personal Leave of Absence

Leave of absence without pay for personal reasons may be granted at the discretion of HHHC. This may be extended with prior approval. Your immediate supervisor and the Administrator must approve requests for leaves of absence in advance. Each leave of absence will be required to be approved for a specific period of time, with a specific starting date and ending date.

Personal leave of absences may be granted for up to thirty (30) days. Failure to return from a leave at the time agreed will be considered a voluntary resignation from employment. If you accept any employment while on leave of absence from HHHC, you will be considered to have voluntarily resigned from employment with HHHC on the day on which you began your leave of absence.

Funeral Leave

Unpaid funeral leave is granted in the event of a death in the employee's immediate family. Immediate family members include parents, parent's-in-law, grandparents, brother, sister, spouse, child or stepchild. The immediate supervisor and Administrator must approve funeral leaves. Funeral leave will be granted from the day of death through the day of burial to a maximum of three (3) consecutive scheduled working days. Funeral leave will be granted only for those days that you are regularly scheduled to work.

Military Leave

HHHC will comply with the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable Minnesota laws pertaining to military leave. In accordance with USERRA, HHHC employees who perform service in the uniformed services (as defined by USERRA) are entitled to a military leave of absence from their positions, subject to the limitations and restrictions set forth in federal and state laws and HHHC policy. Upon receiving an assignment for military service, employees should promptly provide notice to HHHC prior to

going on military duty, unless precluded by military necessity. Military leaves are unpaid.

USERRA places a 5-year limit (with some exceptions) on the cumulative length of time a person may voluntarily serve in the military and remain eligible for reemployment rights. The USERRA reinstatement rights do not extend, however, to employees who are employed for brief, non-recurrent periods with no reasonable expectation that employment will continue indefinitely. Under certain circumstances employees are eligible to be reinstated to their former position unless HHHC establishes that the circumstances have so changed as to make reemployment impossible or unreasonable. If on military leave for 90 days or less, eligible employees may be reinstated to their own position. If on military leave for over 90 days, eligible employees may be reinstated to their own position or a similar position of like seniority, status or pay. Upon return from military leave, employees must comply with the current provisions of the law in regards to notification of and time frame in which they must return to work. These limits are specified in 38 USC § 4312 and vary depending on the length of military service.

C. EARNED SICK AND SAFE TIME (ESST)

HHHC complies with ESST (Earned Sick and Safe Time) ordinance in Minnesota - implemented January 1, 2024.
Sick time is an employee or family member's mental or physical illness, including preventative medical. Safe time are reasons related to domestic violence, sexual assault, stalking, school closures due to in-clement weather or other public safety issues, for an employee or employee's family member.

- Employees accrue 1 hour of ESST per 30 hours worked.
- Employees can accrue up to 48 hours per year and can save unused time
- Employees can carry over up to 80 hours of unused ESST hours per year
- Employees begin accruing sick leave on the 1st day of employment
- Employees can start using ESST after 90 days of employment
- Employees must work 80 hours in a year to be eligible

Employees can only use ESST for scheduled shifts. HHHC may deny a request to use ESST if the request is made for hours outside of a regularly scheduled shift. If an employee's regular schedule changes, employees are required to notify and obtain approval from HHHC prior to working.

Please refer to the Minnesota - Code of Ordinances, Title XXIII – Public Health, Safety and Welfare, Chapter 233 for more information.

D. FAMILY AND MEDICAL LEAVE POLICY (FMLA)

HHHC has adopted this policy to implement the terms of the Family and Medical Leave Act of 1993 (FMLA). Eligible employees are entitled to family and medical leave on the terms and conditions stated in this policy, the regulations issued by the Department of Labor under the FMLA and in HHHC's other applicable leave policies.

1. Definitions: For purposes of this policy, the following definitions apply:

1. "Eligible Employee" means an individual who has been employed by the Company for at least 12 months, has worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the requested leave, and is employed at a worksite with at least 50 employees within 75 miles of that worksite.
2. "FMLA Leave" means leave that qualifies under the Family and Medical Leave Act of 1993, as amended by the National Defense Authorization Act of 2008, Pub. L. 110-181, and the Department of Labor's regulations and is designated by Company as so qualifying.

3. "Leave Year" means the 12-month period measured backward from the date each employee's leave commenced.
4. "Serious Health Condition" means an illness, injury, impairment or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider.
5. "Inpatient Care" means an overnight stay in a hospital, hospice or residential medical care facility, including a period of incapacity or any subsequent treatment in connection with the inpatient care.
6. "Continuing Treatment" includes any one or more of the following:
    a. A period of incapacity of more than three (3) consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
        i. Treatment by a health care provider two (2) or more times within 30 days of the first day of incapacity; or
        ii. Treatment by a health care provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of a health care provider;
    b. A period of incapacity due to pregnancy or prenatal care;
    c. A period of incapacity or treatment for such incapacity due to a chronic serious health condition;
    d. A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective; or
    e. Any period of absence to receive multiple treatments by a health care provider.
7. "Covered Servicemember" means a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.
8. "Covered Military Member" means the employee's spouse, son, daughter or parent on active duty or call to active duty status.
9. "Active duty or call to active duty" means duty under a call or order to active duty (or notification of an impending call or order to active duty) in support of a contingency operation as either a member of the reserve components, or a retired member of the Armed Forces or Reserve.
10. "Serious Injury or Illness," in the case of a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.
11. "Qualifying Exigency" means one or more of the following circumstances:
    a. Short-notice deployment – to address any issues that may arise due to the fact that Covered Military Member received notice of the deployment seven (7) or less calendar days prior to the date of deployment;
    b. Military events and related activities – to attend any official ceremony, program, or event sponsored by the military that is related to the Covered Military Member's active duty; or to attend family support or assistance programs and informational briefings sponsored by the military;
    c. Child care and school activities – to arrange for alternative childcare; to provide childcare on an urgent or immediate basis; to enroll or transfer a child to a new school; and to attend meetings with school staff that are made necessary by the Covered Military Member's active duty or call to active duty;
    d. Financial and legal arrangements – to make or update financial or legal arrangements related the Covered Military Member's absence while on active duty; and to act as the Covered Military Member's representative with regard to obtaining, arranging or appealing military benefits;
    e. Counseling – to attend counseling sessions related to the Covered Military Member's deployment or active duty status;
    f. Rest and recuperation – to spend up to five (5) days with a Covered Military Member who is on short-term, temporary rest and recuperation leave;
    g. Post-deployment activities – to attend ceremonies and reintegration briefings for a period of 90 days following the termination of the Covered Military Member's active duty status; and to address issues arising from the death of a Covered Military Member; and/or
    h. Other activities that the Company and employee agree qualify as an exigency.

2. Reasons for FMLA Leave:
An Eligible Employee is entitled to a total of 12-weeks of unpaid leave during each Leave Year in the event of one or more of the following:

1. The birth, adoption or placement for foster care of a son or daughter of the employee and to care for such child. (Leave must be taken during the 12- month period following the birth or placement, and must be taken in a single consecutive period and may not be taken intermittently or on a reduced schedule.)
2. A serious health condition of a qualifying family member, i.e. spouse, son, daughter or parent of the employee, if the employee is needed to care for such family member.
3. A serious health condition of the employee that makes the employee unable to perform any one or more of the essential functions of his or her job.
4. Any "qualifying exigency" arising out of the fact that an employee's spouse, parent, son or daughter is on active duty or has been called to active duty in the Armed Forces in support of a contingency operation. An Eligible Employee is entitled to a total of 26-weeks of unpaid leave during a single 12-month period to care for a parent, son, daughter, spouse or next of kin who is a Covered Servicemember, regardless of whether the employee has taken leave for another FMLA qualifying reason in the past 12-months.

Any leave taken under one or more of these circumstances will be counted against the employee's total entitlement to FMLA leave for that Leave Year.

3. Paid Leave Benefit Coordination with FMLA Leave:
FMLA leave under this policy is generally unpaid leave. If, however, the employee is eligible for any paid leave under any other benefit programs such as accrued vacation, unused sick or personal days, the employee will be required to exhaust the paid leave upon the commencement of, and concurrently with, FMLA leave (unless the employee's own serious health condition has caused the leave and the employee is receiving workers' compensation benefits). Paid leave will run concurrently with and be counted toward the employee's total 12-week or 26-week period of FMLA leave.

Employees on leave that qualifies both as workers' compensation and FMLA leave who are offered a light duty position will have the option of remaining on FMLA leave without pay (and foregoing the light duty position and additional workers' compensation benefits) or accepting the light duty position. If the employee accepts the light duty position, then the employee's right to job restoration (as described below) runs through the end of the applicable Leave Year. If the employee accepts light duty, then s/he retains the right to be restored to the same position the employee held at the time his or her FMLA leave commenced or to an equivalent position.

4. Intermittent or Reduced Scheduled Leave:
FMLA leave may be taken intermittently or on a reduced work schedule basis. If FMLA leave is taken intermittently or on a reduced schedule basis, then HHHC may require the employee to transfer temporarily to an available alternative position with an equivalent pay rate and benefits, including a part-time position, to better accommodate recurring periods of leave due to foreseeable medical treatment

Every employee is obligated to make a reasonable effort to schedule medical treatment so as not to unduly interrupt Company operations. Any employee who needs an intermittent or reduced schedule leave shall submit an application for such leave on a form supplied by HHHC at the time described above. The employee shall also, within the time limits set forth, furnish HHHC with the proper medical certification on Form WH-380-E, which will be supplied by HHHC, regarding the need for such intermittent or reduced schedule leave. As in the case for other FMLA leaves, HHHC may require a second or third medical certification. Prior to the commencement of any intermittent or reduced schedule leave, the employee requesting intermittent or reduced scheduled leave must advise HHHC of the reasons why the intermittent/reduced scheduled leave is necessary and of the schedule for treatment, if applicable. The employee and HHHC shall attempt to work out a schedule for such leave that meets the employee's needs without disrupting HHHC company operations.

5. Employee Notice Requirement:
Employees are required to provide HHHC with sufficient information to make it aware that the employee needs FMLA-qualifying leave, and the anticipated timing and duration of the leave. Sufficient information may include the following: that the employee is unable to perform his or her job functions; that the employee's family member is unable to perform his or her daily activities; that the employee or his or her family member must be hospitalized or undergo continuing treatment; or the circumstances supporting the need for military family leave. When an employee seeks leave due to a FMLA-qualifying reason for which HHHC has previously provided FMLA-protected leave, the employee must specifically reference the qualifying reason for the leave and the need for "FMLA" leave.

If the need for leave is foreseeable, the employee is required to provide such notice to the HHHC HR Department at least 30 days before the commencement of the leave, unless impracticable to do so under the circum- stances, in which case notice must be given as soon as possible, generally the same or the next business day. The employee also must follow any HHHC policy requiring advance notice, reasons for leave and anticipated start and duration of the leave. Failure to provide advance notice or follow HHHC policy when the need for leave is foreseeable may result in delay or denial of FMLA leave. If the leave is not foreseeable, the employee must provide notice to HHHC of need for leave as soon as practicable, and must follow HHHC's normal call-in procedures, as set forth on page 13 of this Handbook. Failure to follow HHHC's call-in procedures, absent unusual circumstances, will result in delay or denial of the leave. In case of planned medical treatment for a serious health condition, the employee is required to make a reasonable effort to schedule the treatment so as not to disrupt the operations of HHHC.

Employees are required to give additional notice as soon as practicable whenever there is a change in the dates of scheduled leave. HHHC requires that the employee's health care provider complete a fitness-for-duty certification that specifically addresses whether the employee is able to perform the essential functions of his or her job before the employee can return to work. If HHHC has a "reasonable safety concern," it may also require periodic fitness-for-duty certifications prior to the employee's return from intermittent FMLA leave, up to once every 30 days. A "reasonable safety concern" means a reasonable belief of significant risk of harm to the individual employee or others.

Upon receiving sufficient notice of an employee's need for FMLA-qualifying leave, HHHC will notify the employee of his or her eligibility to take FMLA leave within five (5) business days of the request, absent extenuating circumstances. At this time, the COMPANY will also provide the employee written notice of the employee's rights and obligations with respect to the leave (as well as providing copies of the required certification form).

6. Application and Medical Certification:
A leave to care for the employee's own serious health condition, or the serious health condition of a covered family member, must be supported by a medical certification completed by the health care provider for the employee or the covered family member. A qualifying exigency leave or a leave to care for a Covered Service- member with a serious injury or illness must also be supported by a certification. HHHC will provide the proper certification to the employee for his or her respective leave within five (5) business days of the employee's request for leave.

The employee must return a complete and sufficient copy of the appropriate certification to HHHC within 15 calendar days of receiving the certification, unless it is not practicable. If the employee returns an incomplete or insufficient certification, then HHHC shall advise the employee in writing what additional information is necessary to make the certification complete and sufficient. In order to cure the deficiency, the employee must then return a complete and sufficient certification to HHHC within seven (7) calendar days. If the employee fails to cure a deficiency in a certification, or fails to return a certification, within the prescribed time period, HHHC may deny the taking of leave.

A HHHC representative (other than the employee's direct supervisor) may contact the employee's health care

provider to clarify or authenticate the medical certification submitted for leave for the employee's own serious health condition or the serious health condition of a family member. If HHHC has reason to doubt the validity of a medical certification, the employee will be required to obtain a second or third opinion at the employee's expense. Failure to comply with these certification requirements will result in the delay, denial or termination of leave.

An employee who will be on a FMLA leave for more than one (1) week is required to notify HHHC weekly to re- port when and if the employee expects to return to work. HHHC may request recertification at any time during the course of the leave for the employee's own serious health condition, if: (1) the employee requests an extension of leave; (2) the circumstances of the employee's condition as described in the previous certification have changed significantly, or (3) if COMPANY has reason to suspect that an employee on FMLA leave has fraudulently obtained the FMLA leave. If desired by HHHC a second or third certification in the manner provided above may be required. If the employee's leave to care for his or her own serious health condition or that of a family member is expected to last more than 30 days, HHHC will require a new certification from the employee's health care provider when leave is scheduled to expire, or every 6 months, whichever occurs earlier.

When HHHC learns of an FMLA reason for leave after a leave has commenced under another of HHHC policies, HHHC will designate the leave as FMLA-qualifying from the commencement of the leave. Employees are required to cooperate in providing HHHC with information needed to make this determination.

7. Return to Work / Fitness-for-Duty Certification:

Consistent with Company practice, before returning to work following a medical leave due to the employee's serious health condition, the employee will be required to present a fitness-for-duty certification from his/her health care provider that the employee is medically able to resume work and to perform the essential functions of his or her job. If the date on which an employee is scheduled to return to work from an FMLA leave changes, the employee is required to give notice of the change, if foreseeable, to HHHC within two (2) business days of the change.

Subject to the limitations below, an employee returning from FMLA leave will be restored to the position of employment held when the leave commenced or to an equivalent position. Job restoration may be denied if conditions unrelated to the FMLA leave have resulted in the elimination of the employee's position, or if the employee qualifies as a "key employee" (generally the highest paid 10% of the workforce). Key employees may be denied job restoration if it would cause substantial and grievous economic injury to the Company, in which case the key employee will be notified of this decision.

In summary, upon expiration of a FMLA leave, an employee who returns to work shall be restored to the same or an equivalent job, if the employee shall have:

1. Called the HHHC HR Department in accordance with terms above;
2. Furnished HHHC with proper certifications and recertifications in accordance with terms above;
3. Submitted to any second or third examination by a health care provider upon request of HHHC;
4. Furnished HHHC with a medical certification of the employee's ability to return to work and to perform the essential functions of the job; and
5. Returned to work immediately upon expiration of the FMLA leave.

Failure to call HHHC weekly, to provide the required medical recertification or to return to work immediately upon expiration of a FMLA leave may result in termination of the employee. Failure to furnish a fitness-for-duty certification of the employee's ability to return to work and to perform the essential functions of the job may result in the delay of job restoration or the termination of the
employee.

8. Questions:

Questions about this policy or eligibility for FMLA leave should be directed to HHHC's HR Department.

6

HEALTH POLICIES

HHHC reserves the right to request a new employee to complete a pre-placement health assessment prior to starting your position. If necessary, you will be directed by your supervisor to the appropriate health service available to you.

Hepatitis B Vaccination

Although the Hepatitis B vaccination is not a requirement, HHHC encourages all employees to be vaccinated from Hepatitis B. If you would like to receive the Hepatitis B vaccination, HHHC will help find a clinic to administer the vaccine series at no charge to you. To receive the Hepatitis B vaccination, the first of the three series shot must be taken within ten (10) days of your first assignment with HHHC. Vaccination is not required but is encouraged unless employee (a) provide documentation that employee has previously received the vaccination series,
(b) antibody testing reveals that the employee is immune to the disease, or (c) medical evaluation shows that the vaccination is contraindicated to the employee.

If an employee declines to receive the vaccination, the employee must sign a vaccination refusal form. Employees who decline the vaccination may obtain the vaccination at a later date. For more information regarding the Hepatitis B Vaccination, employees may contact our HR Department.

Occupational Exposure

If a client is suspected or known to have an infectious or contagious process, employees providing direct care will be advised and instructed on procedures specific to the suspected disease. Appropriate protective equipment will be made available which may include but not be limited to gloves, gowns, masks, and protective eye and face shields.

Specific infection control policies will be explained at time of orientation as well as post exposure procedures. It is the responsibility of the employee to notify your supervisor of any expected exposure concerns and you will be instructed on proper documentation requirements.

Information obtained (other than occupational exposure) during the health screening process will be maintained in the employee file and will be considered confidential. Any additional test(s) that are required by HHHC or as directed by the State Health Department will be explained to you at the time of orientation.

Universal Precautions:

All employees will receive the necessary orientation, education and training regarding universal precautions and are expected to follow universal blood and body-fluid precautions for each client to whom they provide services. Employees are expected to wear personal protective equipment at the proper times and in the proper environments. Supervisors will strictly enforce this policy. Employees found in non-compliance may be subject to disciplinary action.

HMONG HOME HEALTH CARE

CARE PROVIDER POSITIONS

Personal Care Assistant (PCA)

Homemaker (HMK)

245D Services

Job Descriptions and Requirements

Sample Care plans

Time Card Instructions

Sample Time Cards

PERSONAL CARE SERVICES RULES AND DEFINITIONS

All employees are expected familiarize themselves and comply with all applicable requirements of Minnesota Rules 9505.0335 relative to Personal Care Services (revised October 16, 2013), referenced website: https://www.revisor.leg.state.mn.us/rules/?id=9505.0335

Employees are also responsible to familiarize themselves with all of the changes in the laws and regulations regarding to personal care and home care services. Updates and changes may be accessed through the Minnesota Department of Human Services website at http://www.dhs.state.mn.us

Home Care Definitions

Activities of Daily Living (ADL) : Routine self-care functions that include: eating, toileting, grooming, dressing, bathing, transferring, mobility and position (on PCA time cards)
Assessment: A review and evaluation of a recipient's need for PCA services.
Care Plan: A written description of how the recipient's needs identified during the assessment process and addressed in the service plan will be met. This is developed by the qualified professional for the recipient/responsible party with the assistance of the recipient's physician. Care plans are a requirement of the PCA program.
Flexible Use Option: Planned and approved use of authorized PCA service hours/units in a 6 month flexible schedule to more effectively meet the needs of the individual. MHCP established two 6-month periods for the PCA Flexible Use Option. The Flexible Use Option allows authorized PCA units to vary from day to day to meet the needs and schedules as specified in the PCA assessment. Flexible Use does not increase the total amount of authorized PCA units.
Instrumental Activities of Daily Living (IADL): Individual activities relating the ADLs that include: meal planning and preparation, managing finances, shopping for food, clothing and other essential items, completing necessary homemaking tasks, communication by telephone and other media, getting around and participating in the community.
Medically Necessary or Medical Necessity: A health service consistent with the recipient's diagnosis or condition.
Personal Care Provider Organization (PCPO): An agency enrolled with DHS that meets DHS standards and signs a provider agreement with DHS to provide PCA services, also known as a PCA Agency.
Personal Care Assistant Services: Human assistance and support to persons of any age with disabilities and special health care needs, living independently in the community.
Physician Statement of Need: All MCHP PCA services require a signed MHCP Physician Statement of Need form. The form includes the recipient's diagnosis, condition and a statement from the physician explaining the need for PCA service.
Qualified Professional (QP): A registered nurse, mental health professional or licensed social worker who is responsible for supervision of PCA services.
Residence: The place a recipient lives. A residence does not include a hospital, nursing facility, or intermediate care facility.
Responsible Party: An individual, at least 18 years of age, who is capable of providing the support necessary to assist a person to live in the community and actively participates in the planning and direction of PCA services and cannot be the PCA.
Service Agreement (SA): The document used to identify services, providers and payment information for a person receiving home care or Waiver services. The service agreement allows providers to bill for approved services and allows the Department of Human Services (DHS) to audit usage and payment data.
Service Plan: A written description of the services needed by the recipient based on the assessment.
Standard PCA: Limited use of PCA service hours/units to a monthly basis: daily and weekly usage of PCA service hours/ units ought to be close to the daily average allocation. Hours do not transfer from month-to-month.

PERSONAL CARE ASSISTANT (PCA)

HMONG HOME
HEALTH CARE LLC

QUALIFIED PROFESSIONAL (QP) SUPERVISION VISITS

In compliance with MN DHS guidelines for the PCA program, the Qualified Professional (QP) is required to make regular home visits. The home visits are to be completed at the client's residence where service is rendered. Most visits require the PCA worker to be present at the visit.

PURPOSE OF QP VISIT:

The purpose of the QP visit is to oversee the delivery of PCA service.

- Training, supervision, and evaluation of PCA workers
- Evaluation of the effectiveness of PCA services
-

FREQUENCY OF QP VISITS:

The frequency of QP visits depends on the client's insurance and/or the age of the PCA worker.

- **16-17 YEARS OLD**
  Every 60 days until the PCA worker turns 18 years old. Thereafter, will follow client's health insurance guidelines.

- **MA/UCARE/HEALTHPARTNERS/BCBS**
  Every 90 days during the first year of service
  Every 120 days after the first year of service

- **MEDICA**
  Every 60 days

PROCESS OF SCHEDULING QP VISITS:

- The QP/QP support specialist will reach out to client/Responsible Party (RP) via phone call, text, email, or letter, when visit is due. If QP/QP support is unable to reach client/RP, QP/QP support will reach out to the PCA worker. Please reply as soon as possible to schedule a visit.
- If scheduling QP visit is unsuccessful, client's PCA service is out of compliance and service will be placed on hold until QP visit is completed.

PERSONAL CARE ASSISTANT (PCA)
Criteria, Qualifications and Responsibilities

Job Summary:
Provides personal care services under the direction of the Qualified Professional. The Personal Care Assistant (PCA) is assigned to a specific client(s) and performs services for clients as necessary to maintain their personal comfort.
Reports to: Qualified Professional/Client Services Supervisor

The following criteria must be met by all HHHC PCA employees:

- Successful completion of a formal certification training program and/or a written skills test and competency evaluation.
- Be at least eighteen (18) years of age with the exception of persons who are 16 or 17 years of age with these additional requirements: (1) supervision by a qualified professional every 60 days; and (2) employment by only one personal care assistance provider agency responsible for compliance with current labor laws.
- Experience in a supervised health care facility setting preferred.
- Demonstrated ability to follow a written Plan of Care.
- Good interpersonal and communication skills to interact with both clients and the company.
- NOT be a responsible party for a Client receiving PCA services.
- Not be a recipient of personal care services from HHHC and/or any other agencies
- Must not provide and/or be paid for more than a combined total of 275 hours per month of personal care assistance without respect to the number of clients, recipients or employers, including work performed for any other home care agencies.
- Current driver's license, good driving record, and reliable transportation as applicable.

Required and mandated trainings, medical requirements and continuing education.

Minnesota Health Care Programs (MHCP) now requires all individual PCAs to register for and complete an Individual Personal Care Assistant (PCA) Training. The course is offer online at http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16. PCAs may now take the training and course as often as needed. **Upon successful completion of the online course, PCA will be able to print a completion certificate, which the PCA is responsible to give a copy of the certificate to HHHC as soon as possible.**

PCAs are also encouraged to receive the Hepatitis Vaccine or show proof of immunity or previous vaccination.

All HHHC PCAs are required to complete annual continuing education on Infection Control, Safety, CMS Fraud, etc. as well as an employee evaluation.

HMONG HOME HEALTH CARE LLC
475 ETNA STREET SUITE 3
SAINT PAUL, MN 55106
Phone: (651) 488-1680

PCA CARE PLAN (HHHC-PCA01)

Patient:			
Admitted On:		Gender:	
Employee:			
Provider:		Phone:	
Note Date:		Note Time:	
Note Number:		Note Status:	

Assessments

PCA CARE PLAN — Assessment Number :

PCA CARE PLAN INFORMATION

ADDRESS

CITY

CLIENT STATE

HOME PHONE

CELL PHONE:

Personal Contact

Contact	Contact Type	Relation	Address	City	State	Home Phone	Work Phone

Client History/Condition

Advance Directives

Advance Directive Code	Request Date	Received Date	Reviewed Date	Active Date	Inactive Date	Status
						Active

Oasis Additional Diagnosis

Description	ICD Code	ICD Description	Onset/Exac Date	Status	Resolved Date E/O
				Active	

Allergies

1. NO KNOWN ALLERGIES (1-900388)

FREQUENCY OF VISITS

Date span of care plan:

BACK UP STAFFING PERSON AND NUMBER: HMONG HOME HEALTH CARE 651-488-1680: In the event that staff is not able to arrive at the place of employment at the designated times, the staff is expected to call 651-488-1680 at least 24 hours prior to the beginning of the shift to schedule a backup staff member. In the event that a replacement staff cannot be located, family/responsible party will assume the duties of the care provider

MONTH TO MONTH PROJECTION USAGE: discussed with client and/or responsible party and it has been agreed upon that the authorized units will be spread out equally for each 6 month period, unless client and/or responsible party notifies the agency of changes. Client will be compliant with services as described in the care plan and will remain safe in their home environment. Client agrees not to exceed specified hours per period as described in this Care Plan without Agency approval

Client will be compliant with services as described in the care plan and will remain safe in their home environment. Client agrees not to exceed specified hours per period as described in this Care Plan without Agency approval

EMERGENCY PROCEDURES AND PLAN: Family/PCA/Homemaker to assist client in evacuating to a safe location in dangerous situations. Call 911 in emergencies. Notify HHHC of any falls, injuries, and hospitalizations that occur during PCA shift.

TRANSPORTATION:
PCA/Homemaker unable to transport client in the PCA/Homemaker's vehicle on errands or to run errands for client without prior approval from the agency. PCA/Homemaker may accompany client grocery shopping or to MD appointments via walking, cab, bus, special transportation or if client is driving client's own vehicle if it is included in client's care plan.

PLAN OF CARE DEVELOPED IN CONSULTATION WITH:

PLAN OF CARE DEVELOPED AND AIDE ORIENTED TO CLIENT AND CARE PLAN BY:

DATE

CLIENT/RESPONSIBLE PARTY SIGNATURE

CLIENT/RESPONSIBLE PARTY NAME:

CLIENT/RESPONSIBLE PARTY SIGN DATE

Patient:	Gender:	Age:	Admitted On:
Note Number:	Note Date:	Note Time:	

Aide Care Plan

Task Category	Clinical Tasks	Status	Yes/No Actual Time (Min)	
PCA TASKS	DRESSING: Client requires hands on assistance with dressing upper and lower body due to weakness, shortness of breath, and limited range of motion. Assist with selecting weather appropriate clothing. Assist with buttons and zippers. Assist with socks and shoes. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)			[ ]
PCA TASKS	GROOMING: Client requires hands on assistance with grooming needs due to weakness and shakiness in her hands, limited range of motion, and shortness of breath with activity. Assist with brushing her hair, brushing her teeth, applying lotion, and trimming nails. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)			[ ]
PCA TASKS	BATHING: 2-7X/WEEK: Client requires hands on assistance to get in and out of the tub. Hands on assistance with washing and rinsing hair, back and body. Always use shower chair as client is a fall risk. Assist with drying. ATVISIT - AT VISIT			[ ]
PCA TASKS	EATING: Client has dysphagia and is at risk for choking. Client has history of choking episodes. Client must have constant supervision during meals or snacks due to choking risk. Assist with meal prep and cutting up food finely. Assist with feeding client when client is fatigued. Follow diet per Doctor's orders. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)			[ ]
PCA TASKS	TRANSFERS: Client requires hands on assistance with all transfers due to weakness and shortness of breath with activity. Maintain contact until client is steady. Transfer slowly to avoid dizziness. ATVISIT - AT VISIT			[ ]
PCA TASKS	MOBILITY: Client requires hands on assistance with assistive device for mobility. Client is only able to walk very short distances with her cane and assistance of another person due to shortness of breath. Maintain clear walkways and assure assistive device always within reach. Must always have oxygen on when walking. Client uses a wheelchair for long distances and when out in the community. Assist with propelling wheelchair. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)			[ ]
PCA TASKS	TOILETING: Client requires hands on assistance to get on [and off the toilet. Assist with adjusting clothes and thorough wiping. Client also wears pads for incontinence and accidents. Assist with checking and changing pads as it becomes soiled. Assist with peri care in between changes. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)			]
PCA TASKS	IADLS: Tasks related to personal care including: washing dishes, putting dishes in dishwasher, clear tables, take out garbage, make bed, clean bathroom, laundry, and meal prep.			[]

Patient: Gender: Age: Admitted On:

Note Number: Note Date: Note Time:

	ATVISIT - AT VISIT	
PCA TASKS	HEALTH RELATED: Remind client to take medications daily. May bring medications to client and assist with opening containers. PCA IS NOT ALLOWED TO FEED OR ADMINISTER MEDICATIONS TO CLIENT. Make sure oxygen tubing is within reach and assist with applying oxygen tubing when needed. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)	[ ]
PCA TASKS	BEHAVIOR: Client is resistive to cares and shows verbal aggression daily. PCA to monitor daily and intervene by redirection and reassurance to keep client safe and assure completion of daily tasks. ATVISIT - AT VISIT QS - EVERY SHIFT Every 1 Day(s)	[ ]

Signature

Digitally signed by :

Patient:	Gender:	Age:	Admitted On:
Note Number:	Note Date:	Note Time:	

Paper Time Card Instructions - PCA General

(Only applicable to those who have not transition to EVV
(Electric Verification Visit)

Type of Timecard

Verify if you have the correct timecard: PCA
Agency's name: *Hmong Home Health Care,* LLC.

If you chart on an incorrect timecard you will have to redo to timecard. It is your responsibility to make sure you have the correct timecard and to contact the office if you should run out.

Dates
Make sure the dates charted on timecard reflect HHHC pay period calendar. Dates of service must be in consecutive order. Timecards must start with Monday and end on a Sunday. If your dates are off you will have to redo the timecard to reflect the correct pay period. Please draw a line through and dates services were not provided.

Documentation
During every shift service provider must document all activities/cares provided to each client by initialing the time-card. All activities/cares made during the shift must match the cares documented in the client's care plan.

If your client's care plan requires you to monitor the client's behavior please make sure to chart findings on a behavior chart. Timecards turned in without behavior charts will be incomplete and will NOT be processed until behavior charting is submitted.

Ratio of PCA to Recipients
Circle the appropriate ratio of PCA to recipients for the visit.
1:1 = One PCA to one recipient
1:2 = One PCA to two recipient (shared services)
1:3 = One PCA to three recipient (shared services)

Clocking In/Clocking Out
Document your time in and time out in 15 MINUTE INCREMENTS (1:00, 1:15, 1:30, 1:45).

Daily Total
Add the total time in hours and minutes worked with this recipient and total the daily minutes worked per day in the daily total boxes across the bottom of timecard.

Grand Total
Add the time in minutes for all visits for each week and enter the weekly total in the appropriate ratio box. Every timecard should have 2 weekly grand total if the service provider worked both weeks of the pay period.

Acknowledgement and Required Signatures
Recipient/responsibility party prints the recipient's, middle initial, last name, and MA Member Number or birth date. Recipient/responsibility party signs and dates form. Service Provider prints the recipient's first, middle initial, last name, and PCA ID/UMPI number. PCA signs and dates form.

General Rules
Please use ONLY black ink to complete your timecard. Timecards submitted in any other ink color will not be honored and will be asked to resubmit in black ink.

You are not allowed to use white-out on your timecard. If you need to make a correction on the timecard please draw a single line through the error, initial the error, and then make the corrections.

PCA TIME AND ACTIVITY DOCUMENTATION

HMONG HOME HEALTH CARE, INC. Ph: 651-488-1680 Fax: 651-488-4087

DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION:
02/07/20 - 02/08/20 UNITED

Due Date: 2/10/20

DATES OF SERVICE (in consecutive order)	MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)
WEEK 1	1/27/20	1/28/20	1/29/20	1/30/20	1/31/20	2/1/20	2/2/20
WEEK 2	2/3/20	2/4/20	2/5/20	2/6/20	2/7/20	2/8/20	2/9/20

ACTIVITIES	WEEK 1							WEEK 2						
Dressing	WS	WS	WS	WS	WS	WS		WS	WS	WS	WS			
Grooming	WS	WS	WS	WS	WS	WS		WS	WS	WS	WS			
Bathing	WS	WS	WS	WS	WS	WS		WS	WS	WS	WS			
Eating	WS	WS	WS	WS	WS	WS		WS	WS	WS	WS			
Transfers	WS	WS	WS	WS	WS	WS		WS	WS	WS	WS			
Mobility												HOSPITAL	HOSPITAL	
Positioning														
Toileting														
Health Related														
Behavior														
IADLs														

VISIT ONE

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared services location																								
Time In (circle AM/PM)	9:00	AM PM		9:00	AM PM		9:00	AM PM		9:00	AM PM		9:00	AM PM		9:00	AM PM			AM PM			AM PM			AM PM
Time Out (circle AM/PM)	1:00	AM PM		1:00	AM PM		1:00	AM PM		1:00	AM PM		1:00	AM PM		1:00	AM PM			AM PM			AM PM			AM PM

VISIT TWO

Ratio staff to recipient	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Shared services location																								
Time In (circle AM/PM)		AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM
Time Out (circle AM/PM)		AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM

Daily Total (Minutes)	240	240		240	240		240	240		240	240		240	240										
	Total 1:1			Total 1:2			Total 1:3			Total 1:1			Total 1:2			Total 1:3							
Total Minutes (Minutes)	1,440									960														

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES: After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
Jane Doe	01/12/1983	Jane Doe's Signature	02/09/20
PCA NAME (FIRST, MI, LAST)	**PCA NPI/UMPI**	**PCA SIGNATURE**	**DATE**
William Smith	A123456789	William Smith's Signature	02/09/20

Please use BLACK ink only. White out is not permitted on this form.

PCA TIME AND ACTIVITY DOCUMENTATION

HMONG HOME HEALTH CARE, INC. **Ph: 651-488-1680 Fax: 651-488-4087**

DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION:

DATES OF SERVICE (in consecutive order)	MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)	MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)

ACTIVITIES	WEEK 1							WEEK 2						
Dressing														
Grooming														
Bathing														
Eating														
Transfers														
Mobility														
Positioning														
Toileting														
Health Related														
Behavior														
IADLs														

VISIT ONE

Ratio staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Shared services location														
Time In (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

VISIT TWO

Ratio staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Shared services location														
Time In (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Daily Total (Minutes)														
	Total 1:1		Total 1:2		Total 1:3			Total 1:1		Total 1:2		Total 1:3		
Total Minutes (Minutes)														

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES: After the PCA has documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
PCA NAME (FIRST, MI, LAST)	PCA NPI/UMPI	PCA SIGNATURE	DATE

Please use BLACK ink only. White out is not permitted on this form.

HOMEMAKER (HMK)

HOMEMAKER (HMK)
Criteria, Qualifications and Responsibilities

Job Summary:
Provides homemaking services under the direction of the Qualified Professional. The Homemaker (HMK) is assigned to a specific client(s) and performs tasks that contribute to client's comfort and safety in the home.
Reports to: Qualified Professional/Client Services Supervisor

The following criteria must be met by all HHHC HMK employees:

- Successful completion of a formal certification training program and/or a written skills test and competency evaluation.
- Be at least eighteen (18) years of age with the exception of persons who are 16 or 17 years of age with these additional requirements: (1) provider agency responsible for compliance with current labor laws.
- Experience in a supervised health care facility setting preferred.
- Have experience in duties such as cooking, cleaning, laundry, shopping, etc.
- Demonstrated ability to follow a written Plan of Care.
- Good interpersonal and communication skills to interact with both clients and the company.
- NOT be a responsible party for a Client receiving HMK services.
- Not be a recipient of homemaking services from HHHC and/or any other agencies
- Current driver's license, good driving record, and reliable transportation as applicable.

Required and mandated trainings, medical requirements and continuing education.

Minnesota Health Care Programs (MHCP) now requires all individual PCAs to register for and complete an Individual Personal Care Assistant (PCA) Training. The course is offer online at http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16. PCAs may now take the training and course as often as needed. **Upon successful completion of the online course, PCA/ HMK will be able to print a completion certificate, which the PCA/HMK is responsible to give a copy of the certificate to HHHC as soon as possible.**
Homemakers will be required to obtain PCA certificate as well.

HMKs are also encouraged to receive the Hepatitis Vaccine or show proof of immunity or previous vaccination.

HMONG HHC WAIVER
475 ETNA STREET
SUITE 3
SAINT PAUL, MN 55106
Phone: (651) 488-1680

HOMEMAKER CARE PLAN (HHHC-HMK01)

Patient:
Admitted On: Gender:
Employee:
Provider: Phone:

Note Date: Note Time:
Note Number: Note Status:

Assessments

HOMEMAKER CAREPLAN Assessment Number :

HOMEMAKER CARE PLAN INFORMATION
ADDRESS

CITY

CLIENT STATE

HOME PHONE

CELL PHONE:

Emergency Contact name and phone number:

Personal Contact

Contact	Contact Type	Relation	Address	City	State	Home Phone	Work Phone

CLIENT HISTORY/CONDITION/FUNCTIONAL LIMITATIONS

Advance Directives

Advance Directive Code	Request Date	Received Date	Reviewed Date	Active Date	Inactive Date	Status

Allergies

1. No Known Allergies (1-900388)

FREQUENCY OF VISITS

Date span of careplan:

BACK UP STAFFING PERSON AND PHONE NUMBER: HMONG HOME HEALTH CARE 651-488-1680

MONTH TO MONTH PROJECTION USAGE: discussed with client and/or responsible party and it has been agreed upon that the authorized units will be spread out equally for each 6 month period, unless client and/or responsible party notifies the agency of changes. Client will be compliant with services as described in the care plan and will remain safe in their home environment. Client agrees not to exceed specified hours per period as described in this Care Plan without Agency approval

Client will be compliant with services as described in the care plan and will remain safe in their home environment. Client agrees not to exceed specified hours per period as described in this Care Plan without Agency approval

EMERGENCY PROCEDURES AND PLAN: Family/PCA/Homemaker to assist client in evacuating to a safe location in dangerous situations. Call 911 in emergencies. Notify HHHC of any falls, injuries, and hospitalizations that occur during PCA shift.

TRANSPORTATION:
PCA/Homemaker unable to transport client in the PCA/Homemaker's vehicle on errands or to run errands for client without prior approval from the agency. PCA/Hommaker may accompany client grocery shopping or to MD appointments via walking, cab, bus, special transportation or if client is driving client's own vehicle if it is included in client's care plan.

PLAN OF CARE DEVELOPED IN CONSULTATION WITH:

PLAN OF CARE DEVELOPED BY (NAME AND TITLE):

AIDE ORIENTED TO CLIENT AND CARE PLAN BY

DATE

CLIENT/RESPONSIBLE PARTY SIGNATURE

CLIENT/RESPONSIBLE PARTY NAME:

CLIENT/RESPONSIBLE PARTY SIGN DATE

Aide Care Plan

Task Category	Clinical Tasks	Status	Yes/No	Actual Time (Min)	Doc
HOMEMAKER	CLEAN BATHROOM: CLEAN BATHTUB, TOILET, SINK, MIRRORS, FLOOR	Active (09/01/2022)	Yes		[ ]

Patient: Gender: Age: Admitted On:
Note Number: Note Date: Note Time:

HOMEMAKER	CLEAN KITCHEN: CLEAN COUNTERS, APPLIANCES, SWEEP AND MOP FLOORS.	Active (09/01/2022)	Yes	[ ]
HOMEMAKER	VACUUM: VACUUM ALL CARPETED AREAS	Active (09/01/2022)	Yes	[ ]
HOMEMAKER	DUST: DUST FIXTURES AND FURNITURES	Active (09/01/2022)	Yes	[ ]
HOMEMAKER	DISHES: WASH, DRY, AND PUT AWAY CLIENT'S DISHES	Active (09/01/2022)	Yes	[ ]
HOMEMAKER	LAUNDRY: WASH, DRY, FOLD, AND PUT CLOTHES AWAY	Active (09/01/2022)	Yes	[ ]
HOMEMAKER	REMOVE TRASH: REMOVE TRASH FROM ALL AREAS AND REPLACE TRASH BAGS.	Active (09/01/2022)	Yes	[ ]
HOMEMAKER	CHANGE LINEN: REPLACE LINEN AND WASH USED LINEN WITH LAUNDRY	Active (09/01/2022)	Yes	[ ]

Signature

Digitally signed by :

Time Card Instructions - HMK General

Type of Timecard
Verify if you have the correct timecard: HMK
Agency's name: *Hmong Home Health Care,* LLC.

If you chart on an incorrect timecard you will have to redo to timecard. It is your responsibility to make sure you have the correct timecard and to contact the office if you should run out.

Dates
Make sure the dates charted on timecard reflect HHHC pay period calendar. Dates of service must be in consecutive order. Timecards must start with Monday and end on a Sunday. If your dates are off you will have to redo the timecard to reflect the correct pay period. Please draw a line through and dates services were not provided.

Documentation
During every shift service provider must document all activities/cares provided to each client by initialing the time-card. All activities/cares made during the shift must match the cares documented in the client's care plan.

If your client's care plan requires you to monitor the client's behavior please make sure to chart findings on a behavior chart. Timecards turned in without behavior charts will be incomplete and will NOT be processed until behavior charting is submitted.

Clocking In/Clocking Out
Document your time in and time out in 15 MINUTE INCREMENTS (1:00, 1:15, 1:30, 1:45).

Daily Total
Add the total time in hours and minutes worked with this recipient and total the daily hours worked per day in the daily total boxes across the bottom of timecard.

Grand Total
Add the time in hours for all visits for each week and enter the weekly total in the appropriate ratio box. Every timecard should have 2 weekly grand total if the service provider worked both weeks of the pay period.

Acknowledgement and Required Signatures
Recipient/responsibility party prints the recipient's, middle initial, last name, and birth date. Recipient/responsibility party signs and dates form. Service Provider prints the recipient's first, middle initial, and last name. HMK signs and dates form.

General Rules
Please use ONLY black ink to complete your timecard. Timecards submitted in any other ink color will not be honored and will be asked to resubmit in black ink.

You are not allowed to use white-out on your timecard. If you need to make a correction on the timecard please draw a single line through the error, initial the error, and then make the corrections.

Due Date: 2/10/20

HOMEMAKER TIME AND ACTIVITY DOCUMENTATION

HMONG HOME HEALTH CARE, INC.
Ph: 651-488-1680 F: 651-488-4087

RECIPIENT NAME (FIRST, MI, LAST)	RECIPIENT DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
John Doe	01/12/1983	John Doe's Signature	02/09/20
HOMEMAKER NAME (FIRST, MI, LAST)		**HOMEMAKER SIGNATURE**	**DATE**
William Smith		William Smith's Signature	02/09/20

Dates of Service (in consecutive order)	MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)
	1/27/20	1/28/20	1/29/20	1/30/20	1/31/20	2/1/20	2/2/20

MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)
2/3/20	2/4/20	2/5/20	2/6/20	2/7/20	2/8/20	2/9/20

DUTIES COMPLETED	WEEK 1							WEEK 2						
Clean Bathroom	WS		WS		WS			WS		WS		WS		
Clean Kitchen		WS		WS					WS		WS			
Vacuum	WS				WS			WS				WS		
Dust	WS			WS				WS			WS			
Dishes	WS	WS	WS	WS	WS	WS		WS	WS	WS	WS	WS	WS	
Laundry						WS							WS	
Remove Trash	WS				WS			WS				WS		
Change Linen						WS							WS	

VISIT ONE

TIME IN	7 AM PM	7 AM PM	7 AM PM	7 AM PM	7 AM PM	7 AM PM	AM PM	7 AM PM	7 AM PM	7 AM PM	7 AM PM	7 AM PM	7 AM PM	AM PM
TIME OUT	8 AM PM	8 AM PM	8 AM PM	8 AM PM	8 AM PM	8 AM PM	AM PM	8 AM PM	8 AM PM	8 AM PM	8 AM PM	8 AM PM	8 AM PM	AM PM

VISIT TWO

TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Daily Total (Hours)														
	1	1	1	1	1	1		1	1	1	1	1	1	
Total Hours	6							6						

Please use BLACK ink only
White out is not permitted on this form

HOMEMAKER TIME AND ACTIVITY DOCUMENTATION

HMONG HOME HEALTH CARE, INC.
Ph: 651-488-1680 F: 651-488-4087

RECIPIENT NAME (FIRST, MI, LAST)	RECIPIENT DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
HOMEMAKER NAME (FIRST, MI, LAST)		HOMEMAKER SIGNATURE	DATE

Dates of Service (in consecutive order)	MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)

	MON (MM/DD/YY)	TUE (MM/DD/YY)	WED (MM/DD/YY)	THU (MM/DD/YY)	FRI (MM/DD/YY)	SAT (MM/DD/YY)	SUN (MM/DD/YY)

DUTIES COMPLETED	WEEK 1							WEEK 2						
Clean Bathroom														
Clean Kitchen														
Vacuum							*							
Dust														
Dishes														
Laundry														
Remove Trash														
Change Linen														

VISIT ONE														
TIME IN	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
TIME OUT	AM	AM	AM	AM	AM	AM		AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	AM	PM	PM	PM	PM	PM	PM	PM

VISIT TWO														
TIME IN	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
TIME OUT	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM

Daily Total (Hours)														
	Total Hours							Total Hours						

Please use BLACK ink only
White out is not permitted on this form

245D Waiver Services

245D Waiver Services
Criteria, Qualifications and Responsibilities

Job Summary:
The primary purpose of this position is to work directly with individual with developmental disabilities in the implementation of the written Individual Support Plans, documenting progress and response to program services, and ensuring the safety and well-being of the Individuals with developmental dis-abilities.
Every effort has been made to make this job description as complete as possible, however, in no way is it stated or implied that these are the only required duties; other related duties necessary to meet the needs of the organization may be assigned.
Reports to: Designated Coordinator/Designated Manager

Services that can be provided by DSPs:

- Individualized Home Supports with Family Training (IHS with Family Training)
- Individualized Home Supports with Training (IHS with Training)
- Individualized Home Supports without Training (IHS without Training)
- Individual Community Living Supports (ICLS)
- Night Supervision (NS)
- Respite

The following criteria must be met by all HHHC DSP employees:

- Successful completion of a formal certification training program and/or a written skills test and competency evaluation.
- Be at least eighteen (18) years of age with the exception of persons who are 16 or 17 years of age with these additional requirements: (1) Cannot work overnight shifts; (2) Cannot operate any motor vehicles while transporting individuals with developmental disabilities; and (3) provider agency responsible for compliance with current labor laws.
- Ability to read, write and speak English at a level that meets the performance requirements; or must be able to communicate in the language spoken by the individual with developmental disabilities at a level that meets the performance requirements; whichever is deemed more important by the company.
- Ability to work independently with minimal instruction and make independent decisions when circumstances warrant such action.
- Ability to meet licensing requirements of the State and County.
- Ability to maintain good employee relations and morale.
- Willingness to take initiative and adapt to circumstances.
- Ability to develop and maintain professionally appropriate therapeutic relationships with each individual with developmental disabilities and the individual with developmental disabilities' family; ability to maintain positive working relations with staff and other related persons to ensure services are delivered in a smooth and effective manner.
- Ability and willingness to maintain a positive demeanor.
- Ability to follow daily routines while allowing for flexibility and planning creative alternatives.
- Ability to implement any therapeutic interventions as required.
- Ability to work in a variety of settings and with a variety of level of personal care needs without direct supervision.
- Ability to effectively use a calculator, household appliances, smoke alarms, etc. with training.
- Ability to accept and incorporate new methods into existing practices.
- Current driver's license, good driving record, and reliable transportation as applicable.

Required and mandated trainings, medical requirements and continuing education.

In addition, DSPs will be required to complete additional training prior to start of care. This additional training and material will depend on the service provided. It will include but is not limited to training on timecards, care plans, person-specific training, etc. Training thereafter, will be required annually.

FORMS

MINNESOTA HOME CARE BILL OF RIGHTS

PER MINNESOTA STATUTES, SECTION 144A.44. TO BE USED BY ALL LICENSED ONLY HOME CARE PROVIDERS.

Statement of Rights

A client who receives home care service in the community has these rights:

1. Receive written information, in plain language, about rights before receiving services, including what to do if rights are violated.

2. Receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards and person-centered care, to take an active part in developing, modifying, and evaluating the plan and services.

3. Be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.

4. Be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. Refuse services or treatment.

6. Know, before receiving services or during the initial visit, any limits to the services available from a home care provider.

7. Be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources if known; and what charges the client may be responsible for paying.

8. Know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. Choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, other health programs or public programs.
10. Have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.

11. Access the client's own records and written information from those records in accordance with Minnesota Health Records Act, Minnesota Statute, Sections 144.291 to 144.298.

12. Be served by people who are properly trained and competent to perform their duties.

13. Be treated with courtesy and respect, and to have the client's property treated with respect.

14. Be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. Reasonable, advance notice of changes in services or charges.

16. Know the provider's reason for termination of services.

17. At least ten calendar days' advance notice of the termination of a service by a home care provider. This clause does not apply in cases where:
    • The client engages in conduct that significantly alters the terms of the service plan with the home care provider;
    • The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
    • An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.

18. A coordinated transfer when there will be a change in the provider of services.

19. Complain to staff and others of the client's choice about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property, and the right to recommend changes in policies and services, free from retaliation, including the threat of termination of services.

20. Know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint.

21. Know the name and address of the state or county agency to contact for additional information or assistance.

22. Assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.

23. Place an electronic monitoring device in the client's or resident's space in compliance with state requirements.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.

Office of Health Facility Complaints
(651) 201-4201
1-800-369-7994
Fax: (651-281-9796

Mailing Address:
Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care
(651) 431-2555
1-800-657-3591
Fax: (651) 431-7452
Mailing Address:
Home Care Ombudsman
Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971

Licensee Name:
Hmong Home Health Care, LLC.
475 Etna Street, Suite # 3
Saint Paul, MN 55106
(651) 488-1680

Name/Title of Person to Whom Problems or Complaints May be directed:
Shoua Moua, Director of Operations

NOTICE OF HOME CARE PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hmong Home Health Care, LLC. may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHERE YOUR HEALTH INFORMATION MAY BE USED/DISCLOSED WITH YOUR CONSENT.

To Provide Treatment
Hmong Home Health Care, LLC. may use your health information to coordinate care within the Agency and with others involved in your care, such as your physician , therapists, case managers and others who assist us in coordinating care. We may disclose your health care information to individuals outside of the Agency who are involved in your care including family, pharmacists, medical equipment suppliers, etc.

To Obtain Payment
Hmong Home Health Care, LLC. may disclose your health information to insurance companies as needed to collect payment for the care you receive from the Agency. The Agency may need to disclose information about your health status to obtain prior approval from your insurer and may need to explain your need for the home care services that will be provided to you.

To Conduct Health Care Operations
Hmong Home Health Care, LLC. may use and disclose health information for its own operations in order to facilitate the function of the Agency, and as necessary to provide quality care to all of the Agency's clients. Health care operations includes such activities as:

- Quality assessment and improvement activities; Activities designed to reduce health care costs.
- Protocol development, case management and care coordination.
- Information about treatment alternatives and other functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs for students, trainees, or practitioners in health care, and non-health care professionals. (students and trainees would work with supervision).
- Accreditation, certification, licensing or credentialing activities; compliance and medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development. Business management and administrative activities of the Agency.
- To contact you as part of community information mailings (unless you tell us you do not want to be contacted).

For Appointment Reminders
The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives
The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT

When Legally Required
The Agency will disclose your health information when it is required to do so by any Federal, State or local law

When There Are Risks to Public Health
The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and re-placements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Violence
Hmong Home Health Care, LLC. is allowed to notify government authorities if the Agency believes a client is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically re-quired or authorized by law or when the client agrees to the disclosure.

To Conduct Health Oversight Activities
The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings
The Agency may disclose your health information in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes
As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- To report certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- If the Agency has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners
The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors
The Agency may disclose your health information to funeral directors consistent with applicable law and to carry out duties with respect to your funeral arrangements. If necessary, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation
The Agency may use/disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

For Research Purposes
Hmong Home Health Care, LLC. may, under very select circumstances, use your health information for research. Before the Agency disclose any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or Safety
Hmong Home Health Care, LLC. may consistent with applicable law and ethical standards of conduct, disclose your health information if we believe that such disclosure is necessary to prevent/lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions
In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation
The Agency may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Hmong Home Health Care, LLC. will not disclose your health information without your written authorization. If you or your representative authorized the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hmong Home Health Care, LLC. maintains:

Right to request restrictions
You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request.

Right to receive confidential communications
You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you

privately with no other family members present. If you wish to receive confidential communications, please notify your nurse/therapist during the admission procedure or as needed. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information
You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Health Care Information
You or your representatives have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, are not part of the Agency's records, the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

Right to an Accounting
You or your representative have the right to request an accounting disclosures of your health information made by the Agency for any reason other than for treatment, payment or health operations. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice
You/your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact Hmong Home Health Care, LLC., 475 Etna Street, Suite # 3 Saint Paul, MN 55106 , Phone: 651-488-1680.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, we will provide a copy of the revised Notice to you or your appointed representative. You have the right to express complaints to the Agency and to the Secretary of DHHS if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated Shoua Moua, Compliance Officer as its contact persons for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact this person at Hmong Home Health Care, LLC. 475 Etna Street, Suite # 3 Saint Paul, MN 55106 if you have any questions or concerns about this privacy notice or your rights.

EMPLOYEE HANDBOOK RECEIPT AND ACKNOWLEDGMENT

My signature below acknowledges that I have received a copy of Hmong Home Health Care, LLC. Employee Handbook. I acknowledge that I have read the Employee Handbook and I agree to follow the policies and rules specified in the pages of the Handbook which follow my signature, together with any future changes, additions or deletions to these pages of the Handbook. I understand that the Employee Handbook does not create a contract or guarantee that my employment will continue for a specified period of time or end only under certain conditions. I also acknowledge that as described in Section 1-A, my employment with the Company is at-will, and that I must protect confidential Employer information as described in Section 1-E of the Employee Handbook.

Date _____ _____

Employee Signature

_____

Print Name

(This acknowledgment is to be signed immediately and will be kept in your personnel file.)

KEEP THIS COPY IN YOUR HANDBOOK FOR YOUR RECORDS

CLIENT AND HIPAA CONFIDENTIALITY AGREEMENT

Employees and partners of Hmong Home Health Care, LLC. (HHHC) will have access to confidential information, both written and oral, in the course of their employment and job responsibilities. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of the patient information. An unauthorized individual would be any person that is not currently an employee of the HHHC and/or any information. Any other disclosures may only occur at the direction may only occur at the direction of the Privacy and Compliance Office or by patient authorization.

By accepting employment with HHHC, employees must refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so by the Company. Do not pass on medical information to clients and visitors. In addition, all information seen or heard regarding clients, directly or indirectly, is completely confidential and not to be discussed even with your family. Your job as HHHC employee requires that you govern yourself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of agency ethics, but can also involve an employee in legal proceedings. Information about clients or the agency is not to be given to media. This is essential for protection of both the client and the agency. Very strict laws regarding the release of information concerning clients bind agencies.

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I have read and understand the practice's policies with regards to privacy and Security of personal health information. I agree to maintain confidentiality of all information obtained in the course of my employment including, but not limited to, financial, technical, or propriety information of the organization and personal and sensitive information regarding patients, employees, and vendors. I understand that inappropriate disclosure or release of patient information is grounds for termination for just cause as employee misconduct.

Date _____ _____

Employee Signature

_____

Print Name

(This acknowledgment is to be signed immediately and will be kept in your personnel file.)

KEEP THIS COPY IN YOUR HANDBOOK FOR YOUR RECORDS

HMONG HOME HEALTH CARE LLC

TIME CONVERSION TABLE FOR PCA TIME AND ACTIVITY DOCUMENTATION

KEY: mins=minutes; hrs. = hours

TIME	MINUTES
15 mins.	15 mins.
30 mins.	30 mins.
45 mins.	45 mins.
1 hr.	60 mins.
1 hr. & 15 mins.	75 mins.
1 hr. & 30 mins.	90 mins.
1 hr. & 45 mins.	105 mins.
2 hrs.	120 mins.
2 hrs. & 15 mins.	135 mins.
2 hrs. & 30 mins.	150 mins.
2 hrs. & 45 mins.	165 mins.
3 hrs.	180 mins.
3 hrs. & 15 mins.	195 mins.
3 hrs. & 30 mins.	210 mins.
3 hrs. & 45 mins.	225 mins.
4 hrs.	240 mins.
4 hrs. & 15 mins.	255 mins.
4 hrs. & 30 mins.	270 mins.
4 hrs. & 45 mins.	285 mins.
5 hrs.	300 mins.
5 hrs. & 15 mins.	315 mins.
5 hrs. & 30 mins.	330 mins.
5 hrs. & 45 mins.	345 mins.
6 hrs.	360 mins.
6 hrs. & 15 mins.	375 mins.
6 hrs. & 30 mins.	390 mins.
6 hrs. & 45 mins.	405 mins.
7 hrs.	420 mins.
7 hrs. & 15 mins.	435 mins.
7 hrs. & 30 mins.	450 mins.
7 hrs. & 45 mins.	465 mins.
8 hrs.	480 mins.
8 hrs. & 15 mins.	495 mins.
8 hrs. & 30 mins.	510 mins.
8 hrs. & 45 mins.	525 mins.
9 hrs.	540 mins.
9 hrs. & 15 mins.	555 mins.
9 hrs. & 30 mins.	570 mins.
9 hrs. & 45 mins.	585 mins.
10 hrs.	600 mins.
10 hrs. & 15 mins.	615 mins.
10 hrs. & 30 mins.	630 mins.
10 hrs. & 45 mins.	645 mins.
11 hrs.	660 mins.
11 hrs. & 15 mins.	675 mins.
11 hrs. & 30 mins.	690 mins.
11 hrs. & 45 mins.	705 mins.
12 hrs.	720 mins.

TIME	MINUTES
12 hrs. & 15 mins.	735 mins.
12 hrs. & 30 mins.	750 mins.
12 hrs. & 45 mins.	765 mins.
13 hrs.	780 mins.
13 hrs. & 15 mins.	795 mins.
13 hrs. & 30 mins.	810 mins.
13 hrs. & 45 mins.	825 mins.
14 hrs.	840 mins.
14 hrs. & 15 mins.	855 mins.
14 hrs. & 30 mins.	870 mins.
14 hrs. & 45 mins.	885 mins.
15 hrs.	900 mins.
15 hrs. & 15 mins.	915 mins.
15 hrs. & 30 mins.	930 mins.
15 hrs. & 45 mins.	945 mins.
16 hrs.	960 mins.
16 hrs. & 15 mins.	975 mins.
16 hrs. & 30 mins.	990 mins.
16 hrs. & 45 mins.	1,005 mins.
17 hrs.	1,020 mins.
17 hrs. & 15 mins.	1,035 mins.
17 hrs. & 30 mins.	1,050 mins.
17 hrs. & 45 mins.	1,065 mins.
18 hrs.	1,080 mins.
18 hrs. & 15 mins.	1,095 mins.
18 hrs. & 30 mins.	1,110 mins.
18 hrs. & 45 mins.	1,125 mins.
19 hrs.	1,140 mins.
19 hrs. & 15 mins.	1,155 mins.
19 hrs. & 30 mins.	1,170 mins.
19 hrs. & 45 mins.	1,185 mins.
20 hrs.	1,200 mins.
20 hrs. & 15 mins.	1,215 mins.
20 hrs. & 30 mins.	1,230 mins.
20 hrs. & 45 mins.	1,245 mins.
21 hrs.	1,260 mins.
21 hrs. & 15 mins.	1,275 mins.
21 hrs. & 30 mins.	1,290 mins.
21 hrs. & 45 mins.	1,305 mins.
22 hrs.	1,320 mins.
22 hrs. & 15 mins.	1,335 mins.
22 hrs. & 30 mins.	1,350 mins.
22 hrs. & 45 mins.	1,365 mins.
23 hrs.	1,380 mins.
23 hrs. & 15 mins.	1,395 mins.
23 hrs. & 30 mins.	1,410 mins.
23 hrs. & 45 mins.	1,425 mins.
24 hrs.	1,440 mins.

HMONG HOME HEALTH CARE
475 Etna Street, Suite 3 | Saint Paul, MN 55106 Tel: 651-488-1680 |Fax: 651-488-4087

2024 PAY CYCLES AND PAY DATES

IMPORTANT: All pay days are on MONDAYS. Timecards are due either on pay days or no later than the **TUESDAY** of pay week by 3:00 P.M. (see schedule). Our timecard drop off box is
located to the right-side of the wall as you enter our main office entrance, labeled "HHHC Timecard Drop Box". Please send all timecards to our HHHC timecard email at: **timecards@hh-hc.com** *Please contact our office if you are interested in using our Electronic Visit Verification (EVV) timecard option – a simple app on your phone.*
*****Timecards turned in after 3:00 P.M. on Tuesday are late and will be processed during the next payroll cycle.*****

Pay Cycles	Time Cards Due	Pay Dates
12/11/23-12/24/23	December 25-26, 2023	January 08, 2024
12/25/23-01/07/24	January 08-09, 2024	January 22, 2024
01/08/24-01/21/24	January 22-23, 2024	February 05, 2024
01/22/24-02/04/24	February 05-06, 2024	February 16, 2024
02/05/24-02/18/24	February 19-20, 2024	March 04, 2024
02/19/24-03/03/24	March 04-05, 2024	March 18, 2024
03/04/24-03/17/24	March 18-21, 2024	April 01, 2024
03/18/24-03/31/24	April 01-02, 2024	April 15, 2024
04/01/24-04/14/24	April 15-16, 2024	April 29, 2024
04/15/24-04/28/24	April 29-30, 2024	May 13, 2024
04/29/24-05/12/24	May 13-14, 2024	May 24, 2024
05/13/24-05/26/24	May 27-28, 2024	June 10, 2024
05/27/24-06/09/24	June 10-11, 2024	June 24, 2024
06/10/24-06/23/24	June 24-25, 2024	July 8, 2024
06/24/24-07/07/24	July 08-09, 2024	July 22, 2024
07/08/24-07/21/24	July 22-23, 2024	August 05, 2024
07/22/24-08/04/24	August 5-6, 2024	August 19, 2024
08/05/24-08/18/24	August 19-20, 2024	August 30, 2024
08/19/24-09/01/24	September 02-03, 2024	September 16, 2024
09/02/24-09/15/24	September 16-17, 2024	September 30, 2024
09/16/24-09/29/24	September 30-Oct 1, 2024	October 15, 2024
09/30/24-10/13/24	October 15-16, 2024	October 28, 2024
10/14/24-10/27/24	October 28-29, 2024	November 11, 2024
10/28/24-11/10/24	November 11-12, 2024	November 25, 2024
11/11/24-11/24/24	November 25-26, 2024	December 09, 2024
11/25/24-12/8/24	December 09-10, 2024	December 23, 2024
12/9/24-12/22/24	December 23-24, 2024	January 06, 2025
12/23/24-1/5/25	January 06-07, 2025	January 20, 2025