

Please read these three important things from Consumer Direct.

**If you or the Member have any questions on these items
please call us at 406-541-8700 or 1-866-438-8591.**

1. The Okay to Work Form: When the completed employee enrollment packet has been received, reviewed and approved by the Consumer Direct office, both you and your Member/Personal Representative will receive an “Okay to Work” form letting you know the date you can officially begin working. If a Member/PR asks you to come in and work before you’ve filled out an enrollment packet, please don’t work! The application materials must be completed and approved by Consumer Direct before you can begin.

2. Criminal Background Check & Consumer Direct’s No Felony Policy: Caregivers who are applying for work with Consumer Direct need to know that a criminal background check will occur. If you have a felony conviction history you cannot be hired. This may eliminate you as an applicant. If this is the case, it is important to tell your Member that you will not be eligible for employment.

3. 6-Month Inactivation Policy: If a caregiver does not work for 6 months or more they become “inactive.” Inactive means a caregiver may not provide paid care for a Member until they become active again. For a caregiver to become active again they need to simply re-apply. If you think you have not worked in 6-months please call Consumer Direct before working a scheduled shift. We will be able to tell you your employment status and if you need to re-apply. If you are inactive you should fill out another enrollment packet and submit it to Consumer Direct. When you and the Member/PR have received the “Okay to Work” form you may begin working. Having current, active documents on file for you is important because Consumer Direct can make sure we have current information for payroll purposes. Verification of a current address, I-9, W-4, and Direct Deposit will help us pay you correctly and on time.

Name: _____	Effective Date of Change: _____
EIN Holder (if applicable): _____	
<input type="checkbox"/> Service Recipient (Client, Consumer, Member)	<input type="checkbox"/> Managing Party (PR, LR, DR)
<input type="checkbox"/> Employee/Caregiver	

Instructions: Please mark the boxes that apply and fill in the new information. Provide supporting documentation if indicated.

Local Office Changes		
<input type="checkbox"/> Address Change <div style="text-align: right; margin-top: 10px;">New Address City, State Zip</div>	<input type="checkbox"/> Mailing	<input type="checkbox"/> Physical
<input type="checkbox"/> Phone Number Change <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	New Phone Number: _____	

Local Office Plus CDMS Changes	
<input type="checkbox"/> Name Change <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous name: _____ New name: _____
<input type="checkbox"/> Social Security Number Change <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous SSN: _____ New SSN: _____
<input type="checkbox"/> Date of Birth Change <small>*provide supporting documentation with this form</small>	Previous DOB: _____ New DOB: _____
<input type="checkbox"/> New EIN Holder <small>* requires supporting paperwork – contact your coordinator</small>	New EIN Holder: _____
<input type="checkbox"/> Caregiver Payment Type Changes <small>* requires supporting paperwork – completed pay selection form</small>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Add Pay Card <input type="checkbox"/> Add Direct Deposit </div> <div> <input type="checkbox"/> Cancel Pay Card <input type="checkbox"/> Cancel Direct Deposit </div> <div> <input type="checkbox"/> Change Direct Deposit <input type="checkbox"/> Other: _____ </div> </div>
<input type="checkbox"/> Caregiver Wage Changes <small>* requires paperwork and approval – contact your coordinator</small>	<div style="display: flex; justify-content: space-between;"> <div> Service Recipient Name: _____ Service Code(s): _____ </div> <div> New Wage: _____ <input type="checkbox"/> New Modified Wage Agmt <input type="checkbox"/> Change MWA <input type="checkbox"/> End MWA </div> </div>
Service Recipient – <input type="checkbox"/> Reactivation <input type="checkbox"/> Deactivation <input type="checkbox"/> Hold <input type="checkbox"/> Transfer <small>* change in Auth requires supporting paperwork</small>	Explanation: _____ <input type="checkbox"/> Reactivate for billing purposes only
Employee/Caregiver – <input type="checkbox"/> Reactivation <input type="checkbox"/> Dismissal or <input type="checkbox"/> Hold <small>* if Dismissal, from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient</small> <small>* reactivation requires supporting documentation</small>	Service Recipient Name: _____ Who terminated the Employee/Caregiver: <input type="checkbox"/> Resigned <input type="checkbox"/> Service Recipient <div style="text-align: right;"><input type="checkbox"/> Unknown</div> Was a two week notice given: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right;"><input type="checkbox"/> Unknown</div> Explanation: _____
<input type="checkbox"/> Employee/Caregiver Location Change	<div style="display: flex; justify-content: space-between;"> <div>Previous location: _____</div> <div>New location: _____</div> </div>
<input type="checkbox"/> Other: <small>*Please indicate</small>	_____

Service Recipient, Managing Party, or Employee Signature

Rev. 02/16/2015

Date

02249



CONSUMER DIRECT *Care Network*

2016



Time Sheets
Due



Pay Day



Post Office
Holiday



Daylight
Saving Time



Form W-2 mailed

JANUARY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					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
31						

FEBRUARY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	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					

MARCH

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		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	31		

APRIL

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					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

MAY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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	31				

JUNE

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					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

JULY

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					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
31						

AUGUST

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	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	31			

SEPTEMBER

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					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

OCTOBER

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						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	31					

NOVEMBER

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						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						

DECEMBER

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						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	31					



<http://consumerdirectmt.com>



<http://nightingalenursing.us>

Consumer Direct Montana and Nightingale Nursing and Caregiving are part of the Consumer Direct Care Network.

Toll free phone 866-438-8591

Toll free Fax 855-486-7249

cdmtts@consumerdirectcare.com

2016 Pay Periods, Pay Dates and Holidays

IMPORTANT

Work weeks are Sundays through Saturdays. Time sheets must be received or postmarked no later than MIDNIGHT every Monday. Due to office closures and time constraints on holidays, time sheets submitted late or with errors will not be processed until the following pay period.

Form W-2 for time worked in 2015 will be mailed on or before 2/1/2016, in accordance with IRS requirements. Please allow sufficient time to process thru the US Postal system. If you have not received your W-2 by mid-February please contact your local office.

Pay Period-Week 1 Sunday through Saturday	Pay Period-Week 2 Sunday through Saturday	Pay Date (for Week 1 and Week 2)
12/13/15 to 12/19/15	12/20/15 to 12/26/15	01/08/16
12/27/15 to 01/02/16	01/03/16 to 01/09/16	01/22/16
01/10/16 to 01/16/16	01/17/16 to 01/23/16	02/05/16
01/24/16 to 01/30/16	01/31/16 to 02/06/16	02/19/16
02/07/16 to 02/13/16	02/14/16 to 02/20/16	03/04/16
02/21/16 to 02/27/16	02/28/16 to 03/05/16	03/18/16
03/06/16 to 03/12/16	03/13/16 to 03/19/16	04/01/16
03/20/16 to 03/26/16	03/27/16 to 04/02/16	04/15/16
04/03/16 to 04/09/16	04/10/16 to 04/16/16	04/29/16
04/17/16 to 04/23/16	04/24/16 to 04/30/16	05/13/16
05/01/16 to 05/07/16	05/08/16 to 05/14/16	05/27/16
05/15/16 to 05/21/16	05/22/16 to 05/28/16	06/10/16
05/29/16 to 06/04/16	06/05/16 to 06/11/16	06/24/16
06/12/16 to 06/18/16	06/19/16 to 06/25/16	07/08/16
06/26/16 to 07/02/16	07/03/16 to 07/09/16	07/22/16
07/10/16 to 07/16/16	07/17/16 to 07/23/16	08/05/16
07/24/16 to 07/30/16	07/31/16 to 08/06/16	08/19/16
08/07/16 to 08/13/16	08/14/16 to 08/20/16	09/02/16
08/21/16 to 08/27/16	08/28/16 to 09/03/16	09/16/16
09/04/16 to 09/10/16	09/11/16 to 09/17/16	09/30/16
09/18/16 to 09/24/16	09/25/16 to 10/01/16	10/14/16
10/02/16 to 10/08/16	10/09/16 to 10/15/16	10/28/16
10/16/16 to 10/22/16	10/23/16 to 10/29/16	11/11/16
10/30/16 to 11/05/16	11/06/16 to 11/12/16	11/23/16
11/13/16 to 11/19/16	11/20/16 to 11/26/16	12/09/16
11/27/16 to 12/03/16	12/04/16 to 12/10/16	12/23/16
12/11/16 to 12/17/16	12/18/16 to 12/24/16	01/06/17
12/25/16 to 12/31/16	01/01/17 to 01/07/17	01/20/17

2016 Bank & Post Office Holidays

- **New Year's Day**- Friday, Jan. 1
- **Martin Luther King Day**- Monday, Jan. 18
- **President's Day**- Monday, Feb. 15
- **Memorial Day**- Monday, May 30
- **Independence Day** - Monday, July 4
- **Labor Day**- Monday, Sept. 5
- **Columbus Day**- Monday, Oct. 10
- **Veteran's Day**- Friday, Nov. 11
- **Thanksgiving**- Thursday, Nov. 24
- **Christmas Day**- Monday, Dec. 26

Consumer Direct Office Holidays and Closures

- **New Year's Day**- Friday, Jan. 1
- **Martin Luther King Day**- Monday, Jan. 18
- **Memorial Day**- Monday, May 30
- **Independence Day** - Monday, July 4
- **Labor Day**- Monday, Sept. 5
- **Thanksgiving**- Thursday, Nov. 24
- **Christmas Day**- Monday, Dec. 26

Please consider Direct Deposit



2016 Benefit Summary Direct Care Staff Montana (NNC and CDMT)

Benefit	Provider/ Administrator	Agent/ Broker	Eligibility Requirements	Enrollment	Important Details
Medical Insurance Plan (and Health Reimbursement Account)	PacificSource Grp# G0035039	PacificSource Health Plans (877) 590-1596	Working 30 hours per week	New Hires: First of month following 60 days; Others: Open Enrollment in Dec	Major medical plan paired with an Employee-only Health Reimbursement Account (HRA). Employee-only: costs \$40/month, has a \$500 HRA deductible, after HRA deductible, pay 40% coinsurance until you reach \$2,300 max out of pocket (in-network).
Virtual Care	Teladoc	Teladoc (800) 835-2362	Enrolled on company Medical Insurance Plan	Enrolled on company Medical Insurance Plan	Talk with a doctor about non-emergency medical issues. Doctors meet 24/7 by phone/video and can prescribe some medications. Prescription and lab fees are at your own expense. Company-Paid for 2016.
Dental Insurance Plan	PacificSource	PacificSource Health Plans (877) 590-1596	Enrolled on company Medical Insurance Plan	Enrolled on company Medical Insurance Plan	FREE preventative care (cleanings). Additional services subject to \$50 deductible (employee-only) and \$1,000 maximum benefit per year.
Health Flexible Spending Account	PacificSource	PacificSource Administrators (800) 422-7038	Working 30 Hours per Week	New Hires: First of month following 60 days; Others: Open Enrollment in Dec	\$2,550 per calendar year maximum. Pre-tax account used for out of pocket health expenses. If you have a balance of \$500 or less at the end of 2015, that leftover amount will roll over into a new 2016 Health FSA.
Dependent Care Flexible Spending Account	PacificSource	PacificSource Administrators (800) 422-7038	Working 10 Hours per Week	New Hires: First of month following 60 days; Others: Open Enrollment in Dec	\$5,000 per calendar year maximum. Use it or lose it. Pre-tax account used for daycare or disabled adult dependent care expenses.
Employee Assistance Program (EAP)	Unum Life Balance	Life Balance 800-854-1446 www.lifebalance.net	Available at time of hire	All Consumer Direct employees and their eligible family members are automatically covered by EAP	FREE 24-hr crisis hotline, no-cost counseling, free 30-minute legal consult, free financial consult. www.lifebalance.net, username & password :Lifebalance
Vision Insurance	VSP Group# 30043269	VSP cust svc (800) 877-7195 vsp.com	Working 10 hours per week	New Hires: First of month following 60 days; Others: Open Enrollment in Dec	Get a free annual eye exam. Choose between new frames with \$20 copay OR free contacts (within allowance). Additional discounts available.
Group Life Insurance	Unum	CDMS HR Dept (888) 532-1907 infohr@mydirectcare.com	Working 10 hours per week	Automatic	Company-paid \$10,000 Life and \$10,000 Accidental Death & Dismemberment benefit. Benefit reduces for age 65+.
Supplemental Life Insurance	Unum	CDMS HR Dept (888) 532-1907 infohr@mydirectcare.com	Working 10 hours per week	New Hires: First of month following 60 days; Others: Open Enrollment in Dec	Apply for up to \$250,000 Employee coverage. Enroll when you are first eligible to avoid doing a health questionnaire later. Only 50-cents per month for \$10,000 child coverage.
401K Plan	Fidelity Group# 12648	Fidelity (800) 835-5097	First of the month following 90 days of employment; must be age 18 or older	First of the month following 90 days of employment	Pre-tax Payroll Deduction. Employee-only contributions. Enroll by calling Fidelity to request an "enrollment packet" 800- 835-5097.
Aflac Supplemental Insurances	AFLAC Group # PL216	Trevor Norenberg (406) 203-3605 ext 11 or 12 trevor@champion-consultants.com	Working 10 hours per week	After 60 days employment, enroll at any time	Enroll anytime after 60 days by calling an Enrollment Specialist at 855-797-0202.
Family Medical Leave Act (FMLA)	Company	CDMS HR Dept (888) 532-1907 infohr@mydirectcare.com	12 Months employment and 1250 hours in previous 12 months	Employee Initiated	Apply to receive up to 12 weeks (per 12 month period) of job and benefits protected medical leave - for your own medical condition or to care for an ill family member
Employer Paid Social Security Tax	U.S. Federal Government	Social Security Administration (SSA)	as per SSA rules	Automatic	Obtain statement from SSA
Holiday Pay	Company Provided	N/A	After 6 months of employment	Automatic	If you work on a company holiday you will be paid one and a half times your regular pay rate (after 6 months of employment). See Employee Handbook for a list of company holidays.

For additional assistance please contact a Benefit Advocate at 1-800-542-3737 (6am-6pm PST), by email at askgbs-wa@ajg.com, or online at www.GBSwa.com

2016 Plan Year

Dear Consumer Direct Montana Caregiver,

The following is a notice regarding the *Affordable Care Act* related Health Insurance Marketplace. Our company is required by federal law to provide this notice to all employees.

If you have any questions about healthcare reform or the online application process please contact the Health Insurance Marketplace Call Center at 1-800-318-2596.

Thank you,
Human Resources Department
Consumer Direct Care Network

Notice of Health Care Marketplace

PART A: General Information

When the health care law took effect in 2014, this created a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit ¹.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage (if offered) as well as the pre-tax benefit of paying your health insurance premiums through payroll deduction. Your payments for coverage through the Marketplace are *not* tax-deductible, payments are included as income for Federal State income tax purposes.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Consumer Direct Human Resources Department. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please call 1-800-318-2596 or visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

The information below is numbered to match questions on the online application.

3. Employer name: Consumer Direct Personal Care, LLC	4. Employer Identification Number: 20-1610036	
5. Employer address: PO Box 18039	6. Employer phone number: (406) 532-1900	
7. City: Missoula	8. State: MT	9. ZIP code: 59808-8039
10. Who can we contact about employee health coverage at this job? Human Resources Department		
11. Phone number (if different from above): (406) 532-1936		12. Email address: infohr@consumerdirectonline.net

Here is some basic information about health coverage offered by this employer:

s your employer, we offer a health plan to:

- ☐ All employees ☒ Some employees. Eligible employees are: CDMT Caregivers or NNC Nurses working 30 hours per week or more

With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are: Spouse or Domestic Partner, Unmarried Child to Age 26, Married Dependent(s) to Age 26
☐ We do not offer coverage.

Regarding affordability:

- ☒ If checked, this coverage meets the minimum value standard**, and the cost of this coverage to you is intended to be affordable, based on employee wages.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months? **Caregivers and Nurses who work 30 or more hours per week in their first full 3 pay periods will be categorized as "Full Time" and will be provided an offer of health insurance that would start the first day of the month following/coinciding 60-days of employment. If you work less than 30 hours per week in your first full 3 pay periods then you will be categorized as "Part Time" and will *not* receive an offer of insurance. The company will mail you information at around 60 days of employment notifying you of which category you have demonstrated. The company will review hours worked and employee categories once a year. If you are unsure of your category, please contact Consumer Direct Human Resources Department.**

- ☐ Yes. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ask Human Resources_____
- ☐ No

14. Does the employer offer a health plan that meets the minimum value standard**? ☒ Yes

15. For the lowest-cost plan that meets the minimum value standard** offered only to the employee (don't include family plans) for 2016:

- a. How much will the employee have to pay in premiums for that plan? **\$40 per month (Caregiver Health Plan)**
- b. How often? ☒ \$20 collected twice a month

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. This notice has the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

**For answers to any questions you have about the Affordable Care Act
Health Insurance Marketplace call 1-800-318-2596 for further assistance.**

Instructions for Completing Form I-9 Section 1

(On or before employee's first day of work for pay)

Employee: Complete Section 1 of Form I-9. This must be done no later than your first day of work for pay. Please print clearly, and sign and date when you are finished. Refer to the numbered explanations below for additional information.

Employer: Review Section 1, ensuring your employee has completed it properly.

Employee (steps 1-9)

① Print your full legal name: Last, First and Middle Initial. Provide any other names used, such as maiden name. Enter "N/A" if you have never had another name.

② Print your physical address. Entering a PO Box is not allowed. Enter "N/A" if you have no apartment number.

③ Print your date of birth (mm/dd/yyyy).

④ Print your Social Security Number.

⑤ Print your email address or print "N/A" if you choose not to provide it.

⑥ Print your telephone number or print "N/A" if you choose not to provide it.

⑦ Check the one box that best describes your citizenship or immigration status in the United States.

⑧ Sign and print the date you completed the form. **No later than first day of work for pay.**

⑨ Provide documents to your employer to complete Section 2.

Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016	
START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.			
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)			
Last Name (Family Name) Doe		First Name (Given Name) Jane	Middle Initial A
Other Names Used (if any) N/A			
Address (Street Number and Name) 123 Main St.		Apt. Number N/A	City or Town Anytown
State MT		Zip Code 57001	
Date of Birth (mm/dd/yyyy) 03/13/1964		U.S. Social Security Number 123 45 6789	E-mail Address N/A
Telephone Number N/A			
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.			
I attest, under penalty of perjury, that I am (check one of the following):			
<input checked="" type="checkbox"/> A citizen of the United States			
<input type="checkbox"/> A noncitizen national of the United States (See instructions)			
<input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____			
<input type="checkbox"/> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ (See instructions)			
For aliens authorized to work, provide your Alien Registration Number/USCIS Number or Form I-94 Admission Number:			
1. Alien Registration Number/USCIS Number: _____			
OR			
2. Form I-94 Admission Number: _____			
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:			
Foreign Passport Number: _____			
Country of Issuance: _____			
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)			
Signature of Employee: Jane Doe		Date (mm/dd/yyyy): 03/20/2013	
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)			
I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.			
Signature of Preparer or Translator: _____		Date (mm/dd/yyyy): _____	
Last Name (Family Name) _____		First Name (Given Name) _____	
Address (Street Number and Name) _____		City or Town _____	State _____ Zip Code _____
STOP Employer Completes Next Page STOP			
Form I-9 03/06/13 N			
Page 7 of 9			

Note: These instructions are for informational purposes only. Refer to pages 1 and 2 of Form I-9 Instructions for detailed information.

Instructions for Completing Form I-9 Section 2

(Any time after employee has accepted job offer, but no later than 3 days after employee's first day of work)

Employee: Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. The LIST OF ACCEPTABLE DOCUMENTS is found on page 9 of Form I-9 Instructions.

Employer: Examine the documents your employee provides and record them in Section 2. The employee must be present while you examine them. Refer to the numbered explanations below for additional information.

Employer (steps 1-10)

- ① Print employee's name from Section 1: Last, First and Middle Initial.
- ② Print each document's details in the appropriate List column.
Examine one document from List A
OR
one from List B and one from List C.
Only accept unexpired, original documents (no photocopies).
- ③ Print the date of the employee's first day of work.
- ④ Sign the form.
- ⑤ Print the date you signed the form. **Must be completed and signed within 3 days of employee's first day of work.**
- ⑥ Print your title as "Managing Employer."
- ⑦ Print your last and first name.
- ⑧ If not pre-populated, print Consumer Direct's name here.
- ⑨ If not pre-populated, print Consumer Direct's address here.
- ⑩ Submit form I-9 to Consumer Direct with the Employee Packet.

Section 2. Employer or Authorized Representative Review and Verification				
<small>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</small>				
Employee Last Name, First Name and Middle Initial from Section 1: Doe, Jane A				
List A Identity and Employment Authorization		OR	List B Identity	AND List C Employment Authorization
Document Title:			Document Title:	
Issuing Authority:			Issuing Authority:	
Document Number:			Document Number:	
Expiration Date (if any) (mm/dd/yyyy):			Expiration Date (if any) (mm/dd/yyyy):	
Document Title:			Document Title:	
Issuing Authority:			Issuing Authority:	
Document Number:			Document Number:	
Expiration Date (if any) (mm/dd/yyyy):			Expiration Date (if any) (mm/dd/yyyy):	
Document Title:			Document Title:	
Issuing Authority:			Issuing Authority:	
Document Number:			Document Number:	
Expiration Date (if any) (mm/dd/yyyy):			Expiration Date (if any) (mm/dd/yyyy):	
				3-D Barcode Do Not Write in This Space
Certification				
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.				
The employee's first day of employment (mm/dd/yyyy): 03/20/2013 (See instructions for exemptions.)				
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Ronald Smith		03/20/2013	Managing Employer	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Smith		Ronald	Consumer Direct	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
100 Railroad St West, Suite 200		Missoula	MT	59802
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)				
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):	
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.				
Document Title:		Document Number:	Expiration Date (if any) (mm/dd/yyyy):	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative:		Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:	

Note: These instructions are for informational purposes only. Refer to pages 3 and 4 of Form I-9 Instructions for detailed information.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

00540 - Delete



Your Pay

FASTER. SAFER. EASIER.



With the U.S. Bank Focus Card™ Your Funds Are:



Immediately loaded
to your card on payday



Available to use
right away



Protected if
lost or stolen¹

About the Focus Card

It is a Visa® prepaid debit card that is a convenient alternative to receiving paper checks. Your payments will automatically be direct deposited to your card each payday. You have access to your funds right away and you can use it to make purchases or get cash wherever Visa debit cards are accepted. It's that simple!

MAKE PURCHASES | RELOAD | GET CASH
PAY BILLS | TRACK SPENDING

Getting Started is Easy

1. Sign up today.
2. Your pay will be automatically deposited to your card. Go online to check your balance.
3. Use your card anywhere Visa debit cards are accepted!

Sign Up!

\$0.00 No cost to
sign up.



No credit check
or bank account
required.²

And Save!



Keep more of your
money. No fees to
cash a paycheck.



No waiting for your
paycheck or extra
trips to the bank.

Please select the US Bank Focus Card Direct Deposit option
on your Consumer Direct Pay Selection Form to enroll.



¹ The Visa Zero Liability Policy protects you against unauthorized purchases. U.S.-issued cards only. This does not apply to ATM transactions or to PIN transactions not processed by Visa. You must immediately report any unauthorized use.

² Successful identity verification required. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. If necessary, we may also ask to see your driver's license or other identifying documents.



Getting Started



For security, your card comes in a plain white windowed envelope.



Follow the activation instructions that accompany your card.



Features



Cash Back Rewards

For purchases at certain retail and restaurant locations.



Savings Account

Create an interest-bearing savings account without ever going to a bank.



Cash Reload Networks⁵

In addition to payroll deposits, there are a variety of ways to add cash to your Focus Card account.



Text and Email Alerts⁴

Instant notification when money is added or your card balance gets low.



Mobile Banking App⁴

Quickly see your account balance and transaction history.



Track Spending

Online | Phone | Email | Text⁴ | Mobile App

Fee Schedule

Activity		Cost		
Monthly Account Maintenance		Free		
Purchases at Point-of-Sale (Domestic)		Free		
Cash Back with Purchases (Domestic)		Free		
ATM Transactions		Cash Withdrawal	Declined Withdrawal	Balance Inquiry
The owner of any Non-U.S. Bank or Non-MoneyPass ATM may assess an additional surcharge fee for any ATM transaction that you complete.	U.S. Bank ATM	Free	Free	Free
	MoneyPass® ATM	Free	Free	Free
	Allpoint® ATM	Free	Free	Free
	Other ATM	\$2.00	\$0.50	\$1.00
	International ATM	\$3.00	\$0.50	\$1.00
Teller Cash Withdrawal		Free		
Teller Cash Withdrawal Decline		\$0.00		
Customer Service Automated Phone Service, Online, Live Phone Representative		Free		
Text or Email Alerts ⁴		Free		
Inactivity After 90 consecutive days. Not assessed if balance is \$0.00.		\$2.00 Per Month		
Monthly Paper Statement		If requested – \$2.00		
Card Replacement Non-Personalized Issued by employer (If applicable to your program) Personalized		\$5.00 Standard \$5.00; Expedited \$15.00; Overnight \$25.00		
ChekToday Convenience Checks (If applicable to your program)		Check Authorization	Free	
		Check Order	Free; Expedited \$35.00	
		Check Return	\$25.00	
		Stop Payment	\$25.00	
		Lost/Stolen Check	\$25.00	
		Void Check	Free	
		Check Reversal	\$25.00	
		Check Copy	\$10.00	
Foreign Transaction		Up to 3% of transaction amount		
Transaction Limits		Count	Amount	
Maximum Card Balance		N/A	\$40,000	
Purchases (includes cash back)		20 per day	\$4,000 per day	
Cash Loads (If applicable to your program)		3 per day	\$950 per day	
Teller Cash Withdrawal		5 per day	\$2,525 per day	
ATM Withdrawal		5 per day	\$1,525 per day; \$1,025 max transaction	
Loads or Deposits		10 per day	\$20,000 per day	
Signature-based POS returns		4 per day	N/A	
Pending ACH Credits		5 per day	\$5,000 per day	
ACH Loads		5 per day	\$20,000 per day	

We reserve the right to change the above fee schedule upon written notification to you as required by applicable law.

⁴US Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply through your mobile carrier.

⁵Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties.

BACKGROUND INFORMATION: OSHA (Occupational Safety and Health Administration) requires that all caregivers receive Exposure Control Training. The goal of this training is to make sure you and the Member you are working for are safe.

There are three sections in this training, they are:

1. This Training Instructions page.
2. Exposure Control Plan Caregiver Summary.
3. Exposure Control Plan Member/Caregiver Training.

THIS IS WHAT YOU NEED TO DO WITH THIS TRAINING:

- Read through your entire Exposure Control Plan Caregiver Summary.
- Present the Member their Exposure Control Plan Member/Caregiver Training section and ask them to read through it.
- Together, on the Member/Caregiver Training section, fill in the 1st set of blanks regarding possible exposure – determine which tasks may expose the caregiver to contact with blood or body fluids.
- Together, on the Member/Caregiver Training section, fill in the 2nd set of blanks regarding Personal Protective Equipment.
- Together, go over your fill-in-the-blank answers and discuss how each of you can remain safe with any identified exposures.
- Both Member and Employee (caregiver) sign and date the Training Signature Page, acknowledging they have completed the Exposure Control Training.

By signing and dating the **Signature Page** it shows you have been trained by your Member or their Personal Representative to the Exposure Control Plan. Thank you for your attention to this important safety information! If you have any questions about this training please don't hesitate to contact the office at 406-541-8700 or 1-866-438-8591.

POLICY: Federal and State laws require that all employees be taught to treat the blood and body fluids of all individuals as potentially infectious (AIDS, Hepatitis B or other bloodborne pathogens). This is true even if the Member/PR (or a household member), knows they are not infected with a bloodborne disease. Because the Member is self-directing their care, they are responsible for training the caregiver. The Member/PR must:

- help caregivers understand “universal precautions” which are the recommended actions to use when handling blood or body fluids (discussed in the Infection Control booklet),
- explain to caregivers what they should do if they are exposed to blood or body fluids,
- train caregivers about any potential exposures they may experience working with the Member,
- have caregivers read the Infection Control booklet and take the test at the end (a Bloodborne Pathogens review and test must be done each year with each caregiver),
- submit the Infection Control test to Consumer Direct when it is completed, and
- submit the Exposure Control Training Signature Page to Consumer Direct once the caregiver and Member/PR have signed it.

DETERMINE POSSIBLE EXPOSURE: The Member knows which personal care tasks caregivers do that may expose them to blood or body fluids. For example, a caregiver may dispose of needles if the Member is diabetic. The Member’s Service Delivery Record or timesheet may help identify tasks that potentially expose caregivers to blood or body fluids.

Examples of tasks that expose caregivers are:

- Handling of blood, blood products or body fluids
- Caring for the site after diabetic testing has occurred
- Wound care
- Catheter Care
- Bowel Program
- Contact with mucous membranes or non-intact skin (wiping mouth and nose)
- Cleaning or processing of contaminated equipment (blood sugar monitor)
- Performing CPR and basic First Aid
- Handling of soiled linen (laundry, clothes)
- Contact with contaminated surfaces (cleaning toilet or tub, other household cleaning)

Of course, accidents can also happen. For example, the Member may get cut and need help applying a bandage. The caregiver needs to know to put on gloves to avoid contact with the Member’s blood if that happens. This helps both the Member and caregiver remain safe from germs and bloodborne disease.

WHAT TO DO: Consumer Direct will provide you with the Infection Control booklet that will help you understand the procedures you need to follow to help protect yourself from exposures.

The best protection for the caregiver is the use of Personal Protective Equipment (“PPE”). An example of PPE is gloves. Whenever blood is involved the caregiver should wear disposable gloves; reusable rubber gloves can be worn for cleaning and other housekeeping tasks. It is the Member’s responsibility to have gloves available for caregivers at all times. Caregivers are NOT responsible for buying gloves. When working in the Member’s home caregivers should know the following:

1. Where gloves and other PPE are located.
2. Contaminated ‘sharps’ (needles, razors) must be put in a container that can be closed, cannot be punctured, does not leak and is labeled with a sticker that says “Sharps Container”. Caregivers should know where the container is located.
3. Broken glass that may have blood on it is picked up using a brush and dust pan and placed in a sharps container.
4. Where laundry disinfectant is kept.
5. Where household disinfectant or bleach-water solution is kept.

Caregivers must refrain from eating, drinking, smoking, applying makeup, etc., and handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure. Also, food and drink should not be stored in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

Again, please review the Infection Control booklet that Consumer Direct has provided that explains how caregivers can protect themselves from exposure to blood or body fluids. It is a good idea to keep the booklet nearby and refer to it when necessary.

HEPATITIS B VACCINATION: When you are hired as a caregiver, you can get the Hepatitis B vaccination series at no charge, if you choose to do so. A Hepatitis B Vaccination Authorization Form is included in your Consumer Direct employee enrollment materials. If you choose to get the vaccination series, Consumer Direct will sign the authorization, which you can take to the Public Health Department to receive the vaccine. Prior to receiving the vaccine, the healthcare worker giving the vaccine to you will describe the benefits of the vaccine, how long the vaccine is good for and the possible side effects of the vaccine.

Caregivers do not have to pay for the vaccine. If a caregiver does not want the vaccine initially, they can change their mind at any time and still get vaccinated free of charge. If the caregiver does not want the vaccine or they already have had it, they must check the “Decline” box on the Hepatitis B Vaccination Authorization Form (in the employee packet). The signed form must be submitted to Consumer Direct so it can be placed in the caregiver’s personal medical file.

POST EXPOSURE FOLLOW-UP: If a caregiver comes in contact with the Member's or another household member's blood or body fluid, the Member/PR must:

- tell the affected caregiver that they can get a confidential, medical evaluation, and they can get a Hepatitis B vaccine (within 24 hours),
- document how the caregiver was exposed (i.e. rubbed their eye) and by whom, and
- give consent or obtain consent from the person who is the source of the exposure, to be tested for HIV, Hepatitis C, and/or Hepatitis B infection. If the Member or a household member knows they have one of these diseases, the testing is not required.

The caregiver should:

- clean the wound, and flush their eyes or other mucous membrane (the place of contact),
- go to a clinic or hospital for a medical evaluation and blood testing,
- request that the individual responsible for the exposure be tested and the results be released to the caregiver's treating physician or health care professional.

An exposed caregiver should receive a copy of their evaluating health care professional's written opinion within 15 days after the evaluation. The evaluation will include whether the caregiver has been told about any medical conditions resulting from the exposure that require further evaluation or treatment and whether the exposed employee should receive the Hepatitis B vaccination and if they did receive the vaccination.

**Caregivers must report the exposure to the
Injury Hotline at 1-888-541-1701
as soon as possible after the exposure occurs.**

**A copy of Consumer Direct's Exposure Control Plan is available, free
of charge, by calling Consumer Direct toll free at 1-866-438-8591**

POLICY: Federal and State laws require that all employees be taught to treat the blood and body fluids of all individuals as potentially infectious (AIDS, Hepatitis B or other bloodborne pathogens). This is true even if you, the Member/Personal Representative (PR) (or a household member), know you are not infected with a bloodborne disease. Because you are in a self-directed program, you are the managing employer of your caregivers. Therefore you must:

- help your caregivers understand “universal precautions” which are the recommended actions to use when handling blood or body fluids (discussed in the Infection Control booklet),
- explain to your caregivers what they should do if they are exposed to blood or body fluids,
- train your caregivers about any potential exposures they may experience working with you,
- use this document to help you train your caregivers,
- have your caregivers read the Infection Control booklet and take the test at the end (a Bloodborne Pathogens review and test must be done each year with each caregiver), and
- submit the Infection Control test and Exposure Control Training Signature Page to Consumer Direct once they are completed.

DETERMINE POSSIBLE EXPOSURE: As a Member, it is your job to decide which personal care tasks your caregivers do for you that may expose them to blood or body fluids. For example, you would list disposing of your needles if you are diabetic. Your Service Delivery Record or timesheet may also help you identify tasks that could potential expose your caregivers to blood or body fluids.

The tasks your caregivers will do when they might come in contact with blood or body fluids are:

1. _____
2. _____
3. _____

Examples of tasks that expose caregivers are:

- Handling of blood, blood products or body fluids
- Caring for the site after diabetic testing has occurred
- Wound care
- Catheter Care
- Bowel Program
- Contact with mucous membranes or non-intact skin (wiping mouth and nose)
- Cleaning or processing of contaminated equipment (blood sugar monitor)
- Performing CPR and basic First Aid
- Handling of soiled linen (laundry, clothes)
- Contact with contaminated surfaces (cleaning toilet or tub, other household cleaning)

Of course, accidents can also happen. For example, you may get cut and need help applying a bandage. Your caregivers need to know how to avoid touching your blood if that happens. This also keeps you safe from germs and bloodborne diseases your caregivers might have.

WHAT TO DO: Your next step is to list what the caregivers should do in each situation. Consumer Direct provides your caregivers with the Infection Control booklet that will help them understand the procedures they must follow to help protect them from exposures. Please review this booklet with your caregivers.

The best protection for your caregivers is the use of Personal Protective Equipment (“PPE”). An example of PPE is gloves. Whenever blood is involved your caregivers should wear disposable gloves; regular, reusable rubber gloves can be worn for cleaning and other housekeeping tasks. It is your responsibility to have gloves available for your caregivers at all times. Your local Consumer Direct office can assist you with locating a source for gloves. Remember, the caregiver is NOT responsible for buying gloves. Beyond what is recommended in the Infection Controls booklet, please let your caregivers know the following:

1. Gloves are located _____.
2. Contaminated “sharps” (needles, razors) must be put in containers that can be closed, cannot be punctured, do not leak and are labeled with a sticker that says “Sharps Container”. The container is located _____.
3. Broken glass that may have blood on it is picked up using a brush and dust pan and placed in a sharps container.
4. Laundry disinfectant is kept _____.
5. Household disinfectant or bleach-water solution is kept _____.

Instruct caregivers that eating, drinking, smoking, applying makeup, etc., and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure. All food and drink should not be stored in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

Again, please review the Infection Control booklet that Consumer Direct has provided to you and your caregivers that explain how caregivers can protect themselves from exposure to blood or body fluids. It is a good idea to keep the booklet in a place in your home where you and your caregivers can refer to it when necessary (for example, in your Consumer Training Manual, Consumer Notebook or near the refrigerator.)

HEPATITIS B VACCINATION: When you hire your caregivers, you need to let them know that they can get a Hepatitis B Vaccination. A Hepatitis B Vaccination Authorization Form is included in the employee’s Consumer Direct enrollment materials. If the employee chooses to get the vaccination series, Consumer Direct will sign the authorization, which they can take to the Public Health Department to receive the vaccine. The healthcare worker giving the vaccine to the caregiver will describe the benefits of the vaccine, how long the vaccine is good for and the side effects of the vaccine, before giving the vaccine.

Caregivers do not have to pay for the vaccine. If initially they say they do not want the vaccine, they can change their mind at any time and receive the vaccine. If a caregiver does not want the vaccine or they already have had it, they must check the “Decline” box on the Hepatitis B Vaccination Authorization Form (in the employee packet). The form must be submitted to Consumer Direct so it can be placed in the caregiver’s personal health file.

POST EXPOSURE FOLLOW-UP: If a caregiver comes in contact with your or another household member’s blood or body fluid, you, the Member/PR must:

- tell the caregiver that they can receive a confidential medical evaluation and get a Hepatitis B vaccine (within 24 hours),
- document how the caregiver was exposed (i.e., rubbed their eye) and by whom,
- get tested for HIV, Hepatitis C, and/or Hepatitis B infection if your caregiver asks you or your household member to. If you know you or a household member has one of these diseases, the testing is not required, and
- report the incident to Consumer Direct.

The caregiver should:

- clean the wound, and flush eyes or other mucous membrane (the place of contact),
- go to a clinic or hospital for a medical evaluation and blood testing,
- request that the individual responsible for the exposure be tested and the results be released to the caregiver’s treating physician or health care professional, and
- call the Injury Hotline (888-541-1701) to report the incident to the Risk Manager.

An exposed caregiver should receive a copy of their evaluating health care professional’s written opinion within 15 days after the evaluation. The evaluation will include whether the caregiver has been told about any medical conditions resulting from the exposure that require further evaluation or treatment and whether the exposed caregiver should receive the Hepatitis B vaccination and if they did receive the vaccination.

**The caregiver must report the exposure to the
Injury Hotline at 1-888-541-1701
as soon as possible after the exposure occurs.**

**A copy of Consumer Direct’s Exposure Control Plan is available, free
of charge, by calling Consumer Direct toll free at 1-866-438-8591.**



HIPAA Employee Training Guide

Revision Date: April 11, 2015

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (also known as “Kennedy-Kassebaum Act”).

HIPAA regulations address the use and disclosure of Protected Health Information (PHI).

Key HIPAA Elements:

- Health Insurance Portability
- Standards for Electronic Claims Submission
- Security and Privacy Protection

Security and Privacy are addressed in this Training Guide.

Who is covered by HIPAA?

Covered Entities (CEs) are organizations that are required to comply with HIPAA standards. There are three types of covered entities:

1. Health plans
2. Health care clearinghouses
3. **Health care providers*** who transmit any health information in electronic form in connection with one of the standard transactions.

* Consumer Direct is a health care provider and therefore considered a CE.

When did the “HIPAA Privacy Rule” go into effect?

Effective as of April 14, 2003; Revised January 25, 2013

What is PHI (Protected Health Information)?

PHI is any health information that contains a unique identifier (to a patient) such as full name, social security number, phone number, etc. PHI is to be protected and kept confidential, whether in **handwritten, printed, electronic, or verbal form**.

Patients Will Be Notified of Their HIPAA Rights

Each patient will receive the Consumer Direct Notice of Privacy Practices which explains how medical information may be used and disclosed, and how the patient can access their information. **Ask a Program Manager or the Privacy Officer if you have or receive questions.**

Patients Can Request Confidential Communication

Consumer Direct will accommodate reasonable requests from patients to use alternate channels of communication (e.g. work telephone instead of home telephone, alternate mailing address, etc.). **Ask a Program Manager if you have questions.**

When is “Authorization to Release Information” NOT required by the Patient?

For treatment, payment, or healthcare operations.

What are HIPAA “Uses and Disclosures” of PHI?

Use: The sharing, employment, application, utilization, examination, or analysis of such information by an entity that maintains such information.

Disclosure: The release, transfer, provision or access to, or divulging in any other manner of information outside the entity holding the information.

Patients Access to Medical Records

Patients may wish to view information in their medical records and may express disagreement with its content. Consumer Direct has procedures in place for patients to request access and make corrections to their Consumer Direct records. In the event of any such request by a patient, **ask a Program Manager or the Privacy Officer for assistance.**

“TOP TEN” HIPAA Tasks

1. Assign overall responsibility for privacy and security.
*The Consumer Direct **Privacy Officer is Daryl Holzer**, who has overall responsibility for privacy issues. **Program Managers** are available to address any HIPAA-related questions. **Jeff Harriott** is the **Security Official** responsible for security measures.*
2. Establish procedures for handling PHI.
*Consumer Direct has a Privacy Policy (a copy of which is enclosed in this Training Guide) and a Privacy Manual with which to manage privacy issues. **A Program Manager or the Privacy Officer can address your questions.***
3. Provide physical security.
Includes physical security of office facilities, medical records, billing information, and other PHI. Physical security measures may include using locking file cabinets where PHI is stored.
4. Provide technical security.
Includes securing information stored and transmitted via computers.
5. Establish rules for protecting patient privacy.
This is an essential part of maintaining patient confidentiality. Consumer Direct has Patient Confidentiality requirements outlined in the Employee Handbook that require each employee to maintain the confidentiality of patient information.
6. Allow patient access to medical records.
*Patients have the ability to access their medical information and have control over who may review their information. **Ask a Program Manager for more information.***

7. Respond to complaints

*Consumer Direct has HIPAA compliant forms available for handling any complaint that may occur as a result of privacy protection. Ask a **Program Manager** for more information.*

8. Publish a Notice of Privacy Practices.

*Consumer Direct has posted a **Notice of Privacy Practices (NPP)** and also provided written notice to each of our patients regarding their rights.*

9. Ensure that Business Associates protect patient privacy.

*Business Associates are not **Covered Entities** (health care providers), like outside consultants, who may come in contact with our **Protected Health Information**. Consumer Direct will ensure that any business associate protects PHI via contractual agreement.*

10. Train the workforce

Consumer Direct will ensure employees are educated on HIPAA, maintaining confidentiality, protecting PHI, and are familiar with the Consumer Direct HIPAA policy.

HIPAA PENALTIES

- \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated
- Criminal penalties for knowingly disclosing PHI up to a maximum of \$250,000

PRIVACY POLICY STATEMENT

Purpose: *The following privacy policy is adopted to ensure that Consumer Direct complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to Consumer Direct. Violations of any of these provisions will result in severe disciplinary action including up to termination of employment and possible referral for criminal prosecution.*

Effective Date: *This policy is in effect as of April 1, 2003; revised March 26, 2013*

Expiration Date: *This policy remains in effect until superseded or cancelled.*

Privacy Officer: *Daryl Holzer (888) 532-1907*



Uses and Disclosures of Protected Health Information

It is the policy of Consumer Direct that protected health information may not be used or disclosed except when at least one of the following conditions is true:

1. The individual who is the subject of the information has authorized the use or disclosure.
2. The individual who is the subject of the information has received our Notice of Privacy Practices and acknowledged receipt of the Notice, thus allowing the use or

disclosure, and the use or disclosure is for treatment, payment or health care operations.

3. The individual who is the subject of the information agrees or does not object to the disclosure, and the disclosure is to persons involved in the health care of the individual.
4. The disclosure is to the individual who is the subject of the information or to the U.S. Department of Health and Human Services for compliance-related purposes.
5. The use or disclosure is for one of the HIPAA “public purposes” (i.e. required by law, etc.).

Deceased Individuals

It is the policy of Consumer Direct that privacy protections extend to information concerning deceased individuals.

Notice of Privacy Practices

It is the policy of Consumer Direct that a Notice of Privacy Practices must be published, that this Notice and any revisions to it be provided to all individuals at the earliest practicable time, and that all uses and disclosures of protected health information are in accordance with Consumer Direct’s Notice of Privacy Practices.

Restriction Requests

It is the policy of Consumer Direct that serious consideration must be given to all requests for restrictions on uses and disclosures of protected health information as published in Consumer Direct’s Notice of Privacy Practices. It is furthermore the policy of Consumer Direct that if a particular restriction is agreed to, then Consumer Direct is bound by that restriction.

Minimum Necessary Disclosure of Protected Health Information

It is the policy of Consumer Direct that (except for disclosures made for treatment purposes) all disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the disclosure. It is also the policy of Consumer Direct that all requests for protected health information (except requests made for treatment purposes) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

Access to Protected Health Information

It is the policy of Consumer Direct that access to protected health information must be granted to each employee or contractor based on the assigned job functions of the employee or contractor. It is also the policy of Consumer Direct that such access privileges should not exceed those necessary to accomplish the assigned job function.

Access to Protected Health Information by the Individual

It is the policy of Consumer Direct that access to protected health information must be granted to the person who is the subject of such information when such access is requested, or at the very least within the timeframes required by the HIPAA Privacy Rule. It is the policy of Consumer Direct to inform the person requesting access where protected health information is located if we do not physically possess such PHI but have knowledge of its location.

Amendment of Incomplete or Incorrect Protected Health Information

It is the policy of Consumer Direct that all requests for amendment of incorrect protected health information maintained by Consumer Direct will be considered in a timely fashion. If such requests demonstrate that the information is actually incorrect, Consumer Direct will allow amending language to be added to the appropriate document and this addition will be done in a timely fashion. It is also the policy of Consumer Direct that notice of such corrections will be given to any organization with which the incorrect information has been shared.

Access by Personal Representatives

It is the policy of Consumer Direct that access to protected health information must be granted to personal representatives of individuals as though they were the individuals themselves, except in cases of abuse where granting said access might endanger the individual or someone else. We will conform to the relevant custody status and the strictures of state, local, case, and other applicable law when disclosing information about minors to their parents.

Confidential Communications Channels

It is the policy of Consumer Direct that confidential communications channels be used, as requested by the individuals, to the extent possible.

Disclosure Accounting

It is the policy of Consumer Direct that an accounting of all disclosures subject to such accounting of protected health information be given to individuals whenever such an accounting is requested.

Marketing Activities

It is the policy of Consumer Direct that any uses or disclosures of protected health information for marketing activities will be done only after a valid authorization is in effect. It is the policy of Consumer Direct to consider marketing any communication to purchase or use a product or service where an arrangement exists in exchange for direct or indirect

remuneration, or where Consumer Direct encourages purchase or use of a product or service. Consumer Direct does not consider the communication of alternate forms of treatment, or the use of products and services in treatment to be marketing. Furthermore, Consumer Direct adheres to the HIPAA Privacy Rule that face-to-face communication with the patient, or a promotional gift of nominal value given to the patient, does not require an Authorization. All marketing activities will be approved in advance by the Privacy Officer.

Judicial and Administrative Proceedings

It is the policy of Consumer Direct that information be disclosed for the purposes of a judicial or administrative proceeding only when: accompanied by a court or administrative order or grand jury subpoena; when accompanied by a subpoena or discovery request that includes either the authorization of the individual to whom the information applies, documented assurances that good faith effort has been made to adequately notify the individual of the request for their information and there are no outstanding objections by the individual, or a qualified protective order issued by the court. If a subpoena or discovery request is submitted to us without one of those assurances, we will seek to notify the individual, obtain his or her authorization, or obtain a qualified protective order before we disclose any information. In no case will we disclose information other than that required by the court order, subpoena, or discovery request. All releases of information for Judicial and Administrative Proceedings must be approved in advance by the Privacy Officer.

De-Identified Data and Limited Data Sets

It is the policy of Consumer Direct to disclose de-identified data only if it has been properly de-identified by a qualified statistician or by removing all the relevant identifying data. We will make use of limited data sets, but only after the relevant identifying data have been removed and then only to organizations with whom we have adequate data use agreements and only for research, public health, or health care operations purposes.

Authorizations

It is the policy of Consumer Direct that a valid authorization will be obtained for all disclosures that are not for: treatment, payment, health care operations, to the individual or their personal representative, to persons involved with the individuals care, to business associates in their legitimate duties, to facility directories or for public purposes. This authorization will include all the mandatory elements and any authorizations generated from outside Consumer Direct will be checked to see if they are valid.

Complaints

It is the policy of Consumer Direct that all complaints relating to the protection of health information be investigated and resolved in a timely fashion. Furthermore, it is the policy of Consumer Direct that all complaints will be addressed to the Privacy Officer who will be duly authorized to investigate complaints and implement resolutions if the complaint stems from a valid area of non-compliance with the HIPAA Privacy and Security Rule.

Prohibited Activities

It is the policy of Consumer Direct that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of Consumer Direct that no employee or contractor may condition treatment, payment, enrollment or eligibility for benefits on the provision of an authorization to disclose protected health information.

Responsibility

It is the policy of Consumer Direct that the responsibility for designing and implementing procedures to implement this policy lies with the Privacy Officer.

Verification of Identity

It is the policy of Consumer Direct that the identity of all persons who request access to protected health information be verified before such access is granted.

Mitigation

It is the policy of Consumer Direct that the effects of any unauthorized use or disclosure of protected health information be mitigated to the extent possible.

Safeguards

It is the policy of Consumer Direct that appropriate physical safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically, and administrative protection. These safeguards will extend to the verbal communication of PHI. These safeguards will extend to PHI that is removed from Consumer Direct.

Business Associates

It is the policy of Consumer Direct that business associates must be contractually bound to protect health information to the same degree as set forth in this policy. It is also the policy of Consumer Direct that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and, if that fails, by termination of the agreement and discontinuation of services by the business associate.

Training and Awareness

It is the policy of this Consumer Direct that all members of our workforce have been trained by the compliance date on the policies and procedures governing protected health information and how Consumer Direct complies with the HIPAA Privacy and Security Rule. It is also the policy of Consumer Direct that new members of our workforce receive training on these matters within the employee's probationary period time after joining the workforce. It is the policy of Consumer Direct to provide training should any policy or procedure related to the HIPAA Privacy and Security Rule materially change. This training will be provided within a reasonable time after the policy or procedure materially changes. Furthermore, it is the policy of Consumer Direct that training will be documented indicating participants, date and subject matter.

Sanctions

It is the policy of Consumer Direct that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies.

Retention of Records

It is the policy of Consumer Direct that the HIPAA Privacy Rule records retention requirement of seven years from the date of discharge will be strictly adhered to. For minors, records will be retained for at least three years after the minor reaches the age of majority. All records designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time. This records retention time requirement may be extended at Consumer Direct's discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier.

Cooperation with Privacy Oversight Authorities

It is the policy of Consumer Direct that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within Consumer Direct. It is also the policy of Consumer Direct that all personnel must cooperate fully with all privacy compliance reviews and investigations.

Investigation and Enforcement

It is the policy of Consumer Direct that in addition to cooperation with Privacy Oversight Authorities, Consumer Direct will follow procedures to ensure that investigations are supported internally and that members of our workforce will not be retaliated against for cooperation with any authority. It is our policy to attempt to resolve all investigations and avoid any penalty phase if at all possible.



CAREGIVER HANDBOOK

Effective Date: May 15, 2007

Revision Dates: March 15, 2008, September 27, 2013

Self-Directed Personal Assistance Services Option

Consumer Direct Personal Care, LLC

doing business as:

Consumer Direct Personal Care

Billings 2049 Broadwater Ave., Suite 3 (406) 256-7875 Toll free: 1-877-256-4440 Fax: (406) 256-7895

Bozeman 1001 W. Oak St., Bldg B, Suite 205 (406) 551-1416 Toll free: 1-877-532-8538 Fax: (406) 551-1419

Great Falls 2300 12th Ave. S., Suite 130 (406) 452-3014 Toll free: 1-866-322-3014 Fax: (406) 452-3016

Havre 119 4th Ave. (406) 265-2393 Toll free: 1-877-797-9222 Fax: (406) 265-2397

Helena 4185 N. Montana Ave., Suite 4 (406) 443-1036 Toll free: 1-877-443-1036 Fax: (406) 443-1037

Missoula 3301 Great Northern Ave., Suite 203 (406) 541-8700 Toll free: 1-866-438-8591 Fax: (406) 541-8704

InfoMT@ConsumerDirectOnline.net

This Handbook is the property of Consumer Direct Personal Care and is not to be reproduced, copied, or otherwise utilized by any others without expressed written permission

WELCOME!

Consumer Direct Personal Care, LLC (Consumer Direct) and the Consumer welcome you. We are pleased you have joined us as a member of the service team. You will help us meet our goal of keeping the elderly and people with disability in their home and community.

Consumer Direct wants to provide the best service to all of our consumers and the caregivers who work for them. We believe good communication and the hard work of employees, especially caregivers, create this success. With your assistance we can continue to provide first-rate service.

The purpose of this Handbook is to help you understand your responsibilities as a caregiver. You will also learn more about specific requirements of the self-directed program in your state. The Handbook explains the responsibilities of the Consumer (the person you will provide care for). Consumer Direct's policies and procedures are included too. These must be followed by you and the Consumer. It's a lot of information. Please read this Handbook carefully. It will answer many of your questions. You also can use it as a reference in the future.

If you have questions, you can get more information in several ways. You can:

- ☒ Look up information in this Handbook,
- ☒ Ask the Consumer you work for, or
- ☒ Ask a Consumer Direct staff person.

We hope your experience with Consumer Direct is enjoyable and rewarding.

TABLE OF CONTENTS

SECTION ONE: GENERAL HANDBOOK INFORMATION	1
IMPORTANT LEGAL NOTICE TO CAREGIVERS.....	1
AN EXPLANATION OF SELF-DIRECTED SERVICES	1
CONSUMER DIRECT PERSONAL CARE, LLC POLICIES	3
NON-DISCRIMINATION IN EMPLOYMENT	3
HARASSMENT AND SEXUAL HARASSMENT.....	4
RETALIATION	4
COMPLAINT AND GRIEVANCE PROCEDURE	4
ALCOHOL AND DRUG FREE WORKPLACE.....	5
WAGE AND SALARY	5
BENEFITS	5
INSURANCE	5
PAY PERIODS, PAYDAYS AND FINAL PAY.....	6
DIRECT DEPOSIT	6
CHANGE OF INFORMATION.....	6
TERMINATION / RESIGNATION	6
SAFETY	7
THREATS OR VIOLENCE IN THE WORK ENVIRONMENT	7
CONSUMER INJURY AND SERIOUS ACCIDENT REPORTING	7
EMPLOYEE INJURY REPORTING.....	8
CONSUMER PROPERTY	8
CONSUMER INFORMATION (PROTECTING CONFIDENTIALITY)	8
REPORTS OF POTENTIAL HARM	8
CONFLICT OF INTEREST	9
CORPORATE COMPLIANCE.....	9
MEDICAID FRAUD	10
SECTION TWO: SELF-DIRECTED PERSONAL ASSISTANCE SERVICES INFORMATION	12
CONSUMER REQUIREMENTS AND RESPONSIBILITIES	12
SELECT PROVIDER AGENCY	12
COMPLETE CONSUMER TRAINING PLAN	12
DIRECTING ONE’S OWN CARE	13
CAREGIVER SUPERVISION	13
TRAINING ACKNOWLEDGEMENT FOR CAREGIVERS	13
COMPLETE ALL DOCUMENTS AND REVIEWS.....	14
KEEP CONSUMER DIRECT INFORMED.....	14
NON-EMERGENT CARE.....	14
EMERGENCY AND BACKUP PLAN	14
TRANSFER PROCESS.....	14
GUARDIANS	15
CONSUMER TRAINING RESPONSIBILITIES AND EMPLOYER EXPECTATIONS	15
APPLICATION	15
ORIENTATION.....	15
TRAINING REQUIREMENTS.....	16

PERFORMANCE REVIEWS	17
TERMINATION/RESIGNATION	17
CAREGIVER RESPONSIBILITIES	17
EMPLOYMENT STATUS.....	17
DOCUMENTS AND RECORD-KEEPING (TIME SHEETS).....	18
WORKING HOURS AND PAYROLL	18
TRAINING AND CERTIFICATION	19
TRANSPORTATION.....	19
CONFIDENTIALITY AND DISCLOSURE.....	19
CHANGE OF INFORMATION NOTIFICATION	19
TERMINATION NOTIFICATION	19
AUTHORIZED CAREGIVER SERVICES.....	20
HEALTH MAINTENANCE ACTIVITIES (HMAS)	21
HOUSEHOLD TASKS (HTs)	21
MEDICAL ESCORT.....	21
EXCLUDED SERVICES.....	22
NO INVASIVE BODY PROCEDURES.....	22
SPECIFIC PROGRAM EXCLUSIONS	22
CONSUMER DIRECT'S ROLE AND RESPONSIBILITIES.....	23
MAINTAINING CONFIDENTIALITY	23
SERVICE AGREEMENT	23
EMPLOYER OF RECORD FUNCTIONS	23
ADDITIONAL AGENCY RESPONSIBILITIES.....	24
CONSUMER SAFETY	25
IMPORTANT PHONE NUMBERS	25
DEFINITIONS OF COMMON TERMS.....	25

Section One: General Handbook Information

Important Legal Notice to Caregivers

This Handbook is not a contract of employment. It describes Consumer Direct policies, procedures and program requirements which caregivers and Consumers must follow.

Caregivers are expected to read the Handbook. They must make sure they understand the information in it. Please ask questions if you do not understand. You can ask the Consumer, a Consumer Direct staff person (such as Program Coordinator) or the Human Resources Manager.

This Handbook replaces all earlier versions. Consumer Direct has the right to revise or update any policy, procedure, or information in this Handbook at any time. You will be notified of any changes.

An Explanation of Self-Directed Services

Self-directed services give the Consumer more choice, control and independence. Sometimes they are called Consumer-directed or Participant-directed services. Self-direction means:

- ☒ People who receive services manage their services and supports.
- ☒ The Consumer is in charge.
- ☒ He/she decides who provides the services and supports.
- ☒ He/she decides when and how services are provided.
- ☒ The Consumer interviews, hires, trains, schedules, reviews, and dismisses caregivers.

The kind of **control** and **choice** the Consumer has over services and supports depends on the state in which he/she lives. Self-directed services help Consumers stay in their homes and be active in their community.

A Profile outlines the services (tasks) that have been approved for the Consumer to receive. The plan is based on an assessment done by a separate company or a case manager. Usually these tasks involve assistance with activities of daily living (ADLs) such as bathing, dressing and grooming.

The Consumer is the “Managing Employer”. He/she hires, trains and supervises the caregiver. The Consumer also signs time sheets. This indicates the Consumer’s approval for the caregiver’s payment. Consumer Direct is the “Employer of Record”. Consumer Direct shares the responsibilities of an employer with the Consumer.

The person who self-directs his/her care is called a **Consumer**. This generic term has its roots in Medicaid. A Consumer is “a person receiving services”. Sometimes a Consumer asks another person to help direct services. This person is called a Personal Representative (PR). The Personal Representative takes on responsibilities for managing the Consumer’s care. When there is a Personal Representative, the term **Consumer** also refers to the PR.

Consumer Direct's role is to assist the Consumer. We act like an accountant by handling payroll, file taxes and bill the state program for services. Other things Consumer Direct does are:

- help the Consumer follow the program requirements.
- keep a Consumer record and caregiver personnel files.
- visit the Consumer at home to make sure the services are meeting the Consumer's needs.
- call the Consumer to check how things are going.
- orient the Consumer about the self-directed program. Orientation occurs at the start of services.
- provide training and training materials to help the Consumer be successful managing his/her care.

The role and responsibilities of the Consumer, Consumer Direct and you, the caregiver, are explained later in the Handbook.

Consumer Direct is on a mission to:

Provide community supports and services for persons with disabilities and the elderly that...

- ✦ Meet their unique needs,
- ✦ Make the most of their abilities, strengths, and independence, and
- ✦ Give them choice and control over their care and services

...so that people can remain in their families, homes, and communities and live the life they want.

The guiding principles of Consumer Direct companies that we ask you to follow are:

- We treat people with respect and dignity.
- We value and recognize the strengths and abilities of each individual.
- We believe our greatest resource is the participant/consumer.
- We recognize that people are different so their services and supports will need to be too.
- We believe individuals are best served in their home, community or village.
- We believe the person we serve is at the center of the planning process and the delivery of services and supports.
- We believe family and friends are partners in the planning process and play a key role in supporting the individual.
- We believe that services and supports are dynamic and must be flexible and change as the individual's wants and needs change.
- We believe that a person has a right to participate in his/her community to the greatest extent possible and to the degree s/he desires.
- We believe when given control over his/her healthcare budget, individuals will choose the services and supports they really need.

- We will work to empower those we serve by encouraging individuals to make decisions about their care and services, assert their wants and needs, and achieve self determination.
- We promote personal choice and independence by exploring varied service options, flexible service planning, and creativity in service delivery.
- We believe protecting the rights of those we serve is our first priority.
- We will practice positive communication and work to resolve problems.
- We believe all people have the right to learn and exchange information in the way that matches their style and preferences...so we employ staff who speak different languages and provide materials in different languages and formats.
- We respect the cultural practices, religious beliefs, individual preferences, heritage and values of every individual and family.
- We believe in fiscal accountability and responsibility.
- We work collaboratively with partners at the State and local level to improve in-home services and supports; and
- We are committed to continually improving the services and supports we provide.

Consumer Direct Personal Care, LLC Policies

How often do I get paid?

What benefits are offered by Consumer Direct?

What policy violations may result in Consumer Direct corrective action or termination?

How do I report an injury?

Non-Discrimination In Employment

Discrimination is against the law. Consumer Direct and Consumers must follow federal and state laws about discrimination. This applies to employment too. Consumer Direct and Consumers cannot treat you differently because of:

- Your race,
- Color,
- Religion,
- The country you come from,
- Age,
- Gender,
- Sexual orientation,
- Disability/handicap, or
- Marital status.

If you think that a Consumer is discriminating against you, immediately report it to Consumer Direct.

Harassment and Sexual Harassment

Harassment of any kind is NOT allowed.

Examples of harassment:

- Embarrassing or shameful work assignments
- Words or actions directed toward an individual or made in reference to an individual's race, color, religion, gender, age, or national origin

Please report any harassment to Consumer Direct right away. Consumer Direct will follow-up on all reports of harassment right away and keep them confidential.

Another type of harassment is sexual harassment. Sexual harassment includes things like:

- Unwelcome verbal or physical acts.
 - The Consumer makes the caregiver's getting or keeping a job based on the caregiver doing sexual favors.
 - Unwelcome Consumer actions or comments interfere with the caregiver's work performance or create a threatening, hostile, or unpleasant work environment.
- Requests or pressure to take part in sexual activity.
- Sexual assault (unwanted sexual advances).
- Repeated bodily contact on purpose that is not related to the care being provided.
- Repeated sexual jokes, suggestions, or comments.
- Constant or inappropriate staring.
- Inappropriate comments concerning appearance.
- Display of magazines, books, or pictures with a sexual meaning or suggestion.
- Any harassing behavior directed toward a person because of their gender, whether sexual in nature or not.
- "Hazing" or "initiating" new employees. This includes treating new employees differently from others or requiring them to do something unusual as they start the job.

Retaliation

Consumer Direct or the Consumer **will not** do anything to get back at you for taking action against discrimination or harassment. For example, Consumer Direct will not act against a caregiver who files a discrimination complaint, testifies or takes part in a discrimination proceeding.

Complaint and Grievance Procedure

COMPLAINT: If a caregiver is not satisfied with the services that Consumer Direct is providing, we want to hear from you. You can call the office and speak with the Program Coordinator (if the issue is with the Program Coordinator, talk to the Program Manager) who will work to resolve the problem. There is a "Complaint and Grievance Form" that can be completed instead and mailed to the office. The Form is located in the "Consumer Training Manual and Resource Guide" belonging to the Consumer.

If you are not satisfied with the resolution of your complaint, your next step is to talk to the Program Manager. If still not satisfied, please bring your complaint to the Vice President.

GRIEVANCE: A grievance is a more formal process and is usually filed if you believe your employee rights have been violated or employee policies are not being followed. The following steps apply:

- A grievance must be put in writing and needs to be timely (within ten days of the event) and sent to the Program Manager.
- The Program Manager has ten days to gather information and reply back to the caregiver. A meeting may be requested.
- If the caregiver is not satisfied, an elevated grievance request can be filed with the Vice President of the company (within ten days). All information will be forwarded for his/her review. His/her response will be made in five days.
- If the caregiver is still not satisfied with the resolution the grievance must be filed within five days to the President of the company. The President's response is final and is communicated to the caregiver within five days.

Consumer Direct works to resolve all complaints and grievances quickly and thoroughly.

Alcohol and Drug Free Workplace

Using or having alcohol or any illegal drug, in any amount, while working is not allowed. Violating this policy can result in losing your job.

Wage and Salary

The Consumer and you sign a "Wage Memorandum" when you are hired. The Wage Memorandum indicates (lists) how much you will be paid. A few Consumer Companies list how the caregiver will be paid in the "Employee Agreement".

Benefits

- Caregivers receive a "Caregiver Benefits Handout" that gives information about Consumer Direct's benefits package. The Handout also describes how to sign up for benefits.
- You receive time-and-one-half for hours worked on company-recognized holidays after you have worked for 180 days. The holidays are: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas. For example, if you are normally paid \$10.00 an hour, you will be paid \$15.00 for hours worked on one of these holidays.

Insurance

Consumer Direct provides Unemployment Insurance and Workers' Compensation Insurance for caregivers.

If you are hurt on the job, you **MUST** report the injury or accident to the Consumer. You also must call the Injury Hotline (1-888-541-1701) immediately. If you do not report an injury right away, the Workers Compensation claim may be delayed or denied. See Employee Injury Reporting for more information.

Pay Periods, Paydays and Final Pay

Pay periods are every two weeks. A pay period begins on a Sunday and ends on a Saturday. Paydays are every other Friday. Both pay periods and paydays are identified on Consumer Direct's pay schedule. If you quit, your final check will be paid according to the pay schedule. When a caregiver is terminated (fired), wages owed to the caregiver will be paid within three working days of termination (not including weekends and holidays). A caregiver also is paid within three working days if a caregiver no longer works because the Consumer is not receiving services through Consumer Direct.

Direct Deposit

Consumer Direct strongly encourages caregivers to use direct deposit to receive their pay. Direct deposit is a bank-to-bank transfer of the money the caregiver has earned working. With direct deposit your pay is usually transferred to your account before the mail arrives. Direct deposit makes certain you receive your pay in a timely way. It avoids the possibility of delayed or lost paychecks. Pay stubs are still mailed to your address so you know the amount of money you have earned.

Change of Information

Caregivers must notify Consumer Direct of any change in name, address or phone number. This is done by completing and submitting a "Status Change Form" to Consumer Direct.

Termination / Resignation

Consumer Direct or Consumers may end a caregiver's employment. Consumer Direct will become involved and dismiss a caregiver in situations like, but not limited to:

- Harm or danger to the Consumer due to the caregiver's actions,
- The caregiver uses alcohol or drugs when working, or
- The caregiver fails to follow program guidelines or Consumer Direct policies.

The Consumer may dismiss you if he/she is not satisfied with your performance.

If you want to resign or quit, you should plan ahead and give at least two weeks notice to the Consumer. This allows the Consumer enough time to find someone to replace you. It is helpful if you give even more than two weeks notice, if you can. The caregiver must contact Consumer Direct too so that final pay is timely. See the "Pay Calendar" for pay dates.

Safety

Consumer Direct is committed to safety in all areas. We believe that individual safety comes first. Consumer Direct works to:

- ✓ Maintain a safe and healthy work environment
- ✓ Always follow correct practices and procedures so that injury, illness and damage to property is avoided
- ✓ Follow all federal, state, and local health and safety laws and requirements

To promote safety, you will get training on the proper use of equipment, safe operating procedures and specific job tasks. Some required training happens at regular intervals and is provided by the Consumer. An example of training that happens every so often is Bloodborne Pathogens. This training occurs every year.

You must follow usual procedures for working safely and preventing accidents. You are expected to follow all safety rules and procedures. If personal protective equipment is required, you must wear it. The Consumer provides personal protective equipment, if it is necessary. You should report any unsafe conditions, equipment or practices immediately to the Consumer or Consumer Direct.

Threats or Violence in the Work Environment

Verbal threats, threatening behavior, bullying and acts of violence are not allowed in this program. If this kind of behavior is directed toward you, report it right away to Consumer Direct and the authorities. If you threaten, bully or act aggressively to a Consumer, another caregiver, visitor, guest or other individual, your behavior will be reported immediately. The police may be called. Other actions also may be taken. You may be dismissed (fired). A Consumer who acts this way could be discharged from the program.

Consumer Injury and Serious Accident Reporting

You **MUST CALL 911** if you are present and:

- ♦ A Consumer is injured
- ♦ A serious accident happens that affects the Consumer's health or safety

You also must REPORT THE INCIDENT TO CONSUMER DIRECT RIGHT AWAY. If you learn of an incident after it happens, you must make sure it has been reported to Consumer Direct.

Consumer Direct does not provide emergency care or medical services. The Consumer should call a doctor or 911 if he or she is in danger or has a medical emergency. If the Consumer cannot call, you should contact a doctor or call 911.

Employee Injury Reporting

If you are injured on the job, you **MUST** report your injury immediately. Consumer Direct is concerned about any injury in the workplace. If you are injured at work or get an illness caused by work, you must:

- 1. Get medical help if you need it.**
 - If the injury is serious and life-threatening, someone should call 911.
 - If the injury needs medical treatment (but is not life-threatening), you should go to an urgent-care clinic or doctor's office. If you cannot get to a clinic or a doctor's office, go to the emergency room.
- 2. You must call the Consumer Direct Injury Hotline to report the injury/illness immediately. You must call as soon as the injury or illness happens, even if it does not seem serious.**
 - The Injury Hotline number is **1-888-541-1701**.
 - Injuries can be reported 24 hours a day, 7 days a week.
- 3. You must tell the Consumer of the injury or illness before you leave work.**

Consumer Property

Caregivers are expected to be careful with a Consumer's property. If you are careless and lose or damage a Consumer's property, you are responsible. You may have to pay for loss or damage to property.

Consumer Information (Protecting Confidentiality)

All information about a Consumer is confidential (private). This means you cannot share it or talk about it with other people. You can share this information **ONLY** if the Consumer says it is OK. When you are hired, you are trained to keep Consumer information confidential (private). There are more rules about confidentiality in the HIPAA Training Guide. You will get a copy of this Guide when you are hired.

Reports of Potential Harm

State and federal rules say that you must report if you think a Consumer is being neglected, abused or exploited. You also must report if you think a Consumer may be physically harmed. Please call Adult or Child Protective Services (see Important Numbers in Section Two) to make a report. Sometimes a Consumer may threaten someone or is a danger to the safety of others. Report to the police right away if you think a Consumer might carry out the threat, especially if they have the ability to carry out the threat. For example, if they say they are going to shoot someone and they have a gun.

Conflict of Interest

Conflicts of interest always should be avoided. A conflict of interest happens when, in the course of your work, you do something that benefits only you or your family. It also exists if you influence the Consumer's decisions and these decisions affect the relationship between Consumer Direct and the Consumer. A conflict of interest gives you an unfair advantage. There are different conflicts of interest:

- ◆ **Involvement with Suppliers, Customers and Competitors**
You should not have any personal or financial link with a rival company or business. You must let the Consumer know if you are connected with any company or business that competes with Consumer Direct.
- ◆ **Gifts or Favors**
You cannot accept money, gifts or favors from the Consumer as payment for services. You also cannot accept anything that the Consumer gives you to keep you involved with him/her. For example, a caregiver cannot accept a car that the Consumer gives him, even if the caregiver can use it to get to work. You should immediately report all offers of gifts or favors worth more than a small amount (\$10.00) to Consumer Direct.
- ◆ **Proprietary and Other Confidential Information**
You cannot give Consumer Direct's information to any other organization or individual. This includes all forms, details of procedures, other materials, or other information (such as information from the computer). All information created by Consumer Direct is confidential and company-owned information.

A conflict of interest makes it hard for you to make fair decisions that are in the best interest of the Consumer or Consumer Direct. That is why it should be avoided.

Corporate Compliance

Consumer Direct must follow all laws in providing services to Consumers. We have developed a Corporate Compliance Policy that outlines company rules and government laws that must be followed. If you think that false or illegal activity has happened, report it to a Consumer Direct staff person. These individuals include:

- A Support Coordinator,
- Program Manager,
- Human Resources Manager,
- Risk Manager, or
- Senior Management (President, Senior Vice President, and Vice Presidents)

An example of not following program rules is doing something that is Medicaid fraud (described in the Medicaid Fraud part below). A copy of Consumer Direct's Corporate Compliance Policy is included in the Appendix.

Medicaid Fraud

What is fraud?

What can happen to me if I commit fraud?

How do I report suspected fraud?

The money for services in the program comes from state and federal governments. Fraud or abuse of this Medicaid program is against the law. If a Consumer, caregiver or Consumer Direct is suspected of Medicaid fraud or abuse, it must be reported.

Examples of Consumer or caregiver fraud and abuse of Medicaid funds are:

- Writing down more time than actually worked on a time sheet
- Accepting pay for time you did not work
- “Padding” time sheets...such as showing up late or leaving early and writing down more time than actually worked, or taking a break and not subtracting break time when you write down time
- Stating that tasks or procedures were completed when you did not do them
- Changing another person’s time sheet or paperwork
- Forging other caregiver’s or Consumer’s signature
- Turning in a false claim for time worked or tasks completed when these were not done and you knew it
- Suggesting or helping a Consumer get services or supplies that are not required for the person’s disability
- Not following all parts of the contract with Consumer Direct
- Not providing the quality of services for a Consumer that is expected

If you think a Consumer, caregiver or staff person is doing something that is fraud, please call Consumer Direct right away. If you are worried that the Program Manager is not dealing with the problem correctly, please call a Consumer Direct Vice President or President immediately.

Examples of fraud that could be done by Consumer Direct are:

- Not keeping necessary records
- Not giving records to the Department that is investigating possible fraud
- Not providing the quality of services for a Consumer that is expected
- Turning in a false application to become a provider
- Accepting a fee or getting money back in exchange for referring a Consumer
- Charging a Consumer more than Medicaid paid and keeping the difference
- Not meeting federal or state licensure or certification requirements but providing services anyway

If you think Consumer Direct has done any of these things, please call the managed care agency or state agency. Penalties may be enforced against Consumer Direct if they do any of the things above.

If you give false information or know of false information and fail to report it, you could be convicted of a crime. You might have to pay large fines, go to jail for up to a year, and lose your job.

The phone number to report Medicaid Fraud is listed in Section Two, Important Numbers.

Federal False Claims Act: This Act is designed to stop fraud, waste and abuse in Medicaid. All employees, managers, contractors and agents must receive written information regarding the False Claims Act. All Consumer Direct Managers and staff are trained on this Act using the handbook, “An Overview of the False Claims Act and Federal Health Care Programs.” A summary of the Act is included in Addendum 1 to the Corporate Compliance Policy in the Appendix. A summary of your state’s specific Fraud and Abuse laws is in Addendum 2 in the Appendix.

Section Two: Self-Directed Personal Assistance Services **Information**

Consumer Requirements and Responsibilities

*What will my Consumer do as the Managing Employer?
How does the Emergency and Backup Plan work?*

People who receive self-directed personal care services need help with daily living activities because of their health or disability. The Consumer cannot stay at home without assistance. If they do not have help, he or she would be in an assisted living facility or nursing home. The Consumer or the Consumer's Personal Representative must be able and willing to do the following in order to be part of the program:

Select Provider Agency

The Consumer decides what provider he/she would like to work with and the type of service (agency based or self-directed) he/she wants. The Consumer can transfer agencies at any time if they are not satisfied.

Complete Consumer Training Plan

- Consumer Direct staff will visit with each Consumer in his/her home when he/she signs up for the program.
 - Paperwork is completed.
 - A Consumer Training Manual is given to the Consumer. There is information in the Manual about how to be an employer. There is also information on the tasks the Consumer needs to complete for managing his/her care. The Manual is also a reference guide.
 - The Consumer is given a copy of the Caregiver Handbook. He/She is expected to read it. The Consumer agrees to follow all of Consumer Direct's policies described in the Handbook.
- Consumer Direct answers the Consumer's questions.
- If the Consumer has a hard time directing his/her own care, Consumer Direct will:
 - Give additional training to the Consumer on how to manage his/her services, or
 - Recommend the Consumer appoint a Personal Representative to manage his/her services, or
 - Decide that the Consumer is not able to manage his/her care and refer the Consumer to an agency-based personal care program.

Directing One's Own Care

- The Consumer must be able to make choices about what they need help with. They also must understand how these choices will affect him/her and take responsibility for the choices. He or she can select a Personal Representative to help them, if they want.
- The Personal Representative of a Consumer must be:
 - Directly involved in the day-to-day care of the Consumer
 - Take responsibility for managing the Consumer's care, including directing the care as it occurs in the home

Caregiver Supervision

The Consumer will:

- 1 Recruit, interview, hire, manage and decide whether caregivers are doing a good job.
- 2 Make sure the caregiver completes the mandatory trainings.
- 3 Train the caregiver to his/her needs and preferences.
- 4 Schedule and supervise the caregiver.
 - Caregivers may not work over forty (40) hours in a week, unless specifically agreed on in a written Wage Modification Agreement.
 - Additional caregivers may be hired to work additional time.
- 5 Review and sign weekly time sheets that are accurate and submit to Consumer Direct.
- 6 Report any situations of potential Medicaid fraud to Consumer Direct at 1-866-438-8591, including, but not limited to:
 - Falsified or made-up hours
 - Task(s) completed that are not authorized
 - Forgery
- 7 Dismiss (fire) caregivers that are not doing a good job.

Training Acknowledgement for Caregivers

The Consumer acknowledges and signs that caregivers employed complete training in the following areas:

- Orientation to Consumer Direct, the Profile, community resources and Medicaid services
- Consumer Direct Caregiver Handbook
- OSHA's Exposure Control Plan, Infection Control Guidelines for Healthcare Workers, Lifting and Moving
- Consumer Abuse, Neglect and Exploitation
- HIPAA and Confidentiality
- Cultural sensitivity
- Time sheets
- Safety and Accident Prevention
- Consumer's rights, including confidentiality pursuant to state and federal regulations
- Any Consumer-specific training necessary for health and safety

Complete All Documents and Reviews

- Meet with Consumer Direct for the initial intake and then every 180 days
- Complete all necessary paperwork

Keep Consumer Direct Informed

Report any change in health status of the Consumer, or living situation to Consumer Direct such as:

- Hospitalization
- Health condition worsens (or improves)
- Change of address, phone number, name, etc.
- Change in Medicaid or insurance status

Non-Emergent Care

- The Consumer/PR acknowledges and understands that the Self-Directed program is not an emergency or acute medical service provider. The Consumer/PR understands that it is their responsibility to recognize and report any potentially risky health situations to their physician or to call 911, as appropriate.
- The Consumer/PR agrees to train the caregiver(s) to the above non-emergent care requirement.

Emergency and Backup Plan

Each Consumer is responsible for creating a backup plan (called Emergency and Backup Plan) that the Consumer will use if a caregiver cannot work regularly scheduled hours. The Emergency and Backup Plan:

- Is in writing and signed by both the Consumer and Consumer Direct.
- Must be completed prior to the start of service.
- Updated, at a minimum, at each home visit.
- Unapproved overtime is not a viable backup plan.
- Emergency numbers will be posted with who to call if a problem arises.

Transfer Process

- Consumers decide who will be their provider. Consumer Direct hopes to provide the best service possible. If the Consumer is unhappy with services, they may decide to transfer to another provider agency. The Consumer must notify Consumer Direct or the new agency they have chosen.
- Consumer Direct assists the Consumer with transferring, if they want.
- In order to improve the services provided, Consumer Direct does exit interviews with Consumers who are transferring to another provider.

Guardians

In Montana, a Guardian is considered a legally responsible adult. As such, a Guardian may **not** be a paid caregiver under the self-directed program.

Consumer Training Responsibilities and Employer Expectations

How might my Consumer hire, train and evaluate me?

What type of orientation will I receive?

Can my Consumer fire me?

Application

The Consumer may ask a caregiver to complete a job application or submit a resume. This is optional. If an application is completed, it will be kept in the caregiver's personnel file. The caregiver does complete an "Employee Data Form" with important information that is kept in his/her Personnel File.

Orientation

Each Consumer has specific house rules and employment expectations. These will be discussed on the first day of the caregiver's employment. This is called orientation. The topics covered include:

1. Touring the Consumer's living space, including:
 - Where supplies and equipment are located
 - Living space that is off-limits
 - Emergency exits
 - Fire extinguisher
2. Information about the Consumer's disability or care needs
 - Share information about disability or health care needs (e.g., Does the Consumer have trouble falling asleep? Are they sensitive to certain smells? Are they a morning person?).
3. An explanation and demonstration of the tasks that need to be done.
 - Overview of job duties
 - Self-assessment Tool, Task and Hours Form checklist, job description, or other method may be used
 - Observation of an experienced worker or family member completing all the tasks
 - Use of a training video (optional)

4. Safety and Security

- Review proper lifting procedures to avoid injury to either caregiver or Consumer.
- Explain safety guidelines for any disability-related equipment the caregiver will be expected to use and for household appliances or equipment the caregiver will be expected to use.
- Discuss the Emergency and Back-up Plan.
- Tell how to enter the home, i.e. knocking, key, etc.
- Explain Universal Precautions such as:
 - ◆ washing hands thoroughly before preparing food,
 - ◆ washing hands before and after tasks,
 - ◆ use of plastic gloves and where they are stored, and
 - ◆ where the sharps container is located, if applicable.

5. Expectations - What the Consumer wants the caregiver to do. Some examples are:

- Confidentiality: What the caregiver knows or learns about the Consumer must remain confidential. The kind of help being provided by the caregiver is personal to the Consumer and should not to be discussed with friends, family members, or other individuals. Violating confidentiality can be grounds for termination. The caregiver must complete a HIPAA test at the start of employment so they know the law regarding confidentiality.
- Use of household items: Rules about the use of the Consumer's car, the washing machine, computer/printer and eating the Consumer's food should be discussed. If the Consumer does not say what the rules are, ask him/her.
- Telephone Use: Use of cell phones and the Consumer phone during work hours will be decided by the Consumer/PR.
- Schedule: The Consumer determines what days of the week and time of day assistance is needed. The caregiver and Consumer should discuss flexibility with the schedule, how to request time off, how much advance notice is needed if calling off sick, the importance of being on time, how to make schedule changes, etc. Not showing up for work, not notifying the Consumer with enough advance notice, and being late may result in termination.
- Dress code: Clothing that is not permitted in the work place is the Consumer's decision.
- Tobacco Use: The Consumer is responsible for setting the policy for tobacco product use in his/her home. If you do not know the Consumer's tobacco policy, ask the Consumer.

Training Requirements

The Consumer is involved with setting up the customized training for the caregiver (with full assistance from Consumer Direct). Each caregiver will complete both program required and Consumer-specific training before they begin to work. Required training modules include:

- Service and Profile
- Consumer Direct policies and procedures
- Infection Control Guidelines for Healthcare Workers

- Lifting and Moving
- Safety
- Consumer Rights
- Cultural Diversity
- Time sheets & Documentation
- Abuse and Neglect
- HIPAA Confidentiality

Consumer-specific training focuses on the individual needs of the Consumer with regard to their care plan.

Performance Reviews

A performance review evaluates how the caregiver is doing. The Consumer decides if they want to do a performance review with his or her caregiver. While regular performance reviews are not required, they are encouraged. Consumers are provided materials for doing reviews. It is also a good idea for the caregiver to ask the Consumer for feedback about how you are doing. Feedback will help the caregiver know if he or she needs to make changes.

Termination/Resignation

Under the Consumer-Directed Service Program, the Consumer is primarily responsible for making and carrying out any termination decisions. Work performance that may result in termination is identified during orientation and reviewed regularly.

Caregiver Responsibilities

What do I need to start and continue working with Consumer Direct?

How do I use the time sheets?

How do I know when to work?

Can I work overtime?

Can I receive gifts from Consumers?

Employment Status

To be employed by the Consumer/PR and Consumer Direct under the Self-Directed Personal Assistance Services Program, a caregiver must:

- Receive an Okay to Work form signed by the Consumer Direct Program Manager, Service Coordinator, or Administrative Assistant
- Successfully pass:
 - a Montana criminal history background check
 - a Post-Hire Health Questionnaire review

Documents and Record-Keeping (Time Sheets)

Caregivers keep a weekly time sheet with hours worked for Medicaid billing. Time sheets are legal documents that track actual hours worked and services provided. Time sheets should reflect the tasks and hours of service authorized on the Profile and include:

- Days of the week and dates that services were provided.
- Time in and time out (start and stop times) of services provided.
- Notes of any change in Consumer's condition.
- Legal signature from caregiver and Consumer/PR with dates.
- All entries must be made in blue or black ink and be clearly legible.
- Corrections can be made by drawing a single line through the mistake, entering the correct information nearby, and having both the caregiver and the Consumer/PR initial by the change.

Time sheets should be given to the Consumer for signature every week. Time sheets must be sent by mail or faxed weekly to the Consumer Direct office by midnight every Monday.

Working Hours and Payroll

Caregivers are expected to work all hours as scheduled that they accept from the Consumer/PR. Definite hours are not guaranteed and may change unexpectedly. For example, a caregiver is not needed when a Consumer is hospitalized. A caregiver position is classified by Consumer Direct as "temporary". The following apply:

- The Consumer will set work schedules based on the Consumer's current and approved Profile.
- Overtime is not authorized.
- Caregivers may work for more than one consumer. However, the total hours worked in any week cannot be more than forty (40).
- Caregivers are responsible for watching their schedules. That way the caregiver is ready for an increase or decrease in hours so that they do not go over forty hours a week.
- The Consumer is personally responsible for paying the caregiver if:
 - more hours are used than authorized
 - the Consumer loses Medicaid eligibility
 - if they ask the caregiver to do tasks that are not approved by the Profile.

Consumer Direct will issue paychecks every other Friday, according to the Consumer Direct Payroll Schedule. In order for the caregiver to be paid correctly, time sheets **must be** mailed or faxed to the Consumer Direct office by midnight every Monday.

Consumer Direct will deduct state, federal, and social security taxes from the caregiver's wages. Caregivers will receive the benefits of worker's compensation coverage, employer's social security contributions, and federal and state unemployment insurance.

Training and Certification

The Consumer is responsible for training the caregiver. Consumer Direct assists the Consumer with the training, if wanted.

Consumer Direct requires caregivers to understand and apply standard precautions for lifting, bloodborne pathogens and TB, and to pass periodic written tests on these subjects. All training must be current. Some training must be updated every year.

Transportation

Before a caregiver can drive for work-related activities, Consumer Direct must receive and keep on file a photocopy of the caregiver's current driver's license and the current motor vehicle insurance for the vehicle(s) being driven.

Confidentiality and Disclosure

Consumer information is strictly confidential. Information can only be released if the Consumer signs a waiver authorizing the release of information. A waiver is not needed to discuss or report the following:

- Any reasonable cause to suspect:
 - that the Consumer has threatened, or poses a threat to, the physical safety of another person and it appears possible that the threat may be carried out
 - the Consumer is at risk of immediate bodily harm
 - abuse, neglect, exploitation, death, or other reportable incidents

Change of Information Notification

Caregivers must fill out a "Status Change Form" within ten (10) days of any change in the following:

- Name
- Mailing address
- Physical address
- Telephone number
- Felony convictions
- Motor Vehicle violations

The form must be submitted to Consumer Direct.

Termination Notification

Caregivers may choose to end their employment with a Consumer, or vice versa. Within two (2) business days of the last day of employment:

1. Both parties must submit a "Status Change Form" to Consumer Direct.
2. Consumer Direct must receive the final time sheet with a note in the Comments Section stating "Last and final time sheet for caregiver <caregiver's name>."

Consumer Direct also has the right to end a caregiver's employment with or without cause.

Authorized Caregiver Services

What tasks might I perform as Caregiver?

The following tasks are authorized for Montana's Self-Direct Personal Assistance Services program. Tasks performed by the caregiver and total hours worked must be authorized on the Profile. Any tasks done that are not on the Profile or that take more time than approved must be paid by the Consumer.

Bathing - Consumer needs assistance ranging from setting out supplies to actual hands-on assistance in and out of the tub and bathing

Dressing – Consumer needs assistance laying out clothes and help with zippers, buttons, or putting on shoes and socks. Consumer may also need help getting into and out of garments, that is, putting arms in sleeves, legs in pants, or pulling up pants.

Eating – Consumer may need occasional physical help. Consumer needs extensive hands-on assistance with eating. The Consumer may need help holding utensils and needs continuous assistance during meals. Spoon-feeding of most foods is required, but Consumer can eat some finger foods.

Exercise – Consumer may need occasional or consistent assistance in completing an exercise routine.

Hygiene – Consumer needs assistance setting out supplies, or needs hands-on assistance with shaving, shampooing, putting on lotion, or brushing teeth because of an inability to see well, reach, or successfully use equipment.

Meal Preparation – Consumer has difficulty fixing simple meals that require any kind of preparation. Consumer has difficulty opening cans and preparing fresh foods for cooking. Consumer regularly has difficulty seeing or turning burners on and off or sometimes forgets to do so.

Medication Assistance - Assistance with already set-up medications. Consumer is compliant with taking meds but may need reminders.

Mobility – Consumer may need minimal assistance walking. Or the Consumer may have considerable difficulty walking even with an assistive device. Consumer can walk only with assistance from another person or with the occasional use of a wheelchair.

Positioning – Consumer requires occasional or consistent assistance with positioning in a bed or chair.

Toileting – Consumer has instances of urinary or fecal incontinence and needs assistance. The Consumer may have a catheter or colostomy bag, and occasionally needs assistance with management. Consumer may wear diapers to manage problem and needs some assistance with them.

Transfer – Consumer may need minimal assistance getting in or out of a bed or chair, or may need hands-on assistance when rising to a standing position or moving in or out of a wheelchair.

Health Maintenance Activities (HMAs)

Bowel Program – Consumer may need occasional help with suppositories or an ongoing bowel program.

Medication Administration - Identifying medication, correct dosage, and time of day and prescribed method of administration.

Urinary Management – Consumer needs occasional or ongoing help with catheter care, self-cath, or insertion. Consumer may also need help with colostomy care.

Wound Care – Consumer may need occasional or ongoing help with reddened areas, dressing changes, or pressure sores and is unable to perform the task themselves.

Household Tasks (HTs)

Light Housecleaning - House cleaning is restricted to the area(s) of the residence that the Consumer occupies. A PCA may do light dusting, sweeping, and picking up. A PCA is not paid to clean the entire house or perform yard maintenance duties such as trimming and mowing. Housecleaning is expected to be done while “multi-tasking” with other ADL tasks.

Laundry - Laundry is limited to the Consumer’s clothes or bed linens only and is expected to be multi-tasked with other ADL tasks.

Shopping - A PCA may assist the Consumer with going to the store to get the Consumer’s groceries or prescription pick-ups only.

Medical Escort

A Medicaid-payable service whereby a caregiver can be reimbursed for providing hands-on personal care of mobility, transfer, dressing, undressing, or toileting en-route to, or while at, medical appointments. This time can go above and beyond the maximum allowable hours. In and out times, destination, the reason for the appointment, and the physician’s name must be documented in the comments section of the time sheet. Medical Escort is only authorized when a family member or live-in caregiver is not available to assist.

Excluded Services

What tasks are not allowed under self-direct personal assistance services?

Caregivers will not perform tasks that are not authorized on the Consumer's Profile. The following are some examples of unapproved tasks:

1. Cleaning floors and furniture in areas Consumers do not use or occupy.
2. Laundering clothes or bedding the Consumer does not use.
3. Shopping for groceries or household items Consumers do not need for health or nutritional needs.
4. Attendants may not shop for items that are used by the rest of the household.
5. Supervision (except as allowed under the Home and Community Based Services Program), respite care, babysitting, or social visits.
6. Maintenance of pets, except in the case of a certified service animal. No additional hours will be authorized for the care of a certified service animal.
7. Home and outside maintenance. No lawn care, window washing, or woodcutting. Snow removal is permitted only to clear a path for accessibility to a vehicle or curb.

When self-directed services are not covered

Consumers who reside in the following settings are not eligible to receive self-directed personal assistance services:

1. Hospital
2. Nursing home
3. Licensed personal care facility or assisted living facility
4. Group home, foster home, or supported living facility

If a Consumer is temporarily placed in a hospital or nursing home, the PCA cannot be paid to provide services to the Consumer at the hospital or to provide household tasks at their home. Medicaid refers to this as "double dipping."

No Invasive Body Procedures

- Tracheotomy care

Specific Program Exclusions

- Babysitting
- Social visitation
- Home maintenance
- Pet care (service animal care may be approved on the Care Plan)
- Cleaning of areas not used by the Consumer
- Tasks that are not on the Consumer's Care Profile

Consumer Direct's Role and Responsibilities

*What does Consumer Direct do as Employer of Record?
How often must I meet with Consumer Direct?*

Consumer Direct is a Montana approved provider and contracted agency with different health management organizations. Consumer Direct follows all applicable federal, state, and local laws, including State Medicaid regulations, policies, and procedures.

Maintaining Confidentiality

Consumer Direct will keep information concerning Consumers confidential. Consumer Direct has a HIPAA Privacy Policy Statement and Notice of Privacy Practices that dictate how Consumer Direct may use or disclose personal or protected health information.

Service Agreement

Consumers choosing the self-directed option must sign an agreement in which the Consumer/PR accepts responsibility for all aspects of care and hiring, training, scheduling and managing of caregiver(s). This includes mandatory and individualized training of the caregiver. Consumer Direct uses the Agency-Consumer Service Agreement to highlight other important program responsibilities for both the Consumer and Consumer Direct.

Employer of Record Functions

- Must meet all the conditions of participation as stated in the Medicaid regulations for self-direct services
- Serve as the caregiver's Employer of Record for the purposes of payroll and federal and state hiring requirements:
 - Accept caregiver time sheets
 - Withhold and deposit Federal income tax
 - Withhold and deposit Social Security and Medicare tax (FICA) and Federal and state unemployment tax (FUTA/SUTA) payments
 - Purchase benefits, e.g., Workers' Compensation
 - Make sure all Federal and State Department of Labor laws related to minimum wage and overtime are complied with
 - Generate and issue paychecks
- Educate the Consumer in the skills needed to act as managing employer and to self-direct their care (e.g., how to recruit, interview, direct and dismiss caregivers, basic problem solving, and creating an effective backup plan)
- Review the Profile with the Consumer before beginning service
- Maintain and make available to the Consumer a list of names of interested caregivers who may be available to work or provide backup services

- Accept responsibility for billing Medicaid for all personal services provided to the Consumer, including:
 - Collect and verify time sheets
 - Submit claims to Medicaid
- Maintain a current Montana business license
- Work with the Consumer to develop an Emergency and Backup Plan to help Consumers when regularly-scheduled caregivers cannot work.

Additional Agency Responsibilities

Consumer Direct is also responsible for:

- Performing a state-wide criminal background check for all potential caregivers
- Assisting the Consumer with:
 - Filling out enrollment forms
 - Understanding self-directed philosophy
 - Knowing Medicaid regulations
 - Complaint procedures
 - Forms for ongoing participation
 - Guidance for program compliance
 - Completing home visits with the Consumer at intake and then every 180-days, or when there is a significant change in the functional needs of the Consumer
- Keeping a Consumer file that documents services provided to Consumers
- Keeping a caregiver personnel file with caregiver forms and employment information
- Giving training materials to the Consumer that are user-friendly and help them train their caregivers
- Giving the Consumer a “Consumer Training Manual and Resource Guide” with information that will help them be a good employer and explains tasks to be completed
- Assisting the Consumer with training the caregiver
- Informing the Regional Program Officers of incidents of concern
- Checking that the Consumer is eligible for full Medicaid coverage each month
- Making referrals to Mountain Pacific Quality Health or the Regional Program Officers if the agency questions whether the Consumer is able to direct their own care
- Staying enrolled in Montana as a self-directed provider agency
- Filing reports as required by the Department
- Passing random and targeted quality assurance reviews (audits) conducted by Department agencies
- Making sure the Consumer/PR is following the Consumer/PR Agreement

Consumer Safety

Consumer Direct will:

- Immediately remove a caregiver from contact with a Consumer if there is reasonable cause to suspect that:
 - The caregiver has physically, sexually, or emotionally abused, threatened, or coerced a Consumer or a member of a Consumer's household.
 - A Consumer, or a member of a Consumer's household, is in immediate danger of harm from a caregiver.
- Immediately remove from contact with a Consumer a caregiver who:
 - Is impaired by alcohol or drugs.
 - Has contracted a communicable disease that could pose a significant health risk to a Consumer.
- Provide an appeal process for a caregiver who has been removed from contact with a Consumer under the above two situations.

The above are examples of when a caregiver will be removed. There may be other circumstances as well.

Important Phone Numbers

Consumer Direct's Injury Hotline	1-888-541-1701
Adult Protective Services.....	1-800-551-3191
Child Protective Services.....	1-866-820-5437
Medicaid Fraud	1-800-376-1115
Consumer Direct President, Bill Woody	1-888-532-1907
Consumer Direct Human Resources, Steve Richards.....	1-888-532-1907

Definitions of Common Terms

Activities of Daily Living (ADLs) - The basic tasks of everyday life. The self-direct program provides support with bathing, dressing, grooming/hygiene, toileting, transferring, positioning, mobility, meal preparation, eating, exercise, and medication assistance.

Adult Protective Services (APS) - A state agency that works with adults who are at risk for abuse, neglect or exploitation

Personal Assistance Services (PAS) - Assistance in homemaking, personal care, companionship activities and general supervision that increase the likelihood of the Consumer remaining safely in their own home. There are two options for receiving personal assistance services:

- **Self-Directed Personal Assistance Services (SDPAS)** - intended for Consumers who wish to manage their own services. This includes recruiting, hiring, training, managing,

and terminating caregivers. The Consumer and Consumer Direct share employer responsibilities. The Consumer is the managing employer. Consumer Direct is the employer of record and does accounting-type activities and is also a support for the Consumer. The type of care authorized depends on the Consumer's needs, living situation and documentation from a health care professional. People who participate in this program must have a back-up plan in case a caregiver is not available. Consumer Direct is a provider of the self-directed option only.

- **Agency-Based Personal Assistance Services (ABPAS)** - intended for Consumers who wish to have an agency manage their services. The caregivers are recruited, hired, trained, and scheduled by the agency. This type of care is dependent upon the Consumer's needs and living situation. Consumer Direct can provide a list of agency-based providers, if requested.

Personal Care Attendant (PCA/caregiver) - An individual hired by the Consumer, and in conjunction with Consumer Direct, to assist the Consumer with daily living tasks.

Department of Public Health and Human Services – The state agency that is responsible for administering Medicaid programs such as the self-direct program and the Home & Community Based Services program. Often times referred to as “The Department.”

Capacity - The ability to perform. Mountain Pacific Quality Health and Consumer Direct discuss a Consumer's ability to direct his/her own care with the Consumer if they have concerns. The Consumer may choose a Personal Representative (PR) to direct their care. The PR must meet the program capacity requirements.

Mountain Pacific Quality Health Nurse Coordinator - Employee of a health management organization who performs eligibility and authorization functions for Consumers in the Self-Directed program.

Child Protective Services (CPS) - A state agency that works with children who are at risk of abuse and neglect. (1-866-820-5437)

Consumer - A term for an individual who is eligible for Medicaid services.

Emergency and Backup Plan - A plan that the Consumer develops and uses when their regularly scheduled caregiver is unavailable to work. The Plan also details what the Consumer will do in case there is an emergency. Emergency numbers are written down and placed by the phone.

Freedom of Choice - Consumers and PRs have the right to choose what provider they want for attendant care services.

Functional Assessment - A Mountain Pacific Quality Health Nurse Coordinator will do a Functional Assessment with the Consumer to qualify him/her for services and every 12 months

thereafter. Consumer Direct will contact the Mountain Pacific Quality Health Nurse Coordinator if there is a change in the Consumer's health condition and request an assessment if necessary.

Instrumental Activities of Daily Living (IADLs) - Activities related to independent living. The SDACS Program may provide assistance with shopping for groceries or personal items, light house cleaning, or laundry. IADLs may also be referred to as Household Tasks (HTs).

Monitoring Visits - Required by the SDPAS Program once every 180 days. A Consumer Direct representative schedules a meeting with the Consumer (and PR, if applicable) to see how things are going, to discuss the delivery of services, program goals, backup plan, caregiver issues and to answer questions. Both of these meetings are held in the Consumer's home. Two additional phone calls per year will be offered by Consumer Direct.

Personal Representative (PR) - An unpaid individual who is directly involved with the day-to-day care and decision-making for the Consumer. A PR is chosen by the Consumer and must be willing and able to direct the Consumer's care in the home on a consistent basis. This individual assumes the role of the Consumer for the purpose of managing caregivers and other responsibilities of the self-directed program.

Profile - The Consumer's approved plan of authorized tasks based on unmet needs.



CAREGIVER HANDBOOK

APPENDIX

Revised February 2015

Consumer Direct Personal Care, LLC

doing business as:

Consumer Direct Personal Care

Billings 2049 Broadwater Ave., Suite 3 (406) 256-7875 Toll free: 1-877-256-4440 Fax: (406) 256-7895

Bozeman 1001 W. Oak St., Bldg B, Suite 205 (406) 551-1416 Toll free: 1-877-532-8538 Fax: (406) 551-1419

Great Falls 2300 12th Ave. S., Suite 130 (406) 452-3014 Toll free: 1-866-322-3014 Fax: (406) 452-3016

Havre 119 4th Ave. (406) 265-2393 Toll free: 1-877-797-9222 Fax: (406) 265-2397

Helena 4185 N. Montana Ave., Suite 4 (406) 443-1036 Toll free: 1-877-443-1036 Fax: (406) 443-1037

Missoula 3301 Great Northern Ave., Suite 203 (406) 541-8700 Toll free: 1-866-438-8591 Fax: (406) 541-8704

InfoMT@ConsumerDirectOnline.net

This Handbook is the property of Consumer Direct Personal Care and is not to be reproduced, copied, or otherwise utilized by any other without expressed written permission.

APPENDIX

COMPLIANCE POLICY STATEMENT	1
FEDERAL FRAUD AND ABUSE POLICY	5
MONTANA FALSE CLAIMS ACT & MEDICAID FRAUD.....	10
DRUG FREE WORKPLACE POLICY	12
EXPOSURE CONTROL PLAN	19
SAFE DRIVING PROGRAM SUMMARY	26

COMPLIANCE POLICY STATEMENT

The Company (“Company”) is committed to maintaining an organizational and accountability structure that promotes integrity and ethical behavior, assures compliance with all governmental laws, rules and regulations, and supports the Company’s ethical standards, standards of conduct and zero tolerance for fraud and abuse.

OBJECTIVES

The Company believes a compliance program is beneficial to everyone. It enhances employee morale, productivity and effectiveness. It also improves the quality of care. The Company’s goal is to integrate compliance into daily operations in order to create a better workplace and to ensure quality care.

RESPONSIBILITY

The Company’s Corporate Compliance Officer, Ben Bledsoe, is responsible for overseeing the implementation of the Corporate Compliance program and monitoring adherence to its standards. The Risk Manager assists the Corporate Compliance Officer.

Each Program Manager, State Director or Operations Director is responsible for the compliance efforts within their areas of responsibility. All field and office employees, department managers, officers and their designees are directly responsible for ensuring that the Company, in the provision of services and in routine operations, is compliant with Federal and State law, and Federal, State, and private payer health care program requirements. Each employee is responsible for reporting any perceived or potential compliance infractions.

Due diligence to prevent and detect violations of the law is everyone’s responsibility.

SCOPE

The Company’s Compliance program encompasses all aspects of the Company’s operations and involves all management, staff and employees of the Company.

INTERNAL CONTROLS**Prevention**

Pre-screening of potential employees includes OIG and criminal background checks. The Company may prohibit the employment of individuals who have been recently convicted of a felony, a criminal offense related to health care or who are listed as debarred, excluded or otherwise ineligible for participation in Federal health care programs.

Standards of Conduct

All management, staff and employees of the Company are expected to be familiar with and abide by the standards set forth in the Company's internal policies as well as all governmental laws and regulations specific to their locations and services. The following issues are of particular concern.

Discrimination or Harassment of any kind is not tolerated by the Company, and should be reported immediately. The Human Resources Department investigates all reports of discrimination or harassment and takes whatever action is needed to resolve the situation.

Safety must function as an integral part of the operations of the Company. The Company must maintain a safe and healthful working environment and must comply with the requirements of Federal, State, and local safety and health codes to insure the well-being and safety of all employees and consumers. Employees must adhere to the proper operating practices and procedures designed to prevent injury, illness and loss of assets.

Fiscal Responsibility involves verifying eligibility of consumers, maintaining accurate records of services provided and billed for, and reconciling payments. The Company is diligent in its efforts to comply with all mandated accounting rules and regulations to ensure that current federal and state health care requirements are being met.

Fraud is defined as an intentional deception or misrepresentation that could result in any unauthorized benefit. Examples of fraud are listed in the Employee Handbook. Fraud is illegal and all discovered instances of fraud are reported to the appropriate authorities. The Company takes the commission of a fraud very seriously, and considers it grounds for immediate termination of employment. **All suspected fraudulent activity must be reported immediately to the department manager or compliance hotline.** In the event of no action, inappropriate action or lack of timely follow-up regarding a report, the Compliance Officer should be contacted.

A summary of the **Federal False Claims Act** is attached to this policy as Addendum 1. Addendum 2 is a brief discussion of **State Law** governing false claims and Medicaid fraud and is included in Employee Handbooks. Comprehensive training is conducted with all managers and staff regarding the provisions of the Federal False Claims Act.

Non-Retaliation

The Company believes in an open-door policy that enables compliance officers, managers and employees to comfortably discuss ethical matters, to ask questions and get answers while preserving the employee's rights to anonymity and confidentiality. The Company does not engage in or tolerate any retaliation or threats of retaliation against anyone who reports, in good faith, a violation or suspected violation of the law, Company policy, standards of conduct or other improprieties.

Reporting & Response

Reports of suspected offenses can always be discussed with an employee's immediate supervisor, department manager, Regional Director, Human Resources Director, or Risk Manager. However, if an employee feels more comfortable reporting a suspected fraud or abuse outside of the "chain of command," they can contact the Compliance Officer directly, at any time. Employees can make reports anonymously via the Fraud hotline, if they so desire.

No report of a suspected violation is ignored. Each allegation is fully investigated and documented. The investigation may be tailored to the level of the allegation, and if the allegation is substantiated, corrective action is taken. All reports and any corrective actions are documented. If appropriate, corrective actions are communicated to all employees.

If a violation calls for self-reporting to a government agency, the Company immediately does so, and may refer the matter to legal counsel, when appropriate.

Enforcement

Disciplinary action for any employee who has failed to comply with the Company's standards of conduct, policies and procedures, Federal health care program requirements, or Federal and State laws, or who have otherwise engaged in wrongdoing, is decided on a case-by-case basis, and takes into account both mitigating and aggravating circumstances. Corrective action is appropriate to the seriousness of the breach, and may include actions up to termination of employment.

Intentional or reckless noncompliance results in significant sanctions ranging from oral warnings to suspension, termination, or financial penalties. In addition, corrective action may be appropriate where a responsible employee's failure to detect a violation is attributable to his or her negligence or reckless conduct.

The Compliance Officer, working with the appropriate manager or Regional Director, will determine the level of discipline in each case. If there is reason to believe that the misconduct violates criminal, civil, or administrative law, then the Company will promptly report the existence of misconduct to the appropriate Federal and State authorities.

Record-Keeping

All reports of non-compliance, follow-up and disciplinary action are documented. The Company maintains adequate procedures and forms to address recurring issues, so that all incidents are recorded fully and consistently.

MONITORING

The Company believes an ongoing evaluation process is critical to a successful compliance program. The Company's evaluation process produces compliance reports that are maintained by the Compliance Officer. These include reports of suspected noncompliance and any subsequent investigation. The records of the investigation include documentation of the alleged

violation, a description of the investigative process, copies of notes from interviews, the result of the investigation, including disciplinary action taken, and any corrective action that may have been implemented.

TRAINING

All new employees receive copies of the Employee Handbook or similar communication. The Handbook includes the Company's standards of conduct and a statement on Corporate Compliance. Modifications and updates are circulated in writing to all employees and discussed in department meetings.

Compliance awareness training is provided to employees at orientation and quarterly

Compliance Notices are sent to employees by the Compliance Officer via newsletter.

Approved by: Ben Bledsoe
signature on file

Title: President/CEO

Date: 2/16/2015

ADDENDUM 1**FEDERAL FRAUD AND ABUSE POLICY**
United States Code Title 31 § 3729-3733**False Claims Act****I. DEFINITIONS**

- A. Claim. "Claim" includes any request or demand for money, property, or services made to any employee, officer, or agent of the Government (including, without limitation, Medicare Part B Carriers and Medicare Part A Fiscal Intermediaries), or to any contractor, grantee, or other recipient.
- B. Knowing and Knowingly. "Knowing" and "knowingly" mean that a person, with respect to information, does any of the following:
 - (1) Has actual knowledge of the information.
 - (2) Acts in deliberate ignorance of the truth or falsity of the information.
 - (3) Acts in reckless disregard of the truth or falsity of the information.Proof of specific intent to defraud is not required.
- C. Person. "Person" means any employee, volunteer, manager, contractor or agent of Employer.
- D. Employer. "Employer" means Company.

**II. ACTS SUBJECTING PERSON TO DAMAGES, COSTS AND CIVIL PENALTIES;
EXCEPTIONS**

- A. Liability under the Act. According to the Act, any person who commits any of the following acts shall be liable to the Government (the "Government") for two times the amount of damages that the Government sustains because of the act of that person. A person who commits any of the following acts shall also be liable to the Government for the costs of a civil action brought to recover any of those penalties or damages, and shall be liable to the Government for a civil action brought to recover any such penalty or damages:
 - (1) Knowingly presents or causes to be presented to any employee, officer, or agent of the Governments, or to any contractor, grantee, or other recipient of Government funds, a false or fraudulent claim for payment or approval.
 - (2) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved.
 - (3) Conspires to defraud the Government by getting a false claim allowed or paid, or conspires to defraud the Government by knowingly making, using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.
 - (4) Has possession, custody, or control of public property or money used or to be used by the Government and knowingly delivers or causes to be delivered less property than the amount for which the person receives a certificate or receipt.
 - (5) Is authorized to make or deliver a document certifying receipt of property used or to be used by the Government and knowingly makes or delivers a receipt that falsely represents the property used or to be used.
 - (6) Knowingly buys, or receives as a pledge of an obligation or debt, public property from any person who lawfully may not sell or pledge the property.

- (7) Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.
 - (8) Is a beneficiary of an inadvertent submission of a false claim to any employee, officer, or agent of the Government, or to any contractor, grantee, or other recipient of Government funds, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the Government within a reasonable time after discovery of the false claim.
- B. Damages Limitation. Notwithstanding subsection (A) above, a court may decide that no civil penalty shall be assessed, if such court finds all of the following:
 - (1) The person committing the violation furnished officials of the Government who are responsible for investigating false claims violations with all information known to that person about the violation within 30 days after the date on which the person first obtained the information.
 - (2) The person fully cooperated with any investigation by the Government.
 - (3) At the time the person furnished the Government with information about the violation, no criminal prosecution, civil action, or administrative action had commenced with respect to the violation, and the person did not have actual knowledge of the existence of an investigation into the violation.

III. PROSECUTING AUTHORITY AND CIVIL ACTIONS BY INDIVIDUALS AS QUI TAM PLAINTIFF AND AS PRIVATE CITIZENS

- A. Responsibilities of the Attorney General. According to the Act, the Attorney General shall investigate a violation as described under section II above. If the Attorney General finds that a person has violated or is violating section II, the Attorney General may bring a civil action against that person as set forth below.
- B. Actions by private persons. A person may bring a civil action for a violation of the Act for the person and for the Government in the name of the Government. The person bringing the action shall be referred to as the qui tam plaintiff.
- C. Rights of the parties to qui tam (whistleblower) actions.
 - (1) If the Government proceeds with the action, it shall have the primary responsibility for prosecuting the action, and shall not be bound by an act of the person bringing the action. Such person shall have the right to continue as a party to the action, subject to the following limitations:
 - a. The Government may seek to dismiss the action for good cause.
 - b. The Government may settle the action with the defendant.
 - c. Upon a showing by the Government that unrestricted participation during the course of the litigation by the person initiating the action would interfere with or unduly delay the Government's prosecution of the case, or would be repetitious, irrelevant, or for purposes of harassment, the court may, in its discretion, impose limitations on the person's participation, such as:
 - (i) limiting the number of witnesses the person may call;
 - (ii) limiting the length of the testimony of such witnesses;
 - (iii) limiting the person's cross-examination of witnesses; or
 - (iv) otherwise limiting the participation by the person in the litigation.
 - d. Upon a showing by the defendant that unrestricted participation during the course of the litigation by the person initiating the action would be for purposes of harassment or would cause the defendant undue burden or unnecessary expense, the court may limit the participation by the person in the litigation.

- (2) If the Government elects not to proceed with the action, the person who initiated the action shall have the right to conduct the action.
 - (3) The Government may elect to pursue its claim through any alternate remedy available to the Government, including any administrative proceeding to determine a civil money penalty, such as The Program Fraud Civil Remedies Act (the PFCR Act"). The PFCR Act permits Federal agencies to use administrative procedures to obtain penalties and assessments from persons who submit false, fictitious, or fraudulent claims, similar to the claims set forth in section II above. If an alternate remedy is pursued in another proceeding, the person initiating the action shall have the same rights in such proceeding as such person would have had if the action had continued under this section.
- D. Award to qui tam plaintiff.
- (1) If the Government proceeds with an action brought by a person under subsection (b), such person shall, subject to certain limitations, according to the Act receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the person and/or his counsel substantially contributed to the prosecution of the action.
 - (2) If the Government does not proceed with an action in accordance with this section, the person bringing the action or settling the claim shall receive an amount that the court decides is reasonable for collecting the civil penalty and damages. The amount shall be not less than 25 percent and not more than 30 percent of the proceeds of the action or settlement. Such person shall also receive an amount for reasonable expenses, plus reasonable attorneys' fees and costs.
 - (3) If the Government does not proceed with the action and the person bringing the action conducts the action, the court may award to the defendant its reasonable attorneys' fees and expenses if the defendant prevails in the action and the court finds that the claim of the person bringing the action was clearly frivolous, clearly vexatious, or brought primarily for purposes of harassment.
- E. Government not liable for certain expenses. The Government is not liable for expenses that a person incurs in bringing an action under this section.

IV. PRIVATE ACTION FOR RETALIATION (WHISTLEBLOWER PROTECTION)

Any person who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by the employer because of lawful acts done by the person in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such person would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. A person may bring an action in the appropriate court of the Government for the relief provided in this subsection.

V. LIMITATION OF ACTIONS

- A. Statute of limitations. A civil action under Section III may not be brought more than 10 years after the date on which the violation was committed.
- B. Retroactivity. A civil action under Section III may be brought for activity prior to the effective date of this Act if the limitations period set in Subdivision A. has not lapsed.

- C. Burden of proof. In any action brought under Section III, the Government or the qui tam plaintiff shall be required to prove all essential elements of the cause of action, including damages, by a preponderance of the evidence.
- D. Estoppel. Notwithstanding any other provision of law, a guilty verdict rendered in a criminal proceeding charging false statements or fraud, whether upon a verdict after trial or upon a plea of guilty or nolo contendere, shall estop the defendant from denying the essential elements of the offense in any action which involves the same transaction as in the criminal proceeding and which is brought under subdivision A, B, or C of Section III.

Anti-Kickback Statute

I. OVERVIEW OF THE FEDERAL ANTI-KICKBACK STATUTE:

- A. The Federal Anti-Kickback Statute's main purpose is to protect patients and federal health care programs from fraud and abuse. The Federal Anti-Kickback Statute prohibits certain conduct involving improper payments in connection with the delivery of items or services. These prohibitions apply to anyone who knowingly and willfully solicits or receives any payment in return for referring an individual to another person for the furnishing, or arranging for the furnishing, of any item or service that may be paid in whole or in part by the Medicare, Medicaid, or other federally funded health care program.
- B. The federal Anti-Kickback Statute applies where an individual offers or makes payments to another person in order to induce referrals or other prohibited conduct. Illegal payments or solicitations of payments include those in cash or in kind, i.e., goods, those made directly or indirectly, and those made overtly or covertly.

II. LIABILITY FOR VIOLATIONS OF THE ANTI-KICKBACK STATUTE:

- A. Health organizations and providers that violate the Anti-kickback Statute can be subject to a maximum civil monetary penalty of \$25,000, imprisonment up to five years, or both.
- B. Conviction would also lead to automatic exclusion from the Medicare, Medicaid, and other federally funded health care programs. Exclusion from these programs may also be sought by the Department of Health and Human Services ("HHS") through an administrative proceeding, without the need to initiate a criminal prosecution. Responsibility for enforcement of the statute is delegated within HHS to the Office of the Inspector General ("OIG").
- C. Employer prohibits bribes or kickbacks, including a complex array of discounts, rebates, profit-sharing agreements, or other business arrangements that would violate federal laws such as the Anti-Kickback Statute.

Stark Laws

I. OVERVIEW OF THE STARK LAWS:

Stark I and II are federal statutes that prohibit providers from making referrals to any entity in which they, or an immediate family member, have a financial relationship and which provides certain designated health services, unless an exception applies. A financial relationship includes, but is not limited to, ownership or investment interest, and compensation arrangements.

II. LIABILITY FOR VIOLATIONS OF THE STARK LAWS:

- A. Providers that violate the Stark Laws can be subject to the denial of payment of all designated health service claims and civil money penalties for knowing violations of the prohibitions.
- B. Violations may also be pursued under the Federal False Claims Act.

- C. Employer prohibits referrals and prohibits providers from referring patients for health care services to entities in which the provider has a financial relationship that would violate federal laws such as Stark.

Training

- I. ALL EMPLOYEES OF COMPANY:
 - A. Consumer and Caregiver Training: A copy of this Summary is attached as an Addendum to the Company's Corporate Compliance Policy and provided to all employees. The Corporate Compliance Policy, with the False Claims Act Addendum, is provided to all new consumers and caregivers during orientation. In addition, all employee handbooks and consumer training manuals contain a summary of the False Claims Act, included in the Medicaid Fraud section of the handbooks and manuals.
 - B. Administrative Staff: Comprehensive training is conducted with all managers and staff using the training booklet "Deficit Reduction Act Compliance Training Program – An Overview of the False Claims Act and Federal Health Care Programs."
- II. CONTRACTORS AND AGENTS: All contractors and agents of the Company are provided with a copy of this Summary and the applicable State False Claims Act Summary.

ADDENDUM 2**MONTANA FALSE CLAIMS ACT & MEDICAID FRAUD**

January 2007

I. OVERVIEW OF MONTANA FRAUD AND ABUSE LAWS

- A. The Montana False Claims Act is contained in M.C.A. §17-8-401-412. The Montana False Claims Act statute includes liability for actions such as submitting fraudulent claims, providing false records, and knowingly benefiting from the submission of a false claim and failing to report it within a reasonable time.
- B. In addition to the violations contained in Montana's False Claims Act, the Montana Medicaid Fraud statute, M.C.A. §45-6-313, includes penalties for kickbacks, bribes, or rebates paid under the Medicaid program and for payments made and/or received for referring a recipient to another provider.

II. LIABILITY FOR VIOLATIONS OF MONTANA FRAUD AND ABUSE LAWS

- A. In a civil action brought under the Montana False Claims Act, a court shall assess not less than two times and not more than three times the amount of damages that a governmental entity sustains because of the person's act, along with cost and attorney fees, and may impose a civil penalty of up to \$10,000 for each act. Depending on the circumstances, the person committing the fraud may also be subject to a criminal proceeding and additional penalties.
- B. Medicaid fraud convictions range from fines of \$1,000 and/or imprisoned in the county jail for 6 months, to fines of \$50,000 and/or imprisonment in the state prison for 10 years. A person convicted of Medicaid fraud may be permanently suspended from participation in the Medicaid program.
- C. Criminal actions are pursued by the government. Civil actions may be pursued by the government or private industry. With some exceptions, persons who have engaged in unlawful acts pursuant to the False Claims Act may be liable to the United States government for a civil penalty that is not less than \$5,000 and not greater than \$10,000 **plus** three times the amount of damages the government sustains because of the act of that person.

III. DEFINITIONS**A. FRAUD**

The intentional deception or misrepresentation that an individual knows, or should know to be false, or does not believe to be true, and makes, knowing the deception could result in some unauthorized benefit to himself or some other person(s).

B. FRAUD & ABUSE

Fraud: To purposely bill for services that were never given or to bill for a service that as a higher reimbursement than the services produced.

Abuse: Payment for items or services that are billed by mistake by providers, but should not be paid for by Medicare/Medicaid. This is not the same as Fraud.

IV. TRAINING

The Act requires that all Company employees, contractors and agents receive training or education relating to the pertinent elements of the Act.

Please review the **Corporate Compliance Policy** and additional information relating to Fraud and Abuse in the **Employee Handbook**.

If you have any questions regarding this subject, please contact your manager, supervisor, or the Corporate Compliance Officer.

**EMPLOYEES ARE OBLIGATED TO REPORT POTENTIAL FRAUD AND ABUSE.
EMPLOYEES WHO IN GOOD FAITH REPORT SUSPICIONS OF MEDICAID FRAUD
OR ABUSE ARE PROTECTED FROM ANY FORM OF RETALIATION.**

FITNESS FOR DUTY**DRUG FREE WORKPLACE POLICY****Revision Date 5/1/2009****POLICY STATEMENT**

Because drug and alcohol abuse in the workplace results in decreased productivity, increased liability exposure, and higher workers' compensation insurance premiums, Consumer Direct ("Company") has a substantial and vested interest in not only providing, but also ensuring, a drug-free workplace for the safety and welfare of employees and consumers, as well as the Company.

OBJECTIVES

The goal of this Policy is to monitor and address any workplace or work time situation wherein a Supervisor or Manager determines an employee is unfit for duty, and/or address any substance abuse issues affecting the workplace, while adhering to the procedural requirements imposed by law.

RESPONSIBILITY

The Human Resources Manager is responsible for the overall implementation and management of the Fitness For Duty Drug Free Workplace Policy. This includes communication of the Policy's Standards of Conduct to all new employees, investigation of reports of violations of the Policy, and providing assistance to employees who voluntarily seek help with drug or alcohol dependency issues. The Risk Manager will assist the Human Resources Manager, as needed.

Senior Management approves and supports all aspects of this Policy.

Approved by: <u>Signature on file</u>	Date: <u>May 1, 2009</u>
Signature	
<u>Bruce Kramer</u>	<u>/ Senior Vice President</u>
Name	/ Title

SCOPE

Compliance with this Policy is required of all Company employees.

1. Standards of Conduct. The following standards of conduct apply to all employees:
 - a. Employees are strictly prohibited from working while unfit for duty which may include but is not limited to impairment resulting from the use of legal or illegal drugs or alcohol.

- b. The use, possession, transportation, purchase, promotion or sale of dangerous drugs on Company property, while performing Company business, or while attending a Company function is strictly prohibited. In addition, the Company prohibits an employee from being at work under the influence of alcohol or dangerous drugs. Dangerous drugs are those drugs designated as controlled Substances in Title 21 of the United States Code, Section 812, except a drug used pursuant to a valid prescription or as authorized by law. Other than as set forth in subparagraph c. below, the use by employees of alcohol and/or being under the influence of alcohol while working, while on Company property, or while using a Company vehicle or equipment, is prohibited.

The term “Company property” is used in its broadest sense and includes all land, property, buildings, structures, installations, parking lots, and means of transportation owned by or leased by the Company or otherwise being utilized for Company business. Private vehicles used by employees for work-related activities and vehicles parked on Company property are included within this prohibition.

- c. If approved, employees may bring or consume alcoholic beverages on Company premises in connection with and during Company-authorized events, but only to the extent that such use does not lead to impaired performance, inappropriate behavior, endangering the safety of any individual or violation of applicable laws.

2. Policy on Rehabilitation.

- a. Any employee who feels that he or she has a problem with some form of chemical dependency is encouraged to seek assistance. Requests for information concerning such assistance will be kept confidential. An employee seeking assistance for drug or alcohol dependency **may be** afforded coverage under the Company's health care plan. The employee will need to review their benefit plan document to determine coverage issues.
- b. The Company will grant rehabilitation leave to employees seeking treatment on a voluntary basis. To request leave, employees must contact the Human Resources Manager. To be eligible for paid leave (use of sick or vacation days), employees must have completed the eligibility period of employment prior to seeking sick or vacation pay leave. Employees who have been with the Company for less than the described eligibility periods of time **may be** entitled to the same total leave, but it will be without pay. Once the Company has initiated a drug and alcohol test process for an individual employee, that employee no longer has the right to request treatment on a voluntary basis. The cost of rehabilitation will be at the employee's expense, except to whatever extent covered by the Company's health care plan.
- c. Any employee who leaves a treatment program prior to completion of, and proper discharge from, the program will be immediately terminated from employment.

-
3. Sanctions. The following sanctions shall apply to employees violating the Company's standards of conduct, for being unfit for duty, or testing positive for dangerous drugs or alcohol:
- a. Employees who violate company policy regarding standards of conduct set forth herein are subject to discipline up to and including immediate dismissal.
 - b. Employees who knowingly create a dangerous situation by working while impaired as a result of prescription or over-the-counter pain killers or other medicines, are subject to discipline, up to and including immediate dismissal.
 - c. Employees who test positive for dangerous drugs or alcohol pursuant to the procedures set forth below are subject to discipline up to and including immediate dismissal.
 - d. Employees who test positive the first time for dangerous drugs or alcohol may also be required to participate in a drug and/or alcohol counseling treatment or rehabilitation program at the employee's expense (unless covered by applicable health coverage), as an alternative to termination. Testing positive for dangerous drugs and/or alcohol a second time, will result in immediate termination.
 - e. Employees who test positive for dangerous drugs or alcohol will be subject to follow-up testing including random testing.
 - f. No negative sanctions will be imposed on an employee by the Company if the employee presents a reasonable explanation or medical opinion indicating the positive test results were not caused by illegal or otherwise prohibited use of dangerous drugs or by alcohol consumption. This explanation must be given to the Medical Review Officer ("MRO") and confirmed as a reasonable explanation, resulting in the rendering of the test as negative. Any such explanation will be treated as confidential
 - g. Refusal by an employee to submit to initial testing, follow-up testing, or random testing will be deemed a positive test and therefore subject the employee to immediate dismissal.
 - h. Employees who attempt to tamper with drug or alcohol test samples are subject to immediate dismissal.
4. Types of Testing. The Company may perform the following types of testing for dangerous drugs and alcohol:
- a. Fitness for duty reasonable suspicion testing of applicable employees.
 - b. Follow-up and random testing of employees who test positive, but per Management prerogative have not been immediately terminated. Follow-up and random testing may be performed up to two years from the date of the positive test.

- c. Testing of applicable employees involved in work-related accidents causing death or personal injury or property damage.
- d. Testing of applicable employees involved, or suspected of being involved, in causing or contributing to any work-related injuries.

All compensated employees, including officers, directors and supervisors are subject to this Policy. However, this does not include independent contractors.

Fitness For Duty Reasonable Suspicion Testing

Employees will be subject to a Fitness For Duty medical evaluation, to include appropriate current methodologies for drug and alcohol testing when any Supervisor or Manager determines there are reasons to believe that the employee is or was at work while in violation of this Policy or if the Company has reason to believe that an employee has negatively impacted the Company's reputation via after hours use of dangerous drugs or alcohol. Testing methodologies include but are not limited to: urinalysis, saliva, breathalyzer, hair follicle, etc. A fitness for duty reasonable suspicion referral for testing will be made on the basis of documented, specific, contemporaneous, articulable observations concerning an employee's appearance, behavior, and speech. The following, not all-inclusive, list of conditions may be signs that an employee is under the influence of drugs and/or alcohol and, if at work, is unfit for duty:

- Abnormally dilated or constricted pupils
- Dulled mental processes
- Glazed stare - redness of eyes (sclera)
- Flushed face
- Change of speech (e.g. faster or slower)
- Redness under nose
- Needle marks
- Change in personality (e.g. paranoia)
- Poor concentration
- Constant fatigue or hyperactivity
- Slurred speech
- Smell of alcohol
- Excessive, unexplained absences
- Slowed reaction rate
- Difficulty walking
- Forgetfulness/performance faltering

Reasonable suspicion determinations will be made by any Manager or Supervisor who reasonably concludes that an employee may be in violation of this Policy. A fitness for duty medical evaluation, including drug testing, may be conducted anytime while an employee is on duty, immediately before or after the employee's regular work period, or anytime after hours if it is determined the employee's behavior is negatively reflecting on the Company's

reputation. While waiting for the results of a drug test, the employee will be assigned to non-safety-sensitive functions.

5. Dangerous Drugs to be Tested for. The Company will utilize a 10-Panel test for the following types of dangerous drugs:

	<u>Initial Screen</u>	<u>Confirmation Screen</u>
Marijuana (THC)	50ng/ml	15ng/ml
Cocaine Metabolites	300ng/ml	150ng/ml
Opiates	2000ng/ml	300ng/ml
Amphetamines	1000ng/ml	500ng/ml
PCP	25ng/ml	25ng/ml
Benzodiazepines	200ng/ml	50ng/ml
Barbiturates	200ng/ml	200ng/ml
Methaqualone	300ng/ml	300ng/ml
Propoxyphene	300ng/ml	150ng/ml
Methadone Ethanol	300ng/ml	150ng/ml

The Company reserves the right to modify this list from time-to-time to include additional substances in the Panel.

6. Prohibited Alcohol Concentration Level. Employees who test positive for alcohol concentration at or above .04 and/or are materially impaired will be deemed to be in violation of this Policy.
7. Testing Procedures. Fitness for duty medical evaluations will be conducted during, or immediately before or after the regular work period of the employee to be tested, and the time spent by the employee while being tested, and in going to and from the testing facility, will be considered work time for purposes of compensation and benefits. All drug and alcohol testing will be conducted at Company-designated laboratories approved or certified by the United State Department of Health and Human Services, the College of American Pathologists, or the State Department of Health Services. The Company has contracted with state-approved drug and alcohol testing service companies to perform all testing, using scientifically accepted analytical methods and procedures, which may involve urinalysis, saliva, breathalyzer, hair follicle, or any other current methodology utilized by licensed testing facilities, including any other reliable and scientifically accepted industry available tests that may be developed. All test samples will be labeled in such a manner as to reasonably preclude the possibility of misidentification of the employee tested in relation to the test result provided by the testing entity.

Positive tests will be subject to confirmation through a chromatographic technique, such as gas chromatography-mass spectrometry or another comparably reliable, analytical method. Confirmed positive tests will be reviewed by the Medical Review Officer prior to the imposition of sanctions against an employee. The initial test will be at the Company's expense and employees will be paid at their regular rate, including benefits, for time attributable to the testing procedure.

All testing results are confidentially maintained by the Human Resources Manager.

A copy of the testing protocols is available from the Human Resources Manager.

8. Dispute Resolution Procedures. If an employee is tested for drugs and alcohol and the employee disputes the test result or believes that they have a reasonable explanation for a failed test, the employee will be given the opportunity to provide the Medical Review Officer with any medical information that is *relevant* to interpreting the test *results*, including information concerning currently or recently used prescription or non-prescription drugs.

The employee will be provided a copy of the test report. The employee has the right to request an additional test of the split sample by an independent laboratory selected by the person being tested. If a second test is requested, the cost of such test will be at the employee's expense if the test is positive and at the Company's expense if the test is negative. Employees with positive drug or alcohol tests will be offered the opportunity, in a confidential setting, to provide information that they believe may tend to rebut or explain the positive results obtained in their test. The Human Resources Manager will make the final employment decision or recommendation after considering the results of any drug test(s).

9. Confidentiality Requirements. All information, interviews, reports, statements, memoranda, and test results shall be confidential and shall not be disclosed to anyone, except:
- a. The tested employee.
 - b. The Company's Human Resources Manager.
 - c. In connection with any legal or administrative proceeding arising out of the implementation of sanctions, or in response to inquiries relating to a work-related accident involving death, personal injury, or property damage when there is reason to believe that the employee may have caused or contributed to the accident.
 - d. Information obtained in the testing process that is unrelated to the use of dangerous drugs or alcohol may not be released by the Medical Review Officer to the employer.
10. Chain of Custody Requirements. The collection, transportation and confirmation testing of any drug test samples will be performed in accordance with 49 C.F.R. §40.73.
11. Summary of Criminal Sanctions for Use of Dangerous Drugs. The manufacture, distribution, possession, or use of dangerous drugs (other than pursuant to a valid prescription or otherwise authorized by law) is illegal under State and Federal law, and is subject to various criminal sanctions, including fines of up to \$50,000 and prison sentences of up to life in prison. In some cases there are mandatory minimum prison sentences. Federal sanctions are generally more severe than are State sanctions.

12. Distribution of Safety Materials. Company will make information available to all employees concerning the health and workplace safety risks of using controlled substances and alcohol. These materials will be distributed at the time each employee receives a copy of this Policy and to all employees who test positive for dangerous drugs or alcohol. Employees wishing to receive additional copies of these materials may do so by contacting the Company's Human Resources Department.
13. Search and Inspection. While on Company premises or while engaged in Company business, employee vehicles, desks, equipment, lockers, brief cases, back packs, purses, etc. may be searched or inspected by a member of Management at any time, if the company feels there is reasonable cause to do to.
14. Pre-Employment Testing. At this time, the Company has chosen not to engage in pre-employment drug or alcohol testing, but reserves the right to change this policy at any time and without advance notice.

EXPOSURE CONTROL PLAN

Policy

The Company ("Company") is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this endeavor, the following Exposure Control Plan ("ECP") is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030 "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the Company in implementing and ensuring compliance with the standard, thereby identifying employees potentially at risk for occupational exposure to blood or other infectious materials and therefore are at risk for exposure to HIV and HBV.

This Plan is reviewed with all employees at orientation and thereafter at least annually.

Approval

Approved by: <u>Signature on File</u>	Date: <u>April 18, 2008</u>
Signature	
<u>Bruce Kramer</u>	/ <u>Senior Vice President</u>
Name	/ Title

Program Administration

The Risk Management Department is responsible for the implementation of the ECP. The Risk Management Department will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials ("OPIM") must comply with the procedures and work practices outlined in this ECP.

The Company will maintain and provide all necessary personal protective equipment ("PPE"), engineering controls (e.g., sharps containers), labels and red bags as required by the standard and applicable to home health care.

The Risk Management Department is responsible for maintaining appropriate employee health and OSHA records.

The Company is responsible for training and documentation of training. The Risk Management Department is responsible for making the written ECP available to employees, OSHA, and the NIOSH representatives.

Exposure Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classification in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

- Job Classifications in which *all* employees have Occupational Exposure:
 - Nurses, Home Health Aides, C.N.A.s., P.C.A.s, Habilitation Aides
- Job Classifications in which *some* employees have Occupational Exposure:
 - Physical Therapists
 - Occupational Therapists
 - Speech Therapists
 - Medical Social Workers
- Job Classifications in which there is *little* Chance of Exposure:
 - Office staff
 - Administrative personnel
- Tasks and Procedures in Which Occupational Exposure May Occur:
 - Handling of blood, blood products or body fluids or objects contaminated thereof
 - Invasive procedures
 - Care of newborns, infants and children
 - Phlebotomy or vascular access procedures and the care thereof
 - Contact with laboratory or pathological specimens
 - Wound care
 - Contact with mucous membranes or non-intact skin
 - Handling or disposal of medical waste

- Cleaning or processing of contaminated equipment
- Dialysis
- Suctioning or sputum induction
- CPR and intubation
- Handling of soiled linen
- Cleaning or decontamination of environmental surfaces

Method of Compliance

Methods of compliance to include but not limited to:

- ◆ **Standard Precautions**
All employees will utilize standard precautions.
- ◆ **Exposure Control Plan**
Employees covered by the bloodborne pathogens standard receive an explanation of the ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this Plan at any time during their work shifts by contacting the Risk Management Department. If requested, the employee will be provided with a copy of the ECP free of charge and within 15 days of the request.
- ◆ **Engineering Controls and Work Practices**
Engineering controls and work practices controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:
 - ❖ Handwashing Policies and Procedures
 - ❖ Isolation Practices
 - ❖ Medical Waste Policies and Procedures
 - ❖ Personal Protective Equipment Policies and Procedures

Employees are prohibited from eating, drinking, smoking, applying makeup or handling contact lenses in work areas where there is a reasonable likelihood of occupational exposure. Food and drink should not be stored in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials are present.

Needles, razor blades, broken glass and other contaminated “sharps” must be placed directly in a puncture-resistant, biohazard sharps container at the point of use. Gloves must always be worn when handling sharps.

The Risk Management Department identifies the need for changes in engineering control and work practices through review of records, maintaining incident logs and analyzing trends by Safety Committee activity.

The Safety Committee will evaluate new procedures or new products regularly by reviewing literature, supplier information, and product demonstration.

Both front line workers and management officials are involved in this process, by posted notice, orientation, memo in pay checks, or annual recertification.

The Risk Management Department will ensure effective implementation of these recommendations.

Hepatitis B Vaccination

Hepatitis B vaccine is available to all employees (who have some risk of occupational exposure) unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified as having risk for occupational exposure. Vaccinations will be provided by the Public Health Department.

Employees who decline to accept Hepatitis B vaccination must also sign a consent form. This does not prohibit the employee from choosing to receive the vaccine at a later date nor shall it adversely impact their job assignment.

Employees will receive counseling from a health care provider on the Hepatitis B vaccine, including information on efficacy, safety, method of administration, and the benefits and side effects of being vaccinated.

Post-Exposure Follow-up

Should an exposure incident occur, contact your department supervisor.

Following an exposure incident, all employees shall receive a confidential medical evaluation and follow-up that includes these elements:

- ❖ Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.
- ❖ A description of the employee's duties as they relate to the incident.
- ❖ Identification and documentation of the source individual, when known.
Arrangements will be made and consent obtained from the source individual to be tested as soon as possible to determine HIV, HCV and HBV infectivity; with documentation that the source individual's test results were conveyed to the employee's health care provider. If the source individual is already known to be HIV, HCV and/or HBV positive new testing need not be performed.
- ❖ Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g. laws protecting confidentiality).

- ❖ After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- ❖ If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- ❖ The employee's relevant medical records and vaccination dates shall be made available to the healthcare professional evaluating the employee.

Results of the source individual's testing, if known, shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

A written report of this medical evaluation shall be available to the employee within fifteen (15) days of exposure. This report will be limited to:

- ❖ The employee being informed of the results of the evaluation
- ❖ The employee being told of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment

All other finding or diagnoses will remain confidential and will not be included in the written report.

Procedures For Evaluation The Circumstances Surrounding An Exposure Incident

The Risk Management Department will review the circumstances of all exposure incidents to determine:

- Engineering controls in place at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc)
- Location of the incident
- Procedure being performed when the incident occurred
- Employee's training

The Risk Management Department will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, the Risk Management Department will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc).

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by the Company.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard.
- An explanation of our ECP and how to obtain copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices, and PPE.
- An explanation of the types, use, location, removal, handling decontamination and disposal of PPE.
- An explanation of the basis for PPE selection.
- Counseling from a health care provider on the Hepatitis B vaccine, including information on efficacy, safety, method of administration, the benefits of being vaccinated as well as the side effects of being vaccinated and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in any emergency involving blood or OPIM.
- An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used by the Company.
- An opportunity for interactive questions and answers with the person conducting the training session.

Training materials are available from the Company and the Risk Management Department.

Recordkeeping

Training Records:

- Training records are completed for each employee upon completion of orientation. These documents will be updated yearly and kept with the employee's personnel file.

Training records include:

- The dates of the training session
- The contents or a summary of the training session
- The names and qualifications of persons conducting the training

- The names and job titles of all persons attending the training sessions.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Human Resources Department.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020 "Access to Employee Exposure and Medical Records.

The Risk Management Department is responsible for maintenance of the required medical records. These confidential records are kept in the Risk Management Department for at least the duration of the employment.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Risk Management Department.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are performed by the Risk Management Department.

Sharp's Injury Log

In addition to the §1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharp's Injury Log. All incidents must include at least:

- The date of injury.
- The type and brand of the device involved.
- The department or work areas where the incident occurred.
- An explanation of how the incident occurred.

The Sharps Log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. The Log is maintained by the Risk Manager. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Communication of Hazards

All blood or potentially infectious materials shall have a biohazard label affixed to the container (blood and blood products for clinical use are exempt) or shall be stored in red bags or red containers.

SAFE DRIVING PROGRAM SUMMARY

Policy Statement

The Company (“Company”) has made a commitment to safety, service, and quality to both our employees and customers. All employees assigned the privilege of driving a Company vehicle, as well as employees using personal vehicles in the course of company business, have an obligation to operate said vehicles in accordance with Federal, State and local laws, codes and regulations. Every Company employee has the responsibility to exercise safe conduct and common courtesy toward the general public, motorists and pedestrians while operating a vehicle during the course of company business.

Motor Vehicle Record (MVR) Policy

It is a Company policy and requirement for employment that every employee with driving duties have a valid driver’s license and a motor vehicle record (“MVR”) that meets the grading requirements of the Company. This MVR policy applies to all drivers who operate a vehicle in the course of company business, including company-owned, leased or private vehicles.

Insurance

All employees of the Company, who are authorized to use their personal vehicles in the course of company business, must carry adequate liability insurance coverage on their vehicle. The Company requires proof of insurance upon hire and periodically thereafter, as long as the employee is using their personal vehicle in the course of company business. Driving a personal vehicle without valid insurance is grounds for immediate termination.

The Law

Company employees are instructed to obey all traffic regulations at all times. Any violations of traffic laws and any fines resulting from citations are the responsibility of the individual receiving the citation. Employees with an excessive number of traffic violations will not be allowed to drive as part of their job. (See MVR policy.)

Cell Phones

It is against Company policy for anyone who is driving, in the course of company business, to talk on a cell phone – no exceptions. If an employee gets a call while driving, they must first pull over, and then answer the call, or simply let the call go to voice mail and check the message later, when not driving. If a call is missed, the driver must pull over before checking their voice mail. To use a cell phone during the course of Company business while in a vehicle, the vehicle must be parked.

Seat Belts

Motor vehicle accidents are the number one cause of on-the-job deaths. To reduce risk, Company employees and passengers are required to use vehicle-equipped restraining devices (any/all seat belts and shoulder straps) when driving or riding while on company business.

Accidents

All accidents are to be reported to the Risk Manager (via the Injury Hotline 888-541-1701, if necessary) as soon as reasonably possible, with written notification to follow within twenty-four (24) hours after the accident occurs.