CAREGIVER HANDBOOK

APPENDIX

ARIZONA

Revised August, 2026

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CONSUMER DIRECT CARE NETWORK

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APPENDIX

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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

ARIZONA MEDICAID/MEDICARE FRAUD SUMMARY

Revised March 2008

I. OVERVIEW OF ARIZONA FRAUD AND ABUSE LAWS

Arizona does not have a specific False Claims Act law. It does, however, have various statutes/laws that delineate what constitutes fraud and abuse, and the associated punishments for violation of any of its fraud and abuse laws.

The Federal False Claims Act protects 'whistleblowers' who report any suspicions of Medicaid/Medicare fraud and/or abuse. Whistleblowers may be entitled to a monetary award if the Government recovers money from a defendant as a result of information provided by the whistleblower. Addendum 1 is a summary of the Federal Act.

II. SUMMARY OF RELEVANT STATUTES

ARS 13-1802: Theft

A person commits theft if they knowingly, without authorization or approval: convert or take services or property of another for their own benefit or use; obtain services or property of another through misrepresentation; obtain services without paying for them; divert a person's services to themselves or others without the authority to do so; take control, title, use or management of an incapacitated or vulnerable adult's assets or property through intimidation or deception. Charges for theft of property or services range from class 1 misdemeanors to class 6 felonies, depending on the value of the property or services.

ARS 13-2002: Forgery

A person commits forgery if, with the intent to defraud, they: falsely make, complete or alter a written instrument; offer or present, whether accepted or not, a forged instrument or one that contains false information. Forgery is a class 4 felony.

ARS 13-2310: Fraudulent schemes & artifices

Any person who schemes to defraud and knowingly obtains any benefit by means of false or fraudulent pretenses, representations, promises or material omissions is guilty of a class 2 felony.

ARS 13-2311: Fraudulent schemes & practices; willful concealment

As relating to any department or agency of the State or any political subdivision, any person who schemes to defraud or deceive, and knowingly falsifies, conceals or covers up a material fact by any trick, scheme or other devise or who makes or uses any false writing or document knowing such writing or document contains any false, fictitious or fraudulent statement or entry is guilty of a class 5 felony.

ARS 36-2918: Prohibited acts

A person may not present or cause to be presented to the State or to a contractor: a claim for medical or other item or service that the person knows or has reason to know was not provided as claimed; a claim for a medical or other item or service that the person knows or has reason to know is false or fraudulent; a claim for payment that the person knows or has reason to know may not be

made by the system because (1) the person was terminated or suspended from participation in the program on the date for which the claim is being made, (2) the item or service claimed is substantially in excess of the needs of the individual or of a quality that fails to meet professionally recognized standards of health care, or (3) the patient was not eligible to receive the service on the date for which the claim is being made. A person who violates any provision of this statute is subject, in addition to any other penalties that may be prescribe by federal or state law, to a civil penalty of not more than $2,000 for each item or service claimed and is subject to an assessment of not to exceed twice the amount claimed for each item or service.

ARS 36-2918.1: Duty to report fraud or abuse; immunity
All contractors, subcontracted providers of care and non-contracting providers are required to notify the appropriate authorities immediately in a written report of any cases of suspected fraud or abuse. If, after an investigation, it is believed that an incident of fraud or abuse has occurred, the matter will be referred to the State Attorney General. Any person making a complaint or furnishing a report, information or records in good faith is immune from any civil liability by reason of that action unless that person has been charged with or is suspected of the fraud or abuse reported.

Arizona Administrative Code ("A.A.C.") Article 11, Sections R9-22-1101 through R9-22-1104 contains additional information relating to fraudulent claims made by providers or non-contracting providers and the associated monetary penalties and assessments.

III. LIABILITY FOR VIOLATIONS OF FRAUD AND ABUSE LAWS

Penalties for violating Arizona's fraud and abuse laws are set forth in the above statute sections. Providers that violate the Arizona's fraud laws may also be subject to exclusion from State medical assistance programs pursuant to their provider agreements.

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 $11,000 for each false claim, **plus** three times the amount of damages the Government sustains because of the act of that person.

IV. 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.

V. TRAINING

The Arizona Health Care Cost Containment System (AHCCCS) requires that all employees involved in care programs be trained to the general elements of the False Claims Act, as mandated under the Deficit Reduction Act (Public Law 109-171).

The Federal Act also requires that all Company contractors and agents receive educational materials discussing the 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.

Drug and Alcohol-Free Workplace

POLICY

Consumer Direct Care Network (CDCN) is committed to providing a safe, healthy, and productive workplace that is free from alcohol, unlawful drugs, or any other unlawful substance as classified under local, state, or federal laws while employees are working for CDCN, whether on or off its premises.

PURPOSE

Being under the influence of drugs or alcohol in the workplace results in decreased productivity, increased liability exposure, and higher workers' compensation insurance premiums. In addition, an employee's use of drugs or alcohol jeopardizes the safety of co-workers, clients, and the public and places a company's reputation in jeopardy. CDCN thus has a substantial interest in not only providing, but ensuring, a drug and alcohol-free workplace.

SCOPE

This Policy applies to all employees and job applicants of CDCN and drivers of any CDCN vehicles and equipment, excluding CDWA IPs.

For any employees or caregivers represented by a union, language in the collective bargaining agreement (CBA), specific to this subject, will take precedence.

DEFINITIONS

Alcohol

An intoxicating agent in alcoholic beverages, ethyl alcohol, also called ethanol, or the hydrated oxide of ethyl.

Controlled Substance/Drugs

A dangerous drug, as defined in 21 U.S.C. § 812, except a drug used pursuant to a valid prescription or as authorized by law.

Employee/Caregiver

Any full-time, part-time, or contract employee who performs services for compensation, in whatever form, for CDCN.

Illegal drugs

All drugs whose use or possession is regulated or prohibited by federal, state or local law.

Impaired

Any observable physical, behavioral, speech, or performance indicators of probable alcohol misuse or use of controlled substances which could include but is not limited to: poor

judgement, impaired motor senses (sight, hearing, balance, reaction times, and reflexes), slurred speech, reduced fine motor skills, erratic behavior, appearing dazed or sedated.

On Duty

All working hours, regardless of whether on CDCN's premises.

Premises

Any office building, parking lot, vehicles, or equipment owned by Company and all other property owned, leased, or occupied by the Company.

PROCEDURE

1. Responsibilities

Employees must report to work fit for duty and free of any adverse effects of drugs or alcohol. This Policy does not prohibit employees from the lawful use and possession of prescribed medications taken as prescribed and that do not compromise workplace safety. Employees must, however, consult with their doctors about the medication's effect on their fitness for duty and ability to work safely.

2. Prohibitions

2.1 Unauthorized Activities

The unlawful or unauthorized use, abuse, solicitation, theft, purchase, sale or distribution of controlled substances, or alcohol by an individual anywhere on CDCN premises, or while representing Consumer Direct Care Network, is strictly prohibited.

2.2 Working While Impaired

Employees and other individuals contracted to work for CDCN are prohibited from reporting to work or working while they are impaired by alcohol or any controlled substances.

3. Prescription and Over-the-Counter Drugs

This Policy does not prohibit the possession and proper use of lawfully prescribed or over-the-counter drugs. However, an employee taking medication should consult with a health care professional or review dosing directions for information about the medication's effect on the employee's ability to work safely, and promptly disclose any work restrictions to a supervisor or Human Resources. Employees are not required to reveal the name of the medication or the underlying medical condition.

CDCN reserves the right to transfer, reassign, place on leave of absence, or take other appropriate action regarding any employee during the time the employee uses medication that may cause impairment. CDCN complies with all requirements pertaining to providing reasonable accommodations to the extent required by applicable law.

4. Responsible Drinking During Company Events

CDCN is committed to providing a safe and enjoyable environment for its members and guests during company-sponsored events that may include alcohol.

Employees are ultimately responsible for their choices and behavior regarding the consumption of alcohol when it is available at company-sponsored events, trainings, and meetings. A CDCN-sponsored event, meeting, or training occurs anytime a group of employees gathers and is sanctioned by Leadership. Employees may be held individually or collectively liable for incidents from the uncontrolled or illegal use of alcohol. Accordingly, employees are always expected to act appropriately and professionally and to comply with all company policies, including the *Code of Conduct* and *Standards of Behavior*.

- The sale, availability, or distribution of alcoholic beverages to anyone under the age of 21 is strictly prohibited.
- The consumption of alcohol is not permitted while operating company vehicles used during or to support CDCN-sponsored events, including shuttles and bus services used for both local and long-distance transport of participants.
- It is always the sole responsibility of the employee, and not CDCN, to ensure they do not operate a vehicle if their blood alcohol level exceeds the legal limit in the jurisdiction in which the event, meeting, or training is being held.

CDCN may take disciplinary action against individuals whose use of alcoholic beverages negatively impacts the company's brand, business operations or the health, safety, and welfare of CDCN's organization and members.

5. Counseling and Rehabilitation

Any employee who feels that they have an addiction or dependence to drugs or alcohol is encouraged to seek assistance prior to any event that could lead to discipline. Requests for information concerning such assistance will be confidential. Employees seeking assistance for drug or alcohol dependency may be afforded coverage under CDCN's employee assistance program and/or health care plan. Employees should refer to benefit plan documents to determine coverage. To request information about the benefit plan, please email InfoBenefits@consumerdirectcare.com.

CDCN grants rehabilitation leave to employees seeking treatment on a voluntary basis. Employees must contact the Human Resources Director to request rehabilitation leave. Rehabilitation leave is unpaid unless the employee is eligible for and has accrued paid time off or qualifies for a leave donation.

An employee who has violated this Policy and then failed to complete a recommended rehabilitation program is not entitled to job protection by the American Disabilities Act or the Family and Medical Leave Act.

7. Non-Discrimination and Non-Retaliation

   CDCN maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist individuals recovering from substance and alcohol dependencies, and those who have a medical history that reflects treatment for substance abuse conditions. However, employees may not request an accommodation to avoid disciplinary action for a policy violation or poor performance. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them unable to perform the essential functions of their jobs or jeopardizes the health and safety of any CDCN employee, including themselves.

8. Consequences for Violation of This Policy

   Any employee who violates this Policy will be subject to disciplinary action up to and including termination of employment.

INTERNAL CONTROL

The Human Resources Director or their designee is responsible for the implementation of this Policy.

ADDITIONAL INFORMATION

Relevant Materials:	IP Drug & Alcohol-Free Workplace, OP-WA-040-1.0-WA-WA
Relevant Regulations:	21 U.S.C. § 812 Schedules of controlled substances The Americans with Disabilities Act The Rehabilitation Act of 1973
Policy Group(s):	Human Resources Safety Program
Subject Matter Expert:	HR Director
Applicable States:	All States
Applicable Entities:	All Entites
Policy Review Cycle:	Annually
Date Approved:	2/21/2023
Policy History:	On March 4, 2021, this Policy was created and approved by the Executive Team. On February 21, 2023, this Policy was updated with non-substantial changes and approved by the HR Director. The review cycle was changed from biennial to annual.

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: *Signature on File* Date: April 18, 2008
Signature

Bruce Kramer / Senior Vice President
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 877-532-8542, if necessary) as soon as reasonably possible, with written notification to follow within twenty-four (24) hours after the accident occurs.

PRIVACY AWARENESS GUIDE – CAREGIVERS

As a caregiver of a service recipient receiving Medicaid services from Consumer Direct Care Network (CDCN), you'll likely see or hear personal information that belongs to our service recipients. Every day caregivers are exposed to people's personal information to provide needed services. Because personal information is sensitive, we must take care to protect it as its disclosure could harm the individuals to whom it belongs. As such, CDCN asks caregivers to follow federal and state privacy laws.

This Guide will prepare you to recognize Protected Health Information (PHI). You will learn CDCN's policies and procedures to safeguard PHI, as well as the proper use and disclosure of PHI. This Guide is meant for caregivers in Fiscal Employer Agent programs. Nothing in this document creates an employment relationship between you, the caregiver, and CDCN.

Please contact your local CDCN office or InfoPrivacy@consumerdirectcare.com if you have any questions or concerns about the topics in this Guide.

INTRODUCTION TO PHI

PROTECTED HEALTH INFORMATION (PHI)

PHI is any information from a service recipient that has a unique identifier that could be used to identify an individual. Some examples of PHI are a service recipient's:

- Full name
- Social security number
- Date of birth
- Medical diagnosis
- Address
- Phone number
- Medical record
- Account number
- Email address

OVERVIEW OF PRIVACY LAWS

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that requires companies and their employees to maintain the privacy and security of PHI for individuals receiving health care. Specifically, HIPAA explains when PHI may be used or disclosed.

Key ways HIPAA rules protect PHI:

- PHI may only be shared with the individual's consent or when specifically allowed by HIPAA.
- PHI may only be changed or destroyed using procedures described in HIPAA; this protects the integrity of the information.
- HIPAA provides additional overall security and privacy protections.

WHO MUST FOLLOW HIPAA?

Federal HIPAA law requires healthcare providers and their business associates to protect PHI from improper disclosure. CDCN and employees of our service recipients are always required to comply with HIPAA standards.

SAFEGUARDING PHI

HIPAA requires us to make sure that PHI is protected and not shared with the wrong people. PHI must be protected and kept confidential in handwritten, printed, electronic, or verbal form.

KEEPING PHI CONFIDENTIAL

The most common cause of unauthorized disclosures of PHI is human error which can be prevented. Below are best practices to help you protect PHI:

- Keep all PHI confidential
  - Treat PHI as a "need to know" event. Share as little information about your service recipient with as few people as needed to complete your task. This includes other service recipients/caregivers.
  - Do not bring unauthorized individuals with you to a service recipient's home without prior permission from the service recipient.
  - Be aware of who is around you when on the phone. Minimize PHI shared over the phone and don't share information if a non-employee is nearby.
  - Do not leave PHI in a place where others can see it.
  - Only use secure channels to send PHI to CDCN. If you cannot send PHI, this includes timesheets, using a secure method, obtain service recipient permission before sending the PHI via an unsecured method.
- Limit Sharing
  - Do not discuss PHI in public areas such as elevators, restrooms, reception areas, or other areas where you can be overheard.
  - Always make sure that you are giving PHI only to individuals who are allowed to have it.

USE AND DISCLOSURE OF PHI

WHAT ARE HIPAA "USES AND DISCLOSURES" of PHI?

Use: occurs when a company that maintains PHI shares, analyzes, or examines the information.

Disclosure: occurs when PHI is shared, transferred, or released in any way by the individual or company holding the information.

WHEN CAN PHI BE DISCLOSED?

CDCN's policy states that PHI may only be used or disclosed when one or more of the following situations is true:

1. The service recipient or their designated representative has agreed to the use or disclosure.
2. The service recipient or their designated representative allows information to be shared with a person involved in their health care.
3. PHI is being shared with the following:
    - Service recipient or their designated representative.
    - U.S. Department of Health and Human Services.
    - CDCN or the service recipient's Medicaid program provider.
4. The use or sharing meets one of the HIPAA consent exceptions.

PHI disclosed outside of these situations is considered an Unauthorized Disclosure. Please contact your local office, supervisor, or InfoPrivacy@consumerdirectcare.com if you have questions regarding whether a disclosure is authorized.

UNAUTHORIZED DISCLOSURES

WHAT ARE "UNAUTHORIZED DISCLOSURES" of PHI?

"Unauthorized disclosures" of PHI occur when PHI is shared or released without the consent of the individual, or as otherwise authorized under HIPAA.

Examples of unauthorized disclosures include:

- Sharing the identity of, or information about, a service recipient with an unauthorized third party.
- Bringing a third party to a service recipient's home without permission.
- Speaking about a service recipient when an unauthorized third-party is present.

REPORTING PHI DISCLOSURES

CDCN's Privacy Officer manages our Privacy Program. If you are concerned that PHI has been disclosed without authorization or in violation of CDCN's Privacy Policy, please immediately tell your Service Coordinator and email InfoPrivacy@consumerdirectcare.com to report the incident.

NON-COMPLIANCE PENALTIES

Severe civil and criminal penalties can apply to CDCN and/or CDCN employees for disclosing PHI in the wrong way, even if it's an accident. Both CDCN and the individual caregiver can be held directly liable, and fines can range from $100 to $1,500,000.

Please remember to protect PHI at all times and notify your local office immediately if you suspect an unauthorized disclosure has happened.