CONSUMER DIRECT CARE NETWORK

THREE IMPORTANT REMINDERS

Please read these three important things from Consumer Direct Care Network (CDCN).

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

1. The Okay to Work Form: When the completed employee enrollment packet has been received, reviewed and approved by CDCN, 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 CDCN before you can begin.

2. Pre-Hire Criminal Background Checks: If you're applying to work as a caregiver with CDCN, please know that we conduct pre-hire criminal background checks per program requirements.

- **Felony Convictions**: Having a felony conviction does not automatically disqualify you from employment. We will review the type of felony, how serious it was, how long ago it happened, and how it relates to job duties and member safety. If you have a conviction that could make you ineligible for employment, please consider letting your member know so they can be prepared in advance.
- **Sexual Offenses**: If you have a sexual related offense, CDCN must inform the Member or their personal representative about it. To move forward in the hiring process, you'll need to sign a form giving CDCN permission to share this information with the member.

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 CDCN 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 CDCN. 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 CDCN 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.

2026 Payroll Calendar

CONSUMER DIRECT CARE NETWORK

Symbol Key: Time Due | Pay Day | Postal and Bank Holiday

JANUARY

Sun	Mon	Tue	Wed	Thu	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	Tue	Wed	Thu	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

MARCH

Sun	Mon	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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	Tue	Wed	Thu	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		

2026 Bank & Post Office Holidays

*Consumer Direct Care Network office closures

- ***New Year's Day** - Thursday, January 1
- ***Martin Luther King, Jr. Day** - Monday, January 19
- **Presidents Day** - Monday, February 16
- ***Memorial Day** - Monday, May 25
- ***Juneteenth** - Friday, June 19
- ***Independence Day** - Friday, July 3
- ***Labor Day** - Monday, September 7
- **Columbus Day** - Monday, October 12
- ***Veterans Day** - Wednesday, November 11
- ***Thanksgiving Day** - Thursday, November 26
- ***Christmas Day** - Friday, December 25

CONSUMER DIRECT CARE NETWORK

Work weeks are Sunday through Saturday. Time must be submitted by MONDAY at MIDNIGHT. Late time or time with mistakes may result in late pay. Thank you!

Pay Period - Week 1 Sunday through Saturday	**Pay Period - Week 2** Sunday through Saturday	**Pay Date** Friday
12/14/2025 to 12/20/2025	12/21/2025 to 12/27/2025	1/9/2026
12/28/2025 to 1/3/2026	1/4/2026 to 1/10/2026	1/23/2026
1/11/2026 to 1/17/2026	1/18/2026 to 1/24/2026	2/6/2026
1/25/2026 to 1/31/2026	2/1/2026 to 2/7/2026	2/20/2026
2/8/2026 to 2/14/2026	2/15/2026 to 2/21/2026	3/6/2026
2/22/2026 to 2/28/2026	3/1/2026 to 3/7/2026	3/20/2026
3/8/2026 to 3/14/2026	3/15/2026 to 3/21/2026	4/3/2026
3/22/2026 to 3/28/2026	3/29/2026 to 4/4/2026	4/17/2026
4/5/2026 to 4/11/2026	4/12/2026 to 4/18/2026	5/1/2026
4/19/2026 to 4/25/2026	4/26/2026 to 5/2/2026	5/15/2026
5/3/2026 to 5/9/2026	5/10/2026 to 5/16/2026	5/29/2026
5/17/2026 to 5/23/2026	5/24/2026 to 5/30/2026	6/12/2026
5/31/2026 to 6/6/2026	6/7/2026 to 6/13/2026	6/26/2026
6/14/2026 to 6/20/2026	6/21/2026 to 6/27/2026	7/10/2026
6/28/2026 to 7/4/2026	7/5/2026 to 7/11/2026	7/24/2026
7/12/2026 to 7/18/2026	7/19/2026 to 7/25/2026	8/7/2026
7/26/2026 to 8/1/2026	8/2/2026 to 8/8/2026	8/21/2026
8/9/2026 to 8/15/2026	8/16/2026 to 8/22/2026	9/4/2026
8/23/2026 to 8/29/2026	8/30/2026 to 9/5/2026	9/18/2026
9/6/2026 to 9/12/2026	9/13/2026 to 9/19/2026	10/2/2026
9/20/2026 to 9/26/2026	9/27/2026 to 10/3/2026	10/16/2026
10/4/2026 to 10/10/2026	10/11/2026 to 10/17/2026	10/30/2026
10/18/2026 to 10/24/2026	10/25/2026 to 10/31/2026	11/13/2026
11/1/2026 to 11/7/2026	11/8/2026 to 11/14/2026	11/25/2026*
11/15/2026 to 11/21/2026	11/22/2026 to 11/28/2026	12/11/2026
11/29/2026 to 12/5/2026	12/6/2026 to 12/12/2026	12/24/2026*
12/13/2026 to 12/19/2026	12/20/2026 to 12/26/2026	1/8/2027

Consumer Direct Care Network Montana
100 Consumer Direct Way, Suite 120
Missoula, MT 59808-5037

Phone: 866-438-8591
Fax: 855-486-7246
Email: InfoCDMT@ConsumerDirectCare.com
Web: www.ConsumerDirectMT.com

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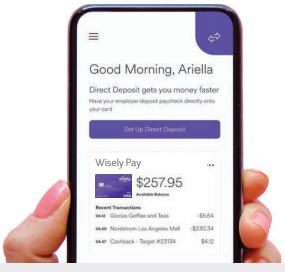
Skip ATM fees.

Get access to up to 90,000 surcharge-free ATMs nationwide.[4]

Get Wisely today!

Talk to your Payroll Department.



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Afford yourself every advantage.™

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[2] You must log in to the myWisely app or mywisely.com to opt-in to early direct deposit. Early direct deposit of funds is not guaranteed and is subject to the timing of payor's payment instruction. Faster funding claim is based on a comparison of our policy of making funds available upon our receipt of payment instruction with the typical banking practice of posting funds at settlement. Please see full disclosures on mywisely.com or the myWisely app. If you have a Wisely Pay or Wisely Cash card (see back of your card), this feature requires an upgrade which may not be available to all cardholders. Please allow up to 3 weeks after your initial setup of direct deposit for your pay to start loading to your card.

[3] Amounts transferred to your savings envelope will no longer appear in your available balance. You can transfer money from your savings envelope back to your available balance at any time using the myWisely app or at mywisely.com.

[4] The number of fee-free ATM transactions may be limited. Please log in to the myWisely app or mywisely.com and see your cardholder agreement and list of all fees for more information.

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CONSUMER DIRECT CARE NETWORK

2026 Benefits Summary
MT Caregivers

Benefit	Eligibility Requirements	Enrollment	Important Details
Health Insurance	30+ Hours per week	First of the month following 30 days of employment	Comprehensive health plan with a $2,500 deductible. Plan offers co-pays for office visits and prescriptions. Max out-of-pocket $7,150.
Dental Insurance Plan	30+ Hours per week and enrolled in company health insurance	First of the month following 30 days of employment	FREE preventative care (cleanings). Additional services subject to $50 deductible and $1,000 maximum benefit per year. Buy-up option offered with a $2,000 annual maximum, and includes orthodontia care.
Telemedicine by 98point6	30+ Hours per week and enrolled in company health insurance	First of the month following 30 days of employment	App allows you to text directly with a doctor about non-emergency medical issues. Doctors are available 24/7 by text messaging and can prescribe some medications. Prescription and lab fees are at your own expense.
Health Care Flexible Spending Account (FSA)	30+ Hours per week	First of the month following 30 days of employment	Employees can defer up to $3,400 per calendar year in pre-tax dollars to use for eligible medical expenses. Unused funds of $680 or less are rolled over to the following year. FSA.
Dependent Care Flexible Spending Account (FSA)	10+ Hours per week	First of the month following 30 days of employment	Employees can defer up to $7,500 per calendar year in pre-tax dollars to use for daycare or disabled adult dependent care expenses. Unused funds are forfeited at the end of the year.
Vision Insurance	10+ Hours per week	First of the month following 30 days of employment	Plan participants receive a free annual eye exam with in-network providers, and can choose between new lenses or frames with $20 copay OR free contacts (within allowance). Additional discounts available.
Voluntary Dental Insurance	10+ Hours per week	First month following 30 days of employment	FREE preventative care (cleanings). Additional services subject to $50 deductible and $1,000 maximum benefit per year. Buy-up plan option offered with a $2,000 annual maximum and includes orthodontia care.
Basic Life/AD&D Insurance	10+ Hours per week	**Automatic:** First of the month following 30 days of employment	In the event of an employee's death, this **company paid** plan pays their beneficiary a benefit equal to $10,000. Life and AD&D Benefits reduce to 65% at age 65 and to 45% at age 80.
Voluntary Supplemental Life Insurance	10+ Hours per week	First of the month following 30 days of employment	Employees can elect amounts in $10,000 increments, up to the lesser of $300,000 or 5 times your annual earnings. Verification may be required in certain circumstances. Life Benefits reduce to 65% at age 65 and to 45% at age 80.
Unum Supplemental Insurances	10+ Hours per week	First of the month following 30 days of employment	Coverages Available: Critical Illness, Accident and Hospital Insurance
Employee Assistance Program (EAP)	No hours requirement	**Automatic:** All employees and eligible family members	The EAP offers free and confidential counseling and assistance resolving situations that may inpact your personal or professional life. Employees are given 5 free counseling sessions per issue.
401(k) Retirement Plan	No hours requirement Must be age 18 or older	First of the month following 90 days of employment	Employees can defer pre-tax dollars into the company's 401(k) plan. The company offers a match of up to 25% of your contribution amount (maximum of 1%).
Pet Insurance	No hours requirement	No waiting period	MetLife Pet Insurance offers assistance to pay for your pet's medical care, including check-ups, testing, surgery, and hospitalization. Contact MetLife at www.metlife.com/getpetquote or 800-438-6388.

For additional assistance, please contact MyAdvocate at MyAdvocateServices.com or by calling 855-507-0301

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Human Resources Department _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please 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.

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. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Consumer Direct Montana	20-1610036
5. Employer address	**6. Employer phone number**
100 Consumer Direct Way	844-360-4747

7. City	8. State	9. ZIP code
Missoula	MT	59808

10. Who can we contact about employee health coverage at this job?	
Human Resources Department	
11. Phone number (if different from above)	12. Email address InfoBenefits@consumerdirectcare.com

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:

    Regular status employees working at least 30 hours/week

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Spouse or domestic partner, child(ren) up to age 26

  - ☐ We do not offer coverage.

☑ 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.

** 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. Here's 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.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☑ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $ 20.00
b. How often? ☐ Weekly ☐ Every 2 weeks ☑ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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 no later than your first day of work for pay. Print clearly. Sign and date when you are finished. Numbered explanations below are shown in the pictured example.

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

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

③ Print your Date of Birth.

④ Print your Social Security Number.

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

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

⑦ Check one box that describes your citizenship or immigration status in the United States. Enter additional information if you check box 3 or 4.

⑧ Sign and ⑨ date the form. **No later than first day of work for pay.**

⑩ Submit Supplement A (*Preparer and/or Translator Certification*) if a preparer or translator assisted you.

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

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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
① Doe	Jane	Q	N/A

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
② 123 Main St.	N/A	Anytown	MT	59801

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
③ 03/13/1964	④ 1 2 3 4 5 6 7 8 9	⑤ employee@email.com	⑥ 555-123-4567

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): ⑦

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 4. A noncitizen (other than **Item Numbers 2.** and 3. above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)
⑧ Jane Doe	⑨ 09/15/2023

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Example

Note: Refer to Form I-9 Instructions for detailed information.

Instructions for Completing Form I-9 Section 2

(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. See LISTS OF ACCEPTABLE DOCUMENTS.

Employer: Examine and record the documents your employee provides. The employee must be present while you examine them. Numbered explanations below are shown in the pictured example.

① Examine each document. Print the details in the appropriate List column(s). Only accept unexpired, original documents (no photocopies).

You may accept <u>one document from List A</u> **OR** <u>one from List B and one from List C.</u>

② Print the date of the employee's first day of work.

③ Print your last name, first name and title. Title is "Managing Employer."

④ Sign and ⑤ date the form. **Must be completed and signed within 3 days of employee's first day of work.**

⑥ If not pre-populated, print CDCN's business name (Consumer Direct Personal Care).

⑦ If not pre-populated, print CDCN's office address (100 Consumer Direct Way, Suite 145, Missoula MT 59808).

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1		①	*Driver's License*		*Social Security Card*
Issuing Authority			*State of Residence*		*SSA*
Document Number (if any)			*0123456789abcde*		*123-45-6789*
Expiration Date (if any)			*08/17/2027*		*N/A*
Document Title 2 (if any)			**Additional Information**		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Example

Do not check. You must physically examine documents.

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy): ② *09/15/2023*

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
③ *Smith, Ronald Managing Employer*	④ *Ronald Smith*	⑤ *09/15/2023*

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
⑥ **Consumer Direct Personal Care**	⑦ **100 Consumer Direct Way, Suite 145, Missoula MT 59808**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Note: Refer to Form I-9 Instructions for detailed information.

EXPOSURE CONTROL PLAN CAREGIVER SUMMARY

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 Care Network (CDCN) when it is completed, and
- submit the Exposure Control Training Signature Page to CDCN 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: CDCN 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 CDCN 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 CDCN employee enrollment materials. If you choose to get the vaccination series, CDCN 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 1-877-532-8542 as soon as possible after the exposure occurs.

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

EXPOSURE CONTROL PLAN MEMBER/CAREGIVER TRAINING

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 Care Network (CDCN) 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. CDCN 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 CDCN 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 CDCN 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 CDCN enrollment materials. If the employee chooses to get the vaccination series, CDCN 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 CDCN 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 CDCN.

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 (877-532-8542) 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 1-877-532-8542
as soon as possible after the exposure occurs.

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

PRIVACY AWARENESS GUIDE – CAREGIVERS

As an employee of a Consumer Direct Care Network company (CDCN), you'll likely see or hear personal information that belongs to our service recipients and/or caregivers. Every day CDCN uses 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 employees must follow federal and state privacy laws.

This Guide will prepare you to recognize Personally Identifiable Information (PII) and Protected Health Information (PHI). You will learn CDCN's policies and procedures to safeguard PII & PHI, as well as the proper use and disclosure of PII & PHI. This Guide is meant for caregivers and nurses in co-employment, agency with choice, and agency-based traditional programs.

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

INTRODUCTION TO PII & PHI

PERSONALLY IDENTIFIABLE INFORMATION (PII)

PII is any information that links an individual's name with their Social Security Number, Driver's License number, Passport ID, Bank Account or Credit Card Account numbers, passwords, or other confidential information.

PROTECTED HEALTH INFORMATION (PHI)

PHI is more restrictive than PII. 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

STATE PRIVACY LAWS

Most states have privacy laws regarding the ways businesses collect PII & PHI. These laws ensure that PII & PHI is collected and retained in a protected manner. CDCN provides services in several states and must follow the privacy laws of each state. In addition, CDCN has developed strict PII & PHI protection rules as company policy.

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 STATE PRIVACY LAWS & HIPAA?

State privacy laws require any business that collects PII & PHI to protect the information from improper disclosure.

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

SAFEGUARDING PII & PHI

HIPAA and state privacy laws require us to make sure that PII & PHI is protected and not shared with the wrong people. PII & PHI must be protected and kept confidential in handwritten, printed, electronic, or oral form.

KEEPING PII & PHI CONFIDENTIAL

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

- Keep all PII & PHI confidential
  - Treat PII & PHI as a "need to know" event. Share as little information with as few people as needed to complete your task. This includes coworkers or 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 PII & PHI shared over the phone and don't share information if a non-employee is nearby.
  - Do not leave PII or PHI in a place where others can see it.
  - Do not use social media to post, transmit, or distribute PII or PHI.
  - Only use secure channels to send PII or PHI to CDCN. If you cannot send PHI using a secure method, obtain client permission before sending the PHI via an unsecured

method.

- Limit Sharing
  - Do not discuss PII or PHI in public areas such as elevators, restrooms, reception areas, or other areas where you can be overheard. Talking with a non-employee about a service recipient's unique name or any other minor detail can be considered a disclosure of PHI and may be subject to penalties.
  - Always make sure that you are giving PII or PHI only to individuals who are allowed to have it.

USE and DISCLOSURE OF PHI AND PII

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 PII or PHI BE DISCLOSED?

CDCN's policy states that PII cannot be disclosed without written authorization.
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.
   - Covered Entity when CDCN is the Business Associate.
4. The use or sharing meets one of the HIPAA consent exceptions.

PII & 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 PII & PHI?

"Unauthorized disclosures" of PII & PHI occur when PII or PHI is shared or released without the consent of the individual, or as otherwise authorized under state privacy law or 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 a non-employee is present.

REPORTING PII or PHI DISCLOSURES

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

NON-COMPLIANCE PENALTIES

State penalties for disclosing PII in the wrong way can be applied to CDCN for failing to provide notification and identity theft protection to individuals affected. The cost of providing identity theft protection can range from $50 to $250 per person. The civil penalties for violating state statutes can range from $10,000 to $750,000.

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 employee can be held directly liable, and fines can range from $100 to $1,500,000.

Violations of state or federal privacy laws will result in corrective action, up to and including termination of employment.

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

CAREGIVER HANDBOOK

for Caregivers in the
Self-Directed Personal Assistance Services Option

Revised December, 2024

CONSUMER DIRECT CARE NETWORK

EVERY LIFE. EVERY MOMENT. EVERY DAY.

www.ConsumerDirectCare.com

This Handbook is property of the Consumer Direct Care Network (CDCN) and may not be duplicated in any form without express permission from CDCN.

Changes to Your Hours

Benefits are offered to caregivers based on their average hours worked each week. If you experience a change in your regular hours, and the change is expected to last for **more than 3 months**, please let us know! You only need to inform us of the change if your hours will switch **between** these categories:

- Full-time (30+ hours/week)
- Part-time (10-29 hours/week)
- Less than 10 hours/week

Examples of when to contact Consumer Direct:

1) You have been working about 15 hours/week. You picked up a new permanent client and will now be averaging around 32 hours/week for the foreseeable future.
2) You have been working around 20 hours/week, but are switching over to a back-up caregiver.
3) One of your clients discharges from services, reducing your weekly hours from 38 to 22, and you are not interested in picking up a new client.

Examples of when you do **NOT** need to contact Consumer Direct:

1) Your hours have increased from 16 hours/week to 25 hours/week. Since you are not switching between benefit categories, no action is required.
2) You have been working about 20-25 hours/week, but have been working more for the past few weeks to cover for another caregiver. Since this change is not expected to last for more than 3 months, no action is required.
3) You typically work 32 hours/week, but your client has been admitted to the hospital. This is not a permanent change, so no action is required.
4) One of your clients discharges from services, reducing your weekly hours from 38 to 22. You find another client 2 months later, and your hours return to 38 hours/week. The change did not last more than 3 months, so no action is required.

You may experience a change in your hours that was supposed to be temporary, but ends up lasting longer than 3 months. In these instances, please contact us to let us know your new weekly hours.

WELCOME!

Consumer Direct Care Network Montana Caregiving (CDCN) 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.

CDCN 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, also called the Member). CDCN'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 CDCN staff person.

We hope your experience with CDCN is enjoyable and rewarding.

Consumer Direct Care Network Montana Caregiving Contact Information

Billings	100 Brookshire Blvd, Bldg 1, Unit 2, 59102	866-438-8591	Fax: 651-5241
Great Falls	527 18th Ave NE, 59404	866-438-8591	Fax: 452-3016
Missoula	100 Consumer Direct Way, Suite 120, 59808	866-438-8591	Fax: 541-1703

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Section One: General Handbook Information

Important Legal Notice to Caregivers

This Handbook is not a contract of employment. It describes CDCN 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 CDCN staff person (such as Program Coordinator) or the Human Resources Manager.

This Handbook replaces all earlier versions. CDCN 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. CDCN is the "Employer of Record". CDCN 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.

CDCN'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 CDCN 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, CDCN and you, the caregiver, are explained later in the Handbook.

CDCN 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 CDCN 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.

CDCN Policies

How often do I get paid?
What benefits are offered by CDCN?
What policy violations may result in CDCN corrective action or termination?
How do I report an injury?

Non-Discrimination In Employment

Discrimination is against the law. CDCN and Consumers must follow federal and state laws about discrimination. This applies to employment too. CDCN 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 CDCN.

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 CDCN right away. CDCN 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

CDCN or the Consumer **will not** do anything to get back at you for taking action against discrimination or harassment. For example, CDCN 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 CDCN is providing, we want to hear from you. You can call the office and speak with the Service Coordinator (if the issue is with the Service 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" which can be found online at www.consumerdirectmt.com under the resources tab.

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.

CDCN 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.

Benefits

Caregivers receive a "Caregiver Benefits Handout" that gives information about CDCN's benefits package. The Handout also describes how to sign up for benefits.

Insurance

CDCN 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 (1-877-532-8542) 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.

Health Insurance

Caregivers working 30 hours per week or more are eligible for health insurance on the first of the month following/coinciding with a 30-day waiting period. Notice of eligibility and enrollment information will be mailed or emailed to caregivers meeting the eligibility requirements.

If you participate in the Consumer Direct Health Plan, you are entitled to receive certain information about our benefits as required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Consumer Direct intends to provide this information to you via electronic delivery. The information sent electronically will include, but may not be limited to:

- Summary Plans
- Summaries of Material Modification
- Summaries of Benefits and Coverage
- Summary Annual Reports
- Annual Notices

These documents will be furnished to you as an attachment to an email sent to the email address you specify to us. The attachment will be in PDF format. To access the email and attached document, you must have: (1) a computer or smartphone with internet access; (2) a program installed on that computer or smartphone allowing you to send and receive emails (such as Internet Explorer or Google Chrome); and (3) Adobe Acrobat Reader installed on your computer or smartphone allowing you to open and read the document. Please keep a copy of the email and any attached documents for future use. You must be able to either (1) print a copy on a printer attached or linked to the computer or smartphone; or (2) save a copy in electronic form to your computer's or smartphone's hard drive, or on an external drive (e.g., on a flash drive).

NOTE: If any of these requirements or delivery methods change in a way that creates a material risk that you may no longer be able to access and retain electronically transmitted documents, we will furnish you with notice and a request that you provide a new consent.

You have a right to receive a paper version of any electronically transmitted document at no charge. Please contact Consumer Direct Human Resources at InfoBenefits@consumerdirectcare.com or 844.360.4747 to obtain a paper copy.

To update your email address, you must notify Human Resources in writing at Consumer Direct, 100 Consumer Direct Way, Missoula, MT 59808 or via email at InfoBenefits@consumerdirectcare.com with "Change in Email Address for Electronic Disclosure" in the subject matter line.

Holiday Benefit for Casual Employee

Upon hire with CDCN, casual employees will receive holiday pay for **regular hours worked** on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Holiday pay will be paid at a rate of time-and-one-half of regular wages.

Family and Medical Leave Act of 1993

The Family and Medical Leave Act ("FMLA") became effective August 5, 1993. It applies to employers with 50 or more employees within a 75-mile radius. The policy of CDCN is to balance the demands of the workplace with the needs of families of employees by allowing an eligible employee to take reasonable leave for legitimate medical reasons, as stated in the FMLA regulations.

Eligibility Requirements:

- The employee must have been employed by CDCN for at least twelve (12) months.
- The employee must have worked at least 1250 hours with CDCN during the previous 12- month period.

Leave Requirements:

FMLA provides that an eligible employee (see above) shall be entitled to a total of twelve (12) weeks of leave during any 12-month period for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; OR
- For a serious health condition that makes the employee unable to perform their job. A medical release from the employee's physician is required to return to work.

The law provides for a 30-day advance notice from the employee (when possible) to the employer when applying for FMLA leave. The law also requires specific forms be completed by both the employee and the employer. A poster explaining your rights under this law is posted on the employee bulletin board in each CDCN office. Please contact your supervisor for specific details regarding eligibility, and/or to get a copy of the form.

Military Leave

The employer will comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA) and applicable laws. The Employer will offer details about USERRA to caregivers, the rights and benefits available, and the procedure to utilize these benefits.

Maternity Leave

Maternity leave shall be governed by State law.

Leaves of Absence

After completion of one year of employment, unpaid leaves of absence, not to exceed ten (10) working days, may be granted for bona fide reasons, or for other reasons mutually agreed upon with CDCN. All leave is to be requested in writing to CDCN, stating the start and end dates of the leave of absence.

Upon expiration of the leave, or upon notification by the employee to CDCN of intent to return, the employee will be returned to the next available job opening in their classification. If an employee on leave does not report upon the expiration of the leave, or any extension authorized

by CDCN, the employee shall be considered as having voluntarily resigned.

Illness / Disease

There will be no adverse employment action against an employee based solely on their medical condition. Employees with infectious diseases may be reassigned if the safety of co-workers or clients is in question. Any employee's refusal to work with an afflicted co-worker may be cause for disciplinary action. A violation of any client or employee confidential health files/medical conditions will be cause for disciplinary action.

Paid Time Off (PTO)

- **Accrual**

All caregivers shall be eligible for paid time off (PTO) benefits. Effective six (6) months following ratification, caregivers shall be eligible to accrue PTO at a rate of 1 hour accrued for every thirty (30) hours worked.

PTO hours shall cap at one hundred and sixty (160) hours. PTO shall not be counted toward a caregiver's workweek. The sum of hours worked, training hours and/or PTO hours shall not exceed twenty-four (24) hours for one day. The Employer's payroll system will show each caregiver's PTO accrual balance on each paystub.

- **Cash Out**

Employees who resign, retire, who are terminated, or who are laid off, shall be paid for all unused, accrued PTO. Such cash out shall be made by the Employer at the time of the employee's final paycheck.

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 CDCN'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 CDCN.

Direct Deposit

CDCN 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 CDCN of any change in name, address or phone number. This is done by contacting CDCN and requesting a Status Change Form (SCF) submission.

Termination / Resignation

CDCN or Consumers may end a caregiver's employment. CDCN 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 CDCN 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 CDCN too so that final pay is timely. See the "Pay Calendar" for pay dates.

Safety

CDCN is committed to safety in all areas. We believe that individual safety comes first. CDCN 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 CDCN.

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 CDCN 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 CDCN RIGHT AWAY. If you learn of an incident after it happens, you must make sure it has been reported to CDCN.

CDCN 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. CDCN 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 CDCN local office and the 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 **1-877-532-8542.**
    - 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 CDCN 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 CDCN.
- 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 CDCN.
- Proprietary and Other Confidential Information
  You cannot give CDCN'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 CDCN 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 CDCN. That is why it should be avoided.

Corporate Compliance

CDCN 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 CDCN staff person. These individuals include:

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

An example of not following program rules is doing something that is Medicaid fraud (described in the Medicaid Fraud part below). A copy of CDCN'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 CDCN 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 another 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 CDCN
- Not providing the quality of services for a Consumer that is expected

Examples of fraud that could be done by CDCN 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

False information or misrepresentation constitutes Medicaid Fraud and may result in disciplinary action up to and including termination, as well as criminal prosecution.

You must immediately report suspected Medicaid fraud to CDCN or the appropriate authority. Reporting contact information is available on our website under the Resources/Fraud Prevention tab.

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 CDCN 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

- CDCN staff will visit with each Consumer in his/her home when he/she signs up for the program.
  - Paperwork is completed.
    - An online Consumer Training Manual is available 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. They are expected to read it. The Consumer agrees to follow CDCN's policies described in the Handbook.
- CDCN answers the Consumer's questions.
- If the Consumer has a hard time directing his/her own care, CDCN 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 CDCN.
6) Report any situations of potential Medicaid fraud to CDCN 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 CDCN, the Profile, community resources and Medicaid services
- CDCN 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 CDCN for the initial intake and then every 180 days
- Complete all necessary paperwork

Keep CDCN Informed

Report any change in health status of the Consumer, or living situation to CDCN 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 CDCN.
- 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. CDCN 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 CDCN or the new agency they have chosen.
- CDCN assists the Consumer with transferring, if they want.
- In order to improve the services provided, CDCN does exit interviews with Consumers who are transferring to another provider.

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 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 workplace 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 CDCN). Each caregiver will complete both program required and Consumer-specific training before they begin to work. Required training modules include:

- Service and Profile
- CDCN policies and procedures
- Infection Control Guidelines for Healthcare Workers
- Lifting and Moving
- Safety
- Consumer Rights
- Cultural Diversity
- Time Sheets, Electronic Visit Verification (EVV), & 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 CDCN?
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 CDCN under the Self-Directed Personal Assistance Services Program, a caregiver must:

- Receive an Okay to Work form signed by a CDCN representative
- 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.

Caregiver (CG) are required to use EVV in accordance with state and federal requirements for employment.

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 CDCN 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.

CDCN will issue paychecks every other Friday, according to the CDCN Payroll Schedule. In order for the caregiver to be paid correctly, time sheets **must be** received by the CDCN office by midnight every Monday. You can email, fax, or mail your time sheets.

Deductions

CDCN will deduct state, federal, social security taxes and Union dues 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.

Payroll Report Requests

Employees are responsible for keeping all paystubs provided to them by CDCN. Visit myADP.com and create an account after you receive your first paycheck.

Emails and/or phone calls are not acceptable.

Processing payroll requests through the Payroll Department may take up to 5 days. Employees may reach out in person at the local office, via email infopayroll@consumerdirectcare.com or send a fax to 406-532-1921. Payroll requested information will not be released to the employee, rather it will be released to the agency or business that requires the information.

Training and Certification

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

CDCN 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, CDCN 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 contact CDCN within ten (10) days of any change in the following:

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

CDCN will submit a Status Change Form (SCF)

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" request to CDCN.
2. CDCN must receive the final time sheet with a note in the Comments Section stating, "Last and final time sheet for caregiver *<caregiver's name>*."

CDCN 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 then 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.

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.

Yard Hazard Removal - to maintain CG and members' safe entry and exit from the home including snow removal, walkway maintenance and garbage bins for pick up.

Correspondence Assistance- Directing the caregiver as their hands with personal communication and organizational activities; writing calendar appointments, dialing a phone, picking up the mail, filing and writing letters.

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:

- Hospital
- Nursing home
- Licensed personal care facility or assisted living facility
- 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 households 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

CDCN's Role and Responsibilities

What does CDCN do as Employer of Record?
How often must I meet with CDCN?

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

Maintaining Confidentiality

CDCN will keep information concerning Consumers confidential. CDCN has a HIPAA Privacy Policy Statement and Notice of Privacy Practices that dictate how CDCN 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. CDCN uses the Agency-Consumer Service Agreement to highlight other important program responsibilities for both the Consumer and CDCN.

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

CDCN 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
- Providing 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

CDCN 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

CDCN Injury Hotline 1-877-532-8542
Adult Protective Services 1-800-551-3191
Child Protective Services 1-866-820-5437
Medicaid Fraud. 1-800-376-1115
CDCN Human Resources 1-844-360-4747

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 CDCN share employer responsibilities. The Consumer is the managing employer. CDCN 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. CDCN 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. CDCN 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 CDCN, 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 CDCN 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. CDCN 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 CDCN 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 CDCN.

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

Revised May, 2018

MONTANA

APPENDIX

CONSUMER DIRECT CARE NETWORK

EVERY LIFE. EVERY MOMENT. EVERY DAY.

APPENDIX

COMPLIANCE POLICY STATEMENT **1**

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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 is responsible for overseeing the implementation of the Corporate Compliance program and monitoring adherence to its standards. The Safety 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 Safety 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.

Report compliance concerns: infocompliance@consumerdirectcare.com

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: *Signature on file* Date: May 1, 2009
Signature

Bruce Kramer / Senior Vice President
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:

	Initial Screen	Confirmation Screen
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: *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 1-877-532-8542, if necessary) as soon as reasonably possible, with written notification to follow within twenty-four (24) hours after the accident occurs.

HOW AND WHERE TO REPORT YOUR:

Safety Concerns, Automobile accident

Incident/Injury that happened at work.

Safety/Incident Hotline: 1-(877)-532-8542

This is available 24 hours a day, seven days a week

Email: Infosafety@consumerdirectcare.com

Fax: 1-(800)-310-8502

Admin staff: If you receive a call from an employee reporting an incident, please refer them to the above number. Take their name and number and email infosafety@consumberdirectcare.com with that information.

Please refer them to the above ways of contact and don't send them to the state worker's compensation site, as it will cause a delay with their claim. We don't want to assist them as soon as possible.

When talking to an injured worker, don't advise them; instead, direct them to call or email Safety.

All doctor notes, light duty notes, or other Workers' compensation paperwork must be directed to Infosafety@consumerdirectcare.com.

Thank you all for your assistance in keeping your co-workers safe and helping with the return-to-work program.