

Employee Handbook

Employee Handbook



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ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

The Employee Handbook contains important information about the Agency, and I understand that I should consult my manager or Human Resources regarding any questions not answered in the handbook. I have entered into my employment relationship with the Agency voluntarily, and understand that there is no specified length of employment. Accordingly, either the Agency or I can terminate the relationship at will, at any time, with or without cause, and with or without advance notice.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the handbook may occur, except to the Agency's policy of employment- at-will. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Human Resources Director with approval from the President of the Agency has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I understand that this handbook is neither a contract of employment nor a legally binding agreement. I have had an opportunity to read the handbook, and I understand that I may ask my supervisor or any employee of the Human Resources Department any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I remain with the Company following any modifications to the handbook, I thereby accept and agree to such changes.

I have reviewed a copy of the Agency's Employee Handbook on the date listed below. I understand that I am expected to read the entire handbook. I understand that this form will be retained in my personnel file.

Signature of Employee

Date

Agency Representative

Date

AMERICAN WITH DISABILITIES ACT AMENDMENTS ACT OF **2008**

PURPOSE:

To accommodate the needs of the disabled persons applying for employment or employed with the Agency.

POLICY:

Compassion Hospice is covered under the employment provisions in Section I of the American with Disabilities Act. It is the intent of Compassion Hospice (Compassion Hospice) to accommodate the needs of otherwise qualified disabled individuals insofar as it is possible without causing a direct threat to the safety of the individual or of others, or creating an undue hardship on the operation of Compassion Hospice.

Compassion Hospice requires the ability to perform “essential functions” to insure that an individual with a disability will not be considered unqualified simply because of an inability to perform marginal or incidental job functions. If the individual is qualified to perform essential job functions, except for limits caused by disability, Compassion Hospice will consider whether the individual could perform these functions with a reasonable accommodation.

The terms “disabled,” “regarded as,” “essential functions,” “reasonable accommodation,” “direct threat,” and “undue hardship” are intended to be used in this policy as defined in the ADA and modified by subsequent legal interpretations of the Act.

An employee or potential employee may request a reasonable accommodation to enable him/her to perform a job with Compassion Hospice if the individual is:

- Disabled, i.e., having a mental or physical impairment that significantly restricts his/her ability to work and which is not temporary in nature; and
- Otherwise qualified to perform the “essential functions” of the job, as listed in the Job Description.

Reasonable accommodations fall into three categories:

- Changing a job application to allow a qualified disabled person to be considered;
- Changing the work environment or the circumstances under which a job is customarily performed to allow a qualified disabled individual to perform the “essential functions” of that job; and
- Changing the work environment to allow a disabled employee to enjoy benefits and privileges of employment on the same basis as other similarly situated non-disabled employees.

AMERICAN WITH DISABILITIES ACT AMENDMENTS ACT OF 2008 (continued):

Each individual's request for accommodation will be reviewed on a case-by-case basis, taking into account all relevant surrounding circumstances.

GUIDELINES:

When an employee considers that accommodation is needed, he/she should make an appointment with his/her manager to discuss in private the disability requiring accommodation and the accommodation needed. **A Reasonable Accommodation Record** form should be completed and sent to the Director of Human Resources.

The manager and/or Director of Human Resources will determine if the accommodation is reasonable and readily achievable.

If there is reasonable accommodation possible:

- The Director of Human Resources or his/her designee will assist the manager and employee in developing a plan and a time frame to implement the accommodation; and,
- The manager and employee will discuss and establish methods for evaluating the ongoing success of accommodation.

If there is no reasonable accommodation found:

- The Director of Human Resources will write the employee a letter outlining the determination and explain the process used to arrive at the decision; and
- The Director of Human Resources will discuss Compassion Hospice 's decision with the employee, answering any questions.

ATTENDANCE

PURPOSE:

To define the Agency's policy regarding attendance and expectations.

POLICY:

Direct patient care employees are to report to work on their scheduled days. Hours for office employees and members of management are from 8:00am – 5:00pm, Monday – Friday, unless otherwise agreed to in writing. If an employee is going to be tardy or absent, the employee is required to notify his/her supervisor at a minimum of one hour before his/her scheduled shift starts. Failure to

notify the supervisor directly and a minimum of one hour before the employee's shift begins will result in a no call/no show and considered job abandonment.

Excessive tardiness, excessive absenteeism, unexcused absences and patterned absences will lead to Employee Conference / Disciplinary Action up to and including termination.

Definitions:

1. **Tardiness:** Reporting to work any time after the start of scheduled work time or the start of the scheduled shift without prior approval from the immediate supervisor. When an employee is tardy three (3) or more times in a thirty (30) day period, it will be considered excessive and will be cause for a step in the disciplinary action policy.
2. **Absence:** Absence is failure to report to work when scheduled. Two (2) days absence in a thirty (30) day period or twelve (12) days absence in a twelve (12) month period is considered excessive and will be cause for a step in the Employee Conference /Disciplinary Action policy. An employee who is absent for three (3) or more consecutive workdays will be required to provide a doctor's note before the employee will be permitted to return to work.
3. **Patterned Absence:** Absences on the same day of the week, after and / or before a weekend or holiday or absence for the same reason will be considered patterned absence and will be cause for a step in the disciplinary policy.
4. **Unexcused Absence:** Failing to report to work without prior approval or without reasonable cause is an unexcused absence and will be cause for a step in the Employee Conference / Disciplinary Action policy.
5. **No call, no show:** Failing to call the immediate supervisor a minimum of one hour before the shift begins or failing to show up for work is grounds for immediate termination.

Availability

It is the responsibility of the employee to provide the Agency with their availability and weekly schedules to facilitate their being placed on an assignment.

Attendance

The Agency employee must provide as much advance notice as possible when they have to cancel an assignment. If an accident, illness or unavoidable delay prevents the employee from reporting to work on time as previously scheduled, the Agency is to be notified as soon as possible. The Agency will, in turn, notify the client. An employee with excessive absences or tardiness is subject to disciplinary action and / or possibly termination. Documentation of disciplinary action and/or termination will become a part of the employee's permanent file.

ATTITUDE AND CONDUCT

PURPOSE:

It is expected that every employee observe basic rules of good conduct. Rules for the acceptable conduct of employees are necessary for the orderly operation of the Agency and the protection of the

rights and safety of all employees and patients. Most of these are common sense rules and each member of the Agency team should understand them and the penalties involved for breaking them.

POLICY:

Employees are not to discuss their personal problems or agency issues with the client and / or client's family members. This includes payroll or wage information.

Family or friends of employees are not to accompany them on assignments.

Sleeping on duty is not allowed and is sufficient grounds for immediate termination.

Employee will be well rested, alert and functioning while on assignment.

Employees are not to leave an assignment unless properly relieved, if the case is staffed around the clock. Employee will remain on assignment until relief arrives.

Employees are not to distribute material, solicit or pursue personal activities during work time.

Employees will not work hours in excess of the number of hours authorized by his/her supervisor.

Code Of Conduct

The Compassion Hospice Employee:

1. Fulfills his / her confirmed schedule and arrives on time
2. Always reports for work
3. Adheres to dress code
4. Follows directions of Supervisors
5. Remains on assignment until relief arrives
6. Exercises appropriate skills and judgment and notifies Nursing Supervisor and/or designee of changes in patient condition right away
7. Demonstrates concern for patient safety and well being
8. Maintains current professional license, TB test and CPR certification, as appropriate for his/her position
9. Does not verbally or physically abuse a client or demonstrate other inappropriate behavior as defined by Supervisor
10. Does not use alcohol, drugs or controlled substances while on duty (if suspected, employee may be tested)
11. Follows policies and duties set forth by the agency and "when in doubt" asks for clarification.
12. Follows the ordered care plan / service plan for each client and document tasks accordingly.
13. Observes professional boundaries of employee/client's relationship including guidelines as stated by the Board of Nurse Examiners for nurse patients.

Should an employee's performance, work habits, overall attitude, conduct or demeanor become unsatisfactory based on violations either of the above or of any other agency policies, rules, or regulations, the employee will be subject to disciplinary action, up to and including termination.

BEREAVEMENT LEAVE

PURPOSE:

To allow an employee time off with pay to attend the funeral of a family member.

POLICY:

The company will allow an employee to attend the funerals of family members. Your supervisor will approve whatever period of time is necessary and appropriate under the circumstances. All full-time employees may be paid up to three (3) days bereavement pay at regular straight-time wages. Bereavement pay is not accrued or carried over into the next year. Such leave is in addition to all other paid leave time and is reserved for the death of the following immediate family members:

Spouse Parent Child / Step Child
Parent in Law Brother Grandparent
Sister Grandchild Sister-in-Law Brother-in-law

PROCEDURE:

1. The employee is required to notify their immediate supervisor of the death in their family and the time he/she will be off of work.
2. Complete Time Off Request Form and submit to supervisor for approval.
3. Indicate time off as Bereavement Leave on payroll documentation.

COMPLIANCE/CONFIDENTIALITY STATEMENT

PURPOSE:

To define the Agency's overall process to assure compliance with their confidentiality, nondiscrimination, patient rights, responsibilities, ethics and conflict of interest policies and procedures.

POLICY:

The non-discriminatory and confidentiality policies of the agency will be distributed to every staff member at the time of orientation or time of hire.

Compassion Hospice operates in accordance with the Title VII Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, national origin, age, sex, disability, and religion. In addition Compassion Hospice adheres to the Vietnam Era Readjustment Act of 1974.

Except where necessary in the regular course of conducting business, the discussion, transmission or narration in any form of any patient information of a personal, medical or other nature, obtained in the regular course by employment is strictly forbidden. This policy applies to all health care professionals and para-professionals.

Compassion Hospice is committed to upholding the organization's standards for patient rights, responsibilities, ethics and organizational standards of conduct and shall expect all employees to do likewise.

Organizational employees shall follow the standards as related to the organization's ethical standards for all business practices including, but not limited to, any conflicts of interest.

PROCEDURE:

1. All new employees will be oriented to the organization's policies/procedures, guidelines and standards as contained herein and as per the specific policies/procedures covering these areas:
 - A. Confidentiality.
 - B. Patient Rights, Responsibilities and Ethics.
 - C. Organizational Conduct and Conflict of Interest.
 - D. Non-Discrimination laws.
2. All employees are to read and sign the Compliance Statement. Board members and/or others may also be requested to sign these forms.
3. All compliance forms with the employee's/board member's signatures will be kept in their personnel (or other appropriate) files within the organization.
4. Any violation of this policy shall constitute ground for severe disciplinary action, up to and including termination.

COMPLIANCE/CONFIDENTIALITY STATEMENT (continued):

5. Employees may not disclose at any time, any trade secrets and/or proprietary information. This includes any items/information that an employee develops during his/her employment.
6. Computer access codes may be used only by the authorized employee and may not be shared with any other person, including other employees.
7. Upon termination, whether voluntary or otherwise, the employee will on request return the originals and any and all copies of any document or software that was either provided to, or generated by, the employee during the course of the employee's employment.
8. Breach of confidentiality will be disciplined and may be cause for immediate dismissal. Not only is breach of confidentiality cause for immediate dismissal but it may also trigger charges under Federal and State law with fines from \$500 to \$5000, or imprisonment up to one year, or both.

COMPUTER USAGE POLICY

PURPOSE:

The purpose is to provide guidelines with respect to Computer Usage.

POLICY:

In certain instances, Compassion Hospice has provided employees with, or access to, a computer in order to assist employee in performing certain employment-related tasks. These computers are the property of Compassion Hospice and their usage is governed by the following policy. Compassion Hospice reserves the right to:

- monitor all computer files, electronic mail ("e-mail"), Instant Messaging, Internet access, and computer usage of employees.
- access and disclose all computer information to others at any time without prior to the employee.

All passwords afford no security protection for the user and can be overridden by Compassion Hospice without prior notice.

Periodically, you will be required to change your password. The frequency in which this occurs is every 90 days.

Electronic communications are the property of Compassion Hospice . Instant Messaging or email may be automatically stored on the computer's backup system, and the "delete" function does not restrict or eliminate the ability of Compassion Hospice to receive and review electronic correspondence of employees.

All Internet activity will be monitored regularly and if any obvious abuse is observed, limited access will be enforced. Employees may be given one written warning of Internet abuse before Internet privileges are revoked.

The following constitutes prohibited computer activities:

- a. Computers may not be used for personal purposes unless authorized by Compassion Hospice . This includes but is not limited to e-mail, Instant Messaging, Internet and word processing.
- b. Communications, including but not limited to e-mail, Instant Messages, Internet usage, and word processing, consisting of profanity; gossip; personal attacks; derogatory remarks; threats; sexually explicit material; slurs pertaining to race, origin, handicap, religion, sexual orientation, and gender; sexually harassing language; pornography; or any other communications which are discriminatory, defamatory, unlawful or otherwise inappropriate are strictly prohibited.

COMPUTER USAGE POLICY (continued):

c. At no time should anyone download and/or install any software on any computer without first submitting in writing justification for needing the software. The written justification must have the signature of the user's supervisor. After review by the IS department, the software will be installed by a member of the IS staff. If the software is found to be of a nature that could cause problems, the decision on installing the software will be determined by the Executive Staff.

A violation of this policy may result in disciplinary action up to and including termination of employment

CONTINUING EDUCATION/STAFF DEVELOPMENT:

PURPOSE:

To provide Agency staff opportunities for continuing education and development.

POLICY:

Continuing education and staff development opportunities will be made available for all Agency personnel.

PROCEDURE:

1. Educational and/or training classes will be planned and scheduled to meet the needs of Agency staff as determined by: Needs survey, regulatory requirements, and implementation of new procedures or equipment, and/or as identified by Agency supervisor or personnel.
2. The Performance Improvement/Education Department and/or designated person will coordinate appropriate education and staff development offerings.
3. Classes may be taught and provided by Agency personnel or by other individuals or companies depending on the educational topic.
4. Clinical staff will receive an annual review of certain policies and procedures including infection control, OSHA guidelines, work practices and personal protective equipment, rights and responsibilities, emergency plans and others as needed.
5. Medicare certified home care aides will receive at least 12 hours of in-service education per year.
6. Clinical, unlicensed and non-clinical personnel will receive educational offerings pertinent to their job responsibilities.
7. An administrator and alternate administrator must complete 12 clock hours of continuing education within each 12-month period beginning with the date of designation. The 12 clock hours of continuing education must include at least two of the following topics and may include other topics related to the duties of an administrator:
 - (1) any one of the educational training subjects listed in §97.259(d) of this division (relating to Initial Educational Training in Administration of Agencies);
 - (2) development and interpretation of agency policies;
 - (3) basic principles of management in a licensed health-related setting;
 - (4) ethics;
 - (5) quality improvement;
 - (6) risk assessment and management;
 - (7) financial management;

- (8) skills for working with clients, families, and other professional service providers;
- (9) community resources; or
- (10) marketing

8. An agency administrator or alternate administrator designated before December 1, 2006, who has not served as an administrator or alternate administrator for 180 days or more immediately preceding the date of designation must complete within the first 12 months after the date of designation, at least eight of the 12 clock hours of continuing education which includes the topics listed in §97.259(c). The remaining four hours of continuing education must include topics related to the duties of an administrator and may include the topics listed above (1-10).

9. Attendance records of all educational programs will be on file at the Agency and:

- a. Will contain the name of the class or workshop, the topics covered, and the hours and dates of training.
- b. Administrators/Alternate Administrators may not apply the pre-survey conference toward the continuing education requirements.

97.245 Staffing Policies

CONTRACT/INDEPENDENT PERSONNEL

PURPOSE:

The purpose of this agreement is to enable the Agency to provide the highest quality of client care and increase the scope of home health care services to their clients.

POLICY:

INDEPENDENT CONTRACT PERSONNEL are independents who contract directly with the agency, whether on an hour of service or other basis to provide service to agency clients per written agreement. The IRS 20-Factor Test will be used to determine whether workers are employees or independent contractors.

PROCEDURE:

1. All independent contract personnel must be duly licensed or certified by their appropriate professional accrediting organization before they may render professional services to the agency clients and must provide proof of individual or group professional liability insurance.
2. Independent contract personnel shall each execute a written contract including charges with the Agency outlining the Agency rules governing professional services rendered by contract / independent personnel. A copy of the contract shall remain in the administrative files.
3. The written agreement signed by both parties shall clearly designate the following information:
 - a. that clients are accepted for care only by the licensed agency;
 - b. the services to be provided and how they will be provided (i.e., per visit, per hours, etc.);
 - c. the necessity to conform to all applicable agency policies, including personnel qualifications;
 - d. the plan of care or care plan to be carried out;
 - e. the manner in which services will be coordinated and evaluated by the licensed agency in accordance with 97.288 "Coordination of Services"
 1. All service providers involved in the care of a client, including contracted health care professionals or another agency, are engaged in an effective interchange, reporting, and coordination of care regarding the client.
 2. This will be documented in the client's record.
 - f. the procedures for:
 1. submitting information and documentation regarding the client's needs and services, including clinical and progress notes;
 2. scheduling of visits;
 3. periodic client evaluation or supervision; and
 4. determining charges and reimbursement

4. Prior to rendering services to the agency clients, all contract / independent personnel shall receive an orientation into the Agency's client care policies and procedures and will

CONTRACT / INDEPENDENT PERSONNEL (continued):

adhere to all applicable policy and personnel requirements.

5. Only the Agency may accept clients to receive services rendered by independent contract personnel. Independent contract personnel shall bill the Agency directly for their services rendered to the Agency clients at the negotiated rate. Independent contract personnel shall not bill the client directly for services rendered on behalf of the Agency under any circumstances.

6. All Independent contract personnel shall adhere to the client's established Plan of Treatment in the rendering of any professional service to that client. Independent contract personnel may recommend changes in the Plan of Treatment, but all modifications thereof must have the written approval of the client's physician.

7. Independent contract personnel shall submit an initial evaluation and discharge summary to the agency for each client assigned by the agency to receive services. Independent contract personnel shall maintain clinical reports and progress notes on each of their clients for services they perform. These reports and notes must be entered into the client's clinical record at least once each week.

8. Independent contract personnel shall report any significant changes in a client's condition or response to treatment or therapy immediately to the nursing supervisor and the client's physician.

9. Independent contract personnel shall appear neat and professional on all client visits and conduct themselves in a professional manner.

10. Independent contract personnel must comply with section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1967, the Title VII of the Civil Rights Act of 1964, as well as, all other Agency rules. Independent contract personnel shall be responsible to the Nursing Supervisor, or such of the designee.

11. Contract agreement shall continue and be binding upon the parties from year to year unless terminated by either part on 30 days notice in writing. If the contractor fails to perform according to agreement, services will be terminated in 24 hours notice by the Agency.

97.289 Independent Contractors and Arranged Services

DISASTER PREPAREDNESS PLAN

Revised: 03-11-20

PURPOSE:

To assure that in the event of an emergency or disaster, the health care needs of patients will continue to be met in a safe, efficient and effective manner. An emergency or disaster may be defined as any situation disrupting the staff's ability to deliver care such as an event that results in large amounts of property damage, fatalities, and/or injury that may be due to any of the following happenings that may be likely to occur in our geographical region including:

- Floods
- Fires
- Chemical Spills
- Inclement Weather
- Tornadoes
- Hurricanes
- Bioterrorism
- *Infectious Disease/Pandemic

To have a plan in place for both staff and patients that may be quickly implemented in the event of an emergency or disaster. The plan is outlined by each phase of disaster preparedness to include mitigation, preparedness, response, and recovery.

POLICY:

In the event of an emergency that disrupts the Agency's ability to provide care/services, the patient care needs will be prioritized to determine whose needs for care are greatest. Patients will continue to receive care, if possible, with minimal disruption of schedules.

Client's family or significant other shall be instructed in the emergency preparedness plan and their role/responsibility in the process.

Upon hire and prior to patient contact, all employees shall be oriented to the Agency policy regarding emergency preparedness and disaster plan, including identification of possible evacuation procedures, and safety regulations and precautions.

A disaster triage control system shall be implemented to assure call-back in the event of any/all emergencies/disasters as defined herein.

PROCEDURE:

A. The agency will appoint a committee, the Disaster Preparedness Committee, to oversee the planning, implementation, training, and evaluation of the disaster plan. Members of the committee include:

Disaster Coordinator – Incident Commander

Alternate Disaster Coordinator
Administrator
Supervising Nurse
Branch Manager

Upon admission, all patients/clients shall be:

1. Instructed in the use of emergency telephone numbers, (e.g., Fire, Police, Ambulance, Physician, etc.) and the agency's phone numbers during regular working hours and after hours/on-call.
2. Provided with emergency preparedness information guide which includes information on 211 registration.
3. Triageed on admission by the home care staff according to their condition. Depending on patient status, a family member, neighbor or other caregiver may be relied on in emergency situations.
4. Identify whether patient will require evacuation assistance from local or state jurisdictions due to:
 - cannot provide or arrange for his/her transportation;
 - has special healthcare needs requiring special transportation assistance.

C. A communication center will be set up at the Agency's office and, should this not be possible, will be relocated as appropriate.

Office: 200 Space Park Building, Suite 405, Houston, TX 77058

D. The Agency will have available rosters of current patients, with each patient's level of acuity listed. This disaster triage control system will be documented as follows:

Level A

Services required today. Patient should be contacted immediately by phone or visit. For example, patients on ventilators, new insulin-dependent diabetic unable to self-inject insulin. IV medications, sterile wound care to a wound with moderate to large amounts of drainage, patients without transportation, bed bound patients, patients with no telephone communications or inability of patient or family to process information being instructed.

Level B

Services could be postponed 24-48 hours without adverse effect on the patient. For example, new insulin-dependent diabetic able to self-inject, cardiovascular and/or respiratory assessments, sterile wound care to a wound with minimal amount to no drainage.

Level C

Services could be postponed 72-96 hours without adverse effect on the patient. For example, postoperative with no open wound, anticipated discharge within the next 10-14 days, routine catheter changes.

E. Disaster Mitigation

- a. During the mitigation phase of planning, the disaster preparedness committee will analyze the natural disaster risk for the geographical area that we serve.
- b. In multileveled offices, the top floor will be utilized in the event of flooding. Medical records shall be located on the top floor of the building.
- c. The agency will install and utilize available monitors such as smoke detectors, fire extinguishers, and carbon monoxide detectors in all building locations.
- d. The committee will determine a central location in which employees will report to in the event of a disaster. Specific areas include:
Houston - 2200 Space Park Building, Suite 405 - Conference Room

F. Preparedness Phase

- a. The disaster preparedness committee will develop action plans that are to be implemented in the wake of a natural emergency or disaster to include:
 1. Communication plans including a chain of command
 2. Development and practice of multi-office coordination
 3. Proper maintenance and training of emergency services
 4. Development and exercise of emergency population warning methods combined with emergency shelters, and evacuation plans
 5. Stock piling, inventory, and maintenance of supplies to include a disaster kit located in each office.
- b. The disaster preparedness committee will train managers on the action plan. The managers in turn will train clinicians and support staff in each office.

- c. The Agency will provide mandatory training upon hire and annually on emergency preparedness planning and the disaster plan for Compassion Hospice employees and contractors.
- d. The nursing staff will review disaster preparedness plans with each patient on service and at the time of agency admission. Detailed information related to our disaster plan and instructions on how to develop individual plans will be reviewed with the patient at this time.
- e. The Administrator, Supervising Nurse (if applicable) and other individuals designated will review the plan at least annually, and after each actual emergency response, to evaluate its effectiveness and to update the plan as needed.
- f. The agency will conduct two exercises annually to test the response phase of the emergency preparedness and response plan.
 - Full-scale exercise that is community-based or individual, facility based.
 - If the Agency experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Agency is exempt from engaging in a community based or individual, facility based full-scale exercise for 1 year following the onset of actual event.
 - If not tested during an actual emergency response. A planned drill will be limited to the implementation of the agency's Emergency Preparedness Organizational Chart.
 - A second full-scale exercise that is community based or individual, facility based; or a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- g. Each office will maintain an emergency supply kit that includes a battery operated radio, extra batteries, first aid kit, food, water, blanket, etc.
- h. Staff will assist Level A (high risk) individuals who do not have family assistance or any client

who requests assistance with 211 registrations.

- j. The Disaster Preparedness Coordinator (DPC) or designee will monitor disaster- related news and information, including after hours, weekends, and holidays, to receive warnings of

imminent and occurring disasters-when known. Several methods, including but not limited to the following, may be used to monitor such known or impending disasters:

- a. Television or radio
 - b. Emergency Broadcast channels
 - c. Internet
 - d. Internal Agency communications
- k. Each branch manager will keep a current up to date list of the following information:
- All staff names, telephone, cell phone numbers and addresses
 - Telephone tree for quick communication of emergency information
 - Patient census per disaster triage control system including telephone numbers
 - Transportation resources identified for inclement weather

G. Response Phase:

Once an emergency/disaster is declared or imminent, the following plan will be executed:

1. The CEO or successor will determine the need to implement the plan and notify the DPC.
2. DPC will initiate Emergency Preparedness Organizational Chart.
3. If telephone lines are not intact, all employees are to contact the director by cellular phone, text, or email as soon as feasible. Report to the office if/when roads are passable
4. The Management staff will assign each available nurse with a group of patients to notify by phone.
5. Office staff will back-up computer data to ensure data protection as soon as there is knowledge of impending disaster or emergency.
6. Patients will be called to assess safety, available resources, and immediate care needs based upon the agency's disaster triage control system.
7. Arrangements will be made for patients whose condition warrants immediate care per disaster triage control system
8. Only necessary visits will be made based upon the agency disaster triage control system.
9. If a home visit is not possible and care needs must be provided, the Agency will contact the local Sheriff's office, emergency operations center, or local ambulance for transportation to an acute care facility, Red Cross Shelter or other designated area. The agency is not responsible for physically evacuating patients.
10. Patients may be transferred to other agencies if their needs cannot be met by any of the agency's office or staff (refer to Agency's transfer policy) and/or staff may be subcontracted through another agency if needed.
11. Documentation of all efforts to provide health care coverage as well as disposition of patients will be included in the patient's clinical record and communicated to the physician, as appropriate.
12. The DPC will be responsible for communicating with media in the wake of an emergency and disaster.

13. The DPC will be responsible for communicating with DADS, EMS, and other healthcare providers and suppliers in the wake of an emergency and disaster. The following Community Agencies may be contacted for further assistance as needed should an emergency situation / disaster occur.

Government Agencies:

- Texas Health and Human Services Commissions Brown-Healty Building 4900 N. Lamar Blvd Austin, TX 78751-2316
512.424.6500

H. Recovery Phase:

- a. The Owner will initiate and coordinate for the repair of all structural damages that may have occurred during the emergency or disaster.
- b. The disaster preparedness committee will meet and mitigate the need for further adaptations to the plan.
- c. The disaster preparedness committee will conduct an in-depth evaluation of the effectiveness of the plan after the emergency has resolved. The committee will identify strengths and weaknesses, and all weaknesses will be utilized as improvement opportunities.
- d. Patient care will be resumed based on the disaster triage control system until staffing returns to pre-disaster levels.
- e. The Branch manager and case managers are responsible for contacting all active patients to ensure that needs were met and further assess current physical, emotional, and mental status.
- f. Should the disaster situation be on-going or longer than a day, this Plan may be utilized or revised to meet the needs of the situation.
- g. Written client records damaged during a disaster may only be reproduced from existing electronic records and must include:
 - Date and time the record was reproduced;
 - Who reproduced the record; and
 - How the original record was damaged.

COOPERATING WITH LAW ENFORCEMENT AUTHORITIES
CONCERNING INVESTIGATIONS OF CRIMINAL
ACCUSATIONS MADE AGAINST AGENCY EMPLOYEES

POLICY:

If a State or Federal law enforcement officer seeks information concerning the investigation of criminal accusations made against an Agency employee, the officer is immediately directed to the private office of the Director of Human Resources, Executive Director, or Administrator.

The Agency will cooperate with authorities upon advisement from legal counsel. The Director of Human Resources will obtain advisement from legal counsel. All matters concerning the process will be conducted in the privacy of the office of the Human Resources Director, Executive Director, or Administrator.

DRESS CODE

PURPOSE:

Patients, physicians, and the general public have placed trust and confidence in the agency staff. Appearance greatly affects that trust. Dress code guidelines have been established to assist the employee in the selection of appropriate work attire that will ensure a professional image.

POLICY:

Specific dress code guidelines are to be adhered to by agency staff members. Each employee is to use his/her best judgment in making decisions related to appropriate work attire.

All Staff:

1. Scrubs or polo tops with slacks are to be worn by clinical and field staff
2. Shorts and/or sleeveless tee-shirts (tank tops), leggings, sweatpants, jogging suits, low cut or see through tops, tops and or head covering with political and or religious verbiage are not acceptable attire.
3. Footwear must be clean and in good repair. No sandals or flip flops are permitted to be worn by staff when providing patient care, as recommended by CDC.
4. No headgear, sweatbands, and/or headscarves are permitted. Caps and hats of any kind are not appropriate.
5. Office staff and Marketing should wear business casual attire. Scrubs may also be worn. Slacks, pants (including colored denim), shirts and skirts should be tailored to fit properly and cover undergarments completely. Skirt length should be no shorter than two inches above the knee.
6. Friday's are designated as "casual" days for the office staff; blue jeans may be worn on this day.
7. Clothing should be fit appropriately and look professional (clean, ironed or wrinkle free)
8. Nametags MUST always be worn while on duty unless otherwise approved by clinical supervisor. It is important that our employees are easily identified at all times.
9. Jewelry should be kept to a minimum and must not cause a safety hazard.
10. STRONG perfume, cologne, after shave and other fragrances or offensive odors including tobacco are not appropriate.
11. Footwear must be clean and in good repair. Footwear must not create a safety hazard for self or others.

12. Proper body hygiene and cleanliness are essential, including regular bathing, use of deodorants, appropriate oral hygiene, hair care and clean fingernails of appropriate length.
13. Using cellular phones or pagers for personal use is prohibited while providing care to patients.
14. Body piercings (including tongue jewelry) may not be worn to work. Staff who interact with persons other than employees of the Agency (i.e. patients/clients, referral sources, applicants, etc.) may not have visible tattoos. Modest ear piercings are permitted.

EMPLOYEE CONFERENCE / DISCIPLINARY ACTION

PURPOSE:

As policy of Compassion Hospice , the Compliance Program includes guidance regarding disciplinary action for employees, affiliated providers, and agents who have failed to comply with the agency's standards of conduct, policies and procedures, or local, state and federal laws, or those who have otherwise engaged in wrongdoing, which have the potential to impair the agency's status as a reliable, honest, and trustworthy health care organization.

Compassion Hospice 's employees, affiliated providers, and agents are subject to disciplinary or corrective action. Department Managers will handle the majority of disciplinary or corrective action, in collaboration of the Human Resources Director or Human Resources Manager. Disciplinary action may be appropriate where a responsible employee's failure to detect violation is attributable to his or her negligent or reckless conduct. To provide guidelines for the administration of discipline and use of the Employee Conference form.

POLICY:

1. Discipline is used to assure conformance with work standards, policies and procedures and rules of the Agency.
2. The administration of discipline by a supervisor may include all the forms of discipline or may include only one, depending upon the severity of the offense.
3. It is **strongly** recommended that a supervisor follow the four-step progressive discipline approach to solve a problem. This approach incorporates all forms of discipline beginning with a verbal counseling; followed by a written warning; followed by a final warning and / or suspension; and ending with a dismissal if the offense warrants it.
4. Forms of discipline include:
 - a. **Verbal Counseling:** An employee who violates a department rule or a rule of the agency that is not serious in nature will receive a verbal warning for this action. The director/manager will discuss the problem with the employee and document the discussion on an Employee Conference Form. This does not mean the employee's job is in immediate danger, but that the situation should be corrected.
 - b. **Written Warning:** Failure to follow policy, procedure and rules or failure to meet job standards can result in a written conference which will include a definition of the problem, possible consequences should the offense or behavior continue and the action to be taken to correct the problem. This will be the next step if a verbal warning was issued in the previous 12 months for any similar infraction.
 - c. **Disciplinary Probation:** If performance problems or behavior are serious and not improving, the supervisor may issue a final warning, if a written warning was issued in the previous 12 months for a similar infraction, indicating that the situation will result in termination if not corrected. The supervisor may also suspend an employee for up to five (5) days without pay for serious infractions, cause to believe, or performance problems. Employee may not use PTO. Suspension is not necessarily tied to an investigation. If the employee is found not guilty after investigation, suspension time will be paid.
 - d. **Dismissal:** In cases where progressive discipline is used to solve a problem, the employee is expected to improve identified problem behaviors. If such behavior continues past a final warning issued in the previous 12 months, termination is the result.

5. For serious offenses agency management may elect immediate dismissal.
6. When termination of an employee becomes necessary, managers should investigate and consider the available facts. Following the Termination Checklist to provide a guide for making the decision and assist in the termination process.
7. "Progressive" and "immediate" discharges require advance review and approval of the Director of Human Resources and the of the agency prior to implementation to assure consistency in the application of the policy.
8. The Employee Conference form should be used to document progressive discipline. The form must be complete noting the details of the conference, the level of discipline (i.e. First Warning, Final Warning, etc), and the action plan for correcting the problem.
 - a. The Employee Conference form may also be used for personal file documentation of problem performance, specific instances of poor judgment and an employee conference of consequence.

PROCEDURE:

Progressive discipline will be documented using the Employee Conference form. Both the supervisor and the employee must sign the form. The employee should understand that his / her signature indicates that he/she has read the statement on the form and does not constitute agreement with any comment or action. If the employee refuses to sign, another supervisor or manager should witness the refusal and sign in the space indicated.

- a. The employee should be given a copy of the conference form, unless completed electronically and filed in the employee's file.
- b. The original of the conference is forwarded to the Human Resources Department and is filed in the employee's personnel file, unless completed electronically and filed in the employee's file.
- c. The supervisor should retain a copy for their records, unless completed electronically and filed in the employee's file.

All forms electronically filed in the employee's file can be accessed directly by the employee consistent with Federal and State laws.

Notwithstanding the progressive disciplinary procedure policy, the agency reserves the right to administer discipline in such a manner as it deems appropriate to the circumstances, and may, in its sole discretion, eliminate any or all of the steps in the discipline process.

Any questions about progressive discipline should be referred to the Human Resources Department.

EMPLOYEE ELIGIBILITY VERIFICATION

PURPOSE:

To determine citizenship as required by law.

POLICY:

Legal citizenship will be determined on every new employee.

PROCEDURE:

At the time of hire each new employee will be requested to provide employment eligibility information as outlined on the employment eligibility verification form (I9) within three (3) days of employment to the Human Resources department. The Immigration Reform & Control Act states that if an employee is unable to provide the appropriate documentation within three (3) days of employment, he/she will not be authorized to work.

Failure to comply can lead to the employee being suspended or terminated.

EMPLOYEE SELECTION PROCESS

PURPOSE:

To ensure that qualified individuals are hired and placed in open positions most appropriate to their skills and experience.

POLICY:

Selection of candidates for all positions will follow the agencies Equal Opportunity and Affirmative Action policies. An Executive will authorize direct placement of ads, respond to inquiries from employment agencies and authorize posting of requisitions on the company bulletin boards.

PROCEDURE:

Job related duties and qualifications will provide the basis for initial screening of applications. All applications and resumes received will be forwarded to the hiring manager for review. After the initial screen by HR , the hiring manager will conduct an in-depth interview in person or over the phone with the applicants. Only job-related questions or ones, which assess the candidate's experience, skill and training, will be asked.

Some positions will require skills for which a known level of competence must exist; for example: typing, mathematics and keypunch. Under these circumstances, the interviewer may request applicants to demonstrate these skills by completing an exercise involving a job-related work sample. It must be evident that such an exercise measures knowledge or skills required for the particular job. The results of an exercise must prove to be a valid prediction of job performance and all interviewed applicants will be given the same exercise.

Once the decision to hire has been made Human Resources will also verify, as appropriate, verification of education, experience, training or certification licensure, dates of employment, positions held and other related employment information as deemed appropriate.

The applicant will be advised that this information will be verified. Additional information, which may violate applicant's privacy or is not related to the specific job for which he/she is being considered, will not be requested from prior employers, unless the applicant agrees in writing.

This verification of information will be documented and will become part of the data used in the selection process. Following termination of employment, the basic employment records will be retained for one (1) year before being destroyed.

After the verification of employment history and reference inquiries are satisfactory, the employment offer may be made, contingent upon satisfactory criminal investigation.

The verbal offer must never express or imply that employment is "permanent", "long-term" or a specific duration, or words or similar meaning. Employment may be made contingent upon

certain job-related factors such as obtaining a specific state or federal license or security clearance when appropriate or desirable.

Once the candidate has accepted the employment offer, he/she will be required to provide documentation of identity and employment eligibility in accordance with federal law. The I-9 form shall be used for this purpose.

The first three months of employment is considered an orientation period. It provides an opportunity for both the new employee and the company to assess mutual satisfaction.

NEW HIRE

When an official offer of employment is made by Compassion Hospice and accepted by the applicant, the new hire process may begin.

The Human Resources staff is responsible for making sure that the new employee completed all pre-employment forms. On the employee's first day of work, Human Resources will provide basic information on working conditions, hours and other information pertinent to the duties of the new employee. The supervisor will oversee orientation specific to the employee's particular job.

REHIRE

Applications received from former employees will be processed using the same procedures and standards that govern all direct applications. The hiring manager / supervisor will review the former employee's performance records and the circumstances surrounding termination of previous employment with the company. This information will be provided to the staff responsible for screening and interviewing applicants. Reemployment of veterans is addressed separately.

REINSTATEMENT

Employee's who are reinstated into the company, within a specified time frame, will maintain their original anniversary date for seniority purposes, as well as, for those benefit programs governed by the anniversary date. The policy will be as follows:

1. **Layoff** - Employees who terminate because of reduction in work force will maintain their original anniversary date for seniority purposes if they are re-employed by Compassion Hospice within six (6) months after date of termination.
2. **Voluntary resignation** - Employees who voluntarily terminate their employment with Compassion Hospice and provided a two-week notice of intent to terminate, may maintain their original anniversary date, subject to management approval, if they are re-employed by Compassion Hospice within three (3) months after date of termination. The employee must give a written intent to terminate due to the above circumstances. This would include employees who have exhausted their FMLA leave and wish to re-apply for open positions requiring their qualifications. Employees must have a release to work signed by the physician based on the new job description

EMPLOYMENT CLASSIFICATIONS

POLICY:

To assign employment classifications to each employee.

Positions within the company are generally designed to require full-time employees. In certain functions and during some seasons, work schedules and company needs may require the services of other than full-time employees. There are four (4) classifications of Compassion Hospice employees.

1. Full-time: An employee hired for an indefinite period in a position for which the **normal work schedule is between 30 and 40 hours per week.**
2. Part-time: An employee hired for an indefinite period in a position for which **the normal work schedule is less than 30 hours per week, but at least 20 hours per week.**
3. Temporary: An employee hired for a position for which the **scheduled work week can range from less than 20 to 40+ hours, but the position is required for only a specific period.**
4. PRN: An employee hired for a position for which there is **no scheduled work week, assigned work on an as needed basis.**

Part-time, temporary or PRN employees do not qualify for regular company benefits except as governed by the Internal Revenue Service.

Provisions in federal law, i.e., the *Fair Labor Standards Act*, divide all employees into two categories, exempt and nonexempt, with respect to eligibility for overtime payment. They shall be defined as:

Exempt: An employee considered to be an executive, administrative, professional, computer professional, and outside sales representative as outlined in the IRS "salary and duties test". They are not eligible for overtime pay.

Nonexempt: An employee who devotes most of his / her hours in activities that are not executive, administrative, professional computer , or outside sales representative as outlined in the IRS "salary and duties test". They are eligible for overtime pay.

EMPLOYMENT OF RELATIVES: HR 029

PURPOSE:

To permit the hiring of relatives and significant other* of current employees if the applicant is qualified.

POLICY:

Compassion Hospice permits the hiring of relatives and significant other* of current employees if the applicant is qualified with the concurrence of the Executive Committee and the Director of Human Resources. The primary consideration for placement is the proximity of the relatives' work areas to each other and the probability of direct or indirect supervision by either relative. A relative is defined as any person related to the employee by blood, marriage or adoption.

*Significant other is non-related person sharing permanent communal living arrangement with co-ownership of property and / or dependents.

- Relatives may report to the same non-relative manager.
- A relative may not report to another relative or be employed in a position with access to confidential information.
- In the event that an employee is promoted into a position where a relative becomes a subordinate, Compassion Hospice will attempt to place the subordinate employee into another position. If another position is not available, either the subordinate employee or the management employee will be asked to voluntarily resign.
- The Director of Human Resources must approve exceptions to this policy.
- Related staff may not be assigned to positions where one relative might influence the salary or progression of another.

EQUAL OPPORTUNITY POLICY: HR 030

PURPOSE:

To recruit and hire applicants without regard to race, color, religion, sex, national origin, age, disability, or Vietnam-era, special disabled veteran status, recently separated, and other protected veterans.

POLICY:

It is and has been the policy of Compassion Hospice never to discriminate against any employee or applicant for employment. We will recruit, hire and promote persons in all job classifications without regard to race, color, religion, sex, national origin, age, disability, or Vietnam-era, special disabled veteran, recently separated, and other protected veterans. We will base decisions on employment so as to further the principle of Equal Opportunity. We will ensure that promotion decisions are in accord with the principles of Equal Opportunity. We will ensure

that all other personnel actions, including but not limited to compensation, benefits, transfers, terminations, disability and training will be administered without regard to race, color, religion, sex, national origin, age, disability, or Vietnam-era, special disabled veteran, recently separated, and other protected veterans.

PROCEDURE:

1. The Human Resources staff will be responsible for internal and external dissemination of the Equal Opportunity Policy within the Company.
2. Compassion Hospice supports Equal Opportunity and ADA compliance. It is Compassion Hospice 's policy to select the best-qualified person for each position in the organization.
3. No employee of Compassion Hospice will discriminate against an applicant for employment or a fellow employee because of race, color, religion, sex, national origin, age, disability, or Vietnam-era, special disabled veteran, recently separated, and other protected veterans.
4. In the case of documented qualifying disabilities, Compassion Hospice will provide reasonable accommodations when requested.
5. This policy applies to all employment practices and personnel actions.

EXECUTION OF WARRANTS ON EMPLOYEES AT COMPANY FACILITIES:

POLICY:

Generally, anyone attempting to serve summonses, complaints or subpoenas in a non-criminal lawsuit will be prohibited from entering Company premises. If a State or Federal law enforcement officer seeks to execute an arrest warrant, the officer is immediately directed to the private office of the Director of Human Resources, Executive Director, or Administrator.

If the employee the State or Federal law enforcement officer is seeking is not present at the facility, information the officer currently has can be verified – name, home telephone number and home address. No information will be released concerning the employee, only verified.

All matters concerning the process and execution of warrants will be conducted in the privacy of the office of the Director of Human Resources, Executive Director, or Administrator.

EXIT INTERVIEWS

PURPOSE:

To ensure that exiting employees are informed of their benefits and rights and to maintain accurate company records on reasons for employee terminations.

POLICY

It is the policy of Compassion Hospice to ensure that all employees in the process of voluntarily resigning receive an exit interview. The exit interview will be held immediately on notification by the employee of his/her plan to resign. A representative of the human resource department will conduct the interview. The objectives of the exit interview are as follows:

- To determine the actual reason for an employee's resignation;
- To discover any grievances that the employee may have about the department so that corrective actions can be taken;
- To discover any misunderstandings that the employee may have had about /her job, or with his/her supervisors, so that corrective actions can be taken;
- To retain the goodwill of the employee toward the company;
- To review administrative details with the employee such as benefits continuation rights and privileges, if any, final pay, re-employment policy;
- To arrange for the return of any company property that has not already been returned to their supervisor.

PROCEDURE

1. When an employee announces his/her intention to resign, Human Resources will attempt to schedule an exit interview with the employee.
2. During the exit interview, the interviewer will seek to meet all objectives listed in this exit interview policy statement.
3. Immediately after the interview, the interviewer will complete the Exit Interview Form covering all of the information obtained from the employee during the interview.
4. Any information obtained during the exit interview should be discussed with the appropriate management staff so that any allegations can be investigated and corrected if necessary.

FINANCIAL TRANSACTIONS

PURPOSE:

To define the Agency's position on financial transactions between employees, clients, medical staff and patients.

POLICY:

Under no circumstances will an Agency employee engage in any financial transactions with clients, fellow employees, medical staff and / or other business concerns. This includes accepting tips, gifts (Refer to Corporate Compliance Plan), loans and / or payments for any service rendered in the course of their duties, including transportation provided to a client. Furthermore,

employees are not to involve themselves in money transactions where a client's personal checks are made out to the employee. Additionally, employees will not sign checks on behalf of the client. Violation of this policy is sufficient grounds for immediate termination.

GRIEVANCE PROCEDURE AND APPEAL OF DISCIPLINARY ACTIONS PROCEDURE

PURPOSE:

To define the Agency's policy in regards to a grievance procedure. Employees have an obligation to follow the grievance procedure and if they are not satisfied with the response from one level of management, they are to address their issues/concerns at the next level. If an employee choose not to take any action, then he/she otherwise failed to avoid harm.

POLICY:

The following grievance procedure is available to all employees who seek a solution to problems arising from the employment relationship, including general personnel administration and conditions of employment.

PROCEDURE:

Grievances consist of issues pertaining to wages, hours, working conditions, performance evaluation, merit raises, job assignments, and interpretation of the official personnel or administrative policies of the Agency as applied to the grievant or similar matters involving management decisions concerning the grievance. Copies of all grievances and responses must be sent to the Human Resources Department for record keeping purposes.

Disciplinary actions resulting in involuntary terminations, demotions, decreases in salary, suspensions without pay, oral counseling or written reprimands may also be appealed pursuant to this procedure.

1. The employee who expresses a grievance or appeals a disciplinary action shall not suffer from interference, coercion, discrimination or reprisal for having expressed disagreement and dissatisfaction in the employee/employer relationship.
2. Employees working within an orientation period (those who have not completed 90 days of service as a regular employee) may not file a grievance under the provisions of this procedure, except for all allegations of discrimination or harassment. If discrimination or harassment is the basis for grievance, the employee should contact the Human Resources Department for consultation and advice.
3. The grievant may present his/her written grievance or appeal of disciplinary action individually, through legal counsel or may be represented at any or all stages of the grievance procedure by a representative.
4. Each grievance or appeal of a disciplinary action shall be submitted in writing. It should deal with only one topic and contain a concise statement of the

GRIEVANCE PROCEDURE (continued):

grievance by indicating the applicable policy alleged to have been violated, the date of the incident, the issues involved and the relief sought.

5. Time limits shall not include Saturdays, Sundays and/or holidays. Failure of an employee to process his/her grievance to the next step shall constitute abandonment

of the grievance. Failure of management to give an answer within the prescribed time authorizes the employee to process his/her grievance to the next step. There can be a written extension of time at any step if mutually agreeable.

STEP ONE (Supervisor)

The employee should submit the written grievance or appeal of disciplinary action and discuss it with his / her immediate supervisor within 10 days of the action or the condition giving rise to the grievance. Both parties should make an effort to resolve the grievance at this step. Within 3 days of this meeting, the supervisor shall inform the grievant in writing of his/her decision relating to the grievance.

STEP TWO (Administrator)

Grievances or appeals of disciplinary actions not satisfactorily resolved in STEP ONE may be appealed to the supervisor's Administrator by submitting the written grievance and requesting a private discussion. This request should be made within 5 days following the date of the supervisor's decision in STEP ONE. The department head will arrange for the discussion at the earliest mutually agreeable time. A written decision by the department head shall be given to the grievant within 3 days following the discussion.

STEP THREE (Director of Human Resources or other Director)

If an appeal is not satisfactorily resolved in STEP TWO, then the employee may appeal in writing to the Director of Human Resources. The appeal must be made within 5 days of the date of the STEP TWO decision by the Department Head. The Director will reach a decision and communicate it in writing to the employee no later than 3 days after the problem/complaint is presented. As is explained below, a review hearing (headed by the President of the Agency) may be available for disciplinary actions at the President's discretion.

STEP FOUR (President/Executive Director)

If the problem/complaint has not been satisfactorily resolved in STEP THREE, the employee may personally present the problem/complaint in writing to the President/Executive Director. The President/Executive Director will prepare a written resolution for the final disposition of the problem/complaint no later than 5 days from receipt of the problem/complaint.

The action that will be taken at this step will depend on whether the appeal concerns:

1. A "grievance"
2. A disciplinary action other than termination
3. A termination

If the appeal concerns a "grievance" that is, issues pertaining to wages, hours, working conditions, etc., the Director of Human Resources will review the grievance and provide a written response to the Employee within five (5) days from his / her receipt of the appeal. If the appeal concerns a "disciplinary action", the Director of Human Resources has the option to handle the appeal alone or send it for review to the Executive Director or Administrator of the Agency for consideration and recommendation. If he/she decides to handle the review alone, he / she shall give the employee a written decision within ten (10) days following receipt of the appeal. If he/she decides to request a review by the Executive Director or Administrator of the Agency, he/she will follow the procedure outlined in the next paragraph.

The Director of Human Resources shall request the review of the case within five (5) days following the date of the receipt of the appeal. The Agency's decision is a final statement on the subject and will be provided in writing to the grievant with a copy for the personnel file.

GRIEVANCE PROCEDURE AND APPEAL RELATED TO AMERICANS WITH DISABILITIES ACT

PURPOSE:

To ensure grievance procedures are followed according to policy and employee grievances are resolved. Employees have an obligation to follow the grievance procedure and if they are not satisfied with the response from one level of management, they are to address their issues/concerns at the next level. If an employee chooses not to take any action, then he/she has otherwise failed to avoid harm.

POLICY:

The management has adopted an internal grievance procedure for providing prompt and equitable resolution of complaints alleging any action prohibited by the regulation of the U.S. Department of Health and Human Services, (45 CFR Part 84), implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states in part: "No otherwise qualified handicapped individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance..." The law and regulation may be examined in the office of the manager, who has been designated to coordinate the efforts of the Agency to comply with the regulation.

PROCEDURE:

1. A complaint should be in writing and contain the name and address of the person filing it, with a brief description of the action alleged to be prohibited by the regulation.
2. A complaint should be filed in the office of the Agency Human Resources Director within a reasonable time after the person filing the complaint became aware of the action alleged to be prohibited by the regulation.
3. The President/CEO and Human Resources Director shall conduct an investigation of a complaint as may be appropriate to determine its validity. The investigation shall afford all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
4. The Human Resources Director shall issue a written decision determining the validity of the complaint no later than thirty (30) days after its filing.
5. The Agency Human Resources Director shall maintain the files and records and may assist persons with the preparation and filing of complaints, participate in the investigation of complaints and render advice concerning the resolution.
6. The right of the person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of a Section 504 complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. Utilization of this grievance procedure is not a prerequisite to the pursuit of other remedies.

GRIEVANCE PROCEDURE AND APPEAL RELATED TO ADA (continued):

7. Determinations made under these procedures shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards and ensure the Agency's compliance with Section 504 and its implementing regulation.

For employee grievances not in reference to Section 504 of the Rehabilitation Act of 1973, refer to the Policy titled: **GRIEVANCE PROCEDURE AND APPEAL OF DISCIPLINARY ACTIONS PROCEDURE**

HARASSMENT POLICY

PURPOSE:

To define the Agency's overall policy/procedures as related to harassment either in the workplace or in a patient's home. Employees have an obligation to report incidents of harassment and if they are not satisfied with the response from one level of management, they are to address their issues/concerns at the next level. If an employee chooses not to take any action, then he/she otherwise fail to avoid harm.

POLICY:

It is the policy of Compassion Hospice that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment from supervisors, coworkers, vendors, consultants, visitors or customers of Compassion Hospice . Harassment includes any unwelcome, deliberate or repeated unsolicited verbal, physical, visual or sexual contact, or solicitations of favors, which are offensive, abusive, intimidating, hostile, degrading or demeaning. Harassment is prohibited on any basis, including but not limited to an individual's age, race, color, national origin, ancestry, religion, medical condition, disability, sexual orientation preference, marital status, military status, or other protected group status.

Harassment includes but is not limited to the following:

- Verbal harassment such as derogatory comments, slurs, accusations or negative stereotyping.
- Physical harassment such as assault, impeding or blocking movement, or any physical interference with normal work or movement, which directed at an individual.
- Visual forms of harassment such as graphic materials, derogatory posters, cartoons or drawings.
- Sexual harassment such as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature such as name calling, gestures, suggestive comments, or lewd talk and jokes.

Harassment occurs when:

- Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- Submission to or rejection of the conduct by an individual is used as a basis for employment decisions affecting the individual; or
- The conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Such conduct may result in disciplinary action up to and including dismissal of the employee who harasses others. With respect to non-employees, offending customers, visitors, consultants or vendors, they will be asked to leave and not return.

HARASSMENT POLICY (continued):

False accusations will result in severe disciplinary action, up to and including termination.

Employee responsibility:

It is the responsibility of employees to report any and all witnessed harassment or infraction of others. Failure to report such witnessed infractions could result in disciplinary action up to and including termination of employment.

- Any employee who feels that he/she has been or is being harassed or discriminated against, is encouraged to immediately inform the alleged harasser that the behavior is unwelcome. In most instances, the person is unaware that his/her conduct is offensive and when so advised can easily and willingly correct the conduct so that it does not reoccur. If the informal discussion with the alleged harasser is unsuccessful in remedying the problem or is such an approach is not possible, the employee should immediately report the complained-of conduct to his/her immediate supervisor, manager, or Human Resources Director for investigation.
- Compassion Hospice could be held absolutely liable for harassment by supervisors/managers even if no one else in management is aware of such conduct. Consequently, Compassion Hospice must impose sever disciplinary sanctions, including discharge, in any case where a supervisor/manager is determined to have engaged in such conduct.
- Although Compassion Hospice may not be absolutely liable for harassment by nonsupervisory employees, it could be held liable if it were determined that any manager or supervisor knew or should have known such conduct occurred and failed to take proper action. This places primary responsibility on supervisors/managers to prevent sexually explicit language, obscene gestures, and other inappropriate conduct that they have reason to believe may be offensive to any employee.
- Compassion Hospice requires that supervisors/managers treat every employee complaint of harassment seriously by immediately contacting the Director of Human Resources who will then conduct an investigation in accordance with the procedures described below. Compassion Hospice will not tolerate any retaliation or reprisal in any way against anyone who has complained about or resisted harassment, discrimination or retaliation, including conduct which is intentionally pressuring, falsely denying, lying about or otherwise attempting to cover up such retaliation or reprisal conduct.

PROCEDURE FOR MAKING, INVESTIGATING AND RESOLVING HARASSMENT AND RETALIATION CLAIMS

Reporting/Making a Harassment Claim

- Any employee who believes that the actions or words of a supervisor, co-worker, vendor, consultant, visitor or customer constitute unwelcome harassment has the right and should feel free to report such actions to any Company representative, including but not limited to the employee's supervisor/manager, supervisor/manager's superior, Director of Human **HARASSMENT POLICY (continued):**

Resources or any other Company management. The report should include all facts available to the employee regarding the harassment.

- Any manager approached by an employee regarding possible harassment must contact the Director of Human Resources.

Investigating a Claim

- It is essential that complaints of harassment be investigated as promptly and yet as discreetly as possible, with due regard for the rights of both complainants and accused persons. While complaints that may be valid cannot be ignored, care must be taken not to cause

unnecessary harm to persons who may be innocent. Because such incidents are generally personal and private in nature, the word of the complainant will often be the only proof that harassment has occurred. In many cases, the accused will deny the charge, leaving Compassion Hospice in a difficult position. The investigation procedures are designed to provide a uniform approach to each case and to establish that Compassion Hospice took reasonable steps to ascertain the truth without unnecessarily invading the privacy or damaging the reputation of those involved. The Director of Human Resources or Company executive will conduct an investigation confidentially according to these formal guidelines.

After completing the investigation, the Director of Human Resources will take the following action and/or steps:

- If the evidence consists only of one employee's word against another's with no extrinsic supporting either position, it would ordinarily be unfair to punish the accused. In such cases, no written statement concerning the charge will be placed in either employee's file, but Compassion Hospice's policy against harassment will be re-emphasized to all parties involved.
- If there is evidence corroborating the complainant's allegations or casting doubt on the credibility of the accused employee's denial, some form of disciplinary action will be taken, up to and including termination of employment.

Records of all investigations will be kept for a reasonable period of time regardless of the outcome of the investigation. Investigation files will be kept separately from the employee files of the employee(s) in question. All supervisor/manager notes, statements, etc. are forwarded to the Director of Human Resources and are not kept in the department or supervisor/manager private files.

INCLEMENT WEATHER POLICY

POLICY:

The Agency will consider the needs of patients and the safety of the employees with respect to weather conditions set forth Compassion Hospice's policy on inclement weather. Compassion Hospice operates 24 hours per day, seven days per week. Extreme weather conditions may, however, sometimes make travel difficult. Distance, road conditions, and type of vehicle used all affect the ability of staff to get to the workplace.

PROCEDURE:

If a decision is made to close the office because of weather conditions, office staff will be contacted using the disaster call list and media announcements.

Office Closed Due to Weather Conditions:

Patient visits will be prioritized and then scheduled or canceled by the Administrator as necessary.

Personnel paid on an hourly basis may choose to use accrued paid time off if they do not work. Salaried personnel, according to FSLA guidelines, will be paid at their regular rate of pay and

deduction taken from PTO if available. If not available, the exempt employee will be allowed to go into a negative balance.

Office Not Closed:

In instances where personnel cannot or choose not to travel to work because distance, road conditions, suitable transportation, etc., the employee may use accrued paid time off.

INSPECTIONS OF COMPANY PROPERTY

PURPOSE

To ensure safety in the workplace. An Agency supervisor or manager may inspect certain property at his/her discretion.

POLICY

Compassion Hospice reserves the right to open and inspect lockers, desks, and any other storage devices, as well as any contents, effects, or articles stored in such places, even if locked with a locking device for which Compassion Hospice does not have a key or combination. Such an inspection can occur at any time, with or without advance notice or consent. An inspection may be conducted before, during, or after working hours by any supervisor/manager.

- Desks, lockers, and other storage devices may be provided for the convenience of employees but remains the sole property of Compassion Hospice .
- Prohibited materials, including weapons, explosives, alcohol, and unprescribed drugs or medications, may not be placed in a locker, desk, or other storage device.
- Compassion Hospice is not responsible for any articles lost, damaged, or stolen anywhere on Company premises.
- Compassion Hospice is not responsible for any personal items taken into a patient's home, such as cell phone, jewelry, purses iPods, etc. Only items necessary for an employee to perform his/her job function should be brought into a patient's home (i.e. stethoscope or any other equipment needed for proper patient care.)

Employees who fail to cooperate as requested in any inspection will be subject to disciplinary action, up to and including termination.

JURY DUTY

PURPOSE:

To enable employees time off for Jury Duty to fulfill their duty as a citizen of the community.

POLICY:

Time off for mandatory jury duty or court appearances required as a result of a valid subpoena or court order is excused and paid to all full-time and part-time employees at full salary. Proof of jury duty must be provided by the employee and verified by the employee's supervisor.

PROCEDURE:

The employee is expected to report for work when it does not conflict with court obligations.

It is the employee's responsibility to keep his / her supervisor / manager periodically informed about the amount of time required for jury duty or court appearances.

Compassion Hospice does not compensate time off for court appearances as a party to any civil or criminal litigation. The employee must arrange for time off without pay or use accrued paid time off for such appearances.

LEAVE OF ABSENCE

PURPOSE:

Employees who have been employed for at least one (1) year within the past (7) seven years and have worked at least 1,250 hours are eligible for a Leave of Absence (except military, see Reemployment of Veterans Policy). This policy complies with the Federal Family and Medical Leave Act of 1993.

POLICY:

For any type of leave, an employee must complete the Agency's Leave of Absence Request Form, which is available through Human Resources. An employee intending to take a leave of absence should submit the request form to their manager at least thirty (30) days before the leave is to begin. The manager will forward the form to Human Resources.

The employee is considered away from work whether paid or unpaid. An employee will be placed on a personal leave if she or he has not worked after three days. This practice is to ensure consistency and fairness.

It is the employee's responsibility to keep in contact with their manager on a regularly scheduled basis. In most cases, except for Military leaves, this will be no less than a weekly basis. In addition, employees are required to notify their manager at least two weeks prior to their anticipated return to work.

FAMILY AND MEDICAL LEAVE OF ABSENCE (FMLA)

DEFINITION (FMLA):

A Family and Medical Leave of Absence is time away from work with or without pay for one of the following:

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 (under age 18 or over age 18 who is mentally/physically disabled), or parent who has a serious health condition; or

For a serious health condition that makes the employee unable to perform their job.

Family Leave due to call of Active Duty – Leave due to “any qualifying exigency” arising out of the fact that the spouse, son, daughter or parent of the employee is on active duty, or has been notified of an impending call to active status, in support of a contingency operation. By the terms of the statute, this provision requires the Secretary of Labor to issue regulations defining “any qualifying exigency”.

Caregiver Leave for an Injured Service member – An eligible employee who is the spouse, son, daughter, parent, or nearest blood relative of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty. The employee is eligible for up to 26 weeks of leave.

LEAVE OF ABSENCE (continued):**ELIGIBILITY (FMLA):****Definitions of Immediate Family**

Immediate family includes parent, child or spouse. Son or daughter is defined as biological, adopted, or foster child, a stepchild, legal ward, or a child of a person standing in loco parentis (anyone who acted or is currently acting as the parent, or child.) The employee does not have to have a biological or legal relationship to that person. A family and medical leave of absence is available only if the son or daughter is under age eighteen (18) or, if older, is incapable of selfcare because of mental or physical disability.

In order to be considered for a Family and Medical Leave of Absence, the requesting employee must have twelve (12) months of continuous service and have worked at least 1250 hours during the preceding 12-month period prior to the starting date of the leave.

Eligible employees may receive up to twelve (12) weeks leave of absence per rolling twelve (12) month period. For birth or adoption of a child, the family and medical leave of absence begins two weeks after birth or adoption and must be completed within twelve (12) months of the event. If both parents are employees of the Agency, the total family and medical leave of absence for both employees is twelve (12) weeks leave.

The Caregiver Leave for an Injured Service member entitles the employee to up to 26 weeks of leave in a single 12-month period to care for the service member. This military caregiver leave is available during “a single 12-month period” during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

If the employee is not eligible for a family and medical leave of absence, the employee will use accumulated PTO hours, when applicable, and in accordance with established policy, to maintain status. An employee who is not eligible for family and medical leave, will be changed to PRN status after all PTO has been exhausted for up to four weeks in a twelve (12) month period before termination of employment.

MEDICAL DOCUMENTATION (FMLA):

Employees on a Medical Leave will be required to obtain documentation from a health care provider regarding the serious health condition of himself or herself or the employee's eligible family member. A health care provider is defined as a licensed doctor of medicine or osteopathy, licensed podiatrists, dentist, clinical psychologist, optometrists, chiropractors, Christian Scientist Practitioners, nurse practitioners and nurse-midwives as stated by the FMLA. The medical certification must state the employee cannot perform the functions of the job (per the job description), dates and duration of the treatments to be given, time duration the employee should be

LEAVE OF ABSENCE (continued):

released from the job and on leave of absence. If the medical certification is for the care of a family member, the statement must also state the employee is needed to care for the family member and time needed to care for the family member. This documentation is also required in

the case of intermittent leave. The Agency reserves the right to require a second opinion at the Agency's expense.

BENEFIT ELIGIBILITY (FMLA):

Absences due to a Family and Medical leave may not be counted as occurrences as part of the Agency's attendance policy. Absences of a non-serious nature may be counted in accordance with our attendance policy.

Employees will be required to use all PTO time in accordance with Compassion Hospice 's PTO policy, during a leave of absence. PTO will not accrue during any unpaid/paid leave of absence time. Benefit hours will begin to accrue when the employee returns to work.

During the leave of absence the employee will be retained on the health and/or dental insurance plans, if applicable, under the same conditions that applied before the leave started. To continue coverage, the employee must continue to pay the same premium contributions that he/she made prior to taking the leave. Failure to make the premium contributions may result in the loss of all coverage. Human Resources must receive premium payments by the fifth (5th) day of each month. If the employee fails to return to work after the expiration of the leave, the employee will be required to reimburse the Agency for all payments of health insurance premiums during the leave. COBRA benefits would be offered.

The employee's performance evaluation date will be delayed by the same number of days that the employee was on leave of absence.

RETURN TO WORK (FMLA):

An employee who returns from leave of absence within the 12-week period will be reinstated to his/her former job position, or an equivalent position with equivalent pay, benefits, and working conditions. For purposes of this policy, an equivalent position is generally considered a position of equal pay, duties, and responsibility and on the same shift. It is not necessarily the same work unit.

An employee who returns to work from a leave due to their own serious health condition must provide a medical release before returning to their regular job duties. If, in the opinion of the physician, the employee is unable to perform their former job, they may be considered for another job in the Agency. If no other suitable job is available, they may be subject to termination. The Agency also reserves the right to require a second opinion at the Agency's expense.

LEAVE OF ABSENCE (continued):

If the employee's leave exceeds the twelve (12) weeks, the employee may request an extension. Extensions should be requested in writing as soon as the employee realizes that he/she will not be able to return at the expiration of the leave period. Extensions may be approved not to exceed six (6) months from the date the leave first began. Continuation of health/dental coverage shall be as outlined above. Employees granted a leave extension couldn't be guaranteed that they will return to their original job position or equivalent position. The leave may not extend beyond six months from the original leave date.

INTERMITTENT LEAVE/REDUCED WORK SCHEDULE (FMLA):

An employee may apply for intermittent leave under the FMLA for the serious health condition of the employee, spouse, children, or parents as outlined above when medically necessary. For intermittent leave or leave on a reduced work schedule, there must be a medical need for the leave (as distinguished from voluntary treatments and procedures) and it must be that such medical need can be best accommodated through an intermittent or reduced work schedule.

The intermittent leave will be applied to the total amount of leave the employee is entitled to take on an hour-by-hour basis.

INVOLUNTARY LEAVES

In some cases, if an employee is unable to request, it may be necessary for the supervisor to place an employee on a family and medical leave of absence without the employee's consent. The Human Resources department should be contacted for guidance in these situations.

LAW

The Family and Medical Leave Act of 1993 is a federal law which requires employers to grant up to twelve (12) weeks of unpaid, job-protected leave for the birth, adoption or placement for foster care of a child; the employee's own serious medical condition; or to care for a member of the employee's immediate family (parent, child, or spouse) who has a serious medical condition.

The National Defense Authorization Act for FY2008 (NDAA), Public Law 110-181, was signed into law on January 28, 2008. Section 585(a) of the NDAA amended the FMLA to provide eligible employees two new leave rights related to military service: New Qualifying Reason for Leave and New Leave Entitlement of 26 weeks for care of injured service member.

POLICY OF NON-DISCRIMINATION

A manager may not discriminate or retaliate against any employee for requesting a family and medical leave of absence.

LEAVE OF ABSENCE (continued):

RETURN FROM FAMILY AND MEDICAL LEAVE OF ABSENCE

Generally, two (2) weeks before the expiration the family and medical leave of absence the employee should notify the manager that he/she is ready to return to work. Employees returning from a medical leave of absence may be required to have written documentation from either his/her private health care provider. This should be required in cases involving a serious health condition, except in cases of pregnancy.

MANAGER'S RESPONSIBILITY

The manager is responsible for maintaining documentation, completion of the appropriate documents and follow-up with the employee regarding his/her family and medical leave of absence. Once the manager has knowledge that the time off is being taken for an FMLA required reason, the employee must be notified within two (2) business days that the leave (paid or unpaid) will be counted as FMLA leave.

The manager cannot deny an employee’s request for a family and medical leave of absence because of failure of the employee to give adequate notice, although it can be postponed for up to thirty (30) days in limited circumstances. For further advice on this issue, contact the Human Resources Department.

In the event intermittent leave is required, the manager has the flexibility to transfer the employee to another position with equal pay and benefits.

EDUCATIONAL and PERSONAL LEAVES OF ABSENCE (non-FMLA)

Educational leave may be granted for a period of time no more than six months if the leave is in the best interest of the department/office or the Agency and with administrative approval. A copy of the school’s acceptance notice and an outline of the study program must accompany a request for an educational leave.

Requests for personal reasons will be considered on an individual basis and if approved will not exceed six (6) months.

Earned but not used PTO (not EIB) hours will be paid to employees on educational and personal leave. PTO hours will not accrue on unpaid/paid leave time.

Employee's performance evaluation date will be delayed by the same number of days that the employee was on leave of absence.

Compassion Hospice cannot in all instances assure that the employee's vacant position will still be open upon return from a Personal or Educational Leave. If the employee's former position is not available, returning employees will be allowed thirty (30) days to find a suitable position. Returning employees will be offered the first available position suitable to their qualifications during this thirty (30) day time period. If at the end of the thirty days, the employee may resign or will be terminated.

MEAL PERIOD AND REST PERIOD

PURPOSE:

To define the Agency’s policy regarding work day/meal period and rest period.

POLICY:

The Agency shall acknowledge an employee’s need for meal and rest periods.

Meal Period The regular lunch period for full-time office employees is one (1) hour. It may be taken at a routinely scheduled time as designated by the department. The lunch break may be taken off company property and cannot be divided up throughout the day, the time must be taken consecutively.

Rest Period Each employee is allowed two (2) paid 10-minute rest periods/ breaks, one (1) for every four (4) hours worked if the work flow of the department allows, but the breaks will only

be allowed to be taken on Compassion Hospice property. For every two (2) hours of overtime worked, an additional 10-minute rest period/ break is allowed. Any additional rest periods/breaks will require the employee to clock out. Exceptions to this requirement will be based on documentation approved by the employee's physician indicating medical necessity. Nursing staff will use their judgment whether a Rest Period can be taken, based on the duties they are performing at the time.

MILEAGE REIMBURSEMENT

POLICY:

This policy is designed to provide general guidelines on the appropriate calculations of mileage reimbursement based on IRS and Compassion Hospice guidelines.

If approved by the CEO, or his/her designee, Agency will reimburse the employee for mileage expense when an employee drives his or her privately owned vehicle on behalf of the Agency. The employee must submit an expense reimbursement form or include as part of the daily patient logging. Mileage reimbursement per mile is \$.45/mile.

IRS Guidelines

The IRS provides specific guidelines on how mileage reimbursement is to be calculated. Any deviations from these guidelines will result in taxation of mileage reimbursement.

The IRS guidelines regarding mileage reimbursement are listed below.

*IRS Publication 17 (2004) 28. Car Expenses and Other Employee Business Expenses
Commuting expenses. You cannot deduct the costs of taking a bus, trolley, subway, or taxi, or of driving a car between your home and your main or regular place of work. These costs are personal commuting expenses. You cannot deduct commuting expenses no matter how far your home is from your regular place of work. You cannot deduct commuting expenses even if you work during the commuting trip.*

Example of deductible transportation expenses. The following example shows when you can deduct transportation expenses based on the location of your work and your home. You have no regular office, and you do not have an office in your home. In this case, the location of your first business contact is considered your office. Transportation expenses between your home and this first contact are nondeductible commuting expenses. Transportation expenses between your last business contact and your home are also nondeductible commuting expenses. Although you cannot deduct the costs of these first and last trips, you can deduct the costs of going from one client or customer to another.

Compassion Hospice Guidelines

Mileage reimbursement will begin from the employee's assigned office. If the employee visits a patient first, before going directly to the office, then mileage reimbursement will begin at the patient's home.

At the end of the employee's shift or workday, mileage reimbursement will stop at the employee's last patient's home or the employee's assigned office, whichever place is closer to the employee's home.

NURSING MOTHERS

Policy

Under the enacted Patient Protection and Affordable Care Act (also known as health care reform), the Fair Labor Standards Act provides for nursing mothers with reasonable break time and a private place to express breast milk.

- Reasonable unpaid break time for up to one year after the birth of a child to express breast milk will be allowed for those mothers requiring this time.
- Generally, lactating women require only two to three pumping breaks during a regular eight-hour workday, each lasting around 15 – 20 minutes (not counting the time it takes to go from the lactation room, store the breast milk, clean the pump and put it away, etc.).
- If possible, the nursing breaks should run concurrently with employee's regular meal and rest breaks OR the employee has the option of coming in early or staying late to make up the extra break time.
- Each Compassion Hospice office will provide a place shielded from view and free from intrusion from co-workers and the public for nursing mothers to express milk and refrigerated storage.
- Each Compassion Hospice employee requiring this time will provide their own sealed, well identified, adequately sized storage container. Employee is required to maintain and keep container clean.

ORIENTATION AND TRAINING COMPLETION ACKNOWLEDGMENT

ORIENTATION ACKNOWLEDGEMENT

I hereby acknowledge receiving information and orientation to the personnel policies and procedures of the agency. I understand that I will receive additional instruction to specific job assignments as appropriate. I understand that if I need clarification of any procedure, I need to request direction from my supervisor. Failure to comply with policies may result in disciplinary action, up to and including termination of employment.

	Anniversary Date/Performance Review		Abuse, Neglect, & Exploitation
	Attitude and Conduct		Dress Code
	Confidentiality		Employee Grievance
	Safety		MSDS & Hazardous Chemicals
	Bloodborne Pathogens		Drugs & Alcohol in the Workplace
	Work Related Injury		Family Medical Leave Act (FMLA)
	HIPAA & HB 300		Harassment Policy
	Disaster Planning		Agency Objective
	Ethics		Participation in Employee Training
	Patient Rights & Responsibilities		Agency Mission
	Non-Subscriber to Workers Comp.		Computer Usage

I have read, understand, and will comply with all applicable agency policies.

Employee Name:

Employee Signature:

Date: _____

ORIENTATION AND TRAINING COMPLETION **ACKNOWLEDGMENT**

PURPOSE:

To verify that the employee received appropriate orientation and training.

POLICY:

Each new employee upon completion of the orientation will sign this form.

PROCEDURE:

During the orientation the new employee will meet and talk with appropriate personnel to receive information and instruction on all the areas listed as scheduled by the Human Resources Recruitment Assistant.

At the end of the orientation the Human Resources Assistant will provide the Orientation and Training Completion Acknowledgment Form to the employee to review and ask questions. If the Representative is unable to answer the questions the appropriate department personnel will be contacted for answers.

After orientation is completed, review of this form by the employee is done and questions are answered; the employee will sign and date the form.

The signed form acknowledging they have read, understand and will comply with all applicable Agency policies will be kept in the employee's personnel file.

ORIENTATION AND TRAINING

PURPOSE:

1. To provide each employee with a comprehensive overview of the Compassion Hospice policies and procedures.
2. To assure quality client care is provided through an overview of specific client care requirements.
3. To assure employee receive training specific to their job.

POLICY:

All personnel shall participate in an orientation and training program specific to their educational background, experience and employment classification.

PROCEDURE:

1. The initial orientation shall include, but not limited to:
 - a. Compassion Hospice history, mission, philosophy, objectives, purpose and organization.

- b. A review of the overall policies and procedures with emphasis on personnel policies, client care policies and infection control policies.
 - c. A review of clinical and infection control policies and procedures for employees providing direct client care.
 - d. Specific administration procedures, agency operation, and staff responsibilities related to their job description.
 - e. Instruction in skills and procedures related to job descriptions with in-service education requirements for performing his / her responsibilities; staff competency and ongoing training
 - f. Participation in employee development programs.
 - g. Periodic evaluation of employee performance.
 - h. Disciplinary actions.
 - I. Type of care or service to be delivered in the patient's environment.
 - j. Equipment management
 - k. Home Safety issues and procedures; OSHA training; universal precautions
 - l. Storage, handling, and access to supplies, medical gases, and drugs appropriate to the care/services provided.
 - m. Identification, handling, and disposal of hazardous or infectious materials and wastes
 - n. Confidentiality of patient information
 - o. Community resources
 - p. Guidelines for appropriate referrals, including timeliness
 - q. Appropriate action in unsafe situations
 - r. Any specific tasks to be performed by the staff
 - s. Advance Directives, death and dying policies
 - t. Educating on screening for abuse and neglect
 - u. Emergency Preparedness and Disaster Preparedness plan
 - v. Information management regarding the care or service of clients in order to better coordinate and appropriately refer the client within programs.
 - w. Corporate Compliance Program
 - x. Agency job description; duties and responsibilities
2. The Administrator or qualified designee will assess the skills demonstrated by staff.
 3. Orientation for former employees shall be based upon the length of time since previous employment, and shall include, but not limited to an updating on administrative procedures, current policies and staff responsibilities.
 4. The employees providing direct client care shall receive a client specific orientation and training by the Administrator or qualified designee, which shall include but not limited to:
 - a. Review of the Plan of Treatment and/or individualized service plan
 - b. Documentation requirements
 - c. Emergency procedures (e.g., 911, notify Administrator)
 - d. Equipment / Supplies - ordering and maintenance
 5. The staff and contractors will be properly oriented to tasks performed and these individuals will be informed of changes in techniques, philosophies, goals, and client's and products relating to the client's care.
 6. The completion of an orientation shall be documented on the Orientation Completion Acknowledgment form and signed by all employees. The signed Orientation Completion Acknowledgment form stating they have read, understand and will comply with all applicable Agency policies shall be retained in the employee's personnel record.

ORIENTATION PERIOD

PURPOSE:

The orientation period allows the Agency an opportunity to evaluate and determine if the new employee can efficiently perform the duties of the job. This period of time also allows the new employee an opportunity to evaluate the Agency and see if he/she fits into the organization.

POLICY:

All new employees are in an orientation period for ninety (90) days; during this time he/she may be released at the Agency's discretion. During the orientation period employees who demonstrate they are either unwilling or unable to conform to established rules and standards will not be retained.

Their supervisor will evaluate all new employees during their orientation period to determine whether or not he/she has demonstrated the ability and willingness to perform his/her assigned duties.

Upon the approval of the Administrator/Director or Director of Human Resources, the orientation period can be extended under extenuating circumstances.

The fact that an employee is in an orientation period does not prevent the employee from quitting his/her job, with or without notice, with or without cause. Similarly, the Agency has the right to terminate the employment of any employee at any time with or without notice and with or without cause.

The successful completion of the orientation period should not be construed as creating a contract or guaranteeing employment for any specific duration; or establishing a "just cause" termination standard.

OVERTIME COMPENSATION

PURPOSE:

To define the Agency's compensation policy for authorized overtime work that exceeds an eligible employee's normal work-week.

POLICY:

Overtime shall only be incurred and paid at the request of the company through the employee's immediate supervisor. Supervisors shall ensure that no unauthorized overtime hours are worked. Overtime will be paid only if the actual working hours exceed 40 per week, but not if an employee is paid for any sick, vacation, or personal leave during that week. The employee's immediate supervisor, utilizing the "Request to Approve Overtime" form, must approve overtime.

PROCEDURE:

Nonexempt employees will be paid at the rate of one and one-half (1 1/2) times their regular rate of pay for hours worked in excess of 40 in a single workweek. A “Request to Approve Overtime” form must be completed and approved by the employee’s immediate supervisor, in advance, of the overtime worked.

If non-exempt or salaried non-exempt employee works overtime prior to the “Request to Approve Overtime” form being completed and approved, the employee will be subject to disciplinary action.

PAID TIME OFF

PURPOSE:

To provide full time employees with an opportunity to schedule time away from work.

POLICY:

Paid time off (PTO) provides a benefit of paid time away for full time employees. Our PTO program is inclusive of vacation, sick, and personal days. PTO is meant to supplement regular hours during a pay period. If an employee cancels a shift, he/she must use PTO, if available.

The first three (3) months of employment is considered the orientation period and employees are not permitted to use PTO. Employees do accrue PTO during this period.

An exception to usage of PTO during the orientation period is for exempt/salaried employees. PTO benefits are used to supplement the exempt/salaried employee's paycheck to equate to 40 hours per week should the employee incur an absence from work for one or more full days, but not greater than one week, due to sickness or disability.

If the employee terminates with a negative balance, the negative amount will be deducted from the employee's final paycheck.

Scheduled paid time off is defined as personal time away that is planned in advance, approved, and the absence is greater than 1 hour. PTO must be used for scheduled time off.

Unscheduled paid time off is defined as time away that is unplanned, unscheduled, and not approved in advance. Examples are short-term (less than 40 hours) personal illness, family illness, and personal emergencies. PTO must be used for unscheduled time off.

Full Time Employee Accrual Rate

Employment of less than five (5) years accrues at the rate of 1:32 hours per pay period, up to 40 hours annually; overtime hours do not accrue.

Employment of more than five (5) years and less than (10) years accrues at the rate of 3:04 hours per pay period, up to 80-hours annually; overtime hours do not accrue.

Employment of ten (10) years or more accrues at the rate of 4:37 hours per pay period, up to 120 hours annually; overtime hours do not accrue .

GENERAL INFORMATION

Maximum PTO carry-over from one year to the next is 40-hours (5-days).

PAID TIME OFF (cont'd)

Resignations: Employees may not use PTO during the notice period unless it is approved before notice is submitted.

Termination (Voluntary or Involuntary): Employees forfeit all unused PTO when employment ends or status changes to less than Full-time.

Cash out of PTO: Beginning in December of each year, an employee may choose to “cash out” up to 40 hours of accrued PTO in lieu of taking the time off. This will be approved on a case by case basis.

Holiday's

The following six (6) holiday's will be observed by the agency:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Holidays falling on a Saturday: employees will observe the holiday the preceding Friday.

Holidays falling on a Sunday: employees will observe the holiday the preceding Monday.

If an employee “calls in” (Unscheduled Time Off) on the day before or after an observed Holiday, the employee will not be paid for the Holiday.

Employees are paid straight-time for hours worked on the holiday.

Employees may take off another day(s) with prior coordination with the supervisor.

PERFORMANCE EVALUATION

PURPOSE:

To ensure employees receive performance evaluations.

POLICY:

Performance evaluations may be completed after the employee's 60 days in a position and will be completed annually. If the employee is promoted and/or transfers to another position, his/her performance evaluation date may change and a review will need to be completed by the manager of the department the employee is transferring from.

Human Resources sends out notices to managers six weeks in advance of the employee's review date. A performance evaluation is considered late if the employee signs the evaluation after the due date.

PERSONNEL POLICIES

POLICY:

Compassion Hospice will have policies, which address personnel matters. These policies are found in the Policy and Procedure Manual, Section 2, Human Resources.

Job Descriptions (statement of those functions and responsibilities which constitute job requirements) and job qualifications (specific education and training necessary to perform the job) will be provided for each position within the Agency.

Compassion Hospice requires all personnel to sign a statement that they have read, understand and will comply with all applicable agency policies. This requirement is for all personnel who are direct care staff and who have direct contact with clients (employed by or under contract with the agency) as well as all administrative management and clerical staff.

PERSONNEL RECORDS

PURPOSE:

To provide a method of maintaining accurate, current and complete information for Compassion Hospice employees.

POLICY:

Personnel records will be established, maintained, and kept current for each person employed by the Agency. All information will be considered confidential and made available to authorized personnel only.

PROCEDURE:

All personnel files of full-time, part-time, PRN or temporary personnel shall include, but not limited to the following information:

- a. Job description and job qualifications, or a statement signed by the employee that he has read the job description and qualifications for the position accepted;
- b. signed and dated application;
- c. verification and a copy of professional licensure, permits, certification or registration, as required;
- d. verification of job experience and educational requirements as appropriate;
- e. written or telephone references, pertinent to employment references and job history;
- f. performance evaluations;
- g. disciplinary action taken, if applicable;

Personnel files may also include:

- a. For Home Care Aides: verification of experience, competency testing, training and / or certification. For personal care attendants, providers, and support services staff: verification of experience and training.
- b. Signed acknowledgement of Agency's Corporate Compliance Plan.
- c. Signed acknowledgement of Employee Handbook
- d. Orientation Dates/Acknowledgement.
- e. Dates of hire, resignation or dismissal.
- f. Skills review answer sheet(s), if applicable.
- g. Verification of Criminal History Check/No offense statement.
- h. CPR certification, if applicable.
- i. Letters of Commendation.

- . Proof of current auto liability, if applicable.
- k. Proof of current TB test if applicable
- l. Proof of Hep B series or declination, if applicable

Compassion Hospice will keep Personnel files confidential, making data available only to **PERSONNEL RECORDS (continued):**

authorized persons. The Administrator, Executive Staff, and/or Human Resources may have access to the personnel files of Agency Employees, whereas, Employees may not "check out" other Employee personnel files.

A confidential file shall be established and maintained for each employee. Each record shall contain the following:

- a. Dates of all Hepatitis B vaccinations and any medical records relative to the ability to receive the Hepatitis B vaccinations.
- b. A copy of employee's TB test status, including dates and findings of x-rays, treatment protocol, and physician statement of noninfectious status as applicable.
- c. Criminal history report for DPS
- d. EMR
- e. NAR

A separate record shall be established and maintained for each employee with medical evaluations and follow-ups. Each record shall contain the following but not limited to:

- a. A copy of all medical examinations, testing and follow-up procedures results
- b. Copy of a physician's written opinion
- c. Copy of information provided to the physician
- d. Copy of drug testing at random or as appropriate

Exposure control records shall be kept confidential. Release of information regarding occupation exposure or post-exposure evaluation and follow-up procedures shall be only with the employee's written consent or as required by state law. Records shall be kept confidential in the Human Resources Department. Retention of exposure control records shall minimally be the duration of employment with Compassion Hospice plus thirty (30) years. All records shall be available upon request to the Assistant Secretary of Labor for Occupational Safety and Health for examination and photocopying. Personnel files shall be retained during the employee's tenure with the Agency and for at least seven (7) years following termination or resignation of employment.

Reviewing Personnel Records

The employee may review his/her own Personnel Record, which is the property of the Agency. Human Resources Personnel must remain in the presence of the employee reviewing the record. The record is not available to be altered in any way or reproduced / copied.

The employee may submit a Rebuttal Statement to be placed, for future reference, in their personnel record.

PREVENTING FRAUD AND ABUSE & REPORTING NON-COMPLIANCE

PURPOSE:

To define the responsibility of individuals to comply with all federal and state laws and Compassion Hospice policies and procedures to prevent and detect improper documentation, coding or billing practices which lead to fraud and abuse within health care programs.

SCOPE:

This policy applies to all individuals as defined in the definitions section of this policy.

DEFINITIONS:

Individual, for purposes of this policy, an individual is defined as: Compassion Hospice staff members (employees), volunteers, trainees, students, vendors, business associates, and contractors.

POLICY:

A. Compassion Hospice provides detailed information to all individuals covered under this policy on the Federal False Claims Act, State False Claim provisions, administrative remedies, and whistleblower provisions and protections. See Attachment A for detailed information on the Federal and State regulatory provisions.

B. Compassion Hospice prohibits individuals from knowingly submitting a claim for payment to any federally or state funded program that includes false or fraudulent information, or is based on false or fraudulent documentation.

C. Individuals are encouraged to ask questions regarding Compassion Hospice business operations and are required to immediately report any concerns or suspicion of fraud or abusive practices.

D. Individuals who function in a role where they are required to document patient related services, must do so in a timely, accurate and thorough manner. Documentation of clinical services should be a complete and accurate picture of the patients' encounter and condition. Proper documentation will allow for complete and accurate coding of the encounter, which directly affects the accuracy of billing and reimbursement for services rendered.

E. It is the responsibility of each department/office manager and applicable staff to maintain an accurate charge for services, to accurately charge for services rendered and to have a reconciliation process in place to monitor compliance to these requirements.

F. All individuals are responsible for conducting our business in an honest and ethical manner, and to follow the elements outlined in the Code of Corporate Ethics.

PROCEDURES:

A. Individuals covered by this policy who suspect fraudulent or abusive practices at Compassion Hospice, are required to immediately notify an Compassion Hospice

supervisor, manager or Compliance Officer B. If an individual feels his/her concern has not been addressed, he/she should direct these

**PREVENTING FRAUD AND ABUSE & REPORTING NON-COMPLIANCE:
continued**

concerns to any member of the Executive Committee and/or the Compliance Officer
C. If the individual continues to feel his/her concern is not being properly addressed by internal parties, he/she has the right to report his/her concerns to the appropriate government agency.

D. In accordance with Compassion Hospice policy and federal and state laws, Compassion Hospice will not retaliate against individuals who, in good faith, bring forth claims of noncompliance, or suspected fraud, waste, and/or abuse.

Attachment A

Summary of Federal and State False Claims Laws Compliance with Federal and State False Claims Laws:

To comply with section 6032 of the Deficit Reduction Act of 2005, this attachment provides an overview of federal and state false claims laws.

A. The Federal False Claims Act (31 U.S.C. §§ 3729-3733)

The Federal False Claims Act is a law that prohibits a person or entity, such as Compassion Hospice from “knowingly” presenting or causing to be presented a false or fraudulent claim for payment or approval to the Federal government, and from “knowingly” making, using or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the Federal government. The Act also prohibits a person or entity from conspiring to defraud the government by getting a false or fraudulent claim allowed or paid. These prohibitions extend to claims submitted to Federal health care programs, such as Medicare or Medicaid.

The Federal False Claims Act broadly defines the terms “knowing” and “knowingly.” Specifically, knowledge will have been proven for purposes of the Federal False Claims Act if the person or entity: (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. The law specifically provides that a specific intent to defraud is not required in order to prove that the law has been violated.

A person or entity found guilty of violating this law is obligated to repay all of the falsely obtained reimbursement and will be liable for a civil penalty of up to \$11,000, plus three times the amount of actual damages sustained by the government as a result of the prohibited conduct for each violation of the Act. In addition to being liable for damages, civil penalties, and potential criminal liability, violating the Federal False

Claims Act can subject a person or entity to exclusion from participation in Federal health care programs, such as Medicare and Medicaid.

B. Whistleblower Protections

Private persons are permitted to bring civil actions for violations of the Federal False Claims Act on behalf of the United States (also known as “qui tam” actions) and have the opportunity for monetary recovery. Persons bringing these claims (also known as “relators” or “whistleblowers”) are granted protection under the law. Specifically, any whistleblower who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by his or her employer because of reporting violations of the Federal False Claims Act will be entitled to reinstatement with seniority, double back pay, interest, special damages sustained as a result of discriminatory treatment, and attorneys’ fees and costs.

C. Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812)

The Program Fraud and Civil Remedies Act (PFCRA) creates administrative remedies for making false claims and false statements. These penalties are separate from and in addition to any liability imposed under the False Claims Act. This law imposes liability on people or entities that file a claim that they know or have reason to know:

- Is false, fictitious, or fraudulent;
- Includes or is supported by any written statements that contain false, fictitious, or fraudulent information;
- Includes or is supported by a written statement that omits a material fact, which causes the statement to be false, fictitious, or fraudulent, and the person or entity submitting the statement has a duty to include the omitted fact; or
- Is for payment for property or services not provided as claimed. Violations of this law are punishable by a \$5,000 civil penalty for each wrongfully filed claim, plus an assessment of twice the amount of any unlawful claim that has been paid.

In addition, people or entities submitting written statements that assert a material fact that is false, fictitious, or fraudulent; or omits a material fact they had a duty to include which caused the statement to be false and the statement contained a certification of accuracy will also be subject to additional penalties.

D. Texas Medicaid Fraud Statute

The state Medicaid fraud statute prohibits any person from:

- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact for use in determining rights to Medicaid benefits, or a claim made for Medicaid benefits or payments.
- Having knowledge of an act affecting the initial or continued right to Medicaid benefits or payments of any other individual on whose behalf someone has applied for or is receiving the benefits or payments, concealing or failing to disclose such event with an intent to fraudulently secure Medicaid benefits or payments whether in a greater amount or quantity than is due or when no benefit or payment is authorized.

- Making a claim for Medicaid benefits or payments for the use or benefit of another, and after receiving the benefit or payment, knowingly and willfully converting it or any part of it to a use other than for the use and benefit of the intended person. Anyone found guilty of the above may be imprisoned for up to six years, and fined not more than \$25,000, plus three times the amount of the actual damages.

A situation in which the quality of care provided by a health care facility or provider or by an employee of the health care facility or provider, violates established standards and poses a potential risk to public health or safety. Specifically, the healthcare facility or provider cannot take or threaten to take disciplinary action against an individual because he/she reported his/her concerns or filed a complaint.

E. Agency specific procedures on detection and prevention of fraud, waste, abuse.

- a. Fraud, waste and abuse detection and prevention procedures followed by the Medicare operational entity are referenced in the Claims submission Protocol FO 9-10 as required by state licensure.
- b. Fraud, waste and abuse detection and prevention procedures followed by all other entities are referenced below.
 - i. Benefit verification is processed on all referrals to ensure eligibility and to determine primary payment source if multiple payment sources are involved.
 - ii. Authorization is obtained (if applicable) to perform assessment visit or start patient/client's care.
 - iii. Quality Assurance staff review clinical notes on assessments to ensure accuracy in coding and authorization request.
 - iv. Scheduling coordinators create schedules based on authorizations or approved visit frequency by doctors and payment sources.
 - v. State required timesheets or clinical documentation forms are submitted and verified by timekeeper.
 1. Documentation records the tasks authorized and/or skilled care ordered for client/patient.
 2. Documentation states time and day care was delivered.
 3. Timekeeper verifies actual time submitted vs scheduled hours authorized.
 4. Signatures of both the client/patient and worker delivering care are required, unless client is unable to physically sign.
 5. Discrepancies between scheduled and worked result in payroll and billing being held for those units of service delivered—until the discrepancy can be resolved.
 6. Timekeeper submits "batch" of payroll/billing to accounting department ensuring hours/visits are in balance.
 - vi. Phone calls are periodically made to clients/patients to ensure patient satisfaction but also verification of services by worker.
 - vii. Quality Assurance staff performs regular chart reviews and audits.
 1. Billing errors found are immediately communicated to billing staff and negative or adjustment billing is submitted to correct the error.
 2. Other errors that are identified in this audit/review are flagged for correction and the chart is not filed until corrections to documentation are made.

PRIVACY

PURPOSE:

To protect employee privacy.

POLICY:

Compassion Hospice is concerned with its employee's privacy, especially where matters regarding medical and personal information are involved. As long as the information is not needed for police/ security purposes, Compassion Hospice shall maintain employee medical and personal information in confidence and release this information to authorized company personnel on a "need to know" basis only. An exception to this policy is where the employee signs a release for the transfer of such information to designated persons or agencies.

Medical information will be maintained in a separate confidential file.

PROFESSIONAL LICENSE, CERTIFICATION, TB, HEPATITIS, CPR, AUTO LIABILITY VERIFICATION

PURPOSE:

To verify licensure and certification for all professional staff of Agency of all new, prospective staff and periodically thereafter as appropriate to the expiration dates of specialties.

POLICY:

Each professional staff shall have a current license or certification which shall include registered nurses, licensed vocational nurses, physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, speech/language pathologists, medical social workers, dietitians and clinical specialists.

Employees with a potential for patient contact, shall have current documentation.

PROCEDURE:

1. Upon application, licensure and/or certification will be verified by calling the appropriate boards and/or certifying agencies/organizations or verifying on the Internet.
2. Upon initial employment, Human Resources shall make a copy of current documentation and place in the personnel file.
3. If the professional staff has a licensure restriction, the Owner will further review/disposition thereafter.
4. The professional staff shall provide the Agency with proof of re-licensure prior to expiration date.
5. The Human Resources Department will be responsible for maintenance and updates to the system in order to assure compliance with this policy.

Current documentation based on position: Licensed Employees:

- Professional License
- Proof of TB test within the last year for new hires or initial chest X-ray if previous test reading was positive. If TB results were greater than one year, initial 2 step TB test will be administered for new-hires. • Hepatitis (series or declination)
- CPR Certification (before any unsupervised patient care)— CPR certification must include both cognitive and skills evaluations in accordance with the curriculum of the

American Heart Association

Auto Liability if applicable (having this insurance takes into account that the employee • must have access and availability to a personal reliable vehicle which is necessary in order to fulfill job requirements).

Medicare Certified Home Care Aides:

- TB per CDC guidelines for low risk setting.
- Hepatitis (series or declination)
- CPR Certification (before any unsupervised patient care)— CPR certification must include both cognitive and skills evaluations in accordance with the curriculum of the American Heart Association.
- Auto Liability insurance (having this insurance takes into account that the employee must have access and availability to a personal reliable vehicle which is necessary in order to fulfill job requirements).

Unlicensed employees providing direct client care:

- Hepatitis (series or declination)

Other unlicensed employees are only required to provide eligibility to work and identification documents as required by the I-9 process.

Due to the nature of our business and the legal requirements placed upon the Agency by various state and federal laws, it is mandatory that the documentation be provided and remains current.

Failure to provide the required documentation will result in that individual not being allowed to work (suspended) until he/she has complied with the policy. If compliance is not obtained within 30 days, the employee will be subject to additional disciplinary action, up-to-and including termination.

PROHIBITION OF SOLICITATION OF PATIENTS

PURPOSE:

To inform employees or contractors of the agency of regulations and penalties concerning the solicitation of patients.

“Solicitation” includes any actions or words by Compassion Hospice or any employee or contractor of the agency to petition, plea, urge, entice, or lure a patient (or representative) to choose Compassion Hospice and end services with the patient’s current provider.

POLICY:

In compliance with the Texas Occupations Code, Chapter 102, (Concerning Solicitation of Patients) a person commits an offense if the person knowingly offers to pay or agrees to accept directly or indirectly, overtly or covertly, any remuneration in cash or in kind, to or from another for securing or soliciting a patient or patronage to or from a person licensed, certified, or registered by a state health care regulatory agency.

Failure to comply with the regulations as set forth in this code may result in an offense classified as a Class A misdemeanor or felony of the third degree, as appropriate.

The Agency shall not advertise false, misleading or deceptive information or advertise professional superiority or the performance of a professional service in a superior manner that is not ready subject to verification.

The Agency shall not pay anyone for advertising, marketing, or other services unless the remuneration is set in advance and is consistent with the fair market value of the services. Payment may not be based on the volume or value of any patient/client referrals or business otherwise generated.

PROCEDURE:

Personnel assigned to work on cases are employees of Compassion Hospice and as such, they enjoy the rights and responsibilities associated with the terms of their employment arrangement. It is expressly prohibited for the employee to solicit for themselves or another Agency, coerce, request or otherwise discuss private employment options with any client or for the client or responsible party (including family members) to do the same.

In addition, Compassion Hospice’s current employees will not solicit patients/clients from other organizations (former employers, etc.) to Compassion Hospice since this situation would equally violate rule 97.255.

In addition, Compassion Hospice 's employees will not receive payment indirectly or directly in return for soliciting a patient/client from another licensed health care provider (former employer, etc.) to the agency since this situation could equally violate Ch. 102 of the Texas Occupations Code. No portion of an employee's compensation shall be based in whole or in part upon referrals made by the employee to the agency or upon patients solicited by the employee who become patient/clients of the agency.

Employees employed by Private Pay:

It is further agreed that if such condition is violated within one year from the last day the employee worked on the assigned case, the employee will owe a finder's fee to Compassion Hospice in amount not less than \$2,500. Failure to pay such fee will result in pursuance of legal collection efforts by Compassion Hospice .

Employees employed by:

It is further agreed that if such condition is violated within one year from the last day the employee worked for Compassion Hospice , the former employee and/or Agency employing the former employee, will be reported to the Texas Department of Aging and Disability Services. Legal action will be considered for loss of potential profit.

PROTECTIVE OR RESTRAINING ORDER

POLICY:

In order to provide a safe workplace, protect our employees, clients and visitors the Agency must know if a court has ordered an individual to stay away from Agency locations. Therefore, if you obtain a protective or restraining order, which lists Agency locations as being protected areas, please provide your supervisor or manager a copy of any protective or restraining order. The information will be kept confidential to the maximum extent possible.

Compassion Hospice expects your support of this policy.

RE-EMPLOYMENT OF VETERANS

PURPOSE:

To ensure compliance in the reemployment of Veterans as outlined under The Uniformed Services Employment and Re-employment Rights Act (USERRA).

POLICY:

Compassion Hospice recognizes the obligation, which it has under the law to the men, and women who served in the Armed Forces of this country. Accordingly, it is the policy of Compassion Hospice not only to comply with the letter of any law pertaining to the employment of veterans who have satisfactorily completed their military obligation, but also to give full effect to the spirit and intent underlying such laws.

Re-employment Rights:

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Right to be Free From Discrimination and Retaliation:

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service;
- Are obligated to serve in the uniformed service; then an employer may not deny you and of the following because of this status:
- Initial employment; re-employment; retention in employment; promotion; or any benefit of employment.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights.

Health Insurance Protection:

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed,

generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service- connected illnesses or injuries.

Enforcement:

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

SCREENING OF EMPLOYEES AND CONTRACTORS FOR EXCLUDED PERSONS

PURPOSE:

Compassion Hospice is committed to the efforts to combat fraud and abuse. The United States Department of Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program and all federal health care programs.

POLICY:

Compassion Hospice will screen for exclusion all employees and contractors prior to hiring or contracting and on a routine monthly basis. Documentation will be maintained to show checks were performed. The Agency prohibits the receipt of payment for any items or services furnished, ordered, or prescribed by an excluded individual or entity.

The following are examples of the types of items or services that are reimbursed by Medicaid which, when provided by excluded parties, are not reimbursable:

- Direct or indirect services performed by nurses, technicians, or other excluded individuals who work for a hospital, nursing home, home health agency or physician practice;
- Services performed for program recipients by excluded individuals who sell, deliver, or refill orders for medical devices or equipment;
- Services performed for program recipients by excluded social workers who are employed by health care entities to provide services to Medicaid recipients;
- Services performed directly or indirectly by an administrator, billing agent, accountant, claims processor, or utilization reviewer; and
- Items or services provided to Medicaid recipient by an excluded individual who works for an entity that has a contractual agreement with, and is paid by, a Medicaid program.

PROCEDURE:

1. The Agency will use the state and federal online databases (see below) to search for excluded individuals and entities prior to hiring or contracting and on a monthly basis.

- Texas Health and Human Services Commission – OIG List of Excluded Individuals/Entities online searchable database:
<https://iog.hhsc.state.tx.us/Exclusions/Search.aspx>
- HHS – OIG Excluded Individuals/Entities Search database:
<http://www.oig.hhs.gov/fraud/exclusions.asp>

2. Each month staff will download a current list of excluded individuals/entities from both the state and federal LEIE websites.
3. Using Agency software, a file will be created to check against the databases for any excluded individuals. At a minimum, documentation elements must include:
 - a. Date of the federal and state database searches;
 - b. First and last names and date of birth of all employees and contractors subject to LEIE search requirements;

SCREENING OF EMPLOYEES AND CONTRACTORS . . . (continued)

- c. Whether or not the employee/contractor appeared in the federal/state LEIE ;
 - d. If applicable, date any excluded employee/contractor was self-reported to HHSC-OIG;
 1. Copy of the self-report; and
 - e. Printed name(s) and signatures of staff responsible for completing the monthly searches.
4. Compassion Hospice must maintain this documentation for a minimum of six years after the end of the federal fiscal year in which the searches were completed and any exclusion information was reported to HHSC-OIG. Providers are not required to maintain documentation of the search results for individuals who do not appear in the federal or state LEIE databases.
 5. A report of any exclusion will be submitted to the HR department for further review. Additional cross-referencing will be done for confirmation of individual's identity (ie: verification of DOB, professional license number, etc...).
 6. The Agency will immediately (no later than 1 business day) report to the DADS contract manager or other state representative any exclusion information discovered and all DADS contracted providers must report any discovered exclusion information to HHSC-OIG using the self reporting mechanism located on the HHSC-OIG website at: https://oit.hhsc.state.tx.us/ProviderSelfReporting/Self_Reporting.aspx.
 7. The confirmed employee or contractor appearing as an excluded individual will be immediately suspended.

TX DADS Information Letter 11-07 Updated Information Regarding the Obligation to Identify Individuals or Entities from Participation in Federal Health Care Programs

SICK LEAVE RETURN TO WORK AFTER INJURY OR ILLNESS:

PURPOSE:

To define the Agency's policy regarding absences due to work related or personal illness or injury.

POLICY:

It is in the best interests of an employee who is ill or injured not to remain at work. It is the supervisor's responsibility to send the employee home if, in the supervisor's opinion, the employee is incapacitated.

Time off for routine doctor or dentist visits is not to be charged to his/her PTO bank unless the visit exceeds more than 120 minutes (2 hours). Time exceeding 120 minutes (2 hours) will be deducted from an employee's PTO hours upon request. Employees are encouraged to make such appointments before or after regularly scheduled work hours.

The employee must notify their supervisor, personally if they are going to miss work due to illness or non-work related injury. When necessary to report personal illness after business hours all employees scheduled for patient care need to report to the on-call nurse.

All employees are expected to call their supervisor, personally, at the beginning of each workday during illness or injury. All third party notifications will result in classifying this absence as unexcused. Exceptions to this include a serious accidental injury, hospitalization and when it is known in advance that the employee will be absent for a certain period of time. All employees must complete a time off request for processing by the HR department.

A Medical Release Statement is to be submitted to the employee's supervisor / manager for review before the employee returns to work in the following situations:

1. Three (3) or more consecutive workdays of absence due to illness or injury;
2. In all cases of work-related injury when the employee has been unable to work after the time of the injury;
3. When returning from medical or maternity leave of absence; or
4. When the supervisor feels that there is a possibility of "time-off" abuse due to frequent absences, i.e., more than six (6) separate absences per year.

As a joint protection to the employee and the company, employees who have been absent from work because of serious illness or injury are required to obtain a full doctor's release specifically stating that the employee is capable of performing his / her normal duties or assignments /according to his/her job description without risk of re-injury or relapse.

TERMINATION OF EMPLOYMENT PROCESS

PURPOSE:

To define the process for the termination of employment.

POLICY:

In every case of termination of employment, it shall be the agency's objective to make the separation as amicable as possible for both the employee and the company. It is best that the terminating employee take a feeling of goodwill toward the company into the community regardless of how satisfactory or unsatisfactory he or she may have been as a worker. However, the company must take action to protect its own interest.

PROCEDURE:

The following steps will be taken after all policy procedures have been followed and a decision has been made to terminate for cause.

1. The supervisor must immediately notify the Director of Human Resources of the intent to terminate an Employee and obtain an authorization to proceed before a termination checklist can be initiated. The Director of Human Resources will coordinate the termination procedure.
2. The termination conference should occur as close to the end of the scheduled workday as possible in order to avoid alerting or disrupting other employees. The employee's supervisor and a representative of the Human Resources Department should conduct the meeting.
3. At the conclusion of the meeting the terminated employee would be accompanied to their office or building, Nametag, clinical notes or company property should be collected at this time.
4. The employee will then be escorted from company property by their supervisor or a representative of the Human Resources Department.
5. Notification should be made to the appropriate personnel of the termination and that the employee is not allowed to come back on company property.
6. If the terminated employee later requests to retrieve additional personal items she or he may have forgotten, arrangements should be made to have the terminated employee return at the end of the scheduled work day (5:00p.m.) to pick up any personal items. Proper notification should be given to supervisory personnel that the employee will be returning to pick up additional personal items. The terminated employee will be required to remain in the lobby area. The material will be gathered and given to the employee in the lobby.
7. The terminated employee who is discharged from employment will receive their final paycheck which shall include all earned pay and any accrued and authorized expenses due the employee within 7 days *. All outstanding advances charged to the terminated employee will be deducted from their final paycheck.

An employee who leaves employment other than by discharge will receive their final paycheck no later than the next regularly scheduled payday. A check will be issued the following regular scheduled payday to include all earned pay and any accrued and authorized expenses due the employee.*

Any questions the terminating employee has concerning benefits will be answered at this time.

TERMINATION OF EMPLOYMENT REASONS

POLICY:

These guidelines describe conduct or behavior that is unacceptable Compassion Hospice and are established to ensure fairness and uniformity of treatment and action among all employees.

Listed below are examples of reasons that should warrant immediate discharge. This list is not intended to be an all-inclusive list.

1. Verbal or physical abuse of a client or other inappropriate behavior.
2. Willful acts of conduct detrimental to patient care.
3. Excessive absenteeism or frequent tardiness.
4. Failure to report for duty.
5. Leaving work prior to end of shift or before a replacement arrives.
6. Violation of dress code.
7. Willful insubordination toward supervisor or department director or refusal to follow instructions or work assignments.
8. Demonstrating lack of appropriate concern for patient safety and well being.
9. Failure to notify Nursing Supervisor or designee of changes in patient's condition.
10. Exercising inappropriate or poor judgment.
11. Demonstrating lack of nursing skills.
12. Failure to document according to the Agency charting guidelines.
13. Omission / Commission of medication error.
14. Failure to maintain current professional license, TB test and CPR certification, if appropriate for his/her position
15. Sleeping while on duty.
16. Possession, introduction or consumption of intoxicating beverages, unprescribed drugs, illegal drugs or other controlled substances while on duty or on-call or reporting to work under the influence of either.
17. Does not follow policies, procedures and duties set forth by the Agency.
18. Working in excess of authorized hours without the approval of employee's supervisor.
19. Removing or attempting to remove from the Agency premises, without proper written authorization, Agency property, records, material, or property of another employee.
20. Abuse or destruction of Agency's property, tools, or equipment.
21. Violating any safety rules or practices or engaging in any conduct, which tends to create a safety or health hazard.
22. Threatening, intimidating, or coercing another employee or client by word or act.
23. Restricting or interfering with others in the performance of their duties.
24. Falsely stating or making a claim for injury.

TERMINATION OF EMPLOYMENT REASONS (continued):

25. Immoral or improper conduct off the Agency premises during non-working hours, which affects the employee's relationship to their job; their fellow employees; their supervisor; or the Agency's property, reputation or goodwill in the community.
26. Distributing material, soliciting, or pursuing personal activities during work time.
27. Discussing clients or your pay with others.
28. Discussing personal business or the agency business at the client's home.

29. Working in the client's home when the client is not at home.
30. Driving or riding with a client in any personal vehicle. Employees are not to ride in the car with clients unless they have been orientated to that particular task as assigned by the Department of Health and Human Services. Employees may only escort clients by public transportation.
31. A "no call, no show" is a voluntary termination with ineligibility for rehire.
32. Falsification of employment records, time and attendance records, reimbursement records, patient care documents, other documents; or soliciting and/or accepting personal gifts from companies or individuals that sell supplies or services to Compassion Hospice 33. Introduction, possession, use or threat of firearms or any other dangerous weapons while on company premises or in patient homes.
34. Cheating, fraud, or dishonesty.
35. Sabotage, abuse, or destruction of property belonging to the Agency, an employee, a patient or other person doing business with the Agency.
36. Breach of confidence or professional ethics. Misuse, disclosure or removal of originals or copies of confidential Agency, employee or patient information or other such confidential information. An example would be confidential information disclosed to third parties regardless of the medium. i.e. electronic, written, or verbal.
37. Gambling while on duty.
38. Sexual harassment.
39. Knowing violation of policy on nondiscrimination in employment-related decisions.
40. Misrepresentation of a material fact in an attempt to obtain a benefit or advantage.
41. Rude, discourteous or uncivil behavior; creating a disturbance while on duty; use of abusive language, etc.
42. Two consecutive performance reviews with overall performance being below a satisfactory rating.
43. Provoking or participating in a physical altercation or the assault of another person while on duty.
44. Conviction of a criminal offense. Refer to Verifiability of Employment Policy.
45. Violating professional licensing standards of conduct not otherwise included here.

Any employee discharged for such conduct will not be given wages in lieu of notice nor paid accumulated paid time off. Compassion Hospice retains the right to terminate employees "at will" with or without notice or wages in lieu of notice.

TERMINATIONS

POLICY

Terminations are to be treated in a confidential, professional manner by all concerned. The Director of Human Resources must ensure a thorough, consistent and evenhanded termination procedure. This policy and its administration will be implemented in accordance with the company's equal opportunity statement.

Inasmuch, an employee can terminate his / her employment with the company at any time and for any reason, Compassion Hospice can terminate an employee at any time

and for any reason. Compassion Hospice subscribes to the policy of "employment at will". Continued employment with the company is at the sole and exclusive option of company management.

No promises or guarantees of permanent or specific term employment will be made to an employee of Compassion Hospice by anyone, nor will such promises or guarantees, if made, ever be adhered to by the company or enforced by the employee.

Employment with the company is normally terminated but not limited to one of the following actions:

Voluntary Resignation

An employee desiring to terminate employment, regardless of employee classification, is expected to give as much notice as possible. A minimum of two (2) weeks notice of intent to terminate employment is required of all employees. However, those deemed by Compassion Hospice as management level or key employees are required to give thirty (30) days notice to allow the company sufficient time to find a suitable replacement. If proper notice of intent to resign is not submitted as outlined above, the employee will not be eligible for rehire. The employee is required to give a written resignation statement showing a specific effective date with the original being submitted directly to the supervisor and a copy to Human Resources.

Should any employee resign to join a competitor, if there is any other conflict of interest or if the employee refuses to reveal the circumstances of his/her resignation and the identity of the future employer, the Director of Human Resources may request the employee to leave the company immediately rather than work during the notice period. This is not to be construed as a reflection upon the employee's integrity but rather an action in the best interests of business practices.

Dismissal

Substandard Performance

An employee may be discharged if his / her performance is unacceptable. The supervisor or department manager should have counseled the employee concerning performance deficiencies, provided direction for improvement and warned the employee of possible termination if performance did not improve within a defined period of time. Certain behaviors/actions will warrant immediate termination without notice. Refer to "Termination of Employment Reasons"

TERMINATIONS (continued):

The supervisor is expected to be alert to any underlying reasons for performance deficiencies such as personal problems or substance abuse.

The CEO and Director of Human Resources must concur in advance of advising the employee of discharge action.

Documentation is to be prepared by the supervisor and shall include reason for separation, performance history, corrective efforts taken, alternatives explored and any additional pertinent information.

An employee found to be engaged in activities such as, but not limited to, theft of company property, insubordination, conflict of interest or any other activities showing willful disregard of company interests or policies, will be terminated as soon as the supervisor, CEO and the Director of Human Resources have concurred with the action.

Misconduct

Termination resulting from misconduct shall be entered into the employee's personnel file. The employee shall be provided with a written summary of the reason for termination. No salary continuance, accrued benefits or severance pay will be allowed.

Layoff

When a reduction in force is necessary or if one or more positions are eliminated, employees will be identified for layoff after evaluating the following factors:

1. Company work requirements;
2. Employee's abilities, experience and skill;
3. Employee's potential for reassignment within the organization; 4. Past performance and attendance records; and
5. Length of service.

The immediate supervisor will personally notify employees of a layoff. After explaining the layoff procedure, the employee will be given a letter describing the conditions of the layoff such as the effect the layoff will have on his / her anniversary date at time of call - back, company's role in assisting employees to find other work and the procedure for requesting time off to seek other employment. Severance pay will be at the discretion of the company.

Return of Company Property

Any agency property issued to the employee, such as computer equipment, files, keys, badge, supplies, medical equipment, etc., must be returned at the time of employee's termination. The employee will be responsible for any lost or damaged items. The value of any property issued and not returned may be deducted from the employee's final paycheck, and the employee may be required to sign a wage deduction authorization form for this purpose.

USE OF DRUGS AND ALCOHOL IN THE WORKPLACE **SUBSTANCE ABUSE AND DRUG TESTING:**

PURPOSE:

Compassion Hospice is committed to maintaining a safe, healthy, productive and lawful working environment. We believe our employees have the right to work in an alcohol-free and drug-free environment and, as well, to work with others who are free from the effects of alcohol and illegal drugs. The use of illegal drugs and/or controlled substances increase the potential for, among other things, on-the-job injuries, absenteeism, unsatisfactory work performance, poor morale and damage to Compassion Hospice 's reputation. The use, possession or distribution of illegal drugs and/or controlled substances is strictly prohibited on any Company premise, in any Company facility and in any work situation involving the Company, its employees, clients and/or suppliers.

In support of this position we emphasize the prohibition against the use or possession of alcohol or illegal drugs and/or controlled substances and hereby, under this procedure, make our employees aware of the substantial CONSEQUENCES and PENALTIES for substance abuse taking place while on-the-job.

POLICY:

The Agency will provide a copy of the policy to anyone applying for services from the Agency and any person who requests it.

The Agency does drug testing using the methods and criteria as described in this policy. Applicants and employees are required to complete the drug testing process within 24-hours of receipt of notification by Compassion Hospice representative. If any applicant fails to complete the drug testing process within 24-hours of receipt of notification by an Compassion Hospice representative, that applicant will no longer be eligible for employment with Compassion Hospice . If any employee fails to complete the drug testing process within 24-hours of receipt of notification by an Compassion Hospice representative, that employee will no longer be eligible for employment with Compassion Hospice .

Employees required to complete the drug testing process due to "reasonable cause" must complete the drug testing process as directed by his/her supervisor. The 24-hour notice period does not apply when testing is requested for "reasonable cause".

Definitions

A "legal" drug/controlled substance is defined, for purposes of this policy, as a prescribed or over-the-counter drug which has been legally obtained and is being used for the purpose for which it was prescribed by manufacturer.

An "illegal" drug/controlled substance is defined, for purposes of this policy, as any drug or controlled substance which is (1) not legally obtainable or (2) is legally obtainable, but was not legally obtained.

USE OF DRUGS AND ALCOHOL IN THE WORKPLACE SUBSTANCE ABUSE AND DRUG TESTING (continued):

Being “under the influence” of alcohol is defined, for purposes of this policy, as having a minimum 0.02 blood alcohol content.

Being “under the influence” of an unauthorized controlled substance or illegal drug is defined, for purposes of this policy, as testing at any level of mg/ml.

Authorized use of Prescribed or Over-the-Counter Medicine

Employees undergoing prescribed medical treatment with any substance which may alter their behavior or physical or mental ability or which otherwise might adversely affect their job performance and/or endanger their safety or that of others, are required to report such treatment to management immediately. Employees should report to the immediate management member the possible effects relating to the performance of job duties and/or safety of the medical treatment and the expected duration of such treatment. If appropriate and deemed necessary, management, upon discretion, may assign the affected employee to other duties or opt to require the individual to cease performance of job duties totally until such time as the medical treatment is complete or until it is deemed appropriate with regard to the safety and well being of all concerned individuals. Failure to report any prescribed medical treatment as defined, will result in the appropriate disciplinary action up to and including termination of employment.

Methods and Cause of Testing

Compassion Hospice prohibits all individuals including employees, contractors, visitors, and all others (hereinafter “individuals”) from possession, sale, purchase, distribution, consumption or having illegal drugs in any bodily fluid while on Compassion Hospice property which is owned, leased, or under the control of Compassion Hospice including, but not limited to premises, parking lots, offices and desks (hereinafter “Company premises”), or while performing Company business or on duty, even if the employee is not on Company premises. Further, Compassion Hospice prohibits all individuals from consumption of alcoholic beverages or being under the influence of alcoholic beverages (blood or urine alcohol greater than 0.02%) on Company “premises”, except by express prior approval by the CEO. All employees must comply with the policy when on Company premises, whether on duty or not, to ensure their own safety, the safety of other employees, and to protect the Company interests. Compassion Hospice may request drug and alcohol screening of current employees for cause and by random selection. The following guidelines will apply:

Reasonable Cause Testing

Whenever the Company has probable cause and reasonably suspects that an employee’s work performance or on-the-job behavior may be affected in any way by alcohol or drugs, or that employee exhibits the appearance and/or conduct indicative of the use of alcohol or drugs or abuse, or that an employee has otherwise violated this policy, the

Company may require the employee to submit a urine and/or blood sample for alcohol and drug testing. Any employee who tests positive for alcohol or drugs of abuse, as a result of such a test, will be in violation of this policy and lead to disciplinary

USE OF DRUGS AND ALCOHOL IN THE WORKPLACE SUBSTANCE ABUSE AND DRUG TESTING (continued):

action up to and including immediate termination of employment. Any employee who fails to participate as requested will be terminated immediately.

Discovery/Loss of Drugs

Employees may be subject to testing if illegal drugs(s) or alcohol is discovered in the employees' general work area or if any controlled medication is lost or missing from the employees' general work area.

Off-Duty Abuse of Alcohol or Drugs

If Compassion Hospice has reasonable cause to believe that an employee's off-duty abuse of alcohol or illegal or prescription drugs has resulted in excessive absenteeism or tardiness or is the cause of accidents, poor work or other work-related problems, the employee may be requested to submit to alcohol or drug testing. If it is determined that the employee's off-duty abuse of alcohol or drugs has resulted in work-related problems, the employee may be subject to disciplinary measures, up to and including termination.

Post Incident Testing

All employees directly involved in an on-the-job incident which requires a physician's attention or results in a "near miss" occurrence which has the potential of serious injury to one or more individuals, will be required to submit a urine and/or blood sample to be tested for alcohol and drugs. An employee who tests positive for alcohol or drugs of abuse, as a result of such a test, will be in violation of this policy. This provision also applies to any employee who has a vehicle accident while on-the-job and is also the operator of the affected vehicle.

Random Testing

From time to time Compassion Hospice may randomly test for illegal use of controlled substance. All employees will be placed in a common selection pool, and will remain in this random selection pool at all times, regardless of whether or not they have been previously selected for testing. All guidelines for drug and/or alcohol testing will be followed. Any employee who fails to participate as requested will be terminated immediately.

Compassion Hospice follows industry guidelines in determining practices that would be prohibited regarding alcohol and drug abuse, neglect, and/or possession.

Arrest or Conviction Under Criminal Drug Statute

Employees must notify their manager within five (5) days of any arrest or conviction of a criminal drug statute. Failure to make such notification will result in termination of employment.

Condition of Employment

Compliance with the Compassion Hospice Substance Abuse and Drug Testing policy is a

USE OF DRUGS AND ALCOHOL IN THE WORKPLACE SUBSTANCE ABUSE AND DRUG TESTING (continued):

condition of employment. Failure or refusal of or by an employee to cooperate fully, sign and required document, submit to any inspection or test, follow any prescribed course of substance abuse treatment (if applicable) or other such failure to comply with any provision of this policy will be grounds for immediate termination of employment.

Confidentiality

No employee or applicant will be labeled a “drug user”, and there will be no disclosure of such information to a third party who does not have a need to know about test results or subsequent actions. All investigations and test results of individuals will be kept confidential except that there may be instances when Compassion Hospice will be required to notify legal or regulatory authorities. Unauthorized disclosure of investigation or test results to any person will be grounds for immediate termination of employment with Compassion Hospice .

Use of Electronic Equipment While Driving

Directive

It is the policy of Compassion Hospice that no full or part-time employee or temporary worker will use any type of handheld electronic device while operating a company vehicle or while driving their personal vehicle on company business.

Texting while driving is a very dangerous practice and is prohibited.

Phone use is only allowed in “hands-free” mode, either by wired microphone or speakerphone, Bluetooth or similar technology while moving. You are expected to come to a complete stop in a safe area if you need to text, look for contacts, physically dial a number, etc.

Responsibility

It is the responsibility of all management and each employee to assure compliance with this directive at all times.

All state and federal law adherence regarding electronic devices is required.

Process

Each employee will confirm receipt and understanding of this directive with your signature.

Any employee found violating this policy will be subject to disciplinary action up to and including termination.

Any ticket received by a driver, for the illegal use of a cell phone or electronic device, will be the responsibility of the driver and must be reported to your manager within 24 hours of its issuance.

Signature: _____ Date: _____

VERIFICATION OF EMPLOYABILITY

PURPOSE:

Compassion Hospice desires to provide a safe environment for all employees and clients at each of our locations. To help us achieve this goal and comply with state

and federal laws, our policy requires that we conduct a background investigation on all candidates eligible for an offer of employment and current employees at reasonable times during their employment with Compassion Hospice

POLICY:

Criminal history checks will be conducted on all applicants prior to employment and current employees in the following situations: Applicants whose duties involve direct patient contact or current agency employees who make a position change to one involving direct patient contact. Criminal history checks also will be conducted in the event of a change in agency ownership for agency employees as required by regulations. Additionally, the Agency will search both the Employee Misconduct Registry (EMR) and the Nurse Aide Registry (NAR) for certain acts of misconduct that bar employment.

A person may not be employed by the Agency if the person has been convicted of any of the following offenses as stated in Texas Health and Safety Code Chapter 250.

- *An offense under Section 19, Penal Code (criminal homicide);*
- *An offense under Section 20, Penal Code (kidnapping and false imprisonment);*
- *An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);*
- *An offense under Section 21.08, Penal Code (indecent exposure);*
- *An offense under Section 21.11, Penal Code (indecent with a child);*
- *An offense under Section 21.12, Penal Code (improper relationship between educator and student);*
- *An offense under Section 21.15, Penal Code (improper photography or visual recording);*
- *An offense under Section 22.011, Penal Code (sexual assault);*
- *An offense under Section 22.02, Penal Code (aggravated assault);*
- *An offense under Section 22.021, Penal Code (aggravated sexual assault);*
- *An offense under Section 22.04, Penal Code (injury to a child, elderly individual or disabled individual);*
- *An offense under Section 22.041, Penal Code (abandoning or endangering a child);*
- *An offense under Section 22.05, Penal Code (deadly conduct);*
- *An offense under Section 22.07, Penal Code (terroristic threat);*
- *An offense under Section 22.08, Penal Code (aiding suicide);*
- *An offense under Section 25.031, Penal Code (agreement to abduct from custody);*
- *An offense under Section 25.08, Penal Code (sale or purchase of a child);*
- *An offense under Section 28.02, Penal Code (arson);*
- *An offense under Section 29.02, Penal Code (robbery);*
- *An offense under Section 29.03, Penal Code (aggravated robbery);*
- *An offense under Section 33.021, Penal Code (online solicitation of a minor);*
- *An offense under Section 34.02, Penal Code (money laundering);*
- *An offense under Section 35A.02, Penal Code (Medicaid fraud); and*
- *An offense under Section 42.09, Penal Code (cruelty to animals); or*
- *A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an*

VERIFICATION OF EMPLOYABILITY (continued):

offense containing the elements that are substantially similar to the elements of an offense listed above.

A person may not be employed by the Agency if the person has been convicted of any of the following offenses within the past 5 years prior to application date:

- *An offense under Section 22.01, Penal Code (assault punishable as a Class A Misdemeanor or felony)*
- *An offense under Section 30.02, Penal Code (burglary)*
- *An offense under Chapter 31, Penal Code (theft punishable as a felony)*
- *An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution punishable as a Class A Misdemeanor or felony)*
- *An offense under Section 32.46, Penal Code (securing execution of a document by deception punishable as a Class A misdemeanor or felony)*
- *An offense under Section 37.12, Penal Code (false identification as peace officer); or*
- *An offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).*

Persons with motor vehicle records that indicate three (3) or more moving violations within the past three (3) years are not considered employable if their job requires them to transport clients or drive Agency owned or operated vehicles. Jobholders required to drive on behalf of the Agency must be at least age 18.

PROCEDURE:

1. Prior to an offer of employment, each applicant will be informed that the Agency will request a criminal history check authorized under the Health & Safety Code, Chapter 250 and the Fair Credit Reporting Act, and search the Nurse Aide Registry (NAR) (if applicable) in accordance with 97.247 and the Employee Misconduct Registry (EMR) to determine if that person has a criminal conviction or has committed certain conduct that would bar him/her from employment with the Agency before an offer of employment can be made. The Agency will conduct the verification of employability required under Health & Safety Code 253.008. The applicant will be asked to sign a criminal history / no offense statement and a verification of employability form outlining these requirements and authorizing the background checks. These forms will be maintained in the individuals personnel file.

2. The Agency will search the NAR and the EMR using DADS' toll-free number or DADS' Employability Status Search Website to verify that an applicant is not listed with a finding concerning abuse, neglect, or exploitation or mistreatment of a client of an agency or facility, or misappropriation of a client's property under the Health & Safety Code, Chapter 142.

3. The Agency will search the EMR with DADS' toll-free number or electronically to verify that an applicant is not on the registry.

Effective September 1, 2010, DADS 97.247 (a) 5 (b) requires an annual review of employees in registries of NAR and EMR. The Agency will once every twelve (12) months coinciding with hiring anniversary review applicable employees in EMR and NAR registries. Results will be recorded and appropriate actions taken up to and including immediate dismissal if employee is identified in EMR registry. 4. A Human Resources representative will submit the person's identifying information electronically or on a type written form to Texas

Department of Public Safety to obtain a **VERIFICATION OF EMPLOYABILITY (continued):**

State of Texas criminal conviction record.

5. If DPS or other state agency (if applicable) reports that a person has a criminal conviction of any kind, the Agency will review the criminal conviction to determine if the conviction(s) listed in the report meets the criteria as an automatic bar for employment. If the Agency believes that a conviction may bar a person from employment with the Agency, we will notify the applicant or employee (pre-adverse action letter). The notification will include a statement that informs the person he may contact DPS or other state agency (if applicable) to request an opportunity to be heard concerning the accuracy of the criminal history record information. If a final decision is made not to employ the applicant based on the criminal history report, an Adverse Action Letter will be mailed to the applicant's home.
6. In addition to the offenses listed above a person will not be employed by the agency if any of the following:
 - a. If the person is deemed unemployable as a result of the EMR and NAR search such as abuse, neglect, or exploitation or mistreatment of a client of an agency or facility, or misappropriation of a client's propriety.
 - b. If the person has convictions for felony offenses within the past 10 years or convictions for multiple Class A or Class B misdemeanor offenses within the past 5 years.
7. Criminal and motor vehicle records may be investigated on all employees once every 12 months.
8. The criminal history records and the information they contain may not be released or otherwise disclosed to any unauthorized person. The Agency will not share information with another agency.

Any time the Agency learns that an employee is no longer in compliance with this policy, an investigation will occur immediately. All employees are required to notify their supervisor immediately, should a conviction based on the guidelines outlined above occur regarding himself or herself or another employee of the Agency. The Agency reserves the right to conduct an investigation at any time for reasonable cause. In the event the investigation confirms that the employee is not in compliance with Agency policy or state and federal regulatory guidelines and laws, that employee will be terminated immediately.

Reference: DADS 97.247 Verification of Employability of Unlicensed Persons

W-4 TAX FORMS

PURPOSE:

To have documented information to determine appropriate tax withholdings for each employee.

POLICY:

Tax information provided by each employee is used to determine taxes withheld and will be kept in personnel office.

PROCEDURE:

Each new employee will document the tax information on the Form W-4.

The information will be entered into the computer.

The form will be retained in the employee's personnel file.

Every employee must fill out and sign a federal withholding allowance certificate (IRS Form W- 4) when changing marital status, exemptions or name. Any employee who believes that the number of his/her deductions is incorrect for any pay period or on the W-4, should check with the payroll department immediately.

WORK RELATED INJURY PROCEDURE

PURPOSE:

Compassion Hospice requires the full cooperation of every employee with respect to the safety and well being not only of your personal safety, but your co-workers and our clients. Adherence to this policy and all other rules applying to safety constitutes a condition of your continuing employment. Failure to comply with Agency rules and safety requirements will lead to disciplinary action up to and including termination of employment.

POLICY:

Safety Awareness and Prevention

Prevention is the key and common sense is the best approach. Every employee is responsible for monitoring the work environment for unsafe conditions and reporting any safety problem immediately to a manager.

- Watch out for and report conditions that may cause accidents
- Learn how to operate equipment properly, especially equipment that can hurt you.
- Use care when lifting and carrying objects.
- Develop safe personal habits that help keep you from getting hurt.
- Practice common sense and show consideration for others – it could help prevent injury to yourself or your fellow employees.

STANDARDS OF PRACTICE

Essential Requirements

Prior to interviewing, each applicant must review the job description of the position for which the applicant is being interviewed to hold. Every position description includes the essential functions of the job and physical requirements.

Offers for employment may not occur until, among other things, background investigation, acknowledgment of and agreement that he/she possesses the ability to perform all of the essential functions and physical requirements of the job as stated now or as amended. In the event that an applicant or employee is unable to perform an essential job duty due to a disability, Compassion Hospice may consider reasonable accommodation that would allow performance of the essential job duties. All applicants and employees may discuss potential reasonable accommodations with the hiring manager.

Training

During orientation, employees will receive safety information and training. All other safety training will occur during case conference or in-service events or through electronic delivery. All employees are required to participate in safety training as a condition of employment.

Disciplinary Procedures

Disciplinary action may result for failure to follow safety regulations, violating safety standards, failure to report an accident or personal injury of a client or employee to

the Supervisor and/or failure to complete the appropriate incident report. Disciplinary action will occur for failure to participate in safety training during employment.

WORK RELATED INJURY PROCEDURE(CONT'D)

Disciplinary action may be defined as verbal warning, written reprimand, or termination of employment.

INCIDENT REPORTING AS PART OF QUALITY ASSURANCE

All incidents or injuries, however, minor, must be reported to a supervisor **immediately** and before the end of the shift. Failure to do so may result in loss of potential medical treatment benefits for any injury, and/or disciplinary action up to and including termination of employment for the injured employee and/or the witnesses.

Employee Incident Report must be completed by the injured employee and submitted to their supervisor or Agency executive by the end of the shift. The Employee Incident Report must be completed thoroughly and include all the facts in regard to the incident.

Any employee that witnesses an on the job injury must complete a witness statement and submit the completed report to his/her supervisor before the end of his/her shift. The supervisor must complete a Supervisor Report of Employee Injury and submit the completed report to the Agency executive/owner within 24-hours of the accident.

Employees must review and become knowledgeable of the Compassion Hospice Workers Compensation policy as provided by its workers comp carrier and its _____ guidelines and requirements. If an employee fails to report a work-related injury or illness to his or her supervisor/manager by the end of the work shift, Compassion Hospice may assume no work-related injury or illness has occurred after it concludes its investigation into the claim..

If an employee consults his or her own doctor or other medical practitioner without first reporting the work-related injury or illness to his or her supervisor/manager, Compassion Hospice 's Workers Compensation policy as provided by its workers comp carrier may not be responsible for paying fees associated with this consultation/treatment. See: Employee Information Materials

Compassion Hospice has elected to obtain workers' compensation insurance coverage. As an employee of a subscribing employer, you are eligible to receive workers' compensation benefits under the Texas Workers' Compensation Act. However, the employee must follow reporting guidelines for any benefits to be considered.

WORKDAY AND PAYDAY

PURPOSE:

To set forth the workday and payday procedures for employees.

POLICY:

To ensure accurate payment of wages in a prompt manner in accordance with applicable state and federal regulations.

Our employees are paid every two (2) weeks (bi-weekly), normally 26 times annually.

All arrangements for mailing or depositing employee paychecks must be made in advance and in writing with the CEO.

PAYROLL DEDUCTIONS

Only deductions required by law or authorized in writing by you will be withheld from your pay. Two deductions required by law are the Federal Income Tax and the Social Security Tax. You are required to have on file with Human Resources an Income Tax withholding authorization form W-4 indicating the total number of exemptions requested. You may change the number of deductions from your paycheck by submitting a new W-4 form to the Human Resources department.

Deductions that you may authorize are:

- Group Health Insurance
- Health Savings Account
- 401K Plan Contributions
- Other Voluntary Employee Benefits

All deductions will be reflected on your payroll check.

Employee paychecks will not be issued to anyone other than their supervisor unless a signed, written authorization is presented to the Human Resources Department. Salary and paychecks are confidential and, as such, should not be discussed with other employees or clients.

WORKPLACE VIOLENCE

POLICY:

All employees are expected to meet Agency standard of professionalism and demonstrate courtesy to clients, co-workers and members of the public. Each employee

shares the responsibility of preventing possible workplace violence. The following provisions pertain to the Compassion Hospice policy on workplace violence:

- No employee shall threaten or use force or violence to restrain, coerce, or intimidate any client, co-worker or member of the public during Agency-sponsored functions or on Compassion Hospice premises including Agency-provided parking lots and patient homes.
- An employee who participates in an altercation on Agency premises or in patient homes or during a Agency-sponsored function will be subject to disciplinary action. Employees who feel they are being provoked or harassed by co-workers should discuss the problem with their supervisor or Director of Human Resources.
- Guns, knives, and other dangerous weapons are prohibited on all Agency premises including Agency-provided parking lots, patient homes, and all functions sponsored by Compassion Hospice . This restriction supersedes any and all permits obtained from any issuing authority, which allows private citizens to possess, carry or conceal guns or other weapons.
- Employees are required to report threats or witness of threats of violence and volatile situations to their immediate supervisor and/or the Director of Human Resources.