

# CLINICIAN EMPLOYMENT HANDBOOK



***UPDATED 12/2021***

## **About this Employee Handbook**

Within this handbook, Heal at Home will be referred to as “the agency” or “the company.”

This Employee Handbook is designed to acquaint you with the agency and provide basic information about working conditions, employee benefits, philosophies, and some of the policies affecting you in your employment relationship.

In order to retain the necessary flexibility in the administration of policies and procedures, we reserve the right to change, revise, or eliminate any of the policies and/or benefits described in this handbook. The only valid exceptions to these stated policies are those authorized in writing by the agency.

Because the handbook is subject to change, it is not considered a contract between the employee and the employer.

## **Employment at Will**

Employment at this agency is on an at-will basis unless otherwise stated in a written individual employment agreement signed by the President of the company. This means that either the employee or the company may terminate the employment relationship at any time, for any reason, with or without notice.

Nothing in this employee handbook is intended to or creates an employment agreement, express or implied. Nothing contained in this or any other document provided to the employee is intended to be, nor should it be, construed as a contract that employment or any benefit will be continued for any period of time. In addition, no company representative is authorized to modify this policy for any employee or to enter into any agreement, oral or written, that changes the at-will relationship.

Any salary figures provided to an employee in annual or monthly terms are stated for the sake of convenience or to facilitate comparisons and are not intended and do not create an employment contract for any specific period of time.

Nothing in this statement is intended to interfere with, restrain, or prevent concerted activity as protected by the National Labor Relations Act.

## **Employment Status**

Nonexempt employees are employees whose work is covered by the Fair Labor Standards Act (FLSA). They are not exempt from the law's requirements concerning minimum wage and overtime.

In this handbook, the term “clinicians” will be used to reference all employees who may be employed as a: Registered Nurse, Licensed Practical Nurse, Home Health Aide, Certified Nurse Aide, Physical Therapist, Occupational Therapist, Physical Therapy Assistant, Occupational Therapy Assistant, Speech Therapist.

## **Mission Statement**

It is the mission of Heal at Home to provide our patients care and services in accordance with their assessment and wishes to help them achieve the highest practicable quality of life while ensuring they are treated with respect and dignity at all times.

## **Our Office Staff**

For a complete directory of Office Staff, please see HR. An organizational chart is also available for public in the office.

## **About Us**

Our agency is a home health agency caring for Medicaid, Medicaid Waiver and Private Pay clients by clinicians.

Office Phone Number: (317) 429-9875

Office Hours: Monday thru Friday, 9am to 4:00pm – you may call for any reason during these hours

After Hours: Monday thru Friday after 4:00pm, weekends, and observed Holidays

CALL AFTER HOURS WITH EMERGENCIES ONLY:

- Client concerns/injuries/sudden illness/changes in condition
- Running late to work
- Lost on way to work and need assistance
- Calling off for a shift due to an emergency

## **Equal Opportunity and Commitment to Diversity**

### **Equal Opportunity**

The agency provides equal employment opportunities to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, or service in the military. Equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leave of absence, compensation, and training.

The agency expressly prohibits any form of unlawful employee harassment or discrimination based on any of the characteristics mentioned above. Improper interference with the ability of other employees to perform their expected job duties is absolutely not tolerated.

Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of the HR Director. The Company will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. If an employee feels he or she has been subjected to any such retaliation, he or she should bring it to the attention of the HR Director.

Retaliation means adverse conduct taken because an individual reported an actual or perceived violation of this policy, opposed practices prohibited by this policy, or participated in the reporting and investigation process described below.

"Adverse conduct" includes but is not limited to:

- (1) shunning and avoiding an individual who reports harassment, discrimination or retaliation;
- (2) express or implied threats or intimidation intended to prevent an individual from reporting harassment, discrimination or retaliation; or
- (3) denying employment benefits because an applicant or employee reported harassment, discrimination or retaliation or participated in the reporting and investigation process.

Complaints of discrimination should be filed according to the procedures described in the Harassment and Complaint Procedure.

### **Americans with Disabilities Act (ADA) and Reasonable Accommodation**

To ensure equal employment opportunities to qualified individuals with a disability, the agency will make reasonable accommodations for the known disability of an otherwise qualified individual, unless undue hardship on the operation of the business would result.

Employees who may require a reasonable accommodation should contact the Human Resources Department.

### **Commitment to Diversity**

The agency is committed to creating and maintaining a workplace in which all employees have an opportunity to participate and contribute to the success of the business and are valued for their skills, experience, and unique perspectives. This commitment is embodied in company policy and the way we do business at the agency and is an important principle of sound business management.

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## Harassment Procedure

Sexual and other unlawful harassment is a violation of Title VII of the Civil Rights Act of 1964 (Title VII), as amended, as well as many state laws. Harassment based on a characteristic protected by law, such as race, color, ancestry, national origin, gender, sex, sexual orientation, gender identity, marital status, religion, age, disability, veteran status, or other characteristic protected by state or federal law, is prohibited.

It is the agency's policy to provide a work environment free of sexual and other harassment. To that end, harassment of the agency's employees by management, supervisors, coworkers, or nonemployees who are in the workplace is absolutely prohibited. Further, any retaliation against an individual who has complained about sexual or other harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated. The agency will take all steps necessary to prevent and eliminate unlawful harassment.

### Definition of Unlawful Harassment

"Unlawful harassment" is conduct that has the purpose or effect of creating an intimidating, hostile, or offensive work environment; has the purpose or effect of substantially and unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities because of the individual's membership in a protected class.

Unlawful harassment includes, but is not limited to, epithets; slurs; jokes; pranks; innuendo; comments; written or graphic material; stereotyping; or other threatening, hostile, or intimidating acts based on race, color, ancestry, national origin, gender, sex, sexual orientation, marital status, religion, age, disability, veteran status, or other characteristic protected by state or federal law.

### Definition of Sexual Harassment

While all forms of harassment are prohibited, special attention should be paid to sexual harassment. "Sexual harassment" is generally defined under both state and federal law as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where:

- Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of any individual's employment or as a basis for employment decisions; *or*
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Other sexually oriented conduct, whether intended or not, that is unwelcome and has the effect of creating a work environment that is hostile, offensive, intimidating, or humiliating to workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct that, if unwelcome, may constitute sexual harassment depending on the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- Unwanted sexual advances, whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, comments about an individual's body, comments about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, or cartoons;
- Unwelcome leering, whistling, brushing up against the body, sexual gestures, or suggestive or insulting comments;
- Inquiries into one's sexual experiences; *and*
- Discussion of one's sexual activities.

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment and retaliation against individuals for cooperating with an investigation of sexual harassment complaint is unlawful and will not be tolerated at the agency.

### **Harassment Complaint Procedure**

Any employee who believes he or she has been subject to or witnessed illegal discrimination, including sexual or other forms of unlawful harassment, is requested and encouraged to make a complaint. You may complain directly to your immediate supervisor or department manager, the HR director, or any other member of management with whom you feel comfortable bringing such a complaint. Similarly, if you observe acts of discrimination toward or harassment of another employee, you are requested and encouraged to report this to one of the individuals listed above.

No reprisal, retaliation, or other adverse action will be taken against an employee for making a complaint or report of discrimination or harassment or for assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to one of the persons identified above.

All complaints will be investigated promptly and, to the extent possible, with regard for confidentiality.

If the investigation confirms conduct contrary to this policy has occurred, the agency will take immediate, appropriate, corrective action, including discipline, up to and including immediate termination.

### **Workplace Violence Prevention**

It is our policy to prohibit any acts or threats of violence by any employee, former employee, or visitor against any employee, client, or visitor on our premises at any time or while they are engaged in business with, or on behalf of, the company, on or off our premises.

Additionally, employees have a "duty to inform" their supervisor or other company management of any suspicious workplace activity, situations, or incidents that they observe or that they are aware of. This includes, for example, threats of violence, aggressive behavior, offensive acts, threatening or offensive comments or remarks, and the like.

Employee reports made pursuant to this policy will be held in confidence to the maximum possible extent. The agency will not condone any form of retaliation against any employee for making a report under this policy.

### **Workplace Violence Prevention**

Our Agency is committed to providing a safe, violence-free workplace for our employees. Due to this commitment, we discourage employees from engaging in any physical confrontation with a violent or potentially violent individual or from behaving in a threatening or violent manner. Threats, threatening language, or any other acts of aggression or violence made toward or by any employee will not be tolerated. A threat may include any verbal or physical harassment or abuse, attempts to intimidate others, menacing gestures, stalking, or any other hostile, aggressive, and/or destructive actions taken for the purposes of intimidation. This policy covers any violent or potentially violent behavior that occurs in the workplace or at agency-sponsored functions.

All agency employees bear the responsibility of keeping our work environment free from violence or potential violence. Any employee who witnesses or is the recipient of violent behavior should promptly inform their supervisor, manager, or the Human Resources Department. All threats will be promptly investigated. No employee will be subject to retaliation, intimidation, or discipline as a result of reporting a threat in good faith under this guideline.

Any individual engaging in violence against the agency, its employees, or its property will be prosecuted to the full extent of the law. All acts will be investigated, and the appropriate action will be taken. Any such act or threatening behavior may result in disciplinary action up to and including termination.

The agency prohibits the possession of weapons in our building and client's homes. Additionally, while on duty, employees may not carry a weapon of any type. Weapons include, but are not limited to, handguns, rifles, automatic weapons, and knives that can be used as weapons (excluding pocketknives, utility knives, and other instruments that are used to open packages, cut string, and for other miscellaneous tasks), martial arts paraphernalia, stun guns, and tear gas. Any employee violating this policy is subject to discipline up to and including dismissal for the first offense.

The agency reserves the right to inspect all belongings of employees on its premises, including packages, briefcases, purses and handbags, gym bags, and personal vehicles on agency property. In addition, the agency may inspect the contents of lockers, storage areas, file cabinets, desks, and work stations at any time and may remove all agency property and other items that are in violation of agency rules and policies.

## Drug-Free and Alcohol-Free Workplace

It is the policy of the agency to maintain a drug- and alcohol-free work environment that is safe and productive for employees and others having business with the company.

The unlawful use, possession, purchase, sale, distribution, or being under the influence of any illegal drug and/or the misuse of legal drugs while on company or client premises or while performing services for the company is strictly prohibited. The agency also prohibits reporting to work or performing services under the influence of alcohol or consuming alcohol while on duty or during work hours. In addition, the agency prohibits off-premises abuse of alcohol and controlled substances, as well as the possession, use, or sale of illegal drugs, when these activities adversely affect job performance, job safety, or the agency's reputation in the community.

To ensure compliance with this policy, substance abuse screening will be conducted in the following situations:

- **Pre-employment:** As required by the agency for all prospective employees who receive a conditional offer of employment
- **For Cause:** Upon reasonable suspicion that the employee is under the influence of alcohol or drugs that could affect or has adversely affected the employee's job performance.
- **Random:** As authorized or required by federal or state law.

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination. Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable state and local law.

Any employee violating this policy is subject to discipline, up to and including termination, for the first offense.

## Whistleblower

Consistent with the agency's commitment to providing a work environment free from unlawful, unsafe or unethical practices or behavior, The whistleblower process is intended for employees of the agency and others to report suspected or actual occurrence(s) of illegal, unethical or inappropriate events (behaviors or practices), including, but not limited to, accounting, internet controls or auditing matters, without retribution (any such person reporting such occurrences or events is hereinafter referred to as a "**Whistleblower**"). The Whistleblower Process is as follows:

1. The Whistleblower should promptly report the suspected or actual event to his/her immediate supervisor.
2. If the Whistleblower would be uncomfortable or otherwise reluctant to report to his/her supervisor, then the Whistleblower should report the event to the next highest or another level of management.
3. The Whistleblower may report the event with his/her identity or anonymously.
4. The Whistleblower shall receive no retaliation or retribution by the agency for a report that was provided in good faith. For the purposes of this process, "**good faith**" means the making or filing of a report under this process that was not done primarily with malice to damage another person or the agency.

5. A Whistleblower who makes a report that is not done in good faith is subject to discipline including, but not limited to, termination of his/her relationship with the agency, or other lawful measures to protect the reputation of the agency, its employees, and clients.
6. Anyone who retaliates against the Whistleblower (who reported an event in good faith) will be subject to discipline including, but not limited to, termination of such retaliating person's relationship with the agency.
7. Crimes against persons or property, such as assault, rape, burglary, etc., should immediately be reported to local law enforcement personnel.
8. Supervisors and managers who receive any report from a Whistleblower hereunder must promptly report the information to the Corporate Compliance Officer.
9. The Whistleblower who files a report in good faith shall receive a timely report from the agency regarding the investigation, disposition, or resolution of the issue.
10. The identity of the Whistleblower, if known, shall remain as confidential as possible (depending on the circumstances) to those persons directly involved in applying this policy, unless the issue requires investigation by law enforcement, in which case members of the organization may be subject to subpoena.

### **Confidentiality Agreement**

Any information about our operations, marketing, personnel, or clients is proprietary and should not be discussed with anyone outside the company. All information about our business should remain within the organization.

Without exception, as a condition of employment, each employee must sign and abide by the Confidentiality Agreement. Because of the serious nature of this type of infraction, failure to comply with this policy may result in disciplinary action up to and including termination and possible legal action.

### **Non-Solicitation Agreement**

#### **Non-Solicitation of Employees**

Employees must agree that during the term of employment with the agency, and for a period for two years after termination, they will not recruit, solicit, or induce, or attempt to induce, any employees of the agency to terminate their employment with, or otherwise cease a relationship with the agency.

#### **Non-Solicitation of Clients**

Employees must agree that during their employment and for a period of two years after termination, they will not solicit, divert or take away, or attempt to divert, solicit or take away, the business or patronage of any of the clients, customers or accounts, or prospective clients, customers or accounts of the agency.

### **HIPAA**

Our agency maintains a practice of confidentiality and protection of personal and medical information of the patients in our service. To continue the confidentiality, each employee acknowledges his or her understanding of our confidentiality policy and his or her responsibility.

In April 2003, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into effect establishing national standards to address the security and privacy of a patient's health information, also known as protected health information. By law, many agencies and organizations, known as "covered entities," include, but are not limited to, hospitals, doctor's offices, nursing homes, assisted living facilities, and home health care agencies.

Each employee of the agency has the responsibility to maintain our patient's confidential information in the strictest confidence at all times.



You must safeguard a client's personal and health information, such as:

<ul style="list-style-type: none"> <li>• Patient's name</li> <li>• Telephone number/Fax number/Email address</li> <li>• Patient's address, city, state, zip</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Number</li> <li>• Medicaid number/insurance policy number</li> <li>• Medical History</li> <li>• Photographs</li> </ul>	<ul style="list-style-type: none"> <li>• All elements of dates (date they became a patient, birth date, date they were admitted to hospital, etc.)</li> <li>• VIN number and license plates</li> <li>• Any personal information</li> </ul>
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## Security of Technology

All the agency's systems are secure. Please be aware that no system or device owned by the agency has an expectation of personal privacy. While the company makes every attempt to protect employee property, it is not liable for any damage or loss.

Confidentiality of systems' accounts, passwords, personal identification numbers (PINs) and other types of authorization assigned to individual users must be maintained and protected, and not inappropriately shared. Employees should never share their password(s) or telephony PIN with other individuals, including co-workers.

Electronic Signatures will be used to establish authorship and validity of statements, orders, documents, reports, charting, or records by any electronic means.

## Employee Relations Principles

The agency endorses the following employee relations principles:

1. We respect the individuality of each and every employee.
2. We make demonstrated ability and competence the primary basis for promotion and, where possible, support the practice of promotion from within.
3. We provide training opportunities for all employees and encourage them to develop their capacities to the maximum potential.
4. We provide fair and equitable compensation for all employees by maintaining competitive wage rates for comparable work in the community.
5. Where available, we administer a balanced employee benefits program.
6. We provide free and open channels of communication and continuously seek ways of maintaining high morale.
7. We provide equal employment opportunity without regard to race, color, religion, sex, national origin, age, veteran status, or disability in accordance with applicable laws.

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## **Code of Ethics**

Our Code of Ethics is intended as a general statement of the primary ethical principles with which the employees of the agency are expected to comply. The standards contained in this Code of Ethics apply to all employees of the agency, and should be followed strictly.

Employees of the agency dedicate themselves to carrying out the mission of the agency. Accordingly, each employee of the agency shall:

1. Maintain the highest possible standards of business judgment and business ethics in the performance of his/her duties and responsibilities.
2. Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all our activities consistent with the Conflicts of Interest policy.
3. Avoid any interest or activity that is in conflict with the conduct of his/her official duties, and act in accordance with the Conflicts of Interest policy.
4. Respect and protect privileged information to which access is afforded in the course of official duties.
5. Recognize that the mission of the agency is to provide the highest quality of in-home care services for our valued clients so that they can enjoy a more enriched, comfortable, and safe life in their own home.
6. Accept as a personal duty the responsibility to keep up-to-date on emerging issues and to conduct himself/herself with professional competence, fairness, impartiality, efficiency, and effectiveness.
7. Respect the structure and responsibilities of the agency and its management, provide us with facts and advice as a basis for making policy decisions, and uphold and implement policies adopted by the agency.
8. Conduct his/her organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
9. Exercise whatever discretionary authority he/she has under the law to carry out the mission of the agency.
10. Serve with respect, concern, courtesy, and responsiveness in carrying out the agency's mission.
11. Strive for personal and professional excellence and encourage the professional developments of others.
12. Make only accurate, appropriate, and truthful statements or claims about his/her qualifications, experience, and performance abilities.

## **Your Supervisor**

You and your supervisor are two essential elements of a close working team. Your supervisor expects you to be productive in your assigned work, to perform your job to the best of your ability, and to use equipment and safeguards as intended. You should anticipate direction from your supervisor and should ask for guidance on the job as needed. The supervisor's goal is to support your success.

## **Open Door Policy**

At this agency, you will find that open and honest communication is essential. Your first and primary source of information is your immediate supervisor. One of your supervisor's primary responsibilities is to ensure the timely and accurate flow of relevant information. Do not hesitate to consult with your supervisor for any questions, concerns, or problems. You should also feel free to proactively share your ideas and thoughts with your supervisor. Ongoing improvement requires constant and honest communication.

## **Education & Training**

The agency recognizes that education and training provide a solid foundation for employee development and proficient job performance. Employees are encouraged to prepare themselves for advancement.

Employees may be asked to attend job related educational or training events, activities, or in-services that focus on specific skill development needs or on other topics such as health, safety, or equipment usage. In some cases,

attendance may be mandatory. When mandatory, education and training sessions will be compensated at minimum wage.

### **Licensure, Registration & Certification**

Certain positions may require state and/or national licensure, registration, or certification. Employees who are hired or transferred into such positions must have their status verified upon employment, transfer, and at the time of renewal.

***Employees are responsible for maintaining a current licensure, registration, or certification, if applicable.***

Any change in status must be reported to Human Resources immediately.

### **Employment Records**

A personnel record of each employee is kept on file. All of your employment-related information is kept confidentially within this file.

In order to maintain a current employee database, it is necessary for you to promptly notify Human Resources of any changes in personal data. Your personal data includes your mailing address, telephone number, email address, names of dependents, individuals to be contacted in the event of an emergency, educational accomplishments, etc.

If at any time you are interested in reviewing your personnel record, you may make a request to Human Resources to do so. Human resources will schedule a time to meet with you to review your record. Personnel files will not be copied in their entirety.

Prior to receiving a copy of your TB history (\$10 annually) or CPR (\$25 per class), all related fees must be paid in full.

It is the employee's responsibility to maintain a current and active phone number. If your phone number changes, please immediately notify the Human Resources department.

### **Employment of Relatives**

The agency supports the employment of qualified relatives of employees as long as such employment does not, in the company's opinion, create actual conflicts of interest. This agency discourages hiring relatives within the same department and will never have a relative supervising another relative.

This agency defines "relative" as a spouse, domestic partner, child, parent, brother, sister, grandparent, stepparent, stepchild, stepbrother, stepsister, half-brother, half-sister, current mother-in-law, current father-in-law, or current brother- or sister-in-law.

The agency will exercise its sole discretion and make its own business judgment regarding the hiring and placement of related employees.

### **Job Openings**

The agency believes in promoting employees from within the organization to give qualified employees an opportunity to apply for open positions.

All things being equal, internal candidates will be given preference over applicants from outside of the agency. However, in cases of urgent need or where special skills or knowledge are required, an external search may be initiated concurrently with the posting of a position.

Inquiries about open positions should be directed to your supervisor or Human Resources and will be treated as informational and confidential until a formal transfer is submitted.

## Personal Appearance

Each of us is expected at all times to present a professional image to clients, families, and the public. The agency's personal appearance policy applies to all working hours.

Always look neat and clean. Make sure your clothes are wrinkle-free. Your appearance is the first thing others use to perform an impression of you. Bathe daily and make sure your hair is clean. Well-established beards and mustaches should be neat and trim. Fingernails must be trimmed to a reasonable length. *Failure to present appropriately for a shift may result in disciplinary action.*

### Dress Code:

#### What to Wear:

- Company provided shirt with logo
- Scrubs – any color
- Khaki pants, black slacks
- Sneakers
- Your name tag
- A smile!
- A solid colored jacket or zip sweatshirt may be worn for warmth

#### Absolutely NOT Permitted:

- Shirts with logos or words referencing sex, drugs/alcohol, or violence
- T-shirts or sweatshirts (except company provided shirts)
- Jeans of any kind
- Leggings
- Yoga pants
- Shorts
- Sweatpants
- Hats
- Flip-flops, sandals, slippers or any sort of open toe shoe
- A bad attitude

#### Remember:

- Mid-drift must be covered at all times
- Clothing must be clean and in good repair
- Clothing must be free of odor (i.e. cigarette smoke, body odor)
- No cologne or perfume – some patients are sensitive
- Small earrings permissible, all other piercings removed or covered

## Social Media

If you choose to identify yourself as an employee of the agency in any way on a social media platform, you should follow the agency's Code of Ethics (COE), maintain HIPAA, and maintain Confidentiality. Violations of COE, HIPAA, and Confidentiality will result in disciplinary action up to and including termination.

### Media Contacts

Employees should not speak to the media on the agency's behalf. All media inquiries should be directed to the owner.

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## Schedule and MORE

**Availability:** Work hours may vary from week to week. We do not guarantee a certain number of hours or that work will be available in a particular area or on certain days. A client's changing needs may also affect the work hours available. You may not change your availability within the first 90 days of employment. Any changes in availability after employment begins may adversely affect the number of hours that can be offered.

**Schedule Changes:** You are not permitted to contact the client or client's family to change the schedule. These requests should be discussed with the Care Coordination department. Contact the office immediately if you are going to be late, can't find the client's home, or must call off due to an emergency. There is an on-call staff member available 24 hours a day to answer your call. **DO NOT CALL THE CLIENT.**

**Keep in Touch:** It is your responsibility to call the office for work. It is also your responsibility to make sure that your phone number, address, and current availability are correct. **If you do not contact the office or pick up a shift for a 60-day span during your employment with the agency we will consider this voluntary termination.** We will deactivate you in our system. To be considered for reemployment, you must complete the entire hiring/orientation process again.

**New Assignment:** Think BEFORE you accept a new case. Consider the responsibilities and hours BEFORE you accept it. Ask questions if you do not understand what will be required of you. If you accept a case and then cancel, it will be considered an unscheduled absence. **ALWAYS BE ON TIME!**

*Home health aides must be oriented and by a Registered Nurse to each new patient they will be seeing. This includes if the patient has a new admission after any leave/discharge from the agency. HHAs are responsible for making sure they are oriented to the patient before providing care. Not being oriented by a RN will result in disciplinary action.*

**Shift/Visit Confirmation:** You are responsible for confirming your shifts/visits in agency EMR (KanTime) on at least a weekly basis. This includes regularly assigned shifts/visits as well as pick-up shifts/visits.

**Requesting Off a Case:** If you have an issue at a client's home, please call the office so that we can assist with the issue before you request off the case. A two weeks' notice in writing is required before you may be removed from a case. If the situation is not able to be resolved, you may request to be taken off the case, but you will need to continue to work with the client until a suitable replacement can be found. Requests can be emailed to the HR department or via KanTime.

### Break Periods

Unpaid break times are not common in homecare. Many agency clients cannot be left alone for any amount of time.

Agency guideline is:

- Visits of 4 hours or less should not contain a smoke or meal break.
- Visits of 4 hours or more may consist of a meal break while at the client's home
  - You cannot leave the home to get a meal, must bring meal with you
- Smoke breaks are never guaranteed no matter the length of work hours.

### Clocking in/out and Schedule

Employees are required to clock in and clock out via the agency EMR mobile app (KanTime Mobile). The backup method for clocking in and out is the client's associated telephone (landline and/or cell phone). Exceptions are only given with explicit permission from the office. If you have any issues clocking in/out, contact the QA Department. Violations of this procedure will result in disciplinary action, up to and including termination (see below).

FIRST OFFENSE	Communication Note – you will verbally be talked to. This may occur over the phone.
SECOND OFFENSE	Corrective Action – you will receive a write up in person with a supervisor at the office.
THIRD OFFENSE	Probation – you will be placed on a 30 day probationary period. Any issues will result in termination.
FOURTH OFFENSE	Termination – you will be terminated

Any time you leave your work premises, the Care Coordination Department must be notified.

Employees' schedule can be found in agency's electronic medical records system, KanTime. It is your responsibility to check your schedule frequently and report any questions or concerns to the Care Coordination department.

Employees are expected to adhere to their posted KanTime schedule. Client schedules are determined by many factors including funding sources, authorizations, and client/family requests. Working hours that are different than your posted schedule (staying over, leaving early) will result in disciplinary action.

You may not be present at a client's home during non-working hours for any purpose.

### **Recording Hours: Charting and Client/Client Representative Signature**

Recording work hours starts by clocking in via KanTime Mobile.

Charting is to be completed via KanTime Mobile at the end of the shift when clocking out. It is your responsibility to ensure charting is complete. At that time, you should also obtain your client's (or a client representative's) signature. Each client/client representative should sign for their visits daily. It is NOT good practice to save up a bunch of visits to be signed at a later date.

Signature sheets are only needed if you are having an issue with KanTime Mobile or you do not have the capability of using KanTime Mobile. We encourage everyone to keep 1-2 signature sheets in their clinician care bag to use as needed. Signature sheets may be mailed, emailed or faxed into the office by Mondays at 5pm for the previous week. It is your responsibility to ensure the security and confirmation of their delivery.

Please ensure your actual hours worked and leave time taken are recorded accurately. Falsifying a signature is a breach of company policy and may be grounds for disciplinary action, up to and including termination.

Mileage is recorded on appropriate mileage tracker (see below for more information).

## **Attendance**

Call-offs and Being Tardy: We must be notified if there is a situation that will prevent you from getting to work, or from getting to work on time. You must give enough notice to allow us to find someone else to cover you. Call the main office (317-788-0777) no later than 2 hours before the shift. Do not call any of the phone numbers from our secondary lines or cell phones. Text messages will be considered a NCNS.

**\*\*YOU MUST MAKE THE PHONE CALL YOURSELF, NO ONE ELSE CAN CALL OFF FOR YOU\*\***

**If you have to leave a message, you have to call back to confirm receipt of the message.**

Unscheduled patterned absences, including absences that occur on the same day of the week or before/after weekends or holidays, will be cause for disciplinary action.

### **Attendance Points:**

Calling off for up to 50% of visits for the day, is 0.5 points.

Calling off for more than 50% of visits for the day is 1 point.

5 points = verbal warning

7 points = written warning

9 points = final warning

10 points = Termination

This policy is based on a 365-day period from the date of your first call off.

If you reach 5 points within your probationary period, termination will result.

Attendance points are not incurred for Worker Comp., FMLA, or approved time off that is requested at least 2 weeks in advance.

**No Call/No Show:** A No Call/No Show (NCNS) is defined as missing a scheduled shift for any reason without contacting the Care Coordination team or on-call office staff member. A NCNS will result in a final warning and further attendance issues will lead to termination of employment.

**MD Statement:** If you are removed from work by your physician, you must have a return to work statement submitted to Human Resources prior to returning to work.

A doctor's statement may be required prior to returning to work after absence for any prolonged illness or injury. If an employee is absent for more than five consecutive days, a written statement stating the date an employee may resume normal duties at work will be required prior to returning to work.

## Pay

### Regular Pay Procedures

Paydays fall every other week on Tuesday. When a payday falls on a holiday, you will be paid on the last business day prior to the payday.

When you receive your pay check, please review your pay stub for errors. If you find a mistake, report it to payroll immediately.

Payroll errors in excess of \$50 or more will be corrected immediately (not including bonuses of any type). Payroll errors of \$49 or less will be adjusted on the following paycheck.

It is our practice to maintain strict confidentiality with regard to your compensation, and it is our desire that you respect the same confidentiality. Therefore, you are discouraged from discussing your compensation with fellow coworkers. Discussion of compensation with clients will result in disciplinary action up to and including termination.

Numerous deductions are required by law. In addition, you may request other deductions consistent with your personal needs such as health benefits, city taxes, etc. It is also important that your W-4 form be kept current so that the proper amount of income tax is withheld. If you have changes to or questions about your W-4 form, contact Human Resources.

### Direct Deposit

We encourage all employee to enroll in direct deposit. You can have your paycheck deposited directly into a financial institution of your choice each payday. Your paycheck stub will display your deposit as well as mandatory and voluntary deductions.

Changes in direct deposit due to any changes in your personal banking information must be made in writing at the office. Administration reserves the right to stop direct deposit at any time for any reason and provide a paper check on payday.

### Overtime Hours & Minimum Wage

In accordance with the US Department of Labor's Wage and Hour Division's Fair Labor Standards Act, overtime is calculated on a forty (40) hour work week. The agency's work week starts on Sunday and finishes on Saturday.

This agency adheres to the State of Indiana's minimum wage.

### Holiday Pay

The agency observes the following standard holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Holiday pay is paid at time and a half when you work on the holiday. All clinicians must work 90 days thru your probationary period to be eligible for holiday pay.

## Referral Compensation

Referral compensations are as follows:

- Clinician: Up to \$250 after referred employee works 250 hours and completes 90 days of employment
- Patient: Up to \$250 after 30 days of service

The referring employee is responsible for tracking when their compensations are eligible to be paid and report this to the office for verification and addition to payroll. Referral compensation is taxable income.

## Mileage Pay

Mileage may only be reimbursed with pre-approved private pay client. Mileage is not allowed for Medicaid recipients under Prior Authorization funding.

Private Pay Mileage Guideline: Mileage must be record on Private Pay Mileage Tracker. Client must sign for each trip. Mileage will be reimbursed at \$0.42 per mile. Mileage tracker to be turned in to payroll department.

If agency patient provides vehicle for aide to drive for errands and/or transportation, mileage will not be reimbursed to aide. ***\*Client must have auto insurance on file with agency in order to allow clinician to drive client vehicle.\****

## Orientation and Training Pay

Orientation, onboarding, training/shadowing, and meet and greets are paid at the state's minimum wage.

You are not considered an employee of the company until you have completed your first client shift. Orientation and onboarding pay will be included on your first paycheck.

## Requesting Time Off

Clinicians are able to request Paid Time Off and Unpaid Time Off.

Unpaid Time Off requests must be made at least two weeks in advance in writing to the HR Department's email or via KanTime.

Paid or Unpaid Time off requests not submitted at least two weeks in advance are counted as a call off and are subject to the attendance policy.

Paid Time Off requests should be made at least two weeks in advance in writing to the PTO email address.

Clinicians are permitted to request one Spring/Summer Holiday off and one Fall/Winter Holiday off.

Spring/Summer Holidays: Memorial Day, Independence Day, Labor Day

Fall/Winter Holidays: Thanksgiving Day, Christmas Day, New Year's Day

Holiday requests off must be submitted at least 4 weeks prior to the requested holiday.

Holiday requests off may be subject to agency discretion based on volume of requests agency receives as well as client needs.

ALL requests off are not guaranteed to be approved. Human Resources will notify employee if request is denied.

## Performance Evaluations & Pay Adjustments

Employees are entitled to know how they are performing and whether or not their individual goals are properly aligned with company goals. This being the case, employee evaluations occur formally and informally; informally within the context of your daily activities, and formally on an annual basis.

- New employees are typically evaluated following three months of service.
- At least annually, you will be reviewed on past accomplishments, strengths, and potential, as well as areas of personal growth and development. In these sessions, you are given the opportunity to participate in creating your own career goals and addressing tasks that require more effort or a different approach.



- A completed evaluation document is placed in your personnel file and becomes a starting point for the next evaluation period.

The performance appraisal process does not result in automatic raises. Pay adjustments may or may not occur in conjunction with performance appraisals.

## Benefits

### Insurance

Employees who work 30+ hours per week are eligible for agency insurance benefits. Insurance benefits may include, but are not limited to: medical, dental, vision, and life insurances.

If an employee averages less than 30 hours per week over a 60 day period, they will be removed from the agency benefit plan(s) in which they are enrolled.

Employees who are removed from the benefit plan(s) in which they were enrolled due to inactivity or averaging less than 30 hours per week over a 60 day period are not eligible for re-enrollment until the following agency open enrollment period.

Employee benefit enrollment and auditing will be managed by TPS Medical Holdings LLC.

The agency, in correlation with managing entity, TPS Medical Holdings LLC, may choose new insurance provider(s) annually at their discretion.

### Paid Time Off

Clinicians can earn Paid Time Off (PTO) depending on the hours worked over the course of the year. The amount of PTO is as follows:

Length of Employment	Hourly Accrual Rate	Annual Maximum Allowed
0-12 months	.01924	40
13+ months	.03847	80

PTO accrual will start on the date of hire.

Clinicians can start utilizing PTO after 6 months of employment.

There are no advances on PTO.

PTO can be cashed out.

Up to 20 hours of PTO can be carried over from one anniversary year to the next.

If the clinician is terminated by the agency, their PTO balance is not paid out.

### Bereavement

One paid day (up to 8 hours) of bereavement leave will be paid upon the death of a member of your immediate family. Immediate family is considered your mother, father, spouse, child, brother or sister. As with other paid days, you are eligible for this following your 90-day orientation period.

## Leaves of Absence

### Family & Medical Leave of Absence

We will comply with the provisions of the federal Family and Medical Leave Act (FMLA) where required. To be eligible for FMLA, the employee must have worked at least 1250 hours during the previous 12-month period.

FMLA requires covered employers to provide 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job

FMLA provides coverage to Service men/women and their family members under the qualifying circumstances:

- Because of a qualifying exigency arising out of the fact that your spouse, son or daughter, or parent is on covered active duty or call to covered active duty status with the Armed Forces.
- Because you are the spouse, son or daughter, parent, or next of kin of a covered service member with a serious injury or illness.
  - This qualifier allows up to 26 weeks of unpaid leave.

Any vacation pay will be utilized and exhausted during FMLA.

### Jury Leave

If you are a full-time regular or part-time regular employee who is summoned to jury duty, the agency may or may not continue your pay during your active period of jury duty. You will be permitted to retain any allowance you receive from the court for such services.

To qualify for jury duty, leave, you must submit to your supervisor a copy of the summons to serve as soon as it is received. In addition, proof of service must be submitted to your supervisor when your period of jury duty is completed.

### Military Leave

Leave of absence without pay for military or Reserve Duty is granted to full-time regular and part-time regular employees. If you are called to active duty or to Reserve or National Guard training, submit copies of your military orders as soon as it is practical. You will be granted a military leave of absence without pay for the period of military service, in accordance with the applicable federal and state laws. If you are a Reservist or a member of the National Guard, you are granted time off without pay for required military training. Your eligibility for reinstatement after completion of your military duty or training is determined in accordance with applicable federal and state laws.

### Voting Accommodations

The agency encourages employees to vote. You should do so either before or after your scheduled shift. If your work schedule does not allow enough time for voting, then you may request a reasonable amount of time off for this purpose. Arrangements must be made in advance with your supervisor to ensure adequate staffing.

### Personal Leave

Employees who have completed three months of continuous service may request an unpaid personal leave of absence for a period of up to 30 days. You must request a personal leave in writing at least two weeks before the time you wish such a leave to begin.

If the personal leave request is necessitated by an emergency, you or a member of your immediate family must notify your supervisor as soon as it is practical. This should be followed with a written explanation of the nature of the leave

and the expected length of the absence. In such emergency situations, the written explanation must normally be submitted within three days of the beginning of the leave.

A personal leave may be granted for justifiable reasons (for example, family or personal business) at the agency's discretion, provided the leave does not seriously disrupt operations. An employee's job is not guaranteed to employees returning from a personal leave.

### **Personal Injury Report/Treatment**

We support all federal and state OSHA laws and regulations and require that all injuries, no matter how slight, be reported to your supervisor immediately.

First aid supplies are available to all employees for treatment of minor injuries. If an injury requires more extensive treatment, contact your supervisor concerning additional medical help.

Any and all personal injuries must be reported to the office immediately (you must speak with an office personnel, not a voicemail). An incident/accident report must be completed within 24 hours. Any and all medical treatment must be approved by the office and can only be conducted by an approved provider.

### **Workers' Compensation**

The agency provides workers' compensation insurance to all employees. This plan covers any injury or illness sustained in the course of employment. Benefits may include payment for medical treatment and loss of income.

You are required to advise your supervisor within 24 hours of any work-related injury or illness, regardless of how minor it may be. This will enable the agency to arrange for proper medical evaluation and treatment, if necessary, and prevent complications.

If a job-related injury needs to be evaluated by a medical professional, authorization must be given by administrations prior to any visits to an approved medical professional. The agency is not responsible for medical costs incurred from unauthorized visits.

If a job injury causes you to leave or miss a work day, the agency must have medical authorization to demonstrate that you are physically able to return to work. If you are released to return to work with physical restrictions, every reasonable attempt will be made to accommodate your restrictions for a short period of time.

The agency is not responsible for payment of workers' compensation benefits for injuries that occur during voluntary participation in any off-duty recreational, social, or athletic activity, even if sponsored by the agency, because these activities are not part of your job duties or related to your job.

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## Professional Behavior

We recognize that staff must establish rapport with clients and provide support that meets their basic human needs. However, it is the employee's responsibility to ensure that you maintain an appropriate professional relationship in your day-to-day work and raise any associated issues or training needs with management.

Befriending/Attitude: Employment with this agency isn't just a job- it is personal; however, you must not overstep professional boundaries and confuse befriending with friendship. Befriending is an appropriate relationship for staff and a part of building the necessary trust to work with clients; it focuses on the needs of the client. You may very well be the highlight of your client's day. Remember to maintain an attitude of caring, consideration, and interest in each client you serve. You should be professional, polite, and show genuine concern for your client's well-being.

Approachability: Client should feel as though they can approach you. You should not be seen as intimidating, uninterested, or uncaring. Clients must not be discouraged from requesting help or expressing needs.

Respect and Courtesy: Call the patient what he or she prefers to be called. Start with Mr. or Mrs. until they tell you otherwise. Don't use your cell phone at work, unless it is to communicate with the office. Don't use the patient's phone for personal calls. When answering the patient's phone, don't just say "hello". Instead, say, "Hello, \_\_\_\_\_ residence, \_\_\_\_\_ speaking."

Client Keys: If a client wishes you to have a key to their home, do not accept it. Call the office and we will make other arrangements with the client/representative/family.

Communication: Test the atmosphere to see how much conversation with your patient is really appreciated. Often times too much talking or asking questions is not appropriate for your client and wears them out. A good rule of thumb is to speak as much (or little) as you are spoken to. Do not pry into the personal lives of your client. Often, clients do not want to discuss their past until they are more comfortable and more trusting with you. When leaving the client's presence, give a brief explanation of where you are going and what you will be doing.

- Be conscious of your tone of voice when speaking with your client and/or their family/representative. Raised or loud voices can often be taken as being angry, argumentative, and aggravated.

Electronics/Personal Phone Use: Personal use of phone and electronics should not occur during working hours. This includes personal phone calls, games, texting, social media, videos, and music streaming/playing. This includes use of a client's electronics/phone for personal uses. Failure to comply will result in disciplinary action.

Smoking: Employees never smoke in their patient's homes (even if the patient says it's okay). Employees also cannot leave patients unattended to smoke outside the patient's home.

Eating/Meals: Your patient is not required to provide your meals. Bring something with you for long hour cases, as you will not be able to leave and pick something up. Always sit with your patient at mealtime. It may be appropriate to read a magazine at the table rather than sitting and watching them eat. Visiting with them aids their digestion. Seniors may be more comfortable eating small portions. When serving a meal to your patient, be aware of serving dishes that do not tip, and serving food portions that are easy to chew.

Parking: Parking at our agency office is provided. At client locations, please respect the wishes of the client as to parking.

Providing Advice and Influence: In general, advice should normally only be offered to clients when they request it, unless there are good reasons to be more direct such as situations where there is potential of harm or direct danger. You must be careful not to influence clients with you own beliefs and personal values, and to be aware of your potential to influence vulnerable and/or impressionable service users. Although morality, religion and politics may be areas of conversation that clients may wish to discuss, don't impose your own views on your client.

Privacy: You must respect clients' right to privacy and HIPAA. You should be sensitive and responsive to any personal and cultural needs for privacy that may arise.

- **\*\*No Visitors\*\***: NEVER take a spouse, child, friend, etc. to a patient's home whether during work time or otherwise (even if the patient says it is okay). If you bring someone to your patient's home or someone visits you at your patient's home, you will be immediately terminated as this is a violation of the patient's privacy.

- Inappropriate Personal Disclosure: Staff must not divulge any personal information about themselves or other staff members.
- Concealing Information: You should never conceal relevant information about clients such as the intention of self-harm or harm to others, not reporting violent or critical incidents or issues, child protection issues, abuse/neglect concerns, lack of care supplies, etc.

Touch – Physical Contact: Staff should approach touching with great care and caution. Some clients may misinterpret physical contact as affection outside the professional relationship. Report any concerns to a supervisor immediately.

Financial Matters:

- Staff must not enter into any financial transactions with clients including buying, selling, exchanging, or bartering goods or services.
- Staff must not borrow money or possessions from clients, and should not give or accept gifts.
  - Accepting gifts from state funded clients is not allowed and is grounds for termination.
  - Accepting a gift from anyone with Alzheimer's or dementia is grounds for termination and criminal prosecution.
- Staff should immediately report to their supervisor if a client offers or tried to give you something.
  - This includes, but is not limited to: clothes, money, food, jewelry, electronics, travel, entertainment, etc.
- Staff should not normally handle money on behalf of clients, except in clearly defined work responsibilities.
- Staff should not agree to become trustees, beneficiaries, or executors in relation to the wills of clients.

Client Relationships:

- Where staff members know clients prior to providing service, the staff member must inform management.
- Staff must not encourage clients to develop relationships with the staff member's relatives or friends.
- Staff must not give clients their or another staff member's personal contact details; for example, address, telephone number, email address, etc.
- Staff who encounter clients outside of work should be pleasant and civil, and should generally discourage prolonged social contact. Staff should not approach clients outside of work, especially where the client's behavior indicates that they do not want to be recognized or identified as a client.
- Staff must not arrange outside of work contact with clients.
- Staff must never discuss clients with other clients or other third parties.

**If you ever have any Professional Boundary questions, seek your supervisor's or Human Resources' guidance.**

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## Behavior/Terminations

It is our expectation that employees conduct themselves in a way that works to promote the best interests of the agency as well as the agency clients.

Examples of inappropriate and consequently unacceptable actions that may result in disciplinary action, up to and including termination of employment, include but are not limited to:

- Theft, unauthorized removal, or possession of company, client, or co-worker's property
- Reporting to work or conducting company business under the influence of alcohol or non-prescribed drugs
- Fighting or threatening violence on company property
- Possession of dangerous or unauthorized materials such as explosives, weapons, or firearms in company building or at client's residence
- Negligence or improper conduct leading to damage of either company- or client-owned property
- Personal use of client computer, phone, or other electronic device
- Violating nondiscrimination and/or harassment policies
- Excessive absenteeism, tardiness, or any absence without notification
- Manufacturing, possessing, using, selling, distributing, or transporting illegal drugs
- Falsifying employment or other company records, including timesheet falsification
- Not accurately clocking in and out to shifts/visits
- Not charting timely and/or accurately
- Unauthorized disclosure of confidential business, employee, or client information
- Insubordination and/or refusal to follow instructions
- Not current on continued education or required renewals
- Sleeping or appearing to sleep
- Solicitation or accepting gifts from clients, their family members, or vendors
- Violation of HIPAA
- Abuse, neglect or exploitation
- Deprivation of client services

**\*Transportation\*:** You are not allowed to transport your non-private pay patients outside the home in any form for any reason. If you receive a request from a patient to do so, call the office.

The examples of impermissible behavior described above are not intended to be an all-inclusive list. At management's discretion, any violation of the agency's policies or any conduct considered inappropriate or unsatisfactory may subject the employee to disciplinary action up to and including immediate termination.

The listing of impermissible behavior described above does not alter the employment-at-will relationship between the employer and employee in any way. The agency may end the employment relationship at any time without cause under lawful circumstances.

## Disciplinary Action

It is our policy that all employees are expected to comply with standards of behavior and performance and that any noncompliance with these standards must be corrected.

Under normal circumstances, we endorse a policy of progressive discipline, which provides employees with notice of deficiencies and an opportunity to improve. The agency does, however, retain the right to administer discipline in any manner it sees fit. This policy does not modify the status of employees as employees-at-will or in any way restrict the agency's right to bypass the disciplinary procedures suggested.

The typical application of progressive discipline is:

- If an employee is not meeting company standards of behavior or performance, the employee's supervisor or Human Resources may take the following action:
  - Meet with the employee to discuss the matter;
  - Inform the employee of the nature of the problem and the action necessary to correct it; and
  - Prepare a memorandum for the supervisor's own records indicating that a meeting has taken place.
- If there is a second occurrence, the supervisor or Human Resources may hold another meeting with the employee and take the following action:
  - Issue a written discipline form to the employee and request their signature;
  - Warn the employee that a third incident will result in more severe disciplinary action; and
  - Prepare and forward to Human Resources a written report describing the first and second incidents and summarizing the action taken during the meeting with the employee. This information will be included in the employee's personnel file.
- If there are additional occurrences, the supervisor or Human Resources may take the following action, depending on the severity of the conduct:
  - Issue a written warning;
  - Suspend the employee for up to five paid or unpaid working days; or
  - Suspend the employee indefinitely and recommend termination.
- After taking the above actions, the supervisor should prepare and forward to Human Resources another written report describing the occurrences, indicating the time between the occurrences, and summarizing the action taken or recommended and its justification.
- The progressive disciplinary procedures described in 2 above, may also be applied to an employee who is experiencing a series of unrelated problems involving job performance or behaviors.

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## Employee Grievance Procedure

The agency recognizes that there are times when the need arises for employees to express concerns or issues in a formal manner. The following procedures will ensure that employees receive a fair and unbiased review of workplace concerns. Human Resources is available to help the employee with any questions about this procedure.

### Procedures

#### ***Step 1: Informal discussion with supervisor***

Employee concerns should first be discussed with the employee's immediate supervisor. Many concerns can be resolved informally when an employee and supervisor take time to review the concern and discuss options to address the issue. At the employee's request a member of the Human Resources Department can be present.

#### ***Step 2: Written complaint to supervisor***

If the employee is not satisfied with the results of the informal discussion in Step 1, the employee may submit a written complaint within five days to his or her immediate supervisor to include:

- The nature of the grievance.
- Detailed information including evidence of the issue, witnesses, related policies, etc.
- The remedy or outcome desired.

The immediate supervisor will have five working days to respond to the employee in writing.

If the employee complaint is regarding illegal harassment, discrimination or retaliation, the employee should submit the written complaint directly to Human Resources.

#### ***Step 3: Written complaint to senior management***

If the employee is not satisfied with the response from the immediate supervisor, the employee may submit a written complaint to senior management for review. A copy should also be sent to Human Resources. The request for review should include:

- An explanation of the grievance and details of all previous efforts to resolve the issue.
- A copy of the written complaint submitted to the immediate supervisor.
- A copy of the immediate supervisor's written response to the employee's complaint.
- Detailed information regarding the employee's dissatisfaction with the immediate supervisor's response.

Senior management will consult with the employee, employee's immediate supervisor, Human Resources and any other relevant parties to evaluate the grievance and provide a written response to the employee as quickly as possible. The outcome of the review by senior management will be final unless new evidence or other circumstances warrant additional review of the complaint.

Please note the grievance process works by following the above steps and working with Human Resources for resolution.

### Recordkeeping

Human resources will maintain records of the grievance process confidentially and securely.

## **Termination/Resignation**

If you desire to terminate your employment relationship, you are requested to notify the agency at least two weeks in advance. Such notice should be given in writing to Human Resources. *However*, verbal resignation is as binding as a written resignation and will be treated as such.

An exit interview may be conducted for outgoing employees by Human Resources. The purpose of the interview is to review eligibility for benefit continuation and conversion, to ensure that all necessary forms are completed, to collect all company property that may be in the employee's possession (for example, credit cards and keys), and to provide the employee with an opportunity to discuss their job-related experiences.

For voluntary and involuntary termination, your last paycheck will be provided as a paper check. Your last paycheck will be released from the office upon return of any and all the agency's property including, but not limited to, photo ID/name badge, bag, completed paperwork, blank timesheets, folders, apparel, keys, etc.

## **Handbook Summary**

This Employee Handbook is intended to facilitate communication between you and the company. It is not to be considered an employment contract obligating you or the company to an indefinite employment relationship.

While it is organized into common subjects and indexed for your convenience, all the parts must be read and considered as a "whole."

Reading the entire handbook at least one time will give you a good idea of the general content. Then, you will be able to use it easily as a quick reference manual. Revisions and updates will be made to this information from time to time and will be communicated to you.

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## **Patient Notice of Privacy Practices and Patient Bill of Rights**

On the following pages, you will find the Patient Notice of Privacy Practices and the Patient Bill of Rights for your reference. These documents are presented to the patient and/or their representative at admission.

## Notice of Privacy Practices

**Heal at Home's Privacy Practices are reviewed with patients verbally and a written copy is provided upon admission. They are also told how to report any violations. Please take a moment to read what they are told below:**

This Notice of Privacy Practices for Heal at Home describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact our Privacy Officer who is: Administrator, Heal at Home, 1335 Sadlier Circle E Dr, Indianapolis, IN or call (317) 429-9875.

### Who Will Follow This Notice

The Notice of Privacy Practices describes information about privacy practices followed by the employees, staff, directors and other members of the workforce employed by Heal at Home.

Each of the health care providers listed above must comply with the terms of this Notice of Privacy Practices for all services provided to you by Heal at Home. These facilities will share your medical information with each other in order to efficiently provide hospital services to you, including services related to your treatment, payment for services provided to you and health care operations of the hospitals. These services are described in more detail on the following pages.

### What Locations Are Covered

This Notice of Privacy Practices applies to all services provided to you by Heal at Home.

### Your Protected Health Information

We are legally required to protect the privacy of your medical information and provide you with this Notice. This Notice of Privacy Practices describes how we may use and disclose your medical information to provide health care services to you. It also describes your rights to access and control your medical information. Your medical information includes your medical records, billing records and any other information we have or receive that may identify you and relates to your physical or mental health condition or health care services provided to you.

### How We May Use and Disclose Your Protected Health Information

We use and disclose medical information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

We may use and disclose your medical information for treatment, payment and health care operations without your prior authorization:

- **For treatment.** We may use and disclose your medical information in order to provide medical treatment to you. For example, we may provide your medical information to your doctors or their nurses and staff in order to assist with your treatment once you leave the hospital. We may also provide information to pharmacies or other health care providers as needed for your treatment.
- **To obtain payment for treatment.** We may use and disclose your medical information in order to bill and collect payment for the treatment and services provided to you. For example, we give portions of your medical information to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your medical information to billing companies, claims processing companies and others that process our health care claims.
- **For health care operations.** We may disclose your medical information in order to operate our agency. For example, we may use your medical information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also send portions of your medical information to our accountants, attorneys, consultants and others in order to comply with legal or other matters that affect us. Your medical information may also be used for health care operations such as quality assessment activities, employee review activities, training of staff, and conducting or arranging for other business activities.
- **Appointment reminders/treatment alternatives/health-related benefits and services.** We may use and disclose Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to talk you about possible treatment options or alternatives or health related benefits and services that may be of interest to you

We may also use and disclose your medical information without your authorization for the following reasons:

- **Required by law.** We may disclose your medical information when we are required by federal, state or local law, judicial or administrative proceedings or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot and other specific types of wounds; or when ordered in a legal proceeding.

- **Public health activities.** We may disclose your medical information for public health reasons. For example, we report information about births, deaths and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.
- **Health oversight activities.** We will provide medical information to assist health oversight agencies for audits, investigations, inspections or licensing purposes.
- **Organ donation.** We may disclose medical information to assist organ procurement organizations with organ, eye or tissue donation and transplants.
- **Research.** In limited circumstances, we may provide medical information for research projects which are subject to a special approval process. We will ask for your written authorization if the researcher will have access to your name, address or other information that reveals who you are.
- **To avoid a serious threat to health or safety.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide medical information to law enforcement personnel or persons able to prevent or lessen such harm.
- **Certain government functions.** We may disclose medical information of military personnel and veterans in certain situations. We may provide medical information about a patient's condition to the American Red Cross for the Red Cross to provide emergency communication services for members of the U.S. military, such as notification of family illness or death. We may also disclose medical information for national security purposes, such as protecting the President of the United States or assisting with intelligence operations.
- **Workers' Compensation.** We may provide medical information in order to comply with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Appointment reminders and alternative treatment or benefits.** We may also use your medical information to send you appointment reminders or to provide you with information about alternative treatments which may be available to you or other health-related benefits and services that may be of interest to you.
- **To business associates.** We will share your medical information with other businesses that help us provide our services. For example, we may provide your medical information to a business that transcribes medical information for us. Whenever an arrangement between our health care organization and a business associate involves the use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your medical information.

#### **You have the right to object to the following disclosures:**

- **Disclosures to family, friends or others.** We will only provide your medical information to a family member, friend or other person that you indicate is involved in your care or the payment for your health care with your consent.

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your medical information. If you choose to sign an authorization to disclose your medical information, you can revoke that authorization in writing to stop any future uses and disclosures to the extent that we have not already taken action relying on the authorization. This written decision to revoke that authorization will be filed and implemented immediately.

#### **What Rights You Have Regarding Your Medical Information**

You or your legal representative have the following rights with respect to your medical information:

- **The right to request limits on uses and disclosures of your medical information.** You have the right to ask that we limit how we use and disclose your medical information. We will consider your request but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.
- **The right to choose how we send medical information to you.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means. We must agree to your request so long as we can easily provide it in the format you requested.
- **The right to see and get copies of your medical information.** In most cases, you have the right to look at or get copies of your medical information that we have, but you must make the request in writing. If we don't have your medical information, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request to the address at the beginning of this notice. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed, if you request copies of your medical information, we will charge you a reasonable fee as permitted by Indiana law. Instead of providing the medical information you requested, we may provide you with a summary or explanation of the medical information as long as you agree in advance to pay the reasonable

cost of preparing the summary or explanation.

- **The right to get a list of certain disclosures we have made.** You have the right to request a list of instances in which we have disclosed your medical information. The list will not include uses or disclosures made for treatment, payment and health care operations. The list will also not include information given to your family, printed in our facility directory, released for national security purposes or given to correctional institutions. It will also not include disclosures made directly to you or when you have given us a written authorization for the release of medical information. To obtain this list, you must make a request in writing to the Privacy Officer identified on the first page of this Notice. The list we will give you will include disclosures made by Comfort Keepers Home Health Care. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.
- **The right to correct or update your medical information.** If you believe that there is a mistake in your medical information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Privacy Officer identified on the first page of this Notice. We may deny your request in writing if the medical information is:
  - correct and complete;
  - not created by us;
  - not allowed to be disclosed; or
  - not part of our records.

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your medical information. If we approve your request, we will make the change to your medical information, tell you that we have done it, and tell others that need to know about the change to your medical information.

- **The right to get this Notice by e-mail.** You have the right to get a copy of the Notice by e-mail. Even if you have agreed to receive the Notice via e-mail, you also have the right to request a paper copy of this Notice.

#### **What to Do If You Believe Your Privacy Rights Have Been Violated**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your medical information, you may file a complaint with the Administrator at the address shown on the first page of this Notice.

You also may send a written complaint to the Secretary of the Department of Health and Human Services. There will not be any retaliation against you for filing a complaint.

Secretary of Health and Human Services  
US Department of Health and Human Services  
200 Independence Ave, SW  
Washington DC 20201

#### **Changes to This Notice**

We may change the terms of this Notice at any time. The new Notice provisions will be effective for all protected health information we maintain. If we revise this Notice, a copy of the new Notice will be posted and made available. You may also request a copy from the Privacy Officer.

## PATIENT BILL OF RIGHTS

***Heal at Home recognizes, protects, and promotes the Patient Bill of Rights and Responsibilities for each patient under our care.***

The patient and patient's representative (if any) have the right to be informed of the patient's rights in a language and manner the individual understands. Heal at Home must protect and promote the exercise of these rights.

### *Notice of rights*

Heal at Home must:

1. Provide the patient and patient's legal representative (if any), the following information in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment:
  - a. Written notice of the patient's rights and responsibilities under this rule, and the agency's transfer and discharge policies as set forth in "Transfer and discharge" below. Written notice must be understandable to persons who have limited English proficiency and accessible to individuals with disabilities.
  - b. Make available upon request a written notice of all individuals or other legal entities who have ownership or control interest in the agency as defined in 42 CFR 420.201, 42 CFR 420.202, and 42 CFR 420.206, eff. July 1, 2005
  - c. Contact information for the Heal at Home administrator, including the administrator's name, business address, and business phone number in order to receive complaints
  - d. An OASIS privacy notice to all patients for whom the OASIS data is collected (see *OASIS Statement of Patient Privacy Practices*).
  - e. Written information concerning the home health agency's policies on advance directives, including a description of applicable state law (see *Advanced Directives*).
2. Obtain the patient's or legal representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.
3. Provide verbal notice of the patient's rights and responsibilities in the individual's primary or preferred language and in a manner the individual understands, free of charge, with the use of a competent interpreter if necessary, no later than the completion of the second visit from a skilled professional (i.e. nurse).
4. Provide written notice of the patient's rights and responsibilities under this rule and the home health agency's transfer and discharge policies as set forth in "Transfer and discharge" below to a patient selected representative within 4 business days of the initial evaluation visit.
5. Maintain written documentation that it has complied with the requirements of this section.

### *Exercise of rights*

The patient, patient's family, or legal representative may exercise the patient's rights as permitted by law.

1. If a patient has been adjudged to lack legal capacity to make health care decisions as established by state law by a court of proper jurisdiction, the rights of the patient may be exercised by the person appointed by the state court to act on the patient's behalf.
2. If a state court has not adjudged a patient to lack legal capacity to make health care decisions as defined by state law, the patient's representative may exercise the patient's rights.
3. If a patient has been adjudged to lack legal capacity to make health care decisions under state law by a court of proper jurisdiction, the patient may exercise his or her rights to the extent allowed by court order.

### *Rights of the patient*

The patient has the right to:

1. Have his or her property and person treated with respect;
2. Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect and misappropriation of property;
3. Make complaints to the home health agency regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the home health agency. The home health agency will document the existence of the complaint and the resolution of the complaint (see *Problem Solving Procedure*).
4. Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to –
  - a. Completion of all assessments;
  - b. The care to be furnished, including disciplines that will furnish care and frequency of visits based on the comprehensive assessment;
  - c. Establishing and revising the plan of care;
  - d. The frequency of visits;

- e. Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits;
  - f. Any factors that could impact treatment effectiveness; and
  - g. Any changes in the care to be furnished
5. Receive all services outlined in the plan of care
6. Have a confidential record. The patient or patient's legal representative has the right under Indiana law to access the patient's clinical records unless certain exclusions apply (*see Notice of Privacy Practices*).
7. Be advised of –
  - a. The extent to which payment for home health agency's services may be expected from Medicaid or any other federally-funded or federal aid program known to the home health agency,
  - b. The charges for services that may not be covered by Medicaid or any other federally-funded or federal aid program known to the agency,
  - c. The charges for services that may not be covered by Medicaid or any other federally-funded or federal aid program known to the agency,
  - d. The charges the individual may have to pay before care is initiated; and
  - e. Any changes in the information provided in accordance with this section when they occur. The agency must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit.
8. Receive proper written notice, in advance of a specific service being furnished, if the home health agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating on-going care.
9. Be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local home health agencies (*see Problem Solving Procedure*).
10. Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides (*see Important Resources*):
  - a. Agency on Aging,
  - b. Center for Independent Living,
  - c. Protection and Advocacy Agency,
  - d. Aging and Disability Resource Center; and
  - e. Quality Improvement Organization
11. Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or outside entity.
12. Be informed of the right to access auxiliary aids and language services as described in "Accessibility," below, and how to access these services.

### *Transfer and discharge*

The patient and representative (if any), have a right to be informed of Heal at Home's policies to transfer and discharge. The agency may only transfer or discharge the patient from the agency if:

1. The transfer or discharge is necessary for the patient's welfare because the agency and the physician who is responsible for the home health plan of care agree that the home health agency can no longer meet the patient's needs, based on the patient's acuity. Heal at Home must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the home health agency's capabilities;
2. The patient or payer will no longer pay for the services provided by the home health agency;
3. The transfer or discharge is appropriate because the physician who is responsible for the home health plan of care and the home health agency agree that the measurable outcomes and goals set forth in the plan of care have been achieved, and the agency and the physician who is responsible for the home health plan of care agree that the patient no longer needs Heal at Home's services;
4. The patient refuses services, or elects to be transferred or discharged;
5. The home health agency determines, under a policy set by the home health agency for the purpose of addressing discharge for cause that meets the requirements of this section, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the agency is seriously impaired. The agency must do the following before it discharges a patient for cause:
  - a. Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for services to the patient after discharge from the agency (if any) that a discharge for cause is being considered;
  - b. Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation;
  - c. Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and



- d. Document the problem(s) and efforts made to resolve the problem(s), and enter this documentation into its clinical records.
6. The patient dies; or
7. The home health agency ceases to operate.

#### *Investigation of complaints*

The home health agency must --

1. Investigate complaints made by a patient, the patient's representative (if any), and the patient's caregivers and family, including, but not limited to, the following topics:
  - a. Treatment or care that is (or fails to be) furnished, is furnished inconsistently, or is furnished inappropriately; and
  - b. Mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the home health agency.
2. Document both the existence of the complaint and the resolution of the complaint; and
3. Take action to prevent further potential violations, including retaliation, while the complaint is being investigated.

***Any Heal at Home staff (whether employed directly or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, including injuries of unknown source, or misappropriation of patient property, must report these findings immediately to the home health agency and other appropriate authorities in accordance with state law.***

#### *Accessibility*

Information must be provided to patients in plain language and in a manner that is accessible and timely to --

1. Persons with disabilities, including accessible Web sites and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
2. Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

**You have the right to be advised of the names, addresses, and telephone numbers of the following federally-funded and state-funded entities that serve the area you reside:**

Agency on Aging/Aging and Disability Resource Center:  
CICOA Aging and In-Home Solutions  
4755 Kingsway Dr #200  
Indianapolis, IN 46205  
(317) 254.5465  
[www.Cicoa.org/Services/Aging-Disability](http://www.Cicoa.org/Services/Aging-Disability)

Protection and Advocacy Agency:  
Indiana Protection and Advocacy  
4701 N Keystone Ave #222  
Indianapolis, IN 46205  
(317) 722.5555  
[www.IndianaDisabilityRights.org](http://www.IndianaDisabilityRights.org)

Center of Independent Living:  
accessABILITY Center of Independent Living, Inc.  
5032 E Washington St  
Indianapolis, IN 46219  
(866) 794.7245

Quality Improvement Organization: KEPRO Q10  
5201 W Kennedy Blvd, Suite 900  
Tampa, FL 33609  
(855) 408.8557

#### Agency Contact Information:

Reba Feldman, RN  
Administrator  
317.429.9875, ext 124  
1335 Sadlier Circle E Dr  
Indianapolis, IN 46239  
[rfeldman@healathomeindy.com](mailto:rfeldman@healathomeindy.com)

Angie Mills, RN  
Clinical Manager/Director of Nursing  
317.429.9875, ext 113  
1335 Sadlier Circle E Dr  
Indianapolis, IN 46239  
[amills@healathomeindy.com](mailto:amills@healathomeindy.com)

## PATIENT RESPONSIBILITY

### PATIENTS HAVE THE RESPONSIBILITY TO:

- Provide complete and accurate information to the best of your knowledge about your present complaints, past illness(es), hospitalizations, pain, medications, allergies and other matters relating to your health.
- Remain under a doctor's care while receiving Agency services.
- Notify us of perceived risks or unexpected changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status or change of physician).
- Follow the plan of care and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan.
- Ask questions about your care, treatment and service or other instruction when you do not understand what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know.
- Discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel.
- Tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc.
- Tell us if your insurance coverage changes.
- Promptly meet your financial obligations and responsibilities agreed upon with the agency.
- Follow the organization's policies and procedures.
- Inform us of the existence of, and any changes made to, advance directives.
- Tell us of any problems or dissatisfaction with the services provided.
- Provide a safe and cooperative environment for care to be provided (*such as keeping pets confined, not smoking or putting weapons away during your care*).
- Show respect and consideration for agency staff and equipment.
- Carry out mutually agreed responsibilities.