



CDPAP PROGRAM HANDBOOK FOR THE PERSONAL ASSISTANT

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PLEET HOME CARE AGENCY

What is PLEET HOME CARE AGENCY “CDPAP”?

PLEET HOME CARE “CDPAP” is a Consumer Directed Personal Assistance Program, a viable alternative to conventional home care services that promotes consumer independence. The program enables self-directed consumers and/or advocates to recruit, interview, hire, train, schedule, supervise and dismiss Personal Assistant (s) of their choice. Self-directed consumers and/or advocates assess needs, determine how and by whom these needs should be met, and monitor the quality of services received. Individuals independently make all decisions and manage services directly.

Who is eligible to participate in CDPAP?

To participate in the Consumer Directed Personal Assistance Program, the consumer must be:

- Eligible for Medicaid
- Self-directing or has an advocate willing to make decisions about services being provided.
- Eligible for long-term home care, certified home health agency services, AIDS home care or personal care services.

What are the benefits of CDPAP?

The program enables independence and consumer empowerment by gaining more control over their personal care needs. A consumer can:

- Independently or with the assistance of an advocate, recruit, interview, train, schedule, supervise and dismiss the Personal Assistant (s) or their choice.
- Hire as many Personal Assistants, as they may be deemed necessary to satisfy the consumer’s needs, and as authorized by the Managed Long-Term Care Organization.
- Develop a direct working relationship with the Personal Assistant.

PLEET HOME CARE AGENCY

What are the consumer responsibilities?

Consumers must sign an agreement to fulfill the following responsibilities:

- Manage the services of the Personal Assistant employed.
- Notify the Service Coordinator of any changes in status, including, but not limited to, the consumer's address. Telephone number and hospitalization.
- Notify the Service Coordinator of any changes of each Personal Assistant (s) name, address, phone number, employment status, and hours worked.
- Arrange and schedule back-up Personal Assistant coverage for vacations, holidays, absence due to illness and personal time.
- Develop an emergency backup system in the event substitute employees are needed to replace permanent employees.
- Process in a timely manner the required paperwork such as time sheets, health assessment, vacation and time off requests, and other required employment documentation.
- Schedule visits with a registered nurse once every six (6) months for the required nursing assessment.
- Sign a contractual agreement with the Program to fulfill these responsibilities.

What are the responsibilities of PLEET HOME CARE AGENCY "CDPAP"?

- Process the payroll for each Personal Assistant.
- Coordinate all matters that relate to the employment forms for each Personal Assistant.
- Act as the employer of record
- Maintain a confidential personnel file on all hired Personal Assistants.
- Advise and encourage the consumers to provide equal employment opportunities to all prospective employees regardless of their race, creed, color national origin, sex, disability, marital status, orientation or sexual preference.
- Monitor the completion of annual employee medical forms and all required medical documentation.
- Monitor the completion of the required nursing assessment forms and the consumer agreement outlining obligations and responsibilities.
- Engage in on-going monitoring activities, which include periodic contact with the consumer and review of the six (6) month nursing assessment.
- Provide appropriate notification pertaining to any intention to transfer or terminate the consumer from the Program.
- Sign a contractual agreement with the consumer to fulfill these program responsibilities.

Payment: The Agency will conduct bi-weekly payroll to the Personal Assistant. The Timesheets must be given in each week for the previous week by Monday 12pm. Timesheets will only be paid if signed by the Personal Assistant, and the consumer for each day worked. Timesheets can be faxed directly to Xaymara: (917) 722-9767

PLEET HOME CARE AGENCY

1. STANDARDS OF CONDUCT

All **PLEET HOME CARE AGENCY** (the agency) business affairs must be conducted in accordance with federal, state and local laws, professional standards, applicable federally funded health care program regulations and policies and with honesty, fairness and integrity. Employees should perform their duties in good faith, in a manner that he or she reasonably believes to be in the best interest of the agency and its patients and with the same care that a reasonably prudent person in the same position would use under similar circumstances. To further these overall goals, several policies or standards of conduct have been adopted by the agency.

A. EMPLOYEE HANDBOOK.

The handbook given to each employee sets out several types of conduct which are unacceptable. These include:

- i. Intentionally or knowingly making false or erroneous entries on reports, patient charts or other agency records
- ii. Dishonesty
- iii. Unauthorized alteration or destruction of agency records including patients' charts.
- iv. Coding or billing which violates Medicaid rules or regulations or other federal rules or regulations.
- v. Behavior detrimental to the orientation.

Other unacceptable conduct may be found in the handbook.

B. CONFLICT OF INTEREST.

To perform their duties with honesty and fairness and in the best interest of the agency and employees must avoid conflicts of interest in their employment. Conflicts of interest may arise from having a position or interest in or furnishing managerial or consultative services to any concern or business from which the agency obtains goods or services or with which it completes or does business, from soliciting or accepting gifts, excessive entertainment or gratuities from any person or entity that does or is seeking to do business with the agency and from using agency property for personal or private purposes. Conflicts also may arise in other ways. If an employee has any doubt or any question about any of his or her proposed activities, guidance or advice should be obtained from the Director of Human Resources. The agency policy on and prohibiting conflicts of interest may be obtained from the Department of Human Resources.

C. CONFIDENTIALITY OF INFORMATION

A patient's health care record is the property of the agency and shall be maintained to serve the patient, necessary health care providers, the Institution and third-party payers such as Medicaid in accordance with legal, accrediting and regulatory agency requirements. The information contained in the health care record belongs to the patient and the patient is entitled to the protection of that information. All patient care information is regarded as confidential and available only to authorized users such as treating or consulting physicians and employee who may be providing patient care and

to third party payers to facilitate reimbursement. The operations, activities, business affairs and finances of the agency should also be kept confidential and discussed or made available only to authorized users.

D. WORKPLACE ADMINISTRATIVE SEARCHES

To assist in providing a reliable, efficient and productive work force for the proper care of patients, to assist in providing employees with a safe working environment, to assist in the effective operation of the Compliance Program and to supplement the Drug and Alcohol Policy, supervisors may conduct unannounced administrative searches of agency premises, offices, work areas including lockers, desks, cabinets, drawers, shelves or trash cans or in folders, envelopes or packages located on agency premises. In addition, searches of temporary space of live in aides at clients of the Agency may be subject to search at the discretion of the Agency because of a complaint of a patient whose property is occupied. Personal possessions or materials should not be brought to work if they are of a sensitive or confidential nature. The agency policy on Workplace Administrative Searches may be obtained from the Department of Human Resources or designee. Other policies permit monitoring of and access to computers by supervisors. The use of computers, e-mail and access to the Internet must be reasonable and responsible.

E. FRAUD AND ABUSE

Employees shall refrain from conduct, which may violate the fraud and abuse laws. These laws prohibit (1) direct, indirect or disguised payments in exchange for the referral of patients: (2) the submission of false, fraudulent or misleading claims to any government entity or third party payer, including claims for services not rendered, claims which characterize the service differently than the service actually rendered or claims which do not otherwise comply with applicable program or contractual requirements; and (3) making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment or excessive payment for any services.

F. BUSINESS ETHICS

Employees must accurately and honestly represent the agency and should not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

G. FINANCIAL REPORTING

All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction. Improper or fraudulent accounting, documentation or financial reporting is not only contrary to agency policy, it may be in violation of applicable laws. Sufficient and competent evidential matter or documentation shall support all cost reports.

H. PROTECTION OF ASSETS

The agency will make available to employee's assets and equipment necessary to conduct agency business including such items as computer hardware and software, billing and medical records, both hardcopy and in electronic format, fax machines, office supplies and various types of medical equipment. Employees should strive to use agency assets in a prudent and effective manner. The agency property should not be used for personal reasons or be removed from the agency without approval from a departmental manager. An employee who believes that any medical equipment is not operating properly nor has an inaccurate calibration should immediately report the problem to his or her supervisor.

I. ANTI-COMPETITIVE CONDUCT

The agency will not engage in anticompetitive conduct that could produce an unreasonable restraint of trade or a substantial lessening of competition. Evaluation of anti-competitive conduct requires legal guidance. Communication by employees with competitors about matters that could be perceived to have the effect of lessening competition or could be considered as collusion or an attempt to fix prices should take place only after consultation with legal counsel.

J. CREDIT BALANCES

The agency will comply with Federal and state laws and regulations governing credit balance reporting and refund all overpayments in a timely manner.

K. FINANCIAL INDUCEMENTS

No employee shall offer any financial inducement, gift, payoff, kickback or bribe intended to induce, influence or reward favorable decisions of any government personnel or representative, any customer, contractor or vendor in a commercial transaction or a person in a position to benefit the agency or the employee in any way. Employees are strictly prohibited from engaging in any corrupt business practice either directly or indirectly. No employee shall make or offer to make any payment or provide any other thing of value to another person with the understanding or intention that such payment or other thing of value is to be used for an unlawful or improper purpose. Appropriate commissions, rebates, discounts and allowances are customary and acceptable business inducements if they are approved by Administration and that they do not constitute illegal or unethical payments.

Any such payments must be reasonable in value, competitively justified, properly documented, and made to the business entity to which the original agreement or invoice was made or issued. Such payments should not be made to individual employees or agents of business entities.

L. ADDITIONAL STANDARDS

The agency has adopted several other agency wide policies and procedures. Employees may obtain copies in the Department of Human Resources. Additional standards and policies may be applicable only to departments and copies may be obtained from

supervisors or directors in those departments. It is particularly important that coding, billing and submission of claims to Medicaid and other third-party payers, be appropriate, accurate and in compliance with applicable laws and regulations. Standards relating to billing will be found in a later section of this Program. These Standards of Conduct apply to all employees, including supervisors, managers, directors and administrators. They also apply to temporary and contract employees and where practical to independent contractors doing business with the agency. These standards are not intended to cover every situation which may be encountered, and employees should comply with all applicable laws and regulations whether or not specifically addressed in the Standards. Questions about the existence, interpretation or application of any law, regulation, policy or standard should be directed, without hesitation, to an employee's supervisor, manager or director or to the Compliance Officer mentioned in a later section of this Program. Because laws, regulations and policies are constantly evolving, this Compliance Program will be revised and updated as needed. Revisions will be communicated timely to agency employees. Failure to comply with the Standards of Conduct or to conduct business in an honest, ethical, reliable manner can result in civil fines or criminal penalties against the agency and its employees or disciplinary action by the agency, including termination. Supervisors are responsible for ensuring that their employees receive a copy of this program and participate in mandatory training related to the Program.

M. False Claims Act

The Federal False Claims Act is a law that prohibits a person or entity, such as the agency from "knowingly" presenting or causing to be presented a false or fraudulent claim for payment or approval to the Federal Government and from "knowingly" making, using or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the Federal Government. These prohibitions extend to claims submitted to federal health care programs, such as Medicaid. The terms "knowing" and "knowingly" is having knowledge of the information and acts in reckless disregard of the truth or falsity of the information.

A person or entity found guilty of violation can be obligated to civil penalty up to \$11,000 plus three times the amount of actual damages. A person or entity can also find themselves excluded from the Medicaid Programs if found in violation.

Note: A private person who brings civil actions for violations to the False Claims Act is entitled to receive percentages of monies obtained through settlements and is protected by the Non-Retaliation and Non-Retribution for Reporting Policy of the Compliance Program.

New York State False Claims Act makes it unlawful to knowingly make a false statement or representation (or deliberate concealment of any material fact or other fraudulent scheme or device) to attempt to obtain Medicaid payments for services or supplies furnished under the New York State Medical Assistance Program. A violation of this Act can result in civil damages three times overstated amount of \$5,000 whichever is greater. The Agency or individual may also be required to pay civil monetary penalty to the Medicaid program if it was known that the services or supplies were not medically necessary, not provided as claimed, if the person requesting such was excluded from the program or the services or supplies for which payment was received but not provided.

New York State may also impose the threat of criminal prosecution who had the intent to defraud the State program a Class A misdemeanor punished in accordance with the penalties fixed by such law.

N. Non-Retaliation and Non-Retribution for Reporting

The agency understands that employees may not report concerns if they feel that they will be subject to retaliation or harassment for reporting the concern. To reassure employees who wish to report concerns through the Compliance Line, or directly to the Compliance Department, a nonretaliation/ non-retribution policy has been established. Supervisors, managers or employees are not permitted to engage in retaliation, retribution or any form of harassment directed against an employee who reports a Compliance concern.

Anyone who is involved in any act of retaliation or retribution against an employee that has reported suspected misconduct in good faith will be subject to disciplinary action. Employees have the responsibility to report, in good faith, concerns about actual or potential wrongdoing.

The agency is committed to a policy that encourages timely disclosure of such concerns and prohibits any action directed against an employee, manager or staff member for making a good faith report of a concern.

Any manager, supervisor or employee who engages in retribution, retaliation or harassment against a reporting employee is subject to discipline up to and including dismissal on first offense.

All instances of retaliation, retribution or harassment against reporting employees will be brought to the attention of the Compliance Officer who will, in conjunction with Legal and Human Resources, Investigate and determine the appropriate discipline, if any. If an employee reports a concern regarding his or her own inappropriate or inadequate actions, reporting those concerns does not exempt him or her from the consequences of those actions.

Prompt and forthright disclosures of an error by an employee, even if the error constitutes inappropriate or inadequate performance, will be considered a positive constructive action by the employee.

Compliance with and the promotion of the Standards of Conduct will be a factor in evaluating the performance of agency employees. Following the Standards of Conduct is not hard to do. Employees should not be apprehensive or frightened.

Employees may stop by in person and speak to our compliance officer located at:

112-22 Rockaway Beach Blvd 1st fl Rockaway Park, NY 11694

If you are not located in the area, please call the office number for NYC listed on the front of the packet.

CDPAP PROGRAM DEFINITIONS

Consumer: Medicaid recipient who a social services district or MLTC has determined to participate in the consumer directed personal assistance program.

Consumer Directed Personal Assistance: Provision of some or total assistance with personal care services, home health aide services and skilled nursing tasks by a consumer directed personal assistance under the instruction, supervision and direction of a consumer or the designated representative.

Consumer Directed Personal Assistant: An adult who provides consumer directed personal assistance to a consumer under the consumer's instruction, supervision and direction or under the instruction, supervision, and direction of the consumer's designated representative. A consumer's spouse, parent, or designated representative may not be the consumer designated personal assistant for that consumer; however, a consumer directed personal assistant may include any other adult relative of the consumer who does not reside with the consumer or any other adult relative who resides with the consumer because of the amount of care the consumer requires makes such relative's presence necessary.

Continuous Personal Services: Provision of uninterrupted care by more than one consumer directed personal assistant, for more than 16 hours per day for a patient who, because of the patient's medical condition and disabilities, requires total assistance with toileting, walking, transferring or feeding at times that cannot be predicted.

Designated Representative: Adult to whom a self-directing consumer has delegated authority to instruct, supervise and direct the consumer directed personal assistant and to perform the consumer's responsibilities. With respect to the non-self-directing consumer, a "designated representative means the consumer's parent, legal guardian or, subject to the MLTC approval, a responsible adult surrogate who is willing and able to perform such responsibilities on the consumer's behalf. The designated representative may not be the consumer directed personal assistant or a fiscal intermediary employee, representative or affiliated person.

Fiscal Intermediary: Entity that has a contract with an MLTC to provide wage and benefit processing for consumer directed personal assistant and another Fiscal Intermediary. Responsibilities specified in subdivision "i" 505.28 of Title 18 of the NYCRR.

Home Health Aide Services: Services within the scope of practice of a home health aide pursuant to Article 36 of the Public Health Law including simple health care tasks, personal hygiene services, housekeeping tasks essential to the consumer's health and other related supportive services. Such services may include, but are not necessarily limited to, the following: preparation of meals in accordance with modified diets or complex modified diets; administration of medications; provision of special skin care; use of medical equipment, supplies and devices; change of dressing to stable surface wounds; performance of a maintenance exercise program; and care of an ostomy after the ostomy has achieved its normal function.

Levels of Care:

I. **Level I:** Limited to the performance of nutritional and environmental support functions.

- a. Making/changing beds
- b. Dusting and vacuuming the rooms which the patient uses
- c. Light cleaning of the kitchen, bedroom and bathroom
- d. Dishwashing
- e. Listing needed supplies
- f. Shopping for the patient if no other arrangement is possible
- g. Patients' laundering, including necessary ironing and mending
- h. Payment of bills and other essential errands
- i. Preparing meals and other simple modified diets

II. **Level II:** The performance of nutritional and environmental support functions

- a. Bathing of the patient in the bed, tub or shower
- b. Dressing
- c. Grooming
 - i. Including care of the hair
 - ii. Shaving
 - iii. Ordinary care of nails, teeth and mouth
- d. Toileting
 - i. Assisting on and off the bedpan, commode or toilet
- e. Walking within and outside the home beyond that provided by durable medical equipment
- f. Transferring from bed to chair/wheelchair
- g. Preparing meals in accordance with modified diets, including low sugar, low fat, low salt and low residue
- h. Feeding
 - i. Administration of medication by the patient, including prompting the patient as to time, identifying the medication to the patient, bringing the medication and any necessary supplies or equipment to the patient, opening the container for the patient, positioning the patient for medication and administration, disposing of used supplies and material and storing medication properly.
- j. Providing routine skin care
- k. Using medical supplies and equipment such as walkers and wheelchairs

I. Changing simple dressings

Live in 24-hour personal care services: The provision of care by one person for a patient who, because of the patient's medical condition and disabilities, requires some or total assistance with one or more personal care functions during the day and night at whose need for assistance during the night is infrequent or can be predicted.

Personal Care Services: Consists of nutritional and environmental support functions, personal care functions or both such functions. Means some or total assistance with personal hygiene, dressing and feeding and nutritional and environmental support functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, ordered by the Attending Physician; based on an assessment of the patient's needs and of the appropriateness and cost-effectiveness of services provided by a qualified person in accordance with a plan of care; and supervised by a professional nurse.

Self-Directing Consumer: A consumer who can make choices regarding the consumer's activities of daily living and the type, quality and management of his or her consumer directed personal assistance; understands the impact of these choices; and assumes responsibility for the results of these choices.

Skilled Nursing Tasks: Those skilled nursing tasks that are within the scope of practice of a registered professional nurse or a licensed practical nurse and that a consumer directed personal assistant may perform.

Some Assistance: A specific personal care service, home health aide service or skilled nursing task is performed or completed by the consumer with the help from another individual.

Stable Medical Condition: A condition that is not expected to exhibit sudden deterioration or improvement and does not require frequent medical or nursing evaluation or judgement to determine changes in the consumer's plan of care.

Total Assistance: A specific personal care service, home health aide service or skilled nursing task is performed or completed for the consumer.

PERSONAL ASSISTANT'S RIGHT'S

PRIVACY AND SECURITY- YOU HAVE THE RIGHT TO:

PRIVACY AND SECURITY - to respect your property, personal privacy and security during home care visits. You have a right to unlimited contact with visitors and others and to communicate privately with these persons;

CONFIDENTIALITY - to confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home;

HEALTH INFORMATION - to access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law

RELEASE OF INFORMATION - to request us to release information written about you only as required by law or your written authorization.

Our Notice of Privacy Practices describes your rights in detail.

FINANCIAL INFORMATION: YOU HAVE THE RIGHT TO:

INSURANCE INFORMATION - to be informed of the extent to which payment may be expected from Medicare, Medicaid or any other payer known to us before any care is delivered;

KNOW OF CHARGES NOT COVERED - to be informed verbally and in writing at the time of admission, the approximate maximum dollar amount, if any, of care or services to be borne by the patient;

RECEIVE INFORMATION WITHIN 30 DAYS - to receive this information verbally and in writing, before care is initiated and within 30 calendar days of the date the home care provider becomes aware of any changes in charges; and

HAVE ACCESS TO ALL BILLS - to have access, upon request to all bills for services you have received regardless of whether the bills are paid out of pocket or another party.

QUALITY OF CARE- YOU HAVE THE RIGHT TO:

PAIN MANAGEMENT - to education about you and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;

BE ADMITTED ONLY IF WE CAN PROVIDE THE CARE YOU NEED - A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative; and

RECEIVE EMERGENCY INSTRUCTIONS - to be told what to do in case of an emergency.

PERSONAL ASSISTANT APPLICATION REQUIREMENTS

In Order to work as a Personal Assistant, you will need to have the following documents:

- Proof of ID- the office will give you a list of acceptable documents. Only originals are accepted.
- Current Physical, no more than 6 months' old
- Drug Screen Lab Report, No more than 6 months' old
- PPD (Tuberculin test) or QuantiFERON
 - If positive, you will need to provide a Chest X-Ray lab report, AND a TB Questionnaire
 - Lab report for Rubella AND Rubella Titers
 - Influenza Shot document OR Influenza Shot declination form

POSITIVE DRUG SCREEN:

1. Proof of positive drug screen lab report must be in the PAs file.
2. The contract must be notified.
3. The patient must be notified.
4. The patient must approve the positive drug screen in writing. The letter will be kept in the PAs file and the Patient's file.
5. The PA must explain in writing the reason for the positive drug screen. The letter must specify the reason for testing positive. The letter will be kept in the PAs file and the Patient's file.
6. A new drug screen will be performed after a period of three months from the positive result. The PA will be called by Pleet Home Care Agency with the appointment date.
7. If the 2nd drug screen comes up positive, it will be discussed with the patient and the contract whether the aide should be removed from the case based on safety concerns.
8. The patient must be informed of the new drug screen results and the next steps for service.

CDPAP

PERSONAL ASSISTANT APPLICATION

All forms and requested information must be completed before employment can be authorized. Authorization must come from Pleet Home Care Agency. Below is a directory assistance to help you with this process. Please call the number on the front of the packet and ask for the person who you need to assist you.

Application Completion Requirements/questions

Krissy Ospina

Program Questions

Xaymara

The Personal Assistant's Guide to the
Consumer Directed Personal Assistance Program (CDPAP)

Fiscal Intermediary for the Consumer Directed Personal Assistance Program:

Pleet Home Care Agency
112-22 Rockaway Beach Blvd 1st Fl
Rockaway Park, NY 11694
Phone Number: (646) 933-3932
Fax Number: (718) 744-2722

The Consumer Directed Personal Assistance Program (CDPAP) is an alternative to traditional home care. The CDPAP is Medicaid program that enables self-directing individuals or their designated representative, to assume the responsibilities of their own care. The consumer and/or designated representative, to assume the responsibilities of their own care. The consumer and/or designated representative are responsible for recruiting, interviewing, hiring, training, supervising, scheduling and termination.

What is my role as a Personal Assistant?

As a personal Assistant you are hired by the consumer and/or designated representative to assist the consumer with their individual needs to live safely in their home within the approved hours authorized by NYS Medicaid/Managed Care. By accepting this position, you are agreeing to accept training and supervision at the direction of the consumer or their designated representative. You are responsible to complete the full application and submit the documents needed to work on the CDPAP. You may not submit a time slip or clock in until your application forms are completed and submitted for approval. This approval must be given by Pleet Home Care Agency.

As a Personal Assistant, the Department of Health requires that you pass and submit a physical within the past year, provide proof of immunizations, a PPD or Chest x- ray (If you have a history of a positive PPD), and complete a health assessment. All forms are in the Personal Assistant application. It is your responsibility to keep your compliance up to date yearly.

As a personal Assistant you may not work on the consumer directed program while the consumer is hospitalized. These hours will not be paid to you by Pleet Home Care Agency and will not be billed to NYS Medicaid/Managed care.

What is the role of Pleet Home Care Agency?

As the Fiscal Intermediary Pleet Home Care Agency will keep a record which consist of the Personal Assistant's original application forms, annual health assessments, and the information needed for payroll processing and benefit administration. We act as an employer of record for insurance, unemployment and worker compensation benefits for each Personal Assistant.

Who is my employer?

As a personal assistant you are employed by the consumer or their designated representative.

Safety

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, Personal Assistants should immediately notify your consumer or designated representative and Pleet Home Care Agency. Such reports are necessary to comply with OSHA regulations and workers compensation benefits laws.

Live In

All Personal Assistants who work on a live-in case are to be present in the consumer's home for 24 hours each working day.

During each live-in day, Personal Assistants are to perform tasks in accordance with the verbal and written care plan. Personal Assistants may not work in excess of 13 hours in any day.

During each 24 hour day, Personal Assistants are to take eleven hours for personal time which will include hours of sleep, meal breaks and other personal time, remaining on premises at all such times.

Transporting the client

You must provide Pleet Home Care Agency with your current unexpired driver's license and insurance card to be authorized to transport your consumer in your car or your consumer's car.

Corporate Compliance Purpose

To Ensure Pleet Home Care Agency complies with applicable federal and state laws and regulations and to make a sincere effort to prevent, detect and correct any fraud, abuse or waste in connection with federally funded health care programs and private health plans.

Policy

It is policy of Pleet Home Care Agency to be in compliance with all Federal and State rules, laws and regulations. This includes compliance with all reimbursement rules as required by Medicare, Medicaid and relevant third-party payers. It also includes compliance with relevant Federal and State abuse laws including but not limited to the Deficit Reduction Act of 2005 and the Federal and NYS false claims act. Compliance issues relating to accurate and truthful documentation, honest and lawful dealing with others and prohibitions against receiving or giving remuneration in turn for referrals are also included. As part of this compliance program, All Personal Assistants are urged to raise any concerns about the accuracy or propriety of any documentation or billing practice or any other compliance issue without concern for retaliation. Such issues may be raised to Pleet Home Care Agency. All concerns will be reviewed, and appropriate action will be taken.

Deficit Reduction Act of 2005

Pleet Home Care Agency takes fraud and abuse very seriously. It is our policy to provide information to all employees, contractors and agents about the federal and state false claims act remedies available under these acts and how employees and others can use them, and about whistleblower protections available to anyone who claims a violation of federal or state false claims acts. We also will advise our employees, contractors and agents of the steps the agency has in place to detect health care fraud and abuse.

This act is designated to improve federal and state oversight and enforcement actions against fraud and abuse in the Medicaid Program. It requires any entity receiving more than 5 million dollars in Medicaid funds per year must instruct their workforce on the following issues:

- The Federal False Claims Act
- The Federal Program Fraud Civil Remedies Act
- State Laws pertaining to civil or criminal penalties for false claims and statements
- Role of such laws in preventing and detecting fraud, waste and abuse
- Whistleblower protections under such laws
- Policies and procedures of Pleet Home Care Agency (provide) for preventing and detecting fraud, waste and abuse.

Federal False Claims Act

The False Claims Act is a law that prohibits a person or entity from knowingly presenting or causing to be presented a false or fraudulent claim for payment or approval to the Federal Government and from “knowingly” Making, using or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the Federal Government. These prohibitions extend to claims submitted to federal healthcare programs, such as Medicare and Medicaid. A person or entity found guilty of violation can be obligated to civil penalty up to 11,000 plus three times the amount of actual damages. A person or entity can also find themselves excluded from the Medicaid programs if found in violation.

New York False Claims Act

The NY False Claims Act closely tracks the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care plans such as Medicaid. The penalty for filing a false claim is 6,000-12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received.

How do I get paid?

Federal and state laws require Pleet Home Care Agency to keep accurate records of time worked in order to calculate Personal Assistant pay and benefits. Time worked is all the time actually spent on the job performing assigned duties within the authorized time. You are not permitted to work anywhere else at the same time you are working for your consumer.

All paperwork must be signed by the consumer/designated representative and Personal Assistant at the end of each day. Dates, times, signatures and patient information must be filled out correctly. We will not be able to process incomplete paperwork.

Some Contracts require the use of an Automatic Time and Leave system (ATL) when working with their consumer. If you are required to use the ATL system, please make sure to ask for your pin number and instructions on how to use the clock in, clock out system. It is prohibited to allow anyone else to use your pin number. Personal Assistants must clock in and out for each shift that is worked on. Failure to use the call-in system properly will cause a delay in your pay due to the additional processing time needed for timesheets.

Checks are mailed bi-weekly to the consumer's home or to the care givers home, unless you request direct deposit. The determination is made by the consumer.

Instructions to Retrieve Pay Stubs

DIRECT DEPOSIT

Information for direct deposit will be given on or before the first day of work. Which should include:

- Name of bank
- Account number
- Routing number

PAY STUBS

Pay stubs are issued with each check. For those caregivers on direct deposit, check stubs are mailed out or held upon request.

To request pay stubs, the caregiver can call (646) 690-9766.

Numbers to Call-in and Call-out

English: (718) 215-6502

Spanish: (866) 709-9272

NOTE: All clock in and clock out should be done through the patient direct phone line.

CALL IN -

- Press 1 for Clock IN
- Enter your pin ID
- If the number is correct press 1 to Confirm or if you entered the wrong number press 0 to re-enter.

CALL OUT -

Note: A call out for a shift without call in will NOT be accepted

- Press 2 for Clock OUT
- Enter pin ID
- Enter duties that were performed- at least 7 duties
- If system says error, please call office

Shabbat observant or Jewish Holidays: During Shabbat or Jewish holidays you cannot use the patient's phone to clock in and out; you must call your coordinator to report that you are at work. If the office is

closed or you are unable to reach your coordinator, leave a message with the on-call service that you are clocking in or out.

Live-in: You must clock in on your first day of work and clock out every day after that. Example: You work Sunday, Monday, and Tuesday; you must clock in on Sunday morning at 8am, Monday you clock out at 8am, and Tuesday you clock out at 8am. When you start the following again on Sunday you do the same.

Mutual cases: Mutual cases are cases where the same aide is working 2 consecutive shifts for different patients at the same location (e.g. husband and wife). The Aide needs to call for the call-in at the beginning of the first shift and call-out at the end of the second shift. During the call-out the system will require the tasks for both shifts.

No direct phone number: Patients in facilities might not always have a direct phone number. In such case notify the agency of the situation so that they will turn off the verification call. The verification will have to be done manually by your agency.

Rotary phone: The time and attendance system will not work with a rotary phone. In such a case the call in/out and duties will have to be manually entered. Notify the agency of the situation so that they turn off the time and attendance for that patient.

DUTY CODES

Duties: There should be a minimum of five duties (including at least TWO personal care duty) performed and entered into the system.

Personal Care

100 Bath –Tub

101 Bath –Shower

102 Bath –Bed

103 Patient requires Total Care

106 Mouth Care/Denture Care

107 Hair Care-Comb

108 Hair Care-Shampoo

109 Grooming-Shave

110 Grooming-Nails

111 Dressing

112 Skin Care

113 Foot Care

114 Toileting-Diaper

115 Toileting-Commode

116 Toileting-Bedpan/Urinal

117 Toileting-Toilet

Nutrition

201 Patient is on a prescribed diet

202 Prepare-Breakfast

203 Prepare-Lunch

204 Prepare-Dinner

205 Prepare Snack

206 Assist with feeding

207 Record intakes – Food

208 Record intakes – Fluid

Activity

300 Transferring

301 Assist with walking

302 Patient walks with assistive devices

305 Assist with home exercise program

306 Range of Motion Exercises

311 Turning and positioning (At least 02)

Treatment / Special Needs

400 Take Temperature

403 Take Pulse

404 Take Respirations

405 Take Blood Pressure

406 Weigh Patient

407 Record Output (Urine/BM)

408 Assist with catheter care

409 Empty Foley bag

410 Assist with ostomy care

411 Remind to take medication

Patient Support Activities

500 Change Bed Linen

506 Do Patient shopping and errands

501 Patient Laundry

502 Light Housekeeping

505 Clean Patient Care Equipment

506 Do patient shopping and errands

508 Accompany Patient to medical appointment

509 Diversional Activities – Speak/Read

511 Monitor Patient Safety