



Caregiver Policy Manual

Effective January 1, 2018

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Mission Statement

Our name is an acronym for our Mission Statement.

Home is the word we use to describe the place where each person should be able to find rest, nourishment, comfort, healing and belonging regardless of ability.

Where it's **at** for us; connecting every person to a great caregiver.

The **Heart** of a great caregiver is one of trust, hospitality, compassion and responsibility.

We **Care** about people, because God cares about people.

Vision

To support In-Home Caregivers throughout the State of Minnesota who can make a Godly difference in someone's heart and home.

Core Values

Trust: We honor all relationships we have by serving with honesty and integrity.

Hospitality: We make the most of every opportunity we are given to help someone feel valued and loved.

Compassion: We serve with kindness and compassion, following Christ's example for us.

Responsibility: We work hard to meet the needs of the people with which we have been entrusted.

Table of Contents

Chapter One	7
INTRODUCTION.....	7
Chapter Two.....	9
EMPLOYMENT INFORMATION	9
AT WILL EMPLOYMENT	9
EQUAL OPPORTUNITY EMPLOYMENT	9
OPEN DOOR POLICY	10
PERFORMANCE EVALUATIONS	10
DISMISSAL POLICIES AND DISCIPLINARY PRACTICES.....	10
VOLUNTARY RESIGNATION/CHANGE IN EMPLOYMENT STATUS.....	11
Chapter Three.....	12
EMPLOYEE RESPONSIBILITIES	12
PERSONAL APPEARANCE & PROFESSIONALISM.....	12
EMPLOYEE FILES	12
UNABLE TO WORK/CHANGE IN SCHEDULE.....	13
PAYROLL/TIME SUBMISSION POLICY	13
SHAREFILE.....	16
FRAUD, WASTE AND ABUSE AWARENESS TRAINING; TIME LIMITATIONS.....	16
TRAVEL REIMBURSEMENT	18
TRAVEL TIME POLICY	19
PCA SERVICE VERIFICATION POLICY	19
FINANCIAL RECORDS AND CONTROLS	19
TRANSPORTATION OF CLIENTS.....	20
WORK BREAKS / MEAL BREAKS	20
COMMUNICABLE DISEASE CONTROL PLAN.....	20
FAMILY AND MEDICAL LEAVE ACT POLICY	21
EMERGENCY USE OF MANUAL RESTRAINTS	21
EMERGENCY RESPONSE, REPORTING & REVIEW POLICY.....	21
INCIDENT RESPONSE, REPORTING AND REVIEW POLICY	21
PERSON-CENTERED PLANNING AND SERVICE DELIVERY	21
Chapter Four	22

ETHICAL STANDARDS.....	22
GENERAL GUIDELINES.....	22
SAFETY	23
CONFLICTS OF INTEREST	23
ALCOHOL AND ILLEGAL DRUG USE IN THE WORKPLACE.....	24
INTELLECTUAL PROPERTY RIGHTS.....	25
OFFENSIVE/HARASSING BEHAVIOR	25
POLITICAL ACTIVITIES.....	27
WHISTLEBLOWER POLICY	28
SECURITY OF TRANSMITTED INFORMATION	29
MEDIA/SOCIAL MEDIA	29
DIRECT MARKETING.....	31
CAREGIVER/CLIENT BOUNDARIES	31
DEPOSITIONS	32
PRIVACY / HIPAA POLICY.....	33
DATA PRIVACY.....	34
CONFIDENTIAL INFORMATION.....	35
REPORTING OF ABUSE/NEGLECT/EXPLOITATION	36
VULNERABLE ADULT MANDATORY REPORTING.....	36
VULNERABLE MINOR MANDATORY REPORTING.....	37
NONDISCRIMINATION	39
Chapter Five.....	40
SERVICES	40
PERSONAL CARE SERVICES.....	40
HOMEMAKING SERVICES	42
HOUSEKEEPING SERVICES.....	45
IN-HOME RESPITE CARE SERVICES.....	46
INDIVIDUAL COMMUNITY LIVING SUPPORT (ICLS).....	46
Chapter Six.....	47
CAREGIVER TRAINING, WAGE & BENEFITS.....	47
TRAINING REQUIREMENTS	47
WAGES AND BENEFITS.....	48

GLOSSARY	51
LEGAL REFERENCES	53
MINNESOTA HOME CARE BILL OF RIGHTS	54
EXHIBIT A - FAMILY MEDICAL LEAVE ACT POLICY	57
EXHIBIT B - EMERGENCY USE OF MANUAL RESTRAINTS POLICY.....	68
EXHIBIT C - EMERGENCY RESPONSE, REPORTING & REVIEW POLICY	71
EXHIBIT D –INCIDENT RESPONSE, REPORTING AND REVIEW POLICY	74
RECEIPT AND ACKNOWLEDGEMENT	80

INTRODUCTION

This policy manual (“Manual”) has been prepared as a guide book for Caregivers of Home at Heart Care, Inc. It also contains general guidance serving as the basis for policies and procedures that Home at Heart Care, Inc. may develop.

The policies and procedures described in this Manual are implemented at the discretion of Home at Heart Care, Inc. and may be modified, changed, deleted and/or added to at any time and from time to time. Any and all decisions by Home at Heart Care, Inc. officers, directors, managers and/or supervisors concerning the interpretation or application of these policies and procedures are at Home at Heart Care, Inc.’s sole and absolute discretion and shall be absolute, final and binding upon all employees. The policies and procedures set forth in this Manual (and any subsequent amendments and/or revisions thereto) revoke any and all previous inconsistent policies and procedures (whether oral or written) of Home at Heart Care, Inc., effective immediately upon communication by Home at Heart Care, Inc. to its employees.

Please note, however, that the policies and procedures contained within this Manual do not represent and are not to be construed as an exhaustive list of all Home at Heart Care, Inc. policies and procedures and this Manual does not cover every situation that may arise from day to day. Home at Heart Care, Inc. may adopt policies and/or procedures in addition to those set forth within this Manual from time to time, at its sole and absolute discretion; however, in the event of any conflict between such policies or procedures and this Manual, the provisions contained within this Manual shall govern unless otherwise specifically set forth in writing.

THIS MANUAL IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY, AND NO PROVISION OF THIS MANUAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT OR OTHER CONTRACTUAL RELATIONSHIP BETWEEN HOME AT HEART CARE, INC. AND ANY PERSON. EXCEPT AS OTHERWISE PROVIDED IN THIS MANUAL AND/OR IN A WRITTEN EMPLOYMENT CONTRACT OR OTHER WRITTEN AGREEMENT, HOME AT HEART CARE, INC. AND ALL OF ITS EMPLOYEES HAVE AN EMPLOYMENT RELATIONSHIP THAT IS KNOWN AS “EMPLOYMENT AT-WILL”, MEANING THAT HOME AT HEART CARE, INC. OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE. IN THE EVENT OF ANY CONFLICT BETWEEN THE PROVISIONS OF A WRITTEN EMPLOYMENT AGREEMENT AND THIS MANUAL, THE WRITTEN EMPLOYMENT AGREEMENT SHALL GOVERN.

THIS MANUAL AND ALL CONTENT HEREIN CONSTITUTES THE SOLE AND EXCLUSIVE INTELLECTUAL PROPERTY OF HOME AT HEART CARE, INC. ANY UNAUTHORIZED USE OR REPRODUCTION OF ALL OR ANY PORTION OF THIS MANUAL WITHOUT THE PRIOR EXPRESS WRITTEN CONSENT OF HOME AT HEART CARE, INC. IS STRICTLY PROHIBITED.

Home at Heart is an administrator for Minnesota Health Care Programs providing Personal Care, Homemaking and Respite. All employees should recognize the State of Minnesota frequently changes and updates policies and procedures. For the latest policies and procedures, all employees should consult the latest changes on-line at <http://www.dhs.state.mn.us>.

Throughout the rest of this policy manual, Home at Heart Care, Inc. will be referred to as “Home at Heart”, “we”, “our” or “us”, as applicable. The Chief Executive Officer and Chief Financial Officer will be referred to as “CEO”. Directors and Management staff will be referred to as “HAHC Management”. Qualified Professionals/Registered Nurses and Coordinators may be referred to as “Supervisors”. Employees will be referred to as “Caregivers”, “employees”, “staff”, “their” or “you”, as applicable.

THE PROVISIONS OF THIS MANUAL ARE EFFECTIVE AS OF JANUARY 1, 2018 UNLESS OTHERWISE SPECIFIED HEREIN.

EMPLOYMENT INFORMATION

AT WILL EMPLOYMENT

It is our hope and expectation that both Home at Heart and each employee will have a long lasting and mutually beneficial relationship. However, as an employee develops new skills and as an employee's circumstances may change, an employee may choose to pursue other career opportunities. Likewise, business directions and needs are subject to change. For this reason Home at Heart has an at-will employment policy that allows either the employee or Home at Heart to terminate the employment relationship at any time and for any reason.

EQUAL OPPORTUNITY EMPLOYMENT

Home at Heart is an equal opportunity employer. It is our policy to employ qualified people without regard to race, color, creed, religion, sex, sexual orientation, age, marital status, physical or mental disability, national origin or ancestry, veteran's status, or any other category protected by federal state or local law. This policy applies to all aspects of employment, including but not limited to application, hiring, selection and placement, training and development, promotion, compensation, benefits, recalls, leaves of absence, discipline and termination.

Home at Heart is committed to complying fully with the Americans with Disabilities Act ("ADA") and the Minnesota Human Rights Act ("MHRA") to the fullest extent applicable to Home at Heart and ensuring equal employment opportunities for qualified persons with disabilities under the MHRA and/or ADA, as applicable. Our organization will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

Consistent with the MHRA and/or ADA, as applicable, Home at Heart will make reasonable accommodations to all qualified persons with disabilities under the MHRA and/or ADA, as applicable, and Home at Heart will comply in all respects with any applicable local regulation or ordinance that provides qualified persons with disabilities greater protection than the ADA and/or MHRA.

OPEN DOOR POLICY

Home at Heart values all of its employees and is committed to providing a positive work environment where employees take responsibility and ownership for problem solving at all levels of the business. We desire and expect all employees to be fully informed of Home at Heart policies and procedures affecting their jobs, work environments and client relationships. We encourage at every opportunity that employees express their concerns and opinions and discuss their complaints and concerns with HAHC Management.

Employees are invited to seek information on matters affecting their positions and their employment. If a problem or issue affecting work should arise, HAHC Management is available to listen, counsel, or discuss concerns. Your direct supervisor should be your first point of contact when trying to resolve problems or concerns. If you feel your issues or concerns have still not been resolved at this level, we would welcome you to bring your concerns to HAHC Management.

PERFORMANCE EVALUATIONS

Caregivers will receive regularly scheduled performance evaluations performed by Supervisors according to program requirements. Evaluations are made through direct observation of the Caregiver's work and/or through consultation with the clients. Continued employment following Supervisor evaluations does not change the at-will nature of employment at Home at Heart.

DISMISSAL POLICIES AND DISCIPLINARY PRACTICES

The goal of Home at Heart's disciplinary policy is to correct improper behavior and eliminate unacceptable performance or behavior while protecting the interests of our clients. With this in mind, Home at Heart may use progressive or creative disciplinary procedures when dealing with employee problems. The purpose is to enable employees to understand what is expected in terms of behavior and performance and to provide Home at Heart employees with a reasonable opportunity to correct improper or unacceptable behavior. Home at Heart's goal is to resolve problems through open communication. The normal steps in the process are as follows:

1. Oral reprimand
2. Written reprimand (placed in employee file)
 - Strike 1
 - Strike 2
 - Strike 3
3. Suspension (with or without pay)
4. Termination of employment

The above steps may not be used in all situations, and in no way should any provisions within this Manual be considered a contract or guarantee of employment. As described above, Home at Heart has an "employment at will" policy, and either an employee or Home at Heart may terminate the employment relationship at any time, with or without cause, and with or without advance notice,

unless otherwise provided in a written employment agreement signed by both the employee and an authorized officer of Home at Heart.

There are some situations where progressive discipline is not appropriate, and an employee may be terminated without going through all or any of the steps indicated above. This may occur if the health, safety or welfare of a Home at Heart client, employee or representative is endangered in any way by an employee's conduct; certain actions constituting grounds for termination as set forth within this Manual are taken, or in other situations deemed necessary by Home at Heart, in its sole and absolute discretion. For example, an employee who fails to report for work for two (2) consecutive shifts without notifying HAHC Management of inability to work may be subject to immediate termination. No future employment recommendations will be furnished to any employee whose services are terminated for disciplinary action.

VOLUNTARY RESIGNATION/CHANGE IN EMPLOYMENT STATUS

Home at Heart requests that each employee provide Home at Heart with written notice two (2) weeks prior to the employee's voluntary resignation. Upon resignation or other change in status of employment with Home at Heart, Home at Heart also requests that each employee sign the Status Change Form.

EMPLOYEE RESPONSIBILITIES

PERSONAL APPEARANCE & PROFESSIONALISM

A neat, professional, well-groomed appearance is required and expected of all Home at Heart employees when they are working. This is important as the employees act as visual representatives of Home at Heart and are an essential part of the professional image we want to present.

Electronic devices, including mobile/cellular phones, tablets, laptops, PDAs and other mobile devices, have become an integral part of daily life and socialization. However, employees are expected to concentrate on their professional responsibilities and must refrain from the personal use of these devices at work (including while travelling between client appointments).

To protect the client's safety, privacy, and quality of care, Caregivers must not bring others, including children and pets, to the client's home while working.

EMPLOYEE FILES

Employee files are maintained for each employee at the office in Clearbrook, Minnesota. The purpose of an employee file is to maintain an accurate record of each employee's work history and current employment status with Home at Heart. Home at Heart forms, documents and correspondence relevant to an employee's status are maintained and protected in the permanent file. The following forms are required to be kept in an employee's file:

- Home at Heart Application
- DHS Application
- DHS Background Study with Results
- Acknowledgment Form
- Fraud Statement Form
- Waiver Provider 101 and/or PCA State Training Certificate
- Emergency Contact
- Withholding Tax Form (W-4)
- Eligibility to Work in United States (I-9)
- Evaluations of Employee's Performance
- Documentation of qualifications, orientation, training, and performance evaluations as required by Minnesota law

Each employee has the responsibility of notifying Home at Heart of changes to information within the employee's file to ensure that such employee's records are current as to the following:

- Name
- Address
- Telephone number
- Emergency Contact
- Withholding Tax Information (W-4)
- Eligibility to Work in the United States (I-9)

The records maintained in the employee files are Home at Heart property; however, employees are allowed to review their own employee file in the presence of the CEO or designee. An employee may obtain a copy of their employee file by making a request in writing. **Notwithstanding the foregoing, all information contained within the employee files, constitutes confidential information.**

Home at Heart cooperates with outside organizations by providing information, upon request, about current and former employees. Information released is limited to dates of employment and most current job title. No other information is provided without written consent from the employee or as required by law.

UNABLE TO WORK/CHANGE IN SCHEDULE

During Orientation with the Caregiver, Supervisor and client, a schedule is determined based on the care plan and client's needs. It is Home at Heart's expectation that the Caregiver works the schedule according to the plan. In the event a Caregiver is unable to report to work, the Caregiver must contact the client directly and notify the Supervisor.

The Caregiver should attempt to contact a substitute Caregiver as available and needed. If a Caregiver would like to perform substitute work, they should notify the direct Supervisor.

If the schedule needs to be changed, the Caregiver must notify the Supervisor and client as early as possible, and any updates must be approved by all parties before the Caregiver may change the schedule.

PAYROLL/TIME SUBMISSION POLICY

Home at Heart payroll and timesheet completion and submission policies will be as determined by Home at Heart from time to time and communicated to Home at Heart employees in writing.

Notwithstanding entries on timesheets, Caregivers will *not* be compensated by Home at Heart for hours worked in excess of hours specifically authorized in writing on the client's Service Plan or for time put in when their client is not enrolled in Medical Assistance or on a Waiver without prior written permission from the CEO or designee. Minnesota law also prohibits any employee from providing or being paid for more than two hundred seventy-five (275) hours per month of personal care assistance without respect to the number of clients, recipients or employers (this includes work performed for Home at Heart and other

employers in the aggregate). Home at Heart will strictly enforce this provision of Minnesota law.

ALL EMPLOYEES WHO PERFORM CARE SERVICES FOR COMPENSATION FROM PROVIDER(S) OTHER THAN HOME AT HEART MUST NOTIFY HOME AT HEART OF THE NAME(S) OF ANY OTHER PROVIDER(S) AND THE NUMBER OF HOURS WORKED FOR SUCH OTHER PROVIDER(S) DURING EACH PAY PERIOD.

Timesheets are Legal Documents

As a condition of payment, Home at Heart must document each occurrence of health services provided in the client's health service record (Minnesota Rules 9505.2175). Improper documentation may result in repayment and penalties.

Minnesota Rules 9505.2175 currently provides:

Subp. 2. Required standards for health service records.

- A. The record must be legible at a minimum to the Caregiver.
- B. The client's name must be on each page of the client's record.
- C. Each entry in the health service record must contain:
 - (1) The date on which the entry in made.
 - (2) The date or dates on which the health service is provided.
 - (3) The length of time spent with the client if the amount paid for the service depends on time spent.
 - (4) The signature and title of the Caregiver.
 - (5) When applicable, the countersignature of the vendor or supervisor as required under parts 9505.0170 to 9505.0475.

Timesheet Submission Policy

Below is Home at Heart's current timesheet submission policy as of February 1, 2017:

- Timesheets must be submitted by 9:00 a.m. Tuesday and final timesheet corrections are due by 5:00 p.m. Tuesday to be considered in the following week's paycheck process. It is the responsibility of the Caregiver to verify that the Caregiver's timesheet has been received and approved for payment.

- Home at Heart pays weekly and makes every effort to have electronic payments and paper checks available on Thursdays. However, payments may not be guaranteed due to extenuating circumstances (including without limitation holidays, mail interruptions and electronic transfer delays).
- Consult Home at Heart for holiday schedule changes.
- Timesheets and expense reports must be submitted consistently, either weekly or bi-weekly.
- Timesheets may be submitted via ShareFile, mail, in person or fax. It is recommended to call the office after submitting a timesheet to confirm receipt and check for errors to avoid any delays in processing.

The confidentiality of all Caregiver timesheets must be protected because they contain client’s personal and confidential information protected by law. It is the Caregiver’s responsibility to protect the confidentiality of the Caregiver’s timesheets by either properly storing the timesheets (and all copies) in a secure location (and on a password encrypted device if stored electronically) or sending the originals into the office.

June 2017

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

The above calendar illustrates the pay day associated with the day the timesheet was submitted. If a Caregiver turns in a correct and accurate timesheet on a day during the encircled week, then the Caregiver receives a paycheck, for time submitted, on the following starred Thursday.

For example: Jane Doe submits a complete and accurate timesheet on June 12; she may expect a paycheck on June 22.

Timesheets must be submitted by ShareFile (Secure upload site), fax, mail or in person within thirty (30) days after the first original date of service to which the timesheet relates. Timesheets received after thirty (30) days will be held for confirmation of payment to Home at Heart before paycheck is issued to Caregiver. Submitting timesheets after thirty (30) days from effective date will require investigation and may be subject to disciplinary action up to and including termination.

Home at Heart’s Caregiver Time and Activity Documentation form is available on the external website, www.homeatheartcare.com, or you may request a copy by contacting the Home at Heart office in Clearbrook, Minnesota.

SHAREFILE

To protect the privacy of clients, Home at Heart utilizes Citrix ShareFile to send and receive files securely. In compliance with privacy laws, Home at Heart will not accept documents that contain client's confidential information, including timesheets, by standard email.

The process is simple:

- Caregiver provides Home at Heart office with a personal email address
- Home at Heart initiates the set-up and sends a welcome email
- Caregiver follows the link provided in the welcome email to create an account
- Caregiver begins to upload document(s) by either an app on mobile device or by internet browser

Any images or copies of any documents (including timesheets) containing client confidential information contained on an employee's personal electronic device(s) must either be password-encrypted or deleted immediately after transmission to Home at Heart through ShareFile.

FRAUD, WASTE AND ABUSE AWARENESS TRAINING; TIME LIMITATIONS

1. Billable Time / Fraudulent and Criminal Activities

The only time that is acceptable for being recorded, paid, and billed is time spent in the presence of the client or time accomplishing tasks that are on the client's care plan.

Listed below are examples (but by no means an exhaustive list) of actions that authorities may consider fraudulent and/or criminal, all of which are expressly prohibited conduct for all employees of Home at Heart and can result in disciplinary action, including immediate termination (as well as possible criminal sanctions, including jail time):

- a. Recording time for the client in Caregiver's home when the client is not there; for example, cooking a meal and bringing it to the client or washing the client's laundry at the Caregiver's home is not permitted. **Caregivers must be physically present with the client to claim time.**
- b. Recording incorrect data; for example Caregiver works on Tuesday and puts the time down for Saturday
- c. Recording extra time; for example Caregiver records a start time of 9:00 a.m. when Caregiver arrived at 9:08 a.m.

- d. Overlapping time for multiple clients; for example Caregiver records time for client A: 9:00 a.m.-3:00 p.m. and on the same day records time for client B: 2:00 p.m.-5:00 p.m.
- e. Recording hours on a day when absent; if Caregiver misses a day with the client for any reason and records time for that missed day (even if the client said the Caregiver could).
- f. Recording time when the client is unavailable; for example Caregiver records time on a day where the client is in a hospital, long term care facility or incarcerated.

2. Caregiver's Time Limitations.

- a. *Caregivers are not allowed to work more than forty (40) hours per week without a fully-signed AMENDMENT NO. 2 to Employment Agreement.*
- b. *Caregivers are not to exceed their client's week to week plan without authorization from their Supervisor and/or the Director of Services.*
- c. *Caregivers cannot exceed the hours set forth in Letters of Adjustment to Clients from the Director of Services.*
- d. Caregivers must not work (for Home at Heart or any other agency/provider in the aggregate) more than two hundred seventy-five (275) hours in any month, fifty (50) hours in any calendar week, or fourteen (14) hours in any calendar day.
- e. Caregivers must not work (for Home at Heart or any other agency/provider collectively) more than six (6) consecutive calendar days, unless such Caregiver's Supervisor has previously documented in writing the reason and need for the same.
- f. Caregivers must not work (for Home at Heart or any other agency/provider collectively) for a time period of at least eight (8) consecutive hours after each fourteen (14) hours of work (for Home at Heart or any other agency/provider collectively), unless such Caregiver's Supervisor has previously documented in writing the reason and need for the same.
- g. *Caregivers are subject to disciplinary actions up to and including possible termination for any time in excess of any of the preceding and foregoing time limitations.*
- h. *All Caregivers who perform care services for compensation from other Provider(s) than Home at Heart must notify Home at Heart of the name(s)*

of any other provider(s) and the number of hours worked for such other provider(s) during each pay period.

- i. All Caregivers who serve multiple clients in a day will be paid travel time between clients based on the shortest distance between clients. Caregivers must submit a weekly travel time expense report with client timesheets attached. Home at Heart does not pay mileage. (See “TRAVEL TIME POLICY” below and Home at Heart Wage & Benefits Memorandum effective January 1, 2017, which is subject to change by Home at Heart at any time and from time to time and which revisions shall control in the event of any inconsistency within this Manual.)*

Home at Heart reserves the right to make unannounced visits to clients to investigate accuracy of timesheets, as well as to inform governmental investigative officials regarding any irregularities in Caregiver time reports. Home at Heart also reserves the right to impose disciplinary sanctions (including, without limitation, termination of employment) for the same.

Home at Heart uses strikes, disciplinary actions and terminations to prevent fraudulent time billings to Medical Assistance. A **strike** is given to any Caregiver who turns in time that is not legal.

Visits or telephone calls that Supervisors make to a client’s home are all required to be documented, including who was there, time and date. When time is prepared for billing to Medical Assistance, timesheets are cross-referenced with management records. If timesheets are in conflict with other records, Caregivers will be asked to resubmit their timesheet(s) as remedied to correct discrepancies. Depending on the circumstances, a Caregiver could receive a strike, possible disciplinary action or termination, at Home at Heart’s sole and absolute discretion. Caregivers should be careful to record only actual time worked. The State of Minnesota also performs audits of time records and has authority to request time records from **all jobs** held by an employee. Caregivers are expected to record time honestly and only record time when a Caregiver is with their client, providing care for the client.

**CAREGIVERS MUST BE PHYSICALLY PRESENT WITH THE
CAREGIVER’S CLIENT, PROVIDING CARE FOR THE
CLIENT, TO CLAIM TIME FOR THAT CLIENT.**

TRAVEL REIMBURSEMENT

Home at Heart does not reimburse mileage for Caregivers with respect to any work-related travel (whether to/from home, between clients and/or to/from the Home at Heart office).

TRAVEL TIME POLICY

Caregivers who are authorized by Home at Heart to provide care for more than one client in a day will be compensated (at the employee's regular hourly rate of pay) for travel time between clients using the Caregiver Travel Documentation form (but not for time spent travelling to the first client of the day, or home from the last client of the day). Travel time must be authorized by the Caregiver's Supervisor.

Because Caregiver travel time is paid in conjunction with Caregiver time, both the Caregiver Travel Documentation form and the Time and Activity Documentation must be submitted together. Travel time must be included on the weekly timesheet for the week in which the travel occurred. Home at Heart's Caregiver Travel Documentation form is available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office.

PCA SERVICE VERIFICATION POLICY

Caregivers must report, on their current timesheet, their phone number (or "no phone" if they do not have a current phone), their client's phone number and the physical address(es) (not a PO Box) of where services will be performed for the next week. If no physical address or phone number is available, a separate attachment describing how to find the location of client while services are being performed must be included.

In accordance with State of Minnesota policy, Home at Heart will make unannounced calls each calendar quarter for every PCA client, to verify both PCA and client are present and cares are being performed. Both PCA and client must use the same phone to acknowledge the call, and if either is not available, another call will be made. Dates, time of call, name of caregiver and name of client will be recorded and timesheets will be reviewed to confirm the results of the calls. If PCA and client cannot be reached by phone, an unannounced site visit must be conducted.

FINANCIAL RECORDS AND CONTROLS

Home at Heart is responsible for maintaining its financial records in compliance with the law. Every employee is responsible, for honest, accurate, understandable and timely recording, reporting and retention of information.

Employees are specifically prohibited from:

1. Making or omitting an entry that intentionally hides, disguises or misrepresents the true nature of any transaction.
2. Providing false, incomplete or misleading information to an internal or external auditor.
3. Deferring or accelerating the recording of items that should be recognized in the proper time period.

TRANSPORTATION OF CLIENTS

Minnesota Department of Human Services (“DHS”) and Home at Heart prohibit the transportation of clients. (Transportation is a separate DHS service, not to be combined with Home at Heart services.) However, Caregivers may accompany clients (if someone else is transporting them) if the client needs assistance with ADLs during transport or at the point of destination.

- Caregivers are not to drive the client’s vehicle while performing services.
- Home at Heart does not provide company vehicles for transportation of clients or employee personal use.
- Home at Heart does not reimburse employees for mileage for transporting clients.

WORK BREAKS / MEAL BREAKS

An employee working for four (4) or more consecutive hours may take a work break of up to fifteen (15) minutes (or time sufficient to utilize the nearest convenient restroom, if longer) within the second and/or third hours of each four (4) hour period. The work break shall not be deducted from the time for which such employee is paid.

During any eight (8) or more consecutive hours of work, an employee may take an unpaid meal break of thirty (30) to sixty (60) minutes, during which meal break the employee may leave the employee’s work location and is relieved of all employment duties. Each employee is required to properly document such employee’s meal break times as required by Home at Heart’s payroll and timesheet polices.

Work breaks and meal breaks must not be scheduled at a time which may jeopardize the safety of, or result in an inconvenience to, any Home at Heart client or employee.

COMMUNICABLE DISEASE CONTROL PLAN

Home at Heart is committed to providing a safe and healthful work environment. Home at Heart has a Communicable Disease Control Plan that includes determination of employee exposure, implementation of various methods of exposure control (universal precautions, engineering controls, work practice controls, Personal Protective Equipment and Housekeeping), Hepatitis B vaccination, Post-exposure evaluation and follow-up, communication of hazards and training, record keeping and procedure for evaluating circumstances surrounding exposure incidents.

Caregivers will receive training in the described areas of the plan as it relates to their individual client. All employees are subject to the Home at Heart’s Communicable Disease Control Plan. The plan will be available on the external website, www.homeatheartcare.com or you may request a copy by contacting the Home at Heart office.

FAMILY AND MEDICAL LEAVE ACT POLICY

Home at Heart is committed to compliance with the Family and Medical Leave Act of 1993 (the “FMLA”). A copy of the Family and Medical Leave Act Policy is attached hereto as *Exhibit A*.

EMERGENCY USE OF MANUAL RESTRAINTS

All employees are subject to the Home at Heart Care, Inc. Emergency Use of Manual Restraints Policy as adopted and amended by Home at Heart at any time and from time to time. A copy of the Emergency Use of Manual Restraints Policy is attached hereto as *Exhibit B*.

EMERGENCY RESPONSE, REPORTING & REVIEW POLICY

All employees are subject to the Home at Heart Care, Inc. Emergency Response, Reporting & Review Policy as adopted and amended by Home at Heart at any time and from time to time. A copy of the Emergency Response, Reporting & Review Policy is attached hereto as *Exhibit C*.

INCIDENT RESPONSE, REPORTING AND REVIEW POLICY

All employees are subject to the Home at Heart Care, Inc. Incident Response, Reporting & Review Policy as adopted and amended by Home at Heart at any time and from time to time. A copy of the Incident Response, Reporting & Review Policy is attached hereto as *Exhibit D*.

PERSON-CENTERED PLANNING AND SERVICE DELIVERY

Caregivers must comply with the client’s care plan that addresses each client's preferences, daily needs, interests, activities, and personal goals.

ETHICAL STANDARDS

Home at Heart is committed to the highest ethical standards in the conduct of business. These ethical policies go beyond rules set by law, as we know that our employees' and the public's trust in Home at Heart is both a serious responsibility and a valid expectation. While it is not possible to develop a detailed set of rules which cover all circumstances, or which serve as a substitute for good judgment and ethical conduct, the purpose of this Chapter is to set forth the business ethics of Home at Heart in a written format which provides clear guidance to all employees.

GENERAL GUIDELINES

All employees have a personal responsibility to ensure that their actions meet the highest ethical standards and to abide by the laws, rules, and regulations that apply to their work. Therefore, employees must:

1. Conduct the business of Home at Heart honestly, ethically and in good faith. Employees must use good judgment in performing job responsibilities. Occasionally, employees may find themselves in a situation where their responsibilities under the law and Home at Heart policy are unclear. In that circumstance, employees consult their Supervisor to be certain that they are using good judgment and acting consistent with the law and Home at Heart policies.
2. Cooperate fully and honestly with Home at Heart in any investigation or proceeding concerning their conduct or the conduct of other persons or entities with which Home at Heart has a business relationship.
3. Become familiar and comply with the laws, rules and regulations applicable to their job responsibilities with Home at Heart. Seek the advice of their supervisor with questions.
4. Recognize the continuing obligation of all employees to support client quality of life.
5. Report promptly to proper authorities any violations or suspected violations of Home at Heart policy and/or the law by any Home at Heart employee.
6. If a client accuses the Caregiver of theft, Caregivers must immediately report the incident to the Caregiver's Supervisor. The client will be encouraged to file a report with law enforcement and Home at Heart will take appropriate action.
7. Comply with the rules, regulations and policies of Home at Heart as amended at any time and from time to time, including, without limitation, this Manual.

8. **Never ask a client to sign an incomplete timesheet or to sign before the time has been worked. Such an action is very poor judgment and will subject an employee to disciplinary action up to and including possible termination.**

SAFETY

Safety is and will always be a top priority. Employees must do everything they can to ensure the safety of clients and co-workers.

Specifically, employees must:

1. Put safety first.
2. Understand and follow the safety and health rules and practices that apply to the job responsibilities.
3. Take precautions necessary to protect Home at Heart employees, clients and equipment from harmful or dangerous situations.
4. Practice safe lifting techniques.
 - a. Keep head up (maintain proper posture and neck alignment);
 - b. Keep a neutral curve in back (bring the load in close to body and distribute the load symmetrically), making certain to move other obstacles out of the way;
 - c. Lift with legs; and
 - d. Never twist or turn while lifting.
5. Immediately report accidents, injuries, hazards, unsafe practices or conditions to the Caregiver's direct Supervisor or HAHC Management.
6. Not possess firearms or other weapons on client premises or on Home at Heart property.
7. Not retaliate against or threaten anyone for the good faith reporting or supplying of information about conduct implicating safety.

CONFLICTS OF INTEREST

It is imperative that employee conduct not reflect adversely on Home at Heart. In that regard, all Home at Heart employees are required to:

1. Avoid personal conflicts of interest or the appearance of such conflicts that could reflect adversely on employees or Home at Heart.

2. Disclose in advance to HAHC Management any client relationship that might be perceived as a conflict of interest.
3. Fulfill the established job responsibilities for all clients regardless of personal interests.
4. Refrain from taking advantage of a relationship with Home at Heart to earn a personal profit from Home at Heart property, information, employees, or business opportunities.
5. Disclose to HAHC Management if you have or had a close personal relationship with the assigned Supervisor or client.
6. Protect and ensure the efficient use of Home at Heart assets. The business's assets, whether tangible or intangible, are to be used only by authorized employees or their designees and only for legitimate business purposes. Personal use of items such as telephones, facsimile equipment, computers and similar equipment must not be excessive as determined in the sole discretion of the CEO, and must have no material cost to the business and in no way violate any policy or practice of Home at Heart.
7. Refrain from abusing or compromising any employee benefits and privileges.
8. Refrain from conduct on or off duty, which is detrimental to the best interests of other employees, clients or Home at Heart.
9. Refrain from engaging in fundraising or personal business on Home at Heart property or time unless such activity is Home at Heart sponsored or is approved in advance by the CEO.

ALCOHOL AND ILLEGAL DRUG USE IN THE WORKPLACE

It is the policy of Home at Heart to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. Home at Heart is committed to having employees who do not engage in illegal alcohol and drug activities. Home at Heart will take the necessary steps to comply with all federal, state and local laws.

The following policies apply to all employees, subcontractors, and volunteers and failure to comply will result to disciplinary action, up to and including immediate termination.

- All employees must be free from the abuse of prescription medications or being under the influence of a chemical that impairs their ability to provide services or care.
- The consumption of alcohol is prohibited while directly responsible for clients, or on any Home at Heart property (owned or leased), or in Home at Heart vehicles (owned or leased).
- Being under the influence of a controlled substance identified under Minnesota Statutes, Chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to clients is prohibited.

- The use, sale, manufacture, distribution, or possession of illegal drugs while providing care to clients, or on company property (owned or leased), or in company vehicles, machinery, or equipment (owned or leased), is prohibited.

Any employee convicted of criminal drug use or activity must notify employee's Supervisor no later than five (5) days after the conviction. Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in disciplinary action, up to and including immediate termination.

The CEO or designee will notify the appropriate law enforcement agency when Home at Heart has reasonable suspicion to believe that an employee may have illegal drugs in his/her possession. Where appropriate, Home at Heart will also notify licensing boards.

INTELLECTUAL PROPERTY RIGHTS

Home at Heart reserves and retains all worldwide right, title and interest in and to all intellectual property rights with respect to all of Home at Heart's intellectual property, including the exclusive, worldwide right in perpetuity to protect all such intellectual property under any laws for the protection of intellectual and industrial property, including without limitation, trade secrets, trademarks, copyrights, industrial designs, patents and domain name registration(s), whether or not such intellectual and/or industrial property thereto is/are entitled to such registration. All rights in and to such intellectual property not expressly granted to employees in writing are expressly reserved by Home at Heart.

OFFENSIVE/HARASSING BEHAVIOR

Home at Heart intends to provide a work environment and customer service that is pleasant, healthy, comfortable and free from intimidation, hostility or other offenses which might interfere with work performance. Any employee who *engages in* harassment of other employees *or* Home at Heart clients on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, membership or activity in a local commission, disability or age; who *permits* employees under his/her supervision to engage in such harassment; or who retaliates *or permits* retaliation against an employee who reports any harassment has engaged in misconduct and shall be subject to disciplinary action up to and including termination.

Harassment of any sort (verbal, physical or visual) will not be tolerated and is prohibited. Harassment can take many forms. It may be, but is not limited to: words, signs, jokes, pranks, intimidation, physical contact, or violence. Harassment is not necessarily sexual in nature.

Sexually harassing conduct is prohibited and may include unwelcome sexual advances; requests for sexual favors; unwelcome flirtation; leering; making sexual gestures; displaying derogatory or sexually suggestive posters, cartoons, drawings or objects; or any other verbal or physical contact of a sexual nature that prevents an individual from effectively performing his/her employment

duties, creates an intimidating, hostile or offensive working or care environment or that is made a condition of employment or compensation, either implicitly or explicitly. Similarly, Home at Heart will not tolerate harassment by its employees of non-employees (including without limitation clients) with whom Home at Heart has a business, service or professional relationship.

Any other sexual harassment of fellow employees and/or Home at Heart clients, whether committed on or off the job (and/or on Home at Heart property and/or client premises), is also prohibited. Sexual harassment includes, but is not limited to:

- Repeated offensive sexual flirtations,
- Advances or propositions,
- Continual or repeated verbal abuse of a sexual nature,
- Graphic verbal commentaries about an individual's body,
- Sexually degrading words used to describe an individual,
- The display in the workplace of sexually explicit objects,
- Any indication, expressed or implied, that an employee's job security, job assignment, conditions of employment, or opportunities for advancement depend or may depend on the granting of sexual favors to any other employee, director, or manager,
- Any indication, expressed or implied, that continued services from Home at Heart depend or may depend on the granting of sexual favors, and/or
- The deliberate or careless expression of jokes or remarks of a sexual nature to or in the presence of employees who may find such jokes or remarks offensive.

All Home at Heart employees, *and particularly supervisors*, have a responsibility for keeping the work environment free of harassment. If an employee becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, they should report it to the direct supervisor or HAHC Management. Appropriate investigation and disciplinary action will be taken.

If Home at Heart becomes aware that harassment might exist, it is obligated by law to take prompt and appropriate action, whether or not the victim wants Home at Heart to do so. **No retaliatory action will be taken against an employee filing a harassment complaint. All reports will be promptly investigated with due regard for the confidentiality and privacy of all involved.**

Any employee found to have harassed a fellow employee, subordinate or non-employee (including without limitation clients) with whom Home at Heart has a business, service or professional relationship will be subject to investigatory and disciplinary action up to and including termination. Home at Heart will also take any additional action necessary to appropriately remedy the situation. No adverse employment action will be taken for any employee making a good faith report of alleged harassment.

Persons who makes unwelcome advances, threatens or in any way harass another are personally liable for such actions and their consequences. Home at Heart will not provide legal, financial or any other assistance to any persons accused of harassment if a legal complaint is filed.

Employee options in response to harassment include:

Self Help

An employee may:

- tell the person, or persons, in private, that their behavior is offensive and request that it stop;
- write to the person, or persons, about their behavior, sealing and marking the letter “personal and confidential”; or
- Speak to the person, or persons, in private, in the presence of the direct Supervisor and/or HAHC Management.

Since allegations of harassment are extremely serious it is important to keep any information confidential to those directly involved.

Informal Intervention

Employees may notify the direct Supervisor or HAHC Management to intervene. Home at Heart is committed to review the concerns and will complete any discussions or investigations quickly, discreetly and fairly.

Formal Complaint

If self-help and informal intervention has not worked or if the allegation is, in the employee’s view, serious enough to warrant formal disciplinary action, an employee should submit a detailed written complaint to the direct supervisor or HAHC Management. Appropriate disciplinary action will be taken if investigation shows the complaint to be justified. Complaints will be investigated promptly, with appropriate confidentiality, and a report (either oral or written) will be made to the employee by the investigating party or parties.

POLITICAL ACTIVITIES

Employees may participate and contribute to political organizations and campaigns and Home at Heart encourages employee participation in the governance of their communities. Such participation, however, must be done personally. The financial and other resources of Home at Heart shall not be used for the purpose of supporting, directly or indirectly, any political issue, the campaign of any candidate for federal, state or local (whether foreign or domestic) political office, or any national, state or local political party committee, unit and/or subdivision (whether foreign or domestic) or other national state or local political committee or fund (whether foreign or domestic). Such resources further shall not be used to reimburse any employee for any political contribution the employee may have made or shall prohibit support of political candidates or issues through lawful political action committees or individual support allowed by law.

WHISTLEBLOWER POLICY

Home at Heart is committed to the highest possible ethical and legal standards of business conduct. Employees must also observe the same high standards of business and personal ethics in the conduct of their job responsibilities. Employees may raise concerns regarding questionable actions with an assurance that there will be no retaliation for whistle-blowing in good faith.

It is the responsibility of employees to report suspected violations to the direct supervisor or HAHC Management, including, but not limited to, the following:

- Misrepresentation or false statement regarding a material matter contained in time documentation, evaluations or other reports.
- Actions that constitute gross misdemeanors or felonies or otherwise amount to serious improper conduct.

Reporting a Concern

Concerns should be reported in one of the following ways:

- Home at Heart maintains an open door policy and employees are encouraged to bring questions, concerns, suggestions or complaints to the direct Supervisor.
- If a complainant is not comfortable speaking with the direct Supervisor or is not satisfied with the response, they may request a meeting with up to two (2) other employees to present verified facts to the CEO or designee. Although an employee is not expected to prove the truth of an allegation, the employee must demonstrate that there are sufficient grounds for concern.

Complaint Handling

The action taken will depend on the nature of the concern. Initial inquiries will be made by the appropriate employees to determine whether an investigation is appropriate and what form it should take. Some concerns may be resolved by agreed action without need for investigation. The complainant will be given the opportunity to receive follow up on their concern. Further information may be required from the complainant to complete the investigation. Subject to legal constraints, the complainant will receive information about the outcome of the investigation.

Safeguards

- Any retaliation against the complainant, including harassment or victimization, is prohibited and will not be tolerated.
- Home at Heart will keep complaints confidential, as appropriate, consistent with the need to investigate the complaint (including any necessary legal action).

- False, malicious or bad faith allegations may result in disciplinary action.

Home at Heart's Whistleblower Policy is available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office.

SECURITY OF TRANSMITTED INFORMATION

Employees must take reasonable precautions to protect the confidentiality and security of transmitted information.

All faxes must have a cover sheet that identifies the names and fax numbers of both sender and intended recipient. Any email that contains confidential health information must be sent using a secure message process. All communications transmitted electronically must include the following notice:

<p style="text-align: center;">PRIVACY NOTICE</p> <p>THIS MESSAGE MAY CONTAIN PRIVATE OR CONFIDENTIAL DATA.</p> <p>The information contained in this message is intended for the use of the addressee listed above. This information may be protected by state and federal privacy regulations. If you are not the intended client or the person responsible for delivering this information to the intended client, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 218-776-3508 or 866-810-9441.</p>
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MEDIA/SOCIAL MEDIA

Home at Heart understands that social media can be a fun and rewarding way to share a Caregiver's life and opinions with family, friends and co-workers. However, use of social media also presents certain risks and carries with it certain responsibilities. Ultimately, the Caregiver is solely responsible for what they post online or publish elsewhere.

- A Caregiver should avoid conduct that adversely affects their job performance, the performance of fellow employees or otherwise adversely affects clients, suppliers, people who work on behalf of Home at Heart or Home at Heart's legitimate business interests.
- Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar disrespectful or unlawful conduct may subject the employee to disciplinary action up to and including termination.

Home at Heart has established these guidelines for employees to use in making responsible decisions regarding the appropriate use of social media.

1. Know and follow the rules.

The employee is responsible to read these guidelines, Home at Heart Ethical Standards, Confidential Information Policy, Nondiscrimination Policy and the Offensive & Harassing Behaviors Policy, and ensure their postings are consistent with these policies.

2. Be respectful

It is an expectation that the employee always be fair and courteous to fellow employees, clients or other individuals who work on behalf of Home at Heart. Employees should keep in mind that they are more likely to resolve work-related complaints by speaking directly with their co-workers or by utilizing Home at Heart's Open Door Policy than by posting complaints to a social media outlet. Nevertheless, if the employee decides to post complaints or criticism, they should ensure their postings are consistent with Home at Heart policies.

3. Be honest and accurate

Employees should make sure they are always honest and accurate when posting information or news, and if an employee makes a mistake, they should correct it quickly. Employees should be open about any previous posts they have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that are known to be false about Home at Heart, fellow employees, clients, suppliers, or people working on behalf of Home at Heart or competitors.

4. Post only appropriate content

Employees must never represent themselves as a spokesperson for Home at Heart. If Home at Heart is a subject of the content that an employee is creating, the employee must be clear and open about the fact that they are an employee and make it clear that their views are their own. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of Home at Heart."

5. Use of media at work

Employees should refrain from using social media while on work time.

6. Retaliation is prohibited

Any employee who retaliates against another employee or client for reporting a possible violation of this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

7. Media Contacts

Employees should not speak to the media on Home at Heart's behalf without contacting the CEO. All media inquiries should be directed to the CEO.

Employees are encouraged to contact their Supervisor if they have questions or need further guidance.

DIRECT MARKETING

By Minnesota law, Home at Heart employees and HAHC Management cannot directly market or promote Home at Heart services to potential clients (or their guardians or family members) in person, by phone, by mail or electronic means.

Home at Heart is allowed to use indirect marketing methods such as web sites, yellow page advertisements, billboards and newspaper advertising.

Employees are encouraged to contact their Supervisor if they have questions or need further guidance.

CAREGIVER/CLIENT BOUNDARIES

Boundaries in client care are mutually understood, unspoken, physical and emotional limits of the relationship between the trusting client and the Caregiver. Professional boundaries represent a set of culturally and professionally derived rules for how Caregivers and their clients interact. Boundaries serve to establish and maintain a trusting Caregiver-client relationship and help all Caregivers maintain “justice and equity” in dealing with all clients.

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

Common reasons for boundary problems include:

- Personality styles
- Psychiatric disorders in which normal boundaries are not recognized or respected.
- Caregiver stress/burnout
- Cultural misunderstandings

Warning signs and examples of potential boundary blurring include:

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

Note: Not all boundary issues are detrimental to the Caregiver-client relationship---some clearly enhance compassionate care and serve to reinforce a trusting relationship. However, it is important

for the Caregiver to self-reflect and consider the following questions when boundaries are approached:

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

Any Caregiver not sure of the appropriate response in their situation to these questions should discuss the situation with the direct Supervisor or HAHC Management. Accordingly, all Caregivers must:

- Set clear expectations with clients and families as to their role in the context of their care, availability and best ways to communicate.
- Not accept gifts, cash or favors from clients.
- Not use the clients' computers or other electronic devices for personal use.
- Contact Supervisor when uncertain about client/family behaviors.
- Address issues as they arise with the client/family; acknowledge importance of feelings, emphasize the Caregiver-client relationship and the importance of maintaining objectivity; emphasize that the rejection of a requested behavior does not imply a lack of caring.

Caregivers are encouraged to seek professional counseling when boundary issues impact their ability to provide objective, compassionate care. Caregivers may contact the direct Supervisor or office for counseling options. Caregivers who are found to manipulate, coerce, antagonize, threaten, abuse or take advantage of clients for their personal gain are subject to disciplinary action up to and including immediate termination of employment.

DEPOSITIONS

All requests for depositions must be promptly brought to the attention of the CEO, who will determine whether or not it is appropriate for employees to respond with the requested deposition. The CEO or designee may consult with the counsel as appropriate. If the CEO or designee

approves, then a deposition may be provided and the CEO or designee may provide guidance relating to preparation for the deposition if appropriate.

PRIVACY / HIPAA POLICY

Each Home at Heart employee has a responsibility to clients and Home at Heart to uphold client privacy rights, and maintain the security and integrity of client protected health information.

ACCORDINGLY, CLIENT PROTECTED HEALTH INFORMATION WILL BE TREATED AS CONFIDENTIAL, AND HELD, USED AND DISCLOSED ONLY IN COMPLIANCE WITH APPLICABLE LAWS/REGULATIONS AND AS SET FORTH WITHIN HOME AT HEART'S NOTICE OF PRIVACY PRACTICES (AND AS THE SAME MAY BE AMENDED AT ANY TIME AND FROM TIME TO TIME BY HOME AT HEART, AT ITS SOLE AND ABSOLUTE DISCRETION).

All employees will collect, use, disclose, maintain and store client protected health information in an honest, ethical, secure and confidential manner.

All employees must comply in all respects with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), the Standards for Privacy and Security of Individually Identifiable Health Information promulgated at 45 CFR Parts 160 and 164, and all other applicable similar federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance, and any and all amendments to any of the foregoing.

All Home at Heart employees will uphold and safeguard the rights of clients to the privacy of client protected health information by ensuring that client protected health information is used and disclosed **only** under the following conditions:

- Each client or client's authorized personal representative has been provided with a copy of Home at Heart's Notice of Privacy Practices and has signed a written confirmation of such receipt.
- Each client or client's authorized personal representative has read, completed and signed Home at Heart Care, Inc. Admission Service Agreement.
- All Home at Heart employees must take all reasonable precautions to safeguard the confidentiality of client protected health information, including without limitation strict compliance with Home at Heart's Notice of Privacy Practices (and as the same may be amended by Home at Heart, at its sole and absolute discretion, at any time and from time to time) and all federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance relative to health information, including without HIPAA and all regulations promulgated thereunder, as well as any amendments to any of the foregoing.
- The use and disclosure of client protected health information is permitted without specific authorization *only* when required for treatment, payment, and healthcare operations as set forth in Home at Heart's Notice of Privacy Practices and/or applicable laws/regulations.

- Disclosure of client protected health information to any person or entity for other purposes may be made only on written authorization of the client or, if appropriate, his/her parent or legal guardian.

After termination of employment with Home at Heart for any reason or no reason, former employees must continue to protect the privacy of client protected health information. All departing employees must immediately return to their supervisor any and all documents (i.e. timesheets, care plans) and media containing client protected health information. Terminated employees must never disclose, without proper authorization or as required by law, any client protected health information after leaving employment with Home at Heart.

Non-compliance with this policy and associated procedures is a serious matter and may result in civil and criminal actions to the employee, in addition to disciplinary action up to and including immediate termination of employment.

DATA PRIVACY

It is the policy of Home at Heart to recognize the rights of clients to confidentiality and data privacy. All employees are subject to comply with Home at Heart's Data Privacy Policy. Non-compliance with this policy and associated procedures is a serious matter and may result in civil and criminal actions to the employee, in addition to disciplinary action up to and including immediate termination of employment. Home at Heart's Data Privacy Policy is available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office.

Private data includes all information on persons that has been gathered by Home at Heart or from other sources for Home at Heart purposes as contained in the client data file, including their presence and status in this program. Data is private if it is about the client and is classified as private by state or federal law. Only the following persons are permitted access to private data:

- The client who is the subject of the data or a legal representative.
- Anyone to whom the client gives signed consent to view the data.
- Client's case manager.
- Employees of the welfare system whose work assignments reasonably require access to the data. This includes employees of Home at Heart.
- Anyone the law says can view the data.

Data collected within the welfare system about clients are considered welfare data. Welfare data is private data on clients; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a client's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes Home at Heart and other licensed caregivers jointly providing services to the same client. Once informed consent has been obtained from the client or the legal representative there is no prohibition against sharing welfare data with other

persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services

Data created prior to the death of a client retains the same legal classification (public, private, confidential) after the client's death that it had before the death.

Home at Heart has an established process in obtaining informed consent or authorization for release of information from other licensed caregivers or primary health care providers. Questions regarding this process should be referred to the Supervisor.

Employees do not automatically have access to private data about Home at Heart clients or about other employees. Employees must have a specific work function need for the information. Private data about persons are available only to those Home at Heart employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.

Any written or verbal exchanges about a person's private information by employees with other employees or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.

As a general rule, doubts about the correctness of sharing information should be referred to the Supervisor.

After termination of employment with Home at Heart for any reason or no reason, former employees must continue to protect the privacy of client protected health information. All departing employees must immediately return to the direct supervisor any and all documents (i.e. timesheets, care plans) and media containing client protected health information. Terminated employees must never disclose, without proper authorization or as required by law, any client protected health information after leaving employment with Home at Heart.

CONFIDENTIAL INFORMATION

Throughout employment, employees will acquire and have access to confidential information belonging to Home at Heart of a special and unique nature and value, relating to such matters as Home at Heart's clients lists, contracts and other information (including without limitation personal contact information and health care information); Employees and compensation information; accounts; trade secrets; procedures; handbooks (including this Manual); pricing information; customer information; accounting and bookkeeping practices; office policies and practices; financial information, data, records and reports; sales data and expense information; business plans, general and specific; prospect names and lists; existing and potential business opportunities; confidential reports; litigation and other legal matters; intellectual property; and other information specific to Home at Heart and its business.

Home at Heart expects employees to maintain the utmost integrity regarding all such confidential information. All such information will be held in the strictest confidence and will be released only by authorized employees to persons who recognize these confidentiality

obligations and agree to abide by them in writing. All requests for any information relative to any Home at Heart employee or client must be referred directly to the CEO. Only the CEO, or the CEO's authorized designee, is authorized to release information concerning administrative, technical or financial data relative to the operation of Home at Heart and/or any information of any kind (including without limitation personal and health-care related information) regarding Home at Heart's employees and clients. If any representative of the media (newspaper, television, radio) requests any information, such request must be directed or referred to the CEO.

As a condition of employment with Home at Heart, employees agree that all confidential information described in this Manual, and/or any other information which employees know or reasonably should be aware constitutes confidential or proprietary information regarding Home at Heart, any Home at Heart client or any Home at Heart employee, is the exclusive property of Home at Heart and that employees will not at any time use, divulge or disclose to anyone, or attempt to use, divulge or disclose to anyone, except in the responsible exercise of the job, any such confidential or proprietary information, whether or not such information has been designated specifically as "confidential" or "proprietary". Any violation of these confidentiality restrictions is grounds for disciplinary action, including immediate termination.

REPORTING OF ABUSE/NEGLECT/EXPLOITATION

It is the policy of Home at Heart to comply with all relevant laws with regard to the mandatory reporting of all suspicions of abuse or neglect. If Home at Heart becomes aware of possible abuse of a client, or has reasonable suspicion of abuse or neglect, Home at Heart is required by law to notify the Minnesota Department of Human Services. The CEO or designee will be responsible for this notification. To ensure all incidences of abuse/neglect are reported to the proper authorities and according to the law, any employee who witnesses neglect or sexual abuse involving a client while under the care of Home at Heart Employees shall report the incident to the CEO or designee as soon as possible but in no event less than twenty-four (24) hours after witnessing the incident.

VULNERABLE ADULT MANDATORY REPORTING

It is the policy Home at Heart to protect the adults served by Home at Heart who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults. Suspected Maltreatment may include but not limited to financial exploitation, Caregiver neglect or self-neglect, or verbal, physical, sexual or emotional abuse. All employees must comply with the Home at Heart Maltreatment of Vulnerable Adults Mandated Reporting Policy and as the same may be amended at any time and from time to time. Failure to comply will result in disciplinary action, up to and including immediate termination.

Mandated Reporters are law enforcement, health care personnel (Caregivers), social workers and other professionals. As a mandated reporter, if employees know or suspect that a vulnerable adult has been maltreated, employees must report it immediately (within twenty-four (24) hours). A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.

Report suspected maltreatment of a vulnerable adult to the Minnesota Adult Abuse Reporting Center at 844-880-1574 which is open 24 hours a day, seven days a week or online <https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/>. Caregivers should also contact the direct Supervisor. If the Supervisor is involved in the alleged or suspected maltreatment, the report should be made to HAHC Management.

Minnesota encourages good faith reporting of suspected maltreatment of vulnerable adults by any person. Identity of the reporter is confidential and cannot be released without a court order.

Reports are reviewed to see if immediate protective services are needed. Reports of an alleged crime are referred to law enforcement. All reports of suspected maltreatment are also referred to a lead investigative agency, which may be the county or the state departments of Health or Human Services.

Information contained in reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center is confidential under Minnesota law. The Minnesota Adult Abuse Reporting Center cannot provide information about a report to anyone, including the reporter, once a report is completed. Once a report is referred to the lead investigative agency responsible, different parts of the law cover how information in the report can be shared, but the identity of the reporter remains protected. Contact the county or state agency responsible for the report for questions about a completed report.

Home at Heart is required by law to provide orientation of this policy within seventy-two (72) hours after first providing direct contact services to a vulnerable adult and annually thereafter.

Home at Heart's Maltreatment of Vulnerable Adult Mandatory Reporting Policy is available on the external website, www.homeatheartcare.com or you may request a copy by contacting the Home at Heart office.

VULNERABLE MINOR MANDATORY REPORTING

It is the policy of Home at Heart to protect the minor children served by Home at Heart whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse and to require the reporting of suspected abuse of children, in accordance with the Home At Heart Care, Inc. Maltreatment of Minors Mandated Reporting Policy. All employees must comply with these policies and failure to comply will result in disciplinary action, up to and including immediate termination.

Home at Heart employees are legally required or mandated to report and cannot shift the responsibility to anyone else including HAHC Management. If an employee knows or has reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three (3) years, they must immediately (within twenty-four (24) hours) make a report to an outside agency.

- If an employee knows or suspects that a child is in immediate danger, they should call 911.
- All reports concerning suspected abuse or neglect of children occurring with respect to Home at Heart clients must be made to the Minnesota Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement. Contact details for local county social services agencies and local law enforcement are set forth within Appendix 5, attached hereto.
- Reports that do not involve possible abuse or neglect, but involves possible violations of Minnesota Statutes or Rules that govern Home at Heart, should be made to the Department of Human Services, Licensing Division at (651) 431-6500.

Reports to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring with respect to Home at Heart clients, the report should include any actions taken by Home at Heart in response to the incident.

An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within seventy-two (72) hours, exclusive of weekends and holidays.

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Home at Heart, as employer of any mandated reporter, shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

Home at Heart must provide training to all employees related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, Section 626.556). Home at Heart's Maltreatment of Vulnerable Minor Mandatory Reporting Policy is available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office.

NONDISCRIMINATION

All Home at Heart employees will provide the highest quality service to Home at Heart clients regardless of the client's color, race, religion, creed, sex, sexual orientation, age, marital status, status with regard to public assistance, national origin or ancestry, veteran's status, disability and source or level of funding or any other category protected by federal, state or local law.

SERVICES

Home at Heart provides Personal Care Assistance services, Homemaking services, Housekeeping Services, and In-Home Respite Care services (as described within this Manual). Accordingly, some clients may receive more than one service from Home at Heart. As such, Home at Heart also allows Caregivers to all such services provided all applicable required training and orientation is completed.

PERSONAL CARE SERVICES

The PCA program provides support to people with disabilities of all ages, elderly (over 65 years) and people with chronic health conditions with activities of daily living, instrumental activities of daily living and observation and redirection of behaviors.

Activities of daily living (ADLs)

A PCA may assist the person with the following ADLs:

Dressing - Application of clothing and special appliances or wraps.

Grooming - Basic hair care, oral cares, shaving, basic nail care, applying cosmetics and deodorant, care of eyeglasses and hearing aids.

Bathing - Basic personal hygiene and skin care.

Eating - Completing the process of eating including application of orthotics required for eating, hand washing and transfers.

Transfers - Assistance to transfer the person from one seating or reclining area to another.

Mobility - Assistance with ambulation.

Positioning - Assistance with positioning or turning a person for necessary care and comfort.

Toileting - Helping person with bowel or bladder elimination and care. This includes transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing, inspection of the skin and adjusting clothing.

Instrumental activities of daily living (IADLs)

A PCA may assist an adult recipient with the following:

- Accompany to medical appointments
- Accompany to participate in the community
- Assist with paying bills
- Communicate by telephone and other media
- Complete household tasks integral to the PCA services
- Plan and prepare meals
- Shop for food, clothing and other essential items

Observation and redirection of behaviors

A PCA service may include observation of a person who has episodes of behaviors and needs redirection to remain safe in his/her environment

Personal Care Assistant (PCA) Qualifications

- Be able to effectively communicate with the client and Home at Heart.
- Be able to provide covered PCA services according to the client's care plan, and respond appropriately to client's needs.
- Maintain daily written records including, but not limited to, timesheets. **NOTWITHSTANDING ENTRIES ON TIMESHEETS, PCAS WILL NOT BE COMPENSATED BY HOME AT HEART FOR HOURS WORKED IN EXCESS OF HOURS SPECIFICALLY AUTHORIZED IN WRITING ON THE CLIENT'S SERVICE PLAN WITHOUT PRIOR WRITTEN PERMISSION FROM THE SUPERVISOR.**
- Identify and report changes in the client's health condition to the supervisor.
- If 16 to 17 years old, a PCA must be evaluated by a supervisor at least once every sixty (60) days and not work for any other personal care assistance provider agency while working for Home at Heart.

PCA Caregivers may **NOT** be the:

- Paid legal guardian of an adult
- Legal guardian of the minor
- Parent or stepparent of a minor child recipient
- Recipient of PCA services
- Responsible party of a recipient
- Spouse of a recipient

Qualified Professional (QP)

A Qualified Professional (QP) is a person who provides supervision for PCA employees. QP employees must meet specific criteria set by the state. Home at Heart ensures the QP's meet these criteria. The QP job responsibilities include developing the client's care plan, and orientating the PCA to ensure they are capable of providing the required personal care services and evaluates the PCA work performance.

Shared Care Option Requirements

In rare situations, PCA's may provide personal care services for two (2) or three (3) clients in a shared "setting". Additional responsibilities are required of the QP including but not limited to increased supervision and more frequent supervisory visits to the "setting".

HOMEMAKING SERVICES

Homemaking services are general household activities provided by a trained homemaker, when a client is unable to manage the home or when the person regularly responsible for these activities is temporarily absent or unable to manage the home. Covered services are listed in the community support plan (care plan) of the client and include the following:

- Meal preparation
- Shopping and errands
- Routine household care
- Assistance with instrumental activities of daily living
- Transportation arrangement
- Companionship
- Emotional support
- Social stimulation
- Monitoring of the safety and wellbeing of the client

The services provided by a Homemaker under a community support plan (care plan) cannot be duplicated with other State plan covered service or waiver services.

Homemaking Responsibilities

Home at Heart Homemakers are expected to provide the highest quality of cleaning and service possible to all clients. These services are to be performed **INSIDE** the home living areas. Garages and unfinished basements are not generally considered living areas. The following job responsibilities are tasks which a client may ask the Homemaker to perform on a regular schedule or only periodically. For further instruction on proper cleaning techniques, Homemakers should refer to Home at Heart's Cleaning Basics which is available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office. The following is not inclusive of duties which may be included in a client's plan.

Bathrooms – Wash sink, top of vanity, fronts of cabinets, toilet, tub/shower and surrounding area, mirrors and entire floor area. Goggles and gloves are required equipment when cleaning bathrooms and are provided to the Homemaker by Home at Heart; masks are also available on request.

Kitchens - Wash, dry and put away dishes, clean and disinfect countertops, stovetop, surfaces of appliances, tabletops and inside of microwave, sweep and mop floors, occasional cleaning of oven and refrigerator as needed.

Dusting - In every room dust all surfaces, shelves and items on the shelves. Pick up the items to dust under them (rather than dusting around them) and clean the item itself. If the client requests furniture polish, Homemakers should buff the piece of furniture with a dry cloth after the polish dries. Homemakers are **NOT** required to dust or wash *collectible items/items of value* if Homemaker's are uncomfortable with the responsibility of doing so.

Flooring - Vacuum all carpeted areas, changing vacuum bag as needed. Sweep bare floors prior to washing them, mop using the client's preferred method, including cleaning mop boards. Homemakers are **not** required to do "hands and knees" mopping. If Homemakers are asked and are unable or unwilling to clean floors on their hands and knees, please contact the supervisor. Pick up rugs to vacuum or mop underneath taking care not to shake the rugs in the house, shake them *outside*. Clients may want rugs aired out.

Windows - Thoroughly wash insides of all windows, window sills and tracks. Double hung windows may be taken apart to wash outside surfaces if the client requests. Upon request, Homemakers may remove, launder and re-hang curtains/valances **ONLY** if accessible from a one-step stool.

Bed Linens - Strip the dirty sheets (unless they are soiled with bodily fluids) and make-up the bed with clean sheets. Launder dirty bedding, fold and put away or put back on bed.

Laundry - Wash, dry, fold or hang up and put away the laundry. Some items may also need to be ironed.

Trash - Gather up trash throughout all rooms and replace trash can liners, collect in a main trash bag (usually from the kitchen) and take out when leaving for the day.

Sorting and Organizing - Assist client in sorting and discarding items no longer needed in closets, corners, piles, etc.

Walls and Ceilings - Wash walls and ceilings as requested. Use a one-step stool only (not a chair or ladder – see below). Utilize a long handled mop (with clean mop head) or dry duster with extension as needed for ceilings and high walls. Clean door handles and switch plates.

Grocery Shopping and Errands – Ask clients to make a shopping list, assist with this if needed, which includes needed items and the brand or type if applicable. If the client provides the Homemaker with money, please follow the below process:

1. Use the receipt booklet provided by the Supervisor
2. Confirm amount – Homemaker should count the monies & repeat the total to the client to confirm the amount.
3. Review the items purchased with the client while putting them away.
4. **ALWAYS** return the store receipt and any monies left.
5. Both client and Homemaker to sign the HAHC receipt

Homemakers may run other errands specified in the client's care plan such as taking trash to the recycling center, picking up prescriptions, going to the Post Office, dropping off dry cleaning, etc. Homemakers may not transport clients, but if the client has alternate transportation, the Homemaker may meet the Client at the store and assist with shopping.

Meal Preparation - Homemakers may prepare meals to be eaten by the client during the visit or to be refrigerated or frozen for future use. This includes the occasional baking of cakes, cookies, bars, pies, etc. as requested.

Homemakers are NOT allowed to:

- Shovel snow, rake yards, clean flower beds or garden, or other chores outside of the home living areas.
- Transport clients or other household members (including pets) in any vehicle
- Use ladders or a chair in place of a stool. There are methods to accommodate ceiling and wall washing beyond reach from a one-step stool (utilize a long-handled mop or duster extension).
- Purchase and use of alcohol
- Purchase and use of tobacco products. Client homes are designated non-smoking areas for all Homemakers, even if the client smokes or uses tobacco.
- Participation in illegal activities, including but not limiting to the purchase or use of controlled substances.
- Purchase of Lottery Ticket (of any kind).
- Administer Medications (over-the-counter or prescription) including filling client pill boxes or laying out daily medications.

Client Pets - Homemakers are **not** required to clean up animal feces or clean cat litter boxes. If a Homemaker is comfortable with cleaning up after pets, the Homemaker may choose to do so for the client, but is **not** required to do so.

Homemaking Program Policies and Procedure

The following are the policies and procedures specifically applicable to the Home at Heart Homemaking program and Home at Heart Homemakers. These policies and procedures *supplement* the generally applicable policies and procedures set forth within this Manual.

Absent Clients - Homemakers may only provide services when the client is home. Do NOT enter any client's home if they are not present. Under unique circumstances, Home at Heart has a policy that allows for Prearranged Visits, Homemakers may contact the supervisor for guidance.

Work Schedule/Holiday - Home at Heart expects Homemakers to coordinate with the client and supervisor to establish a work schedule. This work schedule should take into consideration observed holidays. Homemakers should not schedule work during observed holidays.

Lifting - Home at Heart does not allow Homemakers to move heavy furniture (sofa, loveseat, beds, lounging chairs, etc.). As a general guideline, Homemakers should only lift objects that weigh less than twenty-five (25) pounds.

Personal Care/Activities of Daily Living (“ADLs”) - Assisting any client with personal care and or ADLs is **not** part of the Homemaker's essential responsibilities. This includes, but is not limited to:

- assisting with shower/bath
- trimming toenails or fingernails
- doing hair
- dressing or undressing
- changing/regulating oxygen tanks
- transporting and/or monitoring/adjusting any medical apparatus.

Blood Borne Pathogens/Bodily Fluids - Homemakers are not required to clean up any blood or bodily fluids from their clients. This includes, but is not limited to, syringe clean-up, wiping up blood or bodily fluids including emesis, or handing of personal items that have been soiled with blood.

HOUSEKEEPING SERVICES

Housekeeping Services consist **only** of cleaning services and do not include all Homemaking services described earlier in this Chapter. The job responsibilities of a Housekeeper are limited ***exclusively*** to providing home cleaning services. Housekeepers should refer to the Homemaking Program Policies and Procedures described earlier in this Chapter and Home at Heart’s Cleaning Basics available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office.

Notwithstanding the provisions of Homemaking as described in this handbook, a Housekeeper *shall not* provide any services which comprise “home management services” or assistance with activities of daily living (which services may only be provided by an employee that has completed the training requirements), including the following services:

- Meal Preparation
- Shopping for food, clothing or supplies
- Simple household repairs
- Arranging for transportation
- Assistance with bathing
- Assistance with toileting
- Assistance with eating
- Assistance with ambulating
- Any services other than cleaning services.

Any questions as to whether a service which a Housekeeper is requested or directed to complete is a non-cleaning service should be directed to the Supervisor.

IN-HOME RESPITE CARE SERVICES

Respite Care services are short-term care services provided due to the absence or need for relief of the family member(s) or primary caregiver. Home at Heart ensures those Primary caregivers and clients receiving respite care meet specific requirements. Respite care is limited to thirty (30) consecutive days per respite stay in accordance with the care plan and is based on the client's needs.

INDIVIDUAL COMMUNITY LIVING SUPPORT (ICLS)

As of July 1, 2017, H@HC now offers ICLS services. ICLS is an Elderly Waiver (EW) bundled service that supports participants who need reminders, cuing, intermittent or moderate supervision, or physical assistance to remain in their home. ICLS is made up of the following six (6) categories:

1. Activities of daily living (ADLs) - provide reminders, cuing or physical assistance to complete ADLs
2. Household management assistance - assist with housekeeping, meal planning, shopping, budget/money management, communication and transportation when other resources are unavailable
3. Health, safety and wellness oversight - support health and wellness as identified in the ICLS service plan, which may include monitor and identify health needs, exercise and other wellness improvement activities, medication and medical equipment device assistance
4. Community living engagement - help live independently in the community by assisting the participant to achieve their community engagement goals by accessing activities, services and resources and provide transportation when other resources are unavailable
5. Adaptive Support - assist the participant to adopt ways that encourages self-sufficiency and reduces reliance on human assistance. Includes providing cues, guidance, demonstration, and practice methods to promote continued self-sufficiency.
6. Active cognitive support provided face-to-face or remotely using real-time two-way communication - provide interventions intended to address issues and challenges important to the participant. This is the only service that may be offered remotely.

CAREGIVER TRAINING, WAGE & BENEFITS

TRAINING REQUIREMENTS

Home at Heart recognizes the importance of training and expects each Caregiver to actively participate in the training opportunities and bring with them an attitude of discovery and learning. This will in turn allow us to meet the needs of the clients. Home at Heart offers a diverse training program that includes on-the-job, online, skills workbooks, and classroom options. Home at Heart's training program and supervision policies were developed with the guidance of MN rules 9505.0335, Subpart 3, Personal Care Services and Minnesota Statutes, Section 245D.09 as applicable. Home at Heart's PCA Training and 245D Training policies are available on the external website, www.homeatheartcare.com or request a copy by contacting the Home at Heart office.

Prior to employment, Caregivers are required to complete the DHS training, which includes the following basic components: basic first aid, basic roles and responsibilities of an individual PCA; assistance with lifting and transfers, emergency preparedness, orientation to positive behavioral practices, fraud issues and completion of timesheets, OSHA universal precautions and vulnerable adult and child maltreatment.

During orientation, each Caregiver will be trained in the following areas as it relates to their individual client. Prior to being left alone with a client, each Caregiver will sign Home at Heart's training acknowledgement form. Additionally, every twelve (12) months, each Caregiver will receive recurrent training in these areas as determined necessary by Home at Heart at its sole and absolute discretion:

1. Confidentiality/Privacy
2. Lifting
3. Transfers
4. Infection Control
5. Activities of Daily Living (ADL's)
6. Harassment
7. Vulnerable Adult/Minor Abuse
8. Cultural Diversity
9. General Knowledge

Each Caregiver is required to complete & demonstrate to the supervisor their competency in the subject matters described on the training form. To confirm completion the Caregiver and supervisor will initial the training form.

Home at Heart expects each new Caregiver to complete the CPR/First Aid skills course within 120 days of initial employment and maintain the certification throughout employment.

Home at Heart provides Caregivers orientation and annual training to meet twelve (12) hours each year. Caregivers who are providing services under the 245D Homemaking or Respite Services must complete the twelve (12) hour training requirement within sixty (60) days of starting unsupervised service to a client. Caregivers who maintain the 12 hours of annual training are eligible for wage increases and/or potential bonuses. Caregivers who have more than 5 years of documented experience can receive up to 6 hours credit towards the annual 12 hour training requirement.

WAGES AND BENEFITS

Home at Heart offers fair and consistent wages and benefits for all of its employees.

WAGES

Wages and payment policies relative to employees will be as determined by Home at Heart from time to time and communicated to Home at Heart employees in writing.

BENEFITS

401K Retirement Plan

Home at Heart offers a 401K retirement plan administered by American Funds. InvestForward is the local Financial Advisor for the plan. Employees who have met the following criteria are eligible:

1. Age twenty-one (21) or older;
2. Have been employed with Home at Heart for a minimum of one (1) full calendar year;
and
3. Have worked more than one thousand (1000) hours during that calendar year.

Vested employees are eligible to contribute a percentage of their checks, up to a maximum of \$18,500 of their pre-tax dollars per year (or more if over the age of fifty (50)).

Employees are responsible for how their 401K is invested and may meet regularly with the Financial Advisor to review their investment strategy.

Employee access to 401K accounts is restricted by federal law. Employees who wish to access their funds before the age of fifty-nine and one-half (59 ½) may be subject to Internal Revenue Service penalties and taxes.

The Home at Heart Board retains the right to make Profit Sharing contributions to each employee's individual 401K plans as determined by the Board.

Employee Assistance Program

Home at Heart contracts yearly with the Clear Waters Life Center to provide Employee Assistance, Lay Counseling and Coaching services for all Home at Heart employees including family members and clients.

The Clear Waters Life Center provides:

- Conflict resolution and crisis counseling
- Anger management classes
- Chemical dependency and addictions counseling
- Eating disorder counseling
- Grief and depression counseling
- Marriage counseling
- Divorce recovery and blended family issues
- Referrals for special needs.

Employees who wish to access these services may call 218-776-2789 to make an appointment. There is no cost to the employee for these services.

AFLAC

Home at Heart employees who have been employed for a minimum of three (3) months are eligible to participate within the following AFLAC benefit programs:

- Cancer
- Accident
- Short Term Disability
- Hospitalization
- Intensive Care
- Specified Health Protection
- Dental
- Vision
- Life Insurance
- Sickness

Employees receive a group rate and the convenience of premium payments through post-tax payroll deductions.

HEALTH INSURANCE BENEFIT

Employees who work an average of a minimum 30 hours each week over an annual lookback period are eligible to enroll in Home at Heart's Health Insurance Plan.

VENDOR AGREEMENTS

Home at Heart has agreements with local vendors for payroll deductions. To be eligible for a payroll deduction arrangement, an employee must be in good standing, have completed all training requirements, and execute a voluntary payroll agreement with Home at Heart and the vendor. An employee may have only one (1) applicable deduction at a time and may not exceed deductions over thirty-five (35%) of the aggregate of such employee's past ten (10) paychecks net pay.

Local vendors with which Home at Heart has agreements include the following:

- Auto Mart, Bemidji
- Bogart's, Blackduck
- Copper Auto, Bemidji
- Corner Garage of Blackduck
- Galli Furniture, Bagley
- M&M Auto Recyclers, Bemidji
- Main Street Service, Gonvick
- Neadeau Sales, Bemidji
- Pony Lake Auto, Hines
- Strong Motors, Red Lake

Home at Heart is open to working with other vendors if it safely meets the needs of the employees.

GLOSSARY

Term	Definition/Description
Activities of Daily Living (ADL)	Routine self-care functions that include: eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning.
Assessment	A review and evaluation of a recipient's need for care services.
Caregiver	Employees providing direct care to clients. May be referred as PCA or Homemakers, as applicable.
Care Plan – PCA	A written description of how the client's needs identified during the assessment process and addressed in the service plan will be met. This is developed by the qualified professional or the client/responsible party with the assistance of the client's physician. This is a requirement of the PCA program. The Care Plan may include, but is not limited to, information contained within the Service Agreement, Service Plan, Funds and Property Authorization form and Individual Abuse Prevention Plan, as applicable, with respect to each client.
Combination PCA and other Home Care services	See PCA Combinations
Community Support Plan (Care Plan)	See Coordinated Service and Support Plan
Confidential Information	Includes all information without limitation to personal contact information and health care information relating to such matters of Home at Heart and its business. Examples may include but not limited to Home at Heart policies and procedures, client data, employees and compensation information.
Coordinated Service And Support Plan And Addendum	A recipient of Homemaking or Respite Care Services provided by Home at Heart will receive services pursuant to a written coordinated service and support plan and addendum, including without limitation the Funds and Property Authorization form and Individual Abuse Prevention Plan, as applicable to each recipient.
Coordinator	A Supervisor who is responsible for the coordination of care services.
Flexible Use Option	Planned and approved use of authorized PCA service hours/units in a 6 month flexible schedule to more effectively meet the needs of the person. MHCP established two 6-month periods for the PCA Flexible Use Option. The Flexible Use Option allows authorized PCA units to vary from day to day to meet the needs and schedules as specified in the PCA assessment . Flexible Use does not increase the total amount of authorized PCA units.
Instrumental Activities of Daily Living (IADL)	Individual activities relating the ADLs that include: meal planning and preparation, managing finances, shopping for food, clothing and other essential items, completing necessary homemaking tasks, communication by telephone and other media, getting around and participating in the community.

Term	Definition/Description
Medically Necessary or Medical Necessity	A health service consistent with the client's diagnosis or condition. It is recognized as the prevailing medical community standard or current practice by the provider's peer group, and meets one of the following: <ul style="list-style-type: none"> • Responding to a life-threatening condition or pain • Treating an injury, illness, or infection • Treating a condition that could result in physical or mental disability Caring for a mother and child through the maternity period
Personal Care Assistant (PCA)	Caregivers who provide Personal Care Assistant Services.
Personal Care Assistant Services:	Human assistance and support to persons of any age with disabilities and special health care needs, living independently in the community.
Personal Care Provider Organization (PCPO):	An agency enrolled with DHS that meets DHS standards and signs a provider agreement with DHS to provide PCA services, also known as a Personal Care Provider or PCA Agency. Home at Heart is a PCPO.
Qualified Professional (QP):	A registered nurse, mental health professional or licensed social worker who is responsible for supervision of PCA services.
Residence:	The place where a client lives. A residence does not include a hospital, nursing facility, or intermediate care facility.
Responsible Party:	An individual, at least 18 years of age, who is capable of providing the support necessary to assist a client to live in the community and actively participates in the planning and direction of PCA Services and cannot be the PCA.
Service Agreement (SA)	The document used to identify services, providers and payment information for a client receiving services. The service agreement allows providers to bill for approved services and allows the Department of Human Services (DHS) to audit usage and payment data.
Service Plan	A written description of the services needed by the recipient based on the assessment.
Standard PCA	Limited use of PCA service hours/units to a monthly basis: daily and weekly usage of PCA service hours/units ought to be close to the daily average allocation. Hours do not transfer from month-to-month.
Supervisor	QP/registered nurse, mental health professional, licensed social worker or coordinator who is responsible for supervision of care services.
Timesheet	Time and Activity Documentation form completed by Caregivers.
Ventilator-Dependent Recipients	A ventilator-dependent recipient, means a recipient who receives mechanical ventilation for life support at least six hours per day and is expected to be or has been dependent for at least 30 consecutive days.

LEGAL REFERENCES

All employees must familiarize themselves and comply with all applicable requirements of Minnesota Rules 9505.0335 relative to Personal Care Services and Minnesota Rules 245D relative to Home and Community-Based Services Standards which are excerpted for informational purposes and convenience of reference in pertinent parts in this manual.

Changes in these Rules since adoption may not be reflected within this Manual; therefore, employees should consult with the direct Supervisor with questions. Employees are expected to familiarize themselves with all changes to the following Rules, which may be accessed through the Minnesota Department of Human Services Disability Services Division website, www.dhs.state.mn.us.

Legal References

Code of Federal Regulations [Title 42, section 440.167](#)

MS [148.171](#) (Registered Nurse)

MS [245A](#) (Human Services Licensing Act)

MS [245C](#) (Human Services Background Studies)

MS [245D](#) (Home and Community-Based Services Standards)

MS [252A.02](#) subd., 3a (Corporate Legal Guardianship)

MS, section [256B.0625](#) (Covered Services)

MS section [256B.0651](#) (Home Care Services)

MS section [256B.0655](#) (Personal Care Assistant Services)

MS section [256B.0913](#) (Alternative Care Program)

MN Rule, parts [9505.0335](#) (Personal Care Services)

MN Rule, part [9505.0335](#) subd 3 (PCA Training)

MN Rule [9505.0335](#) subd 4 (On site Supervision requirements)

MN Rules [9502.0315 to 9502.0445](#) (Licensing Daycare facilities)

MN Rules [9503.0005 to 9503.0170](#) (Child Care Centers)

MN Rule [9505.2175](#), subd. 7 (Documentation of Services – including Timesheets)

MN Rule [9505.0175](#) subd 25 (Medical Necessity)

MINNESOTA HOME CARE BILL OF RIGHTS

PER MINNESOTA STATUTES, SECTION 144A.44.

A person who receives home care services has these rights:

- (1) the right to receive written information about rights before receiving services, including what to do if rights are violated;
- (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;
- (3) the right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services;
- (4) the right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan;
- (5) the right to refuse services or treatment;
- (6) the right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider;
- (7) the right to be told before services are initiated what the provider charges are for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying;
- (8) the right to know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;
- (9) the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs;
- (10) the right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;
- (11) the right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;
- (12) the right to be served by people who are properly trained and competent to perform their duties;

- (13) the right to be treated with courtesy and respect, and to have the client's property treated with respect;
- (14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;
- (15) the right to reasonable, advance notice of changes in services or charges;
- (16) the right to know the provider's reason for termination of services;
- (17) the right to at least ten days' advance notice of the termination of a service by a provider, except in cases where:
- (i) the client engages in conduct that significantly alters the terms of the service plan with the home care provider;
 - (ii) the client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
 - (iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider;
- (18) the right to a coordinated transfer when there will be a change in the provider of services;
- (19) the right to complain about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property;
- (20) the right to know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint;
- (21) the right to know the name and address of the state or county agency to contact for additional information or assistance; and
- (22) the right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.

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

Office of Health Facility Complaints

(651) 201-4201

1-800- 369-7994

Fax: (651) 281-9796

Mailing Address:

Minnesota Department of Health Office of Health Facility Complaints

85 East Seventh Place, Suite 220

P.O. Box 64970

St. Paul, Minnesota 55164-0970

Website: <http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm>

Email: health.ohfc-complaints@state.mn.us

Ombudsman for Long-Term Care

(651) 431-2555

1-800-657-3591

Fax: (651) 431-7452

Mailing Address:

Home Care Ombudsman for Long-Term Care PO Box 64971

St. Paul, MN 55164-0971

Website: <http://tinyurl.com/Ombudsman-LTC>

Email: mba.ooltc@state.mn.us

Ombudsman for Mental Health and Developmental Disabilities

Phone: 651-757-1800

1-800-657-3506

Fax: 651-797-1950 or 651-296-1021

Mailing Address:

121 7th Place East

Suite 420 Metro Square Building

St. Paul, Minnesota 55101-2117

Website: <http://mn.gov/omhdd/>

Email: ombudsman.mhdd@state.mn.us

Licensee Name:

Home at Heart Care, Inc.

Telephone Number:

218 776 3508

Email: info@homeatheartcare.com

Address:

221 3rd Ave SW, Suite 3, P.O. Box 183, Clearbrook MN 56634

Name/Title of Person to Whom Problems or Complaints May be directed:

Bruce Emmel/CEO Home at Heart Care, Inc.

EXHIBIT A - FAMILY MEDICAL LEAVE ACT POLICY

HOME AT HEART CARE, INC., a Minnesota corporation (“Company”) is committed to complying with the Family and Medical Leave Act (“FMLA”). Company posts the mandatory FMLA Notice on employee rights and responsibilities under the FMLA at Company’s main office and upon hire provides new employees with notices required by the U.S. Department of Labor (“DOL”), including without limitation a copy of this Policy (“Policy”).

The purpose of this Policy is to identify the eligibility and leave requirements under the FMLA.

A. GENERAL PROVISIONS

Under this Policy, Company will grant up to twelve (12) weeks of unpaid leave (or up to twenty-six (26) weeks of unpaid military caregiver leave to care for a covered servicemember with a serious injury or illness) during a 12-month period to eligible employees.

B. ELIGIBILITY

To qualify to take family or medical leave under this Policy, the employee must meet all of the following conditions:

- 1) The employee must have worked for Company for twelve (12) months or fifty-two (52) weeks. The twelve (12) months or fifty-two (52) weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven (7) years. Separate periods of employment will be counted if the break in service exceeds seven (7) years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating Company’s intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
- 2) The employee must have worked at least one thousand two hundred fifty (1,250) hours during the 12-month period immediately before the date when the leave is requested to commence. The principles established under the Fair Labor Standards Act (“FLSA”) determine the number of hours worked by an employee. The FLSA does not include time spent on paid or unpaid leave as hours worked. Consequently, these hours of leave will not be counted in determining the one thousand two hundred fifty (1,250) hours eligibility test for an employee under FMLA.

3) The employee must work at a location where fifty (50) or more employees are employed by Company within seventy-five (75) miles of that location. The distance is to be calculated by using available transportation by the most direct route.

C. TYPE OF LEAVE COVERED

To qualify as FMLA leave under this Policy, the employee must be taking leave for one of the reasons listed below:

- 1) The birth of a child and in order to care for that child.
- 2) The placement of a child for adoption or foster care and to care for the newly placed child.
- 3) To care for a spouse, child or parent with a serious health condition (described below).
- 4) The serious health condition of the employee, as follows:
 - (a) An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.
 - (b) A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.
 - (c) This Policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three (3) consecutive days of incapacity with the first visit to the health care provider within seven (7) days of the onset of the incapacity and a second visit within thirty (30) days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least two (2) times per year.
 - (d) If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this Policy, Company may designate all or some portion of related leave taken as leave under this Policy, to the extent that the earlier leave meets the necessary qualifications.

5) Qualifying exigency leave for employees with one or more family members who are members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty. An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to twelve (12) weeks of leave for reasons related to or affected by the family member's call-up or service.

(a) The qualifying exigency must be one of the following:

- (i) short-notice deployment,
- (ii) military events and activities,
- (iii) child care and school activities,
- (iv) financial and legal arrangements,
- (v) counseling,
- (vi) rest and recuperation (limited to fifteen (15) calendar days beginning on the date the military member commences each instance of rest and recuperation leave),
- (vii) post-deployment activities,
- (viii) parental care, and
- (ix) additional activities that arise out of active duty, provided that Company and employee agree, including agreement on timing and duration of the leave.

(b) The following definitions and provisions shall apply with respect to this Policy:

(i) "Covered active duty" means: (1) For members of a regular component of the Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; (2) for members of *reserve* components of the Armed Forces (members of the U.S. National Guard and Reserves), duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in a contingency operation as defined in section 101(a)(13)(B) of Title 10 of the United States Code.

(ii) Qualifying exigency leave may commence as soon as the applicable individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave, except that the person does not have to be a minor.) This type of leave is counted toward the employee's 12-week maximum of FMLA leave in a 12-month period.

6) Military caregiver leave (also known as "covered servicemember leave") to care for an injured or ill servicemember or veteran. An employee whose son,

daughter, parent or next of kin is a covered servicemember may take up to twenty-six (26) weeks in a single 12-month period to care for that servicemember (as described below).

(a) Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

(b) In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered servicemember.

(c) The following definitions and provisions shall apply with respect to covered servicemember leave:

(i) A “son or daughter of a covered servicemember” means the covered servicemember’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood *in loco parentis*, and who is of any age.

(ii) A “parent of a covered servicemember” means a covered servicemember’s biological, adoptive, step or foster father or mother, or any other individual who stood *in loco parentis* to the covered servicemember. This term does not include parents “in law.”

(iii) Under the FMLA, a “spouse” has the meaning under 29 CFR §§ 825.102 and 825.122(b).

(iv) The “next of kin of a covered servicemember” is the nearest blood relative, other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such

family members shall be considered the covered servicemember's next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember's only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember's next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember's next of kin. Company may require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to 29 CFR § 825.122(j).

(v) The term "covered servicemember" means: (1) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or (2) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

(vi) The term "serious injury or illness means: (1) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member's active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating; and (2) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.

(vii) Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit

established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

D. AMOUNT OF LEAVE

An eligible employee can take up to twelve (12) weeks for the FMLA circumstances within Section C(1) through Section C(5) above under this Policy during any 12-month period. Company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this Policy. Each time an employee takes leave, Company will compute the amount of leave the employee has taken under this Policy in the last twelve (12) months and subtract it from the twelve (12) weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to twenty-six (26) weeks for the FMLA circumstance within Section C(6) above (military caregiver leave) during a single 12-month period. For military caregiver leave, Company will measure the 12-month period measured forward from the first date any military caregiver leave is taken. FMLA leave taken for other FMLA circumstances will be deducted from the total of twenty-six (26) weeks available.

If a married couple both work for Company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the two employees may only take a combined total of twelve (12) weeks of leave. If a married couple both work for Company and each wishes to take leave to care for a covered injured or ill servicemember, the married couple may only take a combined total of twenty-six (26) weeks of leave.

E. EMPLOYEE STATUS AND BENEFITS DURING LEAVE

While an employee is on leave, Company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work (subject to receipt of the payments set forth below).

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, Company may, at Company's discretion, require the employee to reimburse Company the amount Company paid for the employee's health insurance premium during the leave period.

While on unpaid leave, the employee must continue to make the employee's required portion of the applicable health care premium, either in person or by mail. The payment must be received in Company's main office by the first day of each month. If the payment is more than thirty (30) days late, the employee's health care coverage may be dropped for the duration of the leave. Company will provide fifteen (15) days' notice prior to the employee's loss of coverage.

If the employee contributes to a life insurance or disability plan, while the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums. If the employee does not continue these payments, Company may discontinue coverage during the leave (at Company's sole and absolute discretion). If Company maintains coverage, Company may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

F. EMPLOYEE STATUS AFTER LEAVE

An employee who takes leave under this Policy may be asked to provide a fitness for duty ("FFD") clearance from the health care provider. This requirement will be included in Company's response to employee's FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions; however, the employee may not necessarily provide services to the same client(s) as prior to taking the leave. Company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

G. USE OF PAID AND UNPAID LEAVE

An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use all accrued and unused paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave.

Disability leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. An employee who is taking leave for the adoption or foster care of a child must use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) (as long as the reason for the absence is covered by Company's sick leave policy, if any) prior to being eligible for unpaid leave.

H. INTERMITTENT LEAVE OR A REDUCED WORK SCHEDULE

An eligible employee may take FMLA leave in twelve (12) consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of twelve (12)

workweeks (or twenty-six (26) workweeks to care for an injured or ill servicemember over a 12-month period).

Company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, Company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one (1) year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with Company before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

I. CERTIFICATION FOR THE EMPLOYEE'S SERIOUS HEALTH CONDITION

Company requires certification for the employee's serious health condition. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition (<https://www.dol.gov/whd/forms/WH-380-E.pdf>).

Company may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. Company will not use the employee's direct supervisor for this contact. Before Company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, Company will obtain the employee's permission for clarification of individually identifiable health information.

Company has the right to ask for a second opinion if it has reason to doubt the certification. Company will pay for the employee to get a certification from a second doctor, which Company will select. Company may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, Company requires the opinion of a third doctor. Company and the employee will mutually select the third doctor, and Company will pay

for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits hereunder pending the second and/or third opinion.

J. CERTIFICATION FOR THE FAMILY MEMBER'S SERIOUS HEALTH CONDITION

Company requires certification for the family member's serious health condition. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition (<https://www.dol.gov/whd/forms/WH-380-E.pdf>).

Company may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. Company will not use the employee's direct supervisor for this contact. Before Company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, Company will obtain the employee's family member's permission for clarification of individually identifiable health information.

Company has the right to ask for a second opinion if it has reason to doubt the certification. Company will pay for the employee's family member to get a certification from a second doctor, which Company will select. Company may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, Company requires the opinion of a third doctor. Company and the employee will mutually select the third doctor, and Company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

K. CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

Company requires certification of the qualifying exigency for military family leave. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave (<https://www.dol.gov/whd/forms/WH-384.pdf>).

L. CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE

Company requires certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember (<https://www.dol.gov/whd/forms/WH-385.pdf>).

M. RECERTIFICATION

Company may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every thirty (30) days and only when circumstances have changed significantly, or if Company receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, Company may request recertification for the serious health condition of the employee or the employee's family member every six (6) months in connection with an FMLA absence. Company may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

N. PROCEDURE FOR REQUESTING FMLA LEAVE

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the Human Resources Director. Within five (5) business days after the employee has provided this notice, the Human Resources Director will complete and provide the employee with the DOL Notice of Eligibility and Rights & Responsibilities (<https://www.dol.gov/whd/forms/WH-381.pdf>).

When the need for the leave is foreseeable, the employee must provide Company with at least thirty (30) days' notice, to be given to the Human Resources Director. When an employee becomes aware of a need for FMLA leave less than thirty (30) days in advance, the employee must provide notice of the need for the leave to the Human Resources Director either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with Company's usual and customary notice and procedural requirements for requesting paid time off, absent unusual circumstances.

O. DESIGNATION OF FMLA LEAVE

Within five (5) business days after the employee has submitted the appropriate certification form, the Human Resources Director will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice (<https://www.dol.gov/whd/forms/WH-382.pdf>).

P. INTENT TO RETURN TO WORK FROM FMLA LEAVE

On a basis that does not discriminate against employees on FMLA leave, Company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

Q. FAILURE TO RETURN FROM LEAVE

An employee who fails to return from leave on an agreed upon return date without communication that further FMLA leave is necessary, will be presumed to have terminated such employee's employment.

EXHIBIT B - EMERGENCY USE OF MANUAL RESTRAINTS POLICY

Home at Heart will promote the rights of clients and will protect their health and safety to avoid the emergency use of manual restraints.

“Emergency use of manual restraint” means using a manual restraint when a client poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a client’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

A. Caregivers are instead expected to use positive support strategies and techniques in an attempt to de-escalate a client’s behavior before it poses an imminent risk of physical harm to self or others. Positive behavior support strategies include:

- Understanding how and what the client is communicating;
- Understanding the impact of other’s presence, voice, tone, words, actions, and gestures, and modifying these as necessary;
- Supporting the client in communicating choices and wishes;
- Caregivers changing their own behavior when it has a detrimental impact;
- Temporarily avoiding situations that are too difficult or too uncomfortable for the client;
- Allowing the client to exercise as much control and decision-making as possible over day-to-day routines;
- Assisting the client to increase control over life activities and environment;
- Teaching the client coping, communication and emotional self-regulation skills;
- Anticipating situations that will be challenging and assisting the client to cope or to respond in a calm way;
- Filling up the client’s life with opportunities such as valued work, enjoyable physical exercise and preferred recreational activities; and
- Modifying the environment to remove stressors (such as irritating noise, light or cold air).

B. Home at Heart will develop a positive support transition plan on the forms and in manner prescribed by the Commissioner of Human Services and within the required timelines for each person served when required in order to:

1. eliminate the use of prohibited procedures as identified in this policy;
2. avoid the emergency use of manual restraint as defined in section I of this policy;
3. prevent the person from physically harming self or others; or
4. phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

PERMITTED ACTIONS AND PROCEDURES

Home at Heart allows the following instructional techniques and intervention procedures used on an intermittent or continuous basis. When used on a continuous basis, they must be addressed in a client’s care plan.

A. Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the client in order to:

1. calm or comfort a client by holding that persons with no resistance from that person;
2. protect a client known to be at risk of injury due to frequent falls as a result of a medical condition;
3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
4. block or redirect a client's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than sixty (60) seconds of physical contact by staff; or
5. to redirect a client's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

B. Restraint may be used as an intervention procedure to:

1. position a client with physical disabilities in a manner specified in the client's care plan; or
2. assist in the safe evacuation or redirection of a client in the event of an emergency and the client is at imminent risk of harm; or
3. when instructed by a licensed health care professional to safely conduct a medical examination or to provide medical treatment

Any use of restraint as allowed in this paragraph B must comply with the restrictions identified in the preceding paragraph A.

C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health care professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

PROHIBITED PROCEDURES

Home at Heart prohibits the use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for Caregiver's convenience:

1. Chemical restraint;
2. Mechanical restraint;
3. Manual restraint;
4. Time out;
5. Seclusion; or
6. Any aversive or deprivation procedure.

MANUAL RESTRAINTS NOT ALLOWED IN EMERGENCIES

Home at Heart does not allow the emergency use of manual restraint. Alternative measures must be used by Caregivers to achieve safety when a client's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety, such as clearing the area of obstacles, attending to physical needs, providing a device to alert Caregivers of need for assistance. Caregivers may contact their supervisor to discuss specific alternatives for their client.

If a client poses a threat to self or others (including actions which are actively violent, such as actively assaulting caregivers or others, throwing and breaking things), appears belligerent and hostile (i.e. potentially violent), and/or expresses imminent intent to harm self or others (even if the client does not appear threatening to self or others) then Caregivers should take the following actions:

- Immediately call 911
- Before emergency personnel arrives/responds, if possible without making physical contact with the client and/or endangering themselves or others, remove any potentially dangerous objects and any other vulnerable adults and/or children in the client's immediate area
- Any and all other emergency procedures within the client's care plan (including without limitation any applicable Individual Abuse Prevention Plan) and the Home at Heart Client Guide (as applicable), including notifying the client's designated emergency contact of the situation as soon as possible
- After emergency personnel have resolved the situation, report the incident to the direct supervisor.

Home at Heart will not allow the use of an alternative safety procedure with a client when it has been determined by the client's physician or mental health provider to be medically or psychologically contraindicated for a person. Home at Heart will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services (including as part of the required service planning required under the 245D Home and Community-based Services Standards, Minnesota Statutes Section 245D.07, subdivision 2, as applicable).

REPORTING EMERGENCY USE OF MANUAL RESTRAINT

Home at Heart does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis must immediately report the incident to the person listed below. Home at Heart has identified the following person or position responsible for reporting the emergency use of manual restraint, when determined necessary (including pursuant to according to the standards in Minnesota Statutes Section 245D.061 and Minnesota Administrative Rules part 9544.0110).

Name/Title of Person for reporting manual restrain incidents:

Bruce Emmel, CEO of Home at Heart Care, Inc.

EXHIBIT C - EMERGENCY RESPONSE, REPORTING & REVIEW POLICY

It is Home at Heart's policy that Caregivers effectively respond to, report, and review all emergencies to ensure the safety of clients while actively providing services and to promote the continuity of services until emergencies are resolved.

"Emergency" means any event that affects the ordinary daily operation of the program including, but not limited to:

- fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of clients; and
- that require calling 911, emergency evacuation, moving to an emergency shelter from the service site for more than 24 hours.

The Caregiver should be familiar with the Emergency Preparedness Plan located with the client's care plan. It is important the Caregiver remains calm and keeps everyone informed throughout the emergency.

Fires

Additional information on safety in fires is available online at: <http://www.ready.gov/home-fires>. In the event of a fire emergency, Caregivers should take the following actions:

- Use fire extinguishers to suppress the fire if it can be done safely.
- Call 911 and provide them with relevant information.
- Evacuate all people in the immediate area to an area of safety, closing doors against smoke and heat. Test a closed door before opening by feeling near the top. If the door is hot, use an alternative exit. If a room is smoke-filled, keep close to the floor to breathe more easily.
- Keep everyone together. Do not reenter until the emergency personnel determine it is safe to do so.
- Provide emergency first aid as required until emergency personnel arrive.

Severe weather and natural disasters

Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov>. In the event of a severe weather emergency, Caregivers should take the following actions:

- Monitor weather conditions: Listen to local television, radio or a weather-radio for weather warnings and watches. Make sure the client is aware of the situation. Follow the recommendations of the announcement and assist the client in the

preparation for the inclement weather, which may include changing plans and activities, staying indoors or seeking shelter.

Power failures

Additional information on safety during power failures is available online at: <http://www.ready.gov/power-outages>. In the event of a power failure emergency, Caregivers should take the following actions:

- Report power failures to the client's power company.
- Use emergency supplies (flashlights, battery-operated radio).
- Work with clients to change plans and activities to keep them safe.

Emergency shelter

Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter>. Need of an emergency shelter may include: severe weather, natural disasters, power failures, and other events that threaten the immediate health and safety of clients.

- Follow directions of local emergency personnel to locate the closest emergency shelter.
- If time allows, move to the emergency shelter with at least a 24-hour supply of medications and medical supplies, medical books/information, and emergency contact names and information.
- At the emergency shelter, notify personnel of any special needs required.

Emergency evacuation

Additional information on emergency evacuation is available online at: <http://www.ready.gov/evacuating-yourself-and-your-family>. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

- If time allows, evacuate with medication and medical supplies, medical and programs books/information, clothing, grooming supplies, other necessary personal items, and emergency contact names and information.

REPORTING PROCEDURES

Emergency reports will be completed using the Home at Heart emergency report and review form as soon possible after the occurrence, but no later than twenty-four (24) hours after the emergency occurred or the program became aware of the occurrence. It is not necessary to

identify all persons affected by or involved in the emergency unless the emergency resulted in an incident to a person or persons. The written report will include:

1. The date, time, and location of the emergency;
2. A description of the emergency;
3. A description of the response to the emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
4. The name of the staff person or persons who responded to the emergency; and
5. The results of the review of the emergency (see section IV).

REVIEW PROCEDURES

Home at Heart will complete a review of all emergencies.

1. The review will be completed using the program's emergency report and review form by Bruce A. Emmel, CEO.
2. The review will be completed within thirty (30) days of the emergency.
3. The review will ensure that the written report provides a written summary of the emergency.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

RECORD KEEPING PROCEDURES

- A. The review of an emergency will be documented on the emergency reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Emergency reports will be maintained at the Home at Heart main office.

EXHIBIT D –INCIDENT RESPONSE, REPORTING AND REVIEW POLICY

I. POLICY

It is the policy of Home at Heart to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to clients.

“Incident” means an occurrence which involves a client and requires the program to make a response that is not part of the program’s ordinary provision of services to that client, and includes:

- A. Serious injury of a client;
 - 1. Fractures;
 - 2. Dislocations;
 - 3. Evidence of internal injuries;
 - 4. Head injuries with loss of consciousness;
 - 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
 - 6. Extensive second degree or third degree burns and other burns for which complications are present;
 - 7. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 - 8. Irreversible mobility or avulsion of teeth;
 - 9. Injuries to the eyeball;
 - 10. Ingestion of foreign substances and objects that are harmful;
 - 11. Near drowning;
 - 12. Heat exhaustion or sunstroke; and
 - 13. All other injuries considered serious by a physician.
- B. A client’s death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a client that requires the program to call 911, physician treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- E. An act or situation involving a client that requires to program to call 911, law enforcement, or the fire department.
- F. A client’s unauthorized or unexplained absence from a program.
- G. Conduct by a client receiving services against another client receiving services that:

1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a client's opportunities to participate in or receive service or support;
 2. Places the client in actual and reasonable fear of harm;
 3. Places the client in actual and reasonable fear of damage to property of the client; or
 4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
- "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - "Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- I. Any emergency use of manual restraint.
- J. A report of alleged or suspected child or vulnerable adult maltreatment.

II. RESPONSE PROCEDURES

- A. Serious injury
1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
 2. If there is another person with you, ask them to call 911, and follow directives given to you by the emergency responder.
- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
1. Assess if the client requires the program to call 911, seek physician treatment, or hospitalization.
 2. When staff believes that a client is experiencing a life threatening medical emergency they must immediately call 911.

3. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the client is taken to a physician or hospital for treatment.

D. Mental health crisis

When staff believes that a client is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team as instructed by law enforcement.

E. Requiring 911, law enforcement, or fire department

1. For incidents requiring law enforcement or the fire department, staff will call 911.
2. For non-emergency incidents requiring law enforcement, staff will call the non-emergency number for law enforcement.
3. For non-emergency incidents requiring the fire department, staff will call the non-emergency number for the fire department.
4. Staff will explain to the need for assistance to the emergency personnel.
5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

F. Unauthorized or unexplained absence

When a client is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the client has a specific plan outlined in his/her care plan to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the client was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other clients receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify Bruce Emmel who will contact people as needed to assist in the search.
5. When the client is found staff will return the client to the service site, or make necessary arrangements for the client to be returned to the service site.

G. Conduct of the client

When a client is exhibiting conduct against another client receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a client's opportunities to participate in or receive service or support; places the client in actual and reasonable fear of harm; places the client in actual and reasonable fear of damage to property of the client; or substantially disrupts the orderly operation of the program, staff will take the following steps:

1. Summon additional staff, if available. If injury to a client has occurred or there is eminent possibility of injury to a client, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see

Emergency Use of Manual Restraints Policy).

2. As applicable, implement the Coordinated Service and Support Plan Addendum (including without limitation any applicable Abuse Prevention Plan) for the client.
3. After the situation is brought under control, question the client(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

H. Sexual activity involving force or coercion

If a client is involved in sexual activity with another client receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. Instruct the client in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the client's interaction. Verbally direct each client to separate area.
2. If the client does not respond to a verbal redirection, intervene to protect the client from force or coercion, following the Emergency Use of Manual Restraints Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the clients are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the client(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint

Follow the Emergency Use of Manual Restraints Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. REPORTING PROCEDURES

A. Completing a report

1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
 1. The name of the clients or persons involved in the incident;
 2. The date, time, and location of the incident;
 3. A description of the incident;
 4. A description of the response to the incident and whether a client's care plan (including without limitation any applicable Abuse Prevention Plan) or program policies and procedures were implemented as applicable;

5. The name of the staff person or persons who responded to the incident; and
 6. The results of the review of the incident (see section IV).
2. When the incident involves more than one client, this program will not disclose personally identifiable information about any other client when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the client. The written report will not contain the name or initials of the other client(s) involved in the incident.
- B. Reporting incidents to team members
1. All incidents must be reported to the client's legal representative or designated emergency contact and case manager:
 - a. within 24 hours of the incident occurring while services were provided;
 - b. within 24 hours of discovery or receipt of information that an incident occurred; or
 - c. as otherwise directed in a client's care plan (including without limitation any applicable Abuse Prevention Plan).
 2. This program will not report an incident when it has a reason to know that the incident has already been reported.
 3. Any emergency use of manual restraint of a client must be verbally reported to the client's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.
- C. Additional reporting requirements for deaths and serious injuries
1. A report of the death or serious injury of a client must be reported to both the Department of Human Services Licensing Division and the Office of Ombudsman for Mental Health and Developmental Disabilities.
 2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- D. Additional reporting requirements for maltreatment
1. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.
 2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- E. Additional reporting requirements for emergency use of manual restraint
Follow the Emergency Use of Manual Restraints Policy.

IV. REVIEWING PROCEDURES

- A. Conducting a review of incidents and emergencies

This program will complete a review of all incidents.

1. The review will be completed by Bruce A. Emmel, CEO.
2. The review will be completed within thirty (30) days of the incident.
3. The review will ensure that the written report provides a written summary of the incident.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

B. Conducting an internal review of deaths and serious injuries

This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by Bruce A. Emmel, President.
2. The review will be completed within thirty (30) days of the death or serious injury.
3. The internal review must include an evaluation of whether:
 - a. related policies and procedures were followed;
 - b. the policies and procedures were adequate;
 - c. there is need for additional staff training;
 - d. the reported event is similar to past events with the clients or the services involved to identify incident patterns; and
 - e. there is need for corrective action by the program to protect the health and safety of the clients receiving services and to reduce future occurrences.
4. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.
5. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

C. Conducting an internal review of maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

D. Conducting a review of emergency use of manual restraints

Follow the Emergency Use of Manual Restraints Policy.

V. RECORD KEEPING PROCEDURES

A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.

B. Incident reports will be maintained in the client's record. The record must be uniform and legible.

RECEIPT AND ACKNOWLEDGEMENT

Home at Heart Care, Inc. reserves the right to change the contents of this Manual at any time. No changes in any benefit, policy or rule will be made without due consideration to the effect such changes will have on you as an employee and on Home at Heart Care, Inc.

I acknowledge receipt and have read the Manual. I understand the policies, rules and benefits described within this Manual and acknowledge that Home at Heart Care, Inc. reserves the right to change the contents of this Manual at its discretion.

I acknowledge that my employment may be terminated “at will”, either by myself or Home at Heart Care, Inc., regardless of length of employment. I acknowledge that no contract of employment, other than “at will” has been expressed or implied and that no circumstances arising out of my employment will alter my “at will” employment relationship unless expressed in writing.

I acknowledge that during my course of employment with Home at Heart Care, Inc. confidential information may be made available to me and this information will not be disclosed or used outside of the scope of my position at Home at Heart Care, Inc.

I acknowledge the policies, procedures; rules and benefits set forth in this Manual revoke all previous inconsistent policies and procedures for Home at Heart Care, Inc. as of the effective date of this Manual. I also acknowledge it is my responsibility to be familiar with these policies and any changes or modifications thereto.

My signature below acknowledges that I have read the above statements and received a copy of the Home at Heart Care, Inc. Caregiver Policy Manual.

_____ Dated: _____
(Signature)

(Printed Name)