

Welcome!

This manual is designed to provide you with guidelines pertaining to Choice Policies and Procedures. It is your responsibility as an employee to follow these procedures and policies. Your supervisor or manager can answer any questions you may have regarding these policies or procedures.

Choice may at any time delete, suspend, or discontinue any of these policies in order to meet regulatory, company, or agency needs. Employees will be notified via their company email. It is important that all employees understand that these emails serve as official notice of changes in these policies. Human resources provides answers and opportunities to ask questions regarding all policies. Failure to monitor or read these emails does not alter the employees responsibilities in any way to adhere to these polices.

A complete copy of the P&P can be found at Choice main office located at 6760 Old Jacksonville Suite 101, Tyler, TX 75703 in the Human Resources department as well as online at www.choicerehab.com (for Choice Rehab) and www.choicetx.com (for Choice Homecare). Employees are to adhere to all guidelines put forth at that given time as updates are made.

OUR MISSION AT CHOICE HOMECARE

It is our mission to provide continual quality care that follows the patient from the hospital to their home, without interruption. Our staff should act as guides that lead patients to a self-sufficient recovery and back to a healthy life.

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At Will

Policy

Employment with Choice is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, Choice may terminate the employment relationship at will at any time, with or without notice or cause.

This handbook has been prepared to inform you about Choice employment practices and policies as well as the benefits provided to you and the conduct expected from you. The policies in this handbook are guidelines, not a complete description of all standards of conduct or other principles applicable to your employment.

This handbook is not a contract or guarantee. Choice does not guarantee employment for any specific duration. Choice may change, delete, suspend, add to, discontinue, apply, and interpret any part of this handbook or any other policies at any time without notice or consideration. Exceptions to these policies may only be made by the CEO or COO, and only in writing.

You are responsible for knowing the Company's policies, which may change from time to time with or without notice. The current version of this handbook will be maintained by the Human Resources, where it may be accessed by all employees on the company website. If you are referring to a printed copy of this Handbook you should check to make sure no changes have been made. This handbook (and any copies thereof) is the property of the Company and is only authorized for access by current Choice employees. Laws change from time to time and vary by jurisdiction. If a policy in this handbook is inconsistent with applicable law, Choice will follow applicable law.

These provisions supersede all existing policies and practices and may not be amended or added to without the express written approval of the CEO or COO.

Introductory Period

Policy

The Introductory Period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Choice uses this period to evaluate employee capabilities, work habits, and overall performance. Either the employee or Choice may end the employment relationship at will at any time during or after the introductory period, with or without cause or advance notice.

All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire. Any significant absence will automatically extend an introductory period by the length of the absence. If Choice determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended.

Hours of Operation

Choice Homecare, the agency, is open Monday through Friday. The phones are answered 24 hours 7 days a week. The scope of our services include: RN, LVN, HHA, PT, OT, SLP, MSW, and Clergy.

The RULES OF CHOICE

These are the 10 core philosophies of working for a Choice company and are what will set us apart from other companies both in and out of the realm of healthcare. Failure to operate within these rules will result in disciplinary action up to and including termination.

1. A JOB IS EITHER DONE OR IT ISN'T. Clinicians—your documentation is either on time or late. Sales team—either achieved your monthly goal or you did not. Office staff—deadlines are either met or not. It is very easy to utilize excuses in any field for failure. Successful people and companies find solutions instead. If your supervisor meets with you to discuss a failure of a basic job duty at Choice, it should be very objective. They should discuss what task was not accomplished and may also provide some solutions from their perspective. Successful employees will contact their supervisor BEFORE a failure to ask for feedback, provide solutions, and for solutions, or otherwise address the issue in a proactive manner.
2. Our customers are as follows: 1) Patient/family, 2) MD, 3) Hospital/SNF/Clinic/ALF. We should strive to be proactive rather than reactive to the needs of our customers. If a patient is particular about time of treatment—call ahead, plan ahead, and meet the need before they ask for it. If a physician orders a lab, treatment, or test—we should contact them each day until the order has been completed. If our patient is in the hospital—CALL AND CHECK ON THEM!! After contacting them communicate with the team (see #10).
3. POSITIVE COMMENTS ONLY—any complaints regarding the policies and procedures of the company, schedules, pay, benefits, comments made by employees, the clinical skills of coworkers, the work ethic of coworkers, the success of coworkers, or ANY OTHER company related item SHOULD BE COMMUNICATED ONLY UNDER FORMAL MEETING WITH YOUR DIRECT SUPERVISOR. These complaints should also be formally documented in writing. The only way we can create solutions is to know problems. This rule also applies to any comments made about and in relation to any of the customers (or their employees) listed in #2.
4. The customer (see #2) is always right. If a complaint is made, it should go directly to the DOCS (Homecare) and Lead (Rehab—lead reports to COO). BE PROACTIVE—if you do not have the immediate answer, relay it to the customer that you are working to get a resolution AND give them a time that you will contact them again. Even if the issue is not resolved—contact them again regardless.
5. Language: Professional language should always be used. Profanity is prohibited. Negative or disrespectful comments should be reported directly via the directions of #3.
6. Clinical employees should wear scrubs or business attire (if cleared by supervisor). Office/clerical employees may wear business attire. THERE IS NO JEAN DAY UNLESS SPECIFICALLY DESIGNATED BY ADMINISTRATIVE PERSONNEL.
7. Lying is never acceptable.
8. Clinical protocols are not optional. Treatment plans that are designed outside of these protocols should be discussed and documented with your supervisor.
9. When you are finishing a clinical treatment, always ask if there is anything else you can help the patient with and if they feel they enjoyed their treatment. Responses should be documented. As office staff, when you are interacting with a customer on the phone, always ask if you have helped them, and if there is anything prior to exiting the call or meeting.
10. Communication is the key to success. You should try to communicate with someone after every treatment regarding clinical care. You should also communicate with your supervisor a minimum of twice daily to address any issues or report in a proactive manner. If a patient has a particular need—communicate it to as many persons as possible on the treatment team. ALF treatments should always be communicated verbally with caregiver staff at the facility—preferably the nurse.

Work Rules

Policy

Work rules are not the same as the RULES OF CHOICE. Some of them are very similar and following the RULES OF CHOICE will help you follow our work rules. These rules are listed below and are necessary for the efficient operation of Choice. All employees are expected to comply with common and accepted standards of behavior and performance, as well as written rules. Nothing in this policy changes the at-will nature of the employment relationship.

This list is for reference purposes only and is not all-inclusive. These rules may change periodically at the sole discretion of Choice. If employees have questions regarding company policies or procedures, they should ask their immediate supervisor or Human Resources.

Violations of company work rules include:

1. Failure to comply with company policies and procedures.
2. Unacceptable job performance.
3. Refusal or failure to follow management instruction and/or direction.
4. Reporting to work or responding to a call-in situation in an unfit condition including being under the influence of drugs, alcohol, or other substances.
5. Delaying or restricting operations, or influencing others to do so.
6. Unprofessional conduct with coworkers, customers, and/or clients.
7. Violence, threats, harassment, intimidation, and other disruptive behavior including verbal or written statements, gestures, or expressions that convey a direct or indirect threat of physical or emotional harm.
8. Solicitation contrary to company policy.
9. Conducting non-work-related activities during work time, or using company property for non-work-related activities.
10. Outside activities which are detrimental to Choice image and reputation, or where a conflict of interest exists.
11. Excessive absence or unexcused absence or tardiness.
12. Falsification of company records.
13. Theft and/or destruction of company assets, company property, and company services; or theft and/or destruction of employees' personal property.
14. Misuse of company property and/or unauthorized removal of company documents, equipment, telephone system, tools, supplies, or confidential information of any nature from company premises.
15. Possession or consumption of alcoholic beverages, unlawful drugs, or drug paraphernalia on company property or coming on company property or working on behalf of Choice Rehab while under the influence of either drugs or alcohol.

16. Failure to comply with the employee identification card policy, including display of appropriate ID and immediately reporting lost/stolen ID or master keys.
17. Failure to comply with policies regarding E-mail and Internet use, computer virus protection, data security, and software or license compliance.

Additional Information

Failure to comply with any of these rules may lead to disciplinary action, up to and including termination.

Business Ethics

The agency expects employees to conduct their relationships with those doing business with the Agency in a professional manner and with regard for maintaining high standards of conduct and personal integrity.

Please adhere to the following:

- Confidential information regarding employee, patients, clients, and the Company's business should not be discussed.
- The material belonging to this Company including forms, documents, programs and patient documentation must be protected.
- Employees are not to accept gift of money.
- Employees are not to accept any gifts of value in connection with company business.
- Employees are not to borrow from or lend money to other employees or clients.
- Employees may not handle patient funds except if specifically directed by treatment plans.
- Employees must report any action taken against professional licensure to this company.

INTEGRITY

“We make a living by what we get,
we make a life by what we give.”

Patient Ethics

The agency will participate in the consideration and resolution of ethical issues that arise during patient care.

Ethical issues related to patients are difficult to define. Examples include:

- Patient safety
- Patient and family participation in medical decisions
- Interpretation of advance directives
- The scope of patients' rights to accept or refuse care
- Confidentiality
- Patients' rights to freedom of choice and dignity
- High tech care and medical experimentation
- Care for patients without insurance or other payment resources

Work Place Environment

Policy

It is the policy of Choice to provide a safe and clean work place. It is the responsibility of all employees to ensure this is maintained at all times.

Procedure

Clinicians and techs are expected to keep the office, therapy gyms and work stations free of clutter. Patient information should be filed in locked cabinets or offices when employees are not present. The offices or gyms should be arranged in a neat order at the end of each day.

Clinicians and techs are expected to practice infection control procedures within the any treatment environment. This includes cleaning all equipment, surfaces, and changing linens throughout the day and at the end of each day.

It is expected that any music being played is appropriate for all audiences. Choice will not tolerate music with profanity being played at any time inside a facility. Music should be played at level that is not disturbing to residents or other staff.

It is expected that staff will ensure a safe office and therapy gym for residents and staff to decrease the risk for any incidents.

Employees who violate this policy will be subject to disciplinary action, up to and including termination.

REGARDING THE COMPANY VEHICLES AND CLEANLINESS

In addendum to the Company Vehicle Policy and Fleet Management Program this policy is made in conjunction with the signed CVP/FMP section XV.2 and III.1.g. It is an effort by the company and its employees to improve compliance, professionalism, and honesty in maintenance of our workplace. Vehicles will be assessed on the following points:

- Vehicle is clean of trash and rubbish. (Old Papers/magazines, food, cups, boxes, old spare tires, branches, leaves, etc...)
- Vehicle is vacuumed and floor boards are clean
- Seats and flooring will be assessed for unaddressed spills and stains
- Violation of the vehicle policy in regards to Smoking (Section III.2.g)
- The outside of the vehicle should be clean including wheels and windshield so that there is minimal dirt and grime on the vehicle.

Assessment will occur every 60 days and you will be notified at least 1 week prior to inspection. Inspections will be completed by an HR employee, direct supervisor, or an employee designated for completion of the task by your direct supervisor. This 60-day period is in EXCESS of the 30 day period all employees signed and agree upon in the initial CVP/FMP. Photos will be taken of all inspections and placed in the employee file. If the inspector finds it is

necessary to detail the vehicle based on failure in these five areas the company will schedule a day for company cleaning per the following and at the following cost:

_____ Level 1 Detail—cleanliness and trash (\$100 employee payroll deduct): Inside and outside clean and vacuum. Inside wipe-down and protectant

_____ Level 2 Detail—stains, cleanliness, and trash (\$150 employee payroll deduct): Inside and outside clean and vacuum. Inside wipe-down and protectant. Stain-removal treatment.

_____ Level 3 Detail—Failure to follow Smoking policy (\$250 employee payroll deduct): Inside and outside clean and vacuum. Inside wipe-down and protectant. Stain-removal treatments. Shampoo and Odor treatments.

Detailing may occur same-day by the company if an alternate vehicle is available. If a Detail of any level is deemed necessary the employee will also receive a written warning regarding violation of the signed CVP/FMP and the required detail level. A severe violation of policy OR two violations may result in suspension of the employees company auto privileges or termination. In the case of suspension of privileges for violation of this policy mileage for personal vehicle use during this period will be paid at .20/mile. Submit Questions to hr@choicetx.com.

Use of Company Property

Policy

Any equipment that belongs to Choice is intended to be used in a way that benefits our organization. Employees must preserve these assets and use them wisely.

To protect the physical and intellectual property of Choice from loss, damage, theft, vandalism, unauthorized use, copying, disclosure, or disposal, Choice must ensure proper business use only of company property and facilities.

This applies to Choice property located at any facility or setting.

Procedures

The use of company facilities, equipment, supplies, or other property for personal purposes is strictly prohibited. Facilities or equipment may not be used for extracurricular activities during or after working hours. This includes any Choice computer or equipment for personal use.

Additional Information

Violations of this policy may result in discipline, up to and including termination.

Nothing in this policy is intended to conflict with Choice legal obligation to provide certain accommodations as required by state and federal laws. Nothing in this policy is intended to prevent or discourage employees from requesting such accommodations.

Sexual Harassment

Policy

It is the policy of Choice to neither condone nor to tolerate sexual harassment. This includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature which explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Procedures

Choice will not tolerate retaliation against an individual for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation.

Supervisors are responsible for recognizing, preventing, and reporting sexual harassment in their areas.

All incidents and suspected violations should be reported immediately. Employees may report to a supervisor or to Human Resources to bypass the immediate supervisor.

Abuse and Neglect

Policy

Each resident or patient that a Choice employee works with has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property.

Definitions

Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance regardless of their age, ability to comprehend or, disability.

Sexual abuse includes, but is not limited to sexual harassment, sexual coercion, or sexual assault.

Physical abuse includes, but not limited to hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

Mental abuse includes but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Involuntary seclusion is defined as the separation of a resident from other residents or from her /his room or confinement to her /his room (with or without roommates) against the residents will or the will of the resident's legal representative.

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Misappropriation of resident/patient property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

Procedure

A. Screening

- a. The company will screen for employees with a history of abusive behavior or who may be at risk for being abusive
- b. The company will screen for potentially abusive individuals involved with the resident who are not providing a professional service.

B. Training

- a. The company will provide education to each employee of this policy.
- b. The company will ensure that such education is provided during orientation and more often as determined by the company.

C. Prevention

- a. Residents, families, patients, and staff will be able to report concerns, incidents and grievances without fear of retribution.
- b. Supervisors will immediately correct and intervene in reported or identified situations in which abuse, neglect or misappropriation of resident property is at risk for occurring.
- c. Staff will be instructed to report any signs of stress from family and other individuals involved with the resident that may lead to abuse, neglect, or misappropriation of resident property, and intervene as appropriate. Staff is to report any signs to the DON of the facility immediately.

D. Identification

- a. The company will investigate occurrences, patterns and trends that may indicate the presence of abuse, neglect or misappropriation of resident property and to determine the direction of the intervention.
- b. The company supervisor will integrate into the supervisory process monitoring the behavior of staff members, patients, and residents, which are indicative of high stress levels that may lead to abuse/neglect or may escalate a continuum of aggression.
- c. The rehab staff may accommodate special needs of a resident or staff member who have been affected by past abuse experiences.

E. Investigation

- a. The company will conduct an investigation of an alleged abuse/neglect or misappropriation of resident property in accordance with state law and report accordingly.

Payroll

Policy

Choice operates on a bi-weekly payroll process. A full schedule of all pay dates on this payroll process along with the corresponding pay periods is available by request to hr@choicetx.com.

It is the policy of Choice to collect all time and attendance, visit completions, and days worked for all positions from ADP and EMR logs at 8am on Monday morning. When Monday is a business holiday as identified by the company these items will be collected at 8am. Time or task submitted after the payroll process times listed above will be paid on the next available payroll or on the payroll indicated in the special exemptions outlined in this policy if so indicated.

In the Event of Errors in Payroll:

1. In the event an error has occurred in payroll, employee should notify HR immediately via the Human Resources Information Request Form. Employees should strive to complete the form as accurately as possible. Errors should be logged in the payroll error log maintained by human resources.
2. HR will review submitted payroll for errors via payroll audits. . Errors should be logged in the payroll error log maintained by human resources.
3. If error is due to inaccurate data entry **BY THE COMPANY less than 5 hours or 5 visits** HR will pay the corrected amount on the next immediate payroll date.
4. If error is due to inaccurate data entry **BY THE COMPANY in excess of 5 hours or 5 visits** HR will process a net check to employee by means of ADP and QuickBooks (manual check will need to be written). Manual check will be cut to employee and made available within 24 business hours of notification. Employee will be notified that check is ready for pick up or will be overnighted to employees home
5. If error is due to inaccurate data entry or late submission **BY THE EMPLOYEE** that inhibits HR from accurately determining the appropriate amount of hours. HR will pay the corrected and submitted time/pay deference on the next payroll following accurate submission by collection deadlines per policy.

Procedure FOR CHOICE HOMECARE

All labor hours and home health visit counts will be collected per the policy above. It is the employees' responsibility to submit time and task per the policy. Failure by the employee to submit time, task, or attendance via the policy hinders the payroll process. If you have difficulty or questions regarding how to submit your time please contact human resources immediately. Please review the

SPECIAL NOTE: Any mileage turned in outside of that pay period will not be paid. See mileage policy

If PTO was requested and not used, it is the responsibility of the employee to inform Human Resources.

IMPORTANT EMPLOYEE NOTES REGARDING EXEMPTIONS

Learned Professional Exemption and Fee for Service Payment

Eligible Field Positions

Field POC Development Registered Nurse (Fee Base Pay Per Visit)

Field Evaluating Physical, Occupational, Speech Therapist

MSW (Field or Office)

Any and all other professional positions as identified in the Onboarding Process

Policy

Section 13(a)(1) of the FLSA provides an exemption from both minimum wage and overtime pay for employees employed as bona fide **professional** employees.

The specific requirements for exemption as a bona fide learned professional employee are summarized below.

To qualify for the learned professional employee exemption, all of the following tests must be met:

- The employee must be compensated on a salary or fee basis (as defined in the regulations) at a rate not less than \$455 per week;
 - The employee week should be audited to ensure this requirement is met. If the employee takes time off or makes themselves unavailable to work the amount should be prorated based on the number of days the employee was available for work. (i.e.—employee calls sick one day of the week then \$455x4/5 is required pay)
 - Please notify Choice HR if this occurs in error. Also please notify CHOICE HR if you fail to meet productivity standards documented in onboarding and on your rate sheet. (_____ Points or visits/Wk minimum)

- The employee's primary duty must be the performance of work requiring advanced knowledge, defined as work which is predominantly intellectual in character and which includes work requiring the consistent exercise of discretion and judgment in
 - Developing THE PLAN OF CARE for various diagnosis and comorbidities requiring the significant training and skill obtained through a certified training/educational program,
 - Guidance and professional judgement in the field based supervision or collaboration (with other professionals) of LVN, HHA , PTA, COTA, DOCS, OFFICE BASED RN COORDINATORS,
 - Giving clear and professional input during case conference on the expected reaction, progression, or regression of medical patients. This can include dialogue with other RN staff, NP or PA's, and medical doctors.
- The advanced knowledge must be in a field of science or learning (see eligible positions); and
- The advanced knowledge must be customarily acquired by a prolonged course of specialized intellectual instruction (see eligible positions).

Key Definitions Related to this Policy (FLSA DEFINITIONS)

Primary Duty

"Primary duty" means the principal, main, major or most important duty that the employee performs. Determination of an employee's primary duty must be based on all the facts in a particular case, with the major emphasis on the character of the employee's job as a whole.

Work Requiring Advanced Knowledge

"Work requiring advanced knowledge" means work which is predominantly intellectual in character, and which includes work requiring the consistent exercise of discretion and judgment. Professional work is therefore distinguished from work involving routine mental, manual, mechanical or physical work. A professional employee generally uses the advanced knowledge to analyze, interpret or make deductions from varying facts or circumstances. Advanced knowledge cannot be attained at the high school level.

Field of Science or Learning

Fields of science or learning include law, medicine, theology, accounting, actuarial computation, engineering, architecture, teaching, various types of physical, chemical and biological sciences, pharmacy and other occupations that have a recognized professional status and are distinguishable from the mechanical arts or skilled trades where the knowledge could be of a fairly advanced type, but is not in a field of science or learning.

Customarily Acquired by a Prolonged Course of Specialized Intellectual Instruction

The learned professional exemption is restricted to professions where specialized academic training is a standard prerequisite for entrance into the profession. The best evidence of meeting this requirement is having the appropriate academic degree. However, the word "customarily" means the exemption may be available to employees in such professions who have substantially the same knowledge level and perform substantially the same work as the degreed employees, but who attained the advanced knowledge through a combination of work experience and intellectual instruction. This exemption does not apply to occupations in which most employees acquire their skill by experience rather than by advanced specialized intellectual instruction.

Definition of the Completed Task and Fee Based Services

The following is the definition of each task for fee based services by the professional employee at Choice Homecare or Choice Rehab:

- Patient Visits/Task in the Home (including: SOC, ROC, SNV, Discharge Visit, PT/OT/ST Eval/Re-eval/visit or other in home visit as described on the rate verification sheet accompanying this form) items necessary to deem task complete:
 - Patient must be seen and addressed clinically in the home
 - Time in and out must be documented in the EMR
 - Documentation must be submitted for review per the electronic medical record to confirm the visit and the treatment of the patient
- Case Conference items necessary to deem task complete:
 - Sign-in must be completed for confirmation of attendance and participation
 - Must complete the case conference as start and end time is dictated by the DOCS or admin directing the conference
- CLINICAL EDUCATION OFFERED BY THE COMPANY items necessary to deem task complete:
 - Must be identified clinical education by the company
 - Must be authorized task by DOCS or Admin
 - Must complete sign-in form
 - Must stay for full completion of related training in order to complete task

Choice Homecare and Choice Rehab will pay all fee based services on the following periods and via the following payroll submission:

Fee based task are not paid until the task is completed. For payroll purposes all tasks must be completed within two business days of the close of a payroll period in order to be processed in that payroll period. This coordinates with human resources utilization of the EMR, payroll tracking for payroll periods, and human resources ability to confirm task completion for fee payment to the employee. Failure to meet this requirement will require manual submission of a timesheet by the employee for any and all tasks not completed under the required time frame for payroll confirmation. This time sheet will be termed and labeled LATE TASK TIMESHEET, will require task identifier and date of completion, and will be available through human resources. Human resources will record any and all incomplete tasks for all payrolls and keep a log available for review by the employees. Do to the additional time required for this manual process any task/fee based services submitted with this process will be paid on the first payroll following twenty business days from the submission of the Late Task Timesheet.

Any of these eligible professional positions who are or will reference or be referenced to as per visit, per interaction, or per task in regard to compensation are considered employees under this Learned Professional Exemption and Fee for Service Payment policy.

Outside Sales Exemption and Fee for Service Payment

Eligible Field Positions

Business Development Liaisons

Business Development Associates

Any and all other outside sales positions as identified in the Onboarding Process

Policy

FLSA provides an exemption from both minimum wage and overtime pay for employees employed as bona fide outside sales employees. Section 13(a)(1) and Section 13(a)(17) also exempt certain computer employees. In order for an exemption to apply, Choice employee's specific job duties and salary must meet all the requirements of the Department's regulations.

Outside Sales Exemption

To qualify for the outside sales employee exemption, all of the following tests must be met:

- The employee's primary duty must be making sales (as defined in the FLSA), or obtaining orders or contracts for services or for the use of facilities for which a consideration will be paid by the client or customer; and
- The employee must be customarily and regularly engaged away from the employer's place or places of business.

The salary requirements of the exemption regulations found for executive, administrative, and professional employees do not apply to the outside sales exemption per FMLSA. An employee who does not satisfy the requirements of the outside sales exemption may still qualify as an exempt employee under one of the other exemptions allowed by Section 13(a)(1) of the FLSA and the Part 541 regulations if all the criteria for the exemption is met.

Primary Duty

"Primary duty" means the principal, main, major or most important duty that the employee performs. Determination of an employee's primary duty must be based on all the facts in a particular case, with the major emphasis on the character of the employee's job as a whole.

Making Sales

"Sales" includes any sale, exchange, contract to sell, consignment for sales, shipment for sale, or other disposition. It includes the transfer of title to tangible property, and in certain cases, of tangible and valuable evidences of intangible property.

Obtaining Orders or Contracts for Services or for the Use of Facilities

Obtaining orders for "the use of facilities" includes the selling of time on radio or television, the solicitation of advertising for newspapers and other periodicals, and the solicitation of freight for railroads and other transportation agencies. The word "services" extends the exemption to employees who sell or take orders for a service, which may be performed for the customer by someone other than the person taking the order.

Customarily and Regularly

The phrase "customarily and regularly" means greater than occasional but less than constant; it includes work normally done every workweek, but does not include isolated or one-time tasks.

Away from Employer's Place of Business

An outside sales employee makes sales at the customer's place of business, or, if selling door-to-door, at the customer's home. Outside sales does not include sales made by mail, telephone or the Internet unless such contact is used merely as an adjunct to personal calls. Any fixed site, whether home or office, used by a salesperson as a headquarters or for telephonic solicitation of sales is considered one of the employer's places of business, even though the employer is not in any formal sense the owner or tenant of the property.

Promotion Work

Promotion work may or may not be exempt outside sales work, depending upon the circumstances under which it is performed. Promotional work that is actually performed incidental to and in conjunction with an employee's own outside sales or solicitations is exempt work. However, promotion work that is incidental to sales made, or to be made, by someone else is not exempt outside sales work.

TASK BASED INCENTIVE PROGRAM

Eligible Field Positions

Field Licensed Vocational Nurse

Field HHA

Field PTA or COTA

Policy

LVN, PTA, COTA, and HHA are not eligible for fee based payment per the requirements of the professional exemption by FMLSA. Do to this ineligibility payment under this structure could create FMLSA infractions. These positions are eligible for incentive payments and thus this policy covers ALL PTA, COTA, HHA and LVN employees practicing for Choice Homecare or Choice Rehab in the Field. For this reason ANY OF THESE POSITIONS who are or will reference or be referenced to as per visit, per interaction, or per task in regard to compensation are considered employees under this TASK BASED INCENTIVE PROGRAM and this policy.

Task based incentive offers will be compensated as below. The employee's base hourly rate will be their primary rate. The employee will receive the GREATER of the following for any payroll period:

PTA, COTA, and LVN's

- Task Based Incentive: Number of completed visits x _____ Incentive Rate (indicated in writing via offer letter or email and documented in employee file)

OR

- Hourly rate: \$15/hour and 1.5x for all overtime hours

HHA's

- Task Based Incentive: Number of completed visits x _____ Incentive Rate (indicated in writing via offer letter or email and documented in employee chart)

OR

- Hourly rate: MINIMUM WAGE plus 1.5x for all overtime hours

EMPLOYEES WILL NEVER RECEIVE LESS THAN THEIR HOURLY RATE FOR WORKED TIME. Please notify payroll if this occurs. It is the employee's responsibility to document hours in the appropriate manner per policy and procedure.

FOR TIME CALCULATIONS PLEASE REFER TO EMPLOYEE POLICY. TIME DOES NOT BEGIN UNTIL THE EMPLOYEE REACHES A BUSINESS LOCATION OR THE FIRST PATIENT'S HOUSE AND ENDS WHEN THEY LEAVE THE LAST BUSINESS LOCATION OR PATIENT'S HOUSE.

A completed visit is defined as:

- Patient must be seen and addressed clinically in the home
- Time in and out must be documented in the EMR
- Documentation must be submitted for review per the electronic medical record to confirm the visit and the treatment of the patient

It is important that the PTA, COTA, LVN or HHA understand the expectations regarding production for their position. Please confirm production expectations with direct supervisor. Only completed visits will be utilized for the incentive rate calculation.

Mileage

Policy:

It is the policy of Choice that mileage is accrued from office to patient, patient to patient, patient to office, facility to facility, facility to patient and patient to facility. Mileage is not accrued from home to office, home to patient, home to facility, office to home, patient to home, or facility to home. Routing logs and car GPS will be randomly audited for adherence to this policy. Falsifying a mileage log or time sheet is grounds for dismissal and in the state of Texas is classified as criminal theft.

Procedure:

For employees with a company vehicle all mileage is to be entered in the designated area, depending on the software. Non-clinical, sales, and others should note mileage per item number 6 listed below. ALL EMPLOYEES SHOULD REVIEW ITEMS #6 and #7.

SPECIFIC TO HOMECARE (REHAB AND NURSING)

- 1. ALL MILEAGE RELATED TO CLINICAL VISITS FOR HOME CARE SHOULD BE LOGGED IN KINNSER.**
Mileage should be placed on visit documents for each visit at the top of the document. This rule is for ALL employees including those in a company vehicle.
2. For visit purposes: ONLY mileage going TO a visit should be calculated and placed on the note. DO NOT CALCULATE MILEAGE in the visit note occurring after the visit going to the office, home, or another visit/business location.
3. If it is the FIRST visit of the day: Mileage should be ZERO (0) documented in the chart unless you are traveling to that visit from the office or have been given AUTHORIZATION IN WRITING TO SUBMIT MILEAGE OUTSIDE OF PROTOCOL by the company.
4. The LAST visit of the day should only include mileage TO that visit UNLESS the employee travels to the office after that visit or has WRITTEN AUTHORIZATION from the company to document those miles in which case the last visit should include mileage TO plus authorize/office mileage from that visit.
5. Random audits will occur utilizing fleet management satellite tracking in company vehicles and google mapping for those not in company vehicles. Focus audits will occur on high mileage submissions and in analysis of productivity issues based on average company travel times. Documentation outside of the protocols in this policy will likely trigger an audit by the company. Inaccuracies in mileage submission will trigger full audits on the prior six months of employee submissions and a hold on any mileage payments until that audit is completed of up to 6 weeks. The employee will be notified of such audits within two business days and the employee will be notified of any and all submission errors committed and the subsequent improper payments subject to recoupment by the company.
6. Supplemental Mileage or mileage involving travel for the company not included in clinical documentation should be submitted to HR at HR@choicetx.com utilizing the NON-EMR Mileage Log found at choicerehab.com or choicetx.com. If you do not have a copy of this mileage log or are unsure regarding deadlines IT IS THE EMPLOYEES RESPONSIBILITY TO CONTACT HR for

assistance. Examples of this type of mileage would be travel from company office to another company office, travel from company office to a hospital or facility on company business outside of a clinical visit, or any authorized miles by the company (in writing.) This does not include mileage from home to first visit, last visit to home, or any other personal travel that may fall outside of this written protocol. Any mileage submitted in this manner after the deadlines described on this mileage log will NOT be paid by Choice Rehab or Choice Homecare. Mileage submitted on paper format that should be documented in the EMR will not be paid by the company.

7. The mileage rate for employees that have not been offered a company car is \$.40/mile. Employees who have been offered a company vehicle and decline this option will be paid mileage at \$.20/mile. These rates may be amended at any time by the company.
8. The Employee understands this policy and has been provided the opportunity to ask specific questions regarding this policy during orientation or after initiation of the policy via company email. By acknowledging receipt of the policy the employee authorizes the Company to recoup any mileage payments made to the employee in relation to improper mileage submission from either w-2 wages or current mileage payments as appropriate following the determination of improper mileage submission according to this policy. DOCUMENTING MILEAGE OUTSIDE THIS POLICY WITHOUT WRITTEN PERMISSION BY EMPLOYEES WITHOUT VEHICLES is considered theft and will be subject to disciplinary action up to and including termination. It is recommended by the company that any employees keep a personal log of all mileage and stops.

Attendance and Absence

Policy

It is the policy of Choice to keep employee absences to a minimum. Employees are expected to report on time each day they are scheduled to work. Absence or tardiness may result in disciplinary action. This includes late arrival at work, and leaving early. Attendance is one of the factors rated in performance evaluations.

Procedures

Attendance Reporting

Report time is 8:00 AM and closing times are indicated by patient caseload. Earlier start times are authorized in all settings however start times after 8:00 AM must be cleared by building leads. It is understood that field based home health staff may vary on start times depending on their first patient.

All employees are responsible for accurately recording all hours worked.

Managers/supervisors of each area are accountable for verifying information on employees' labor log before approving them, and ensuring that the reports are accurate and submitted on a timely basis.

Reporting Absences

Choice recognizes that, due to unforeseen circumstances, employees may be late getting to work. Whenever possible, employees must call their supervisor to provide notification that they will be late, the reason for the delay, and the approximate time they expect to arrive at work.

Employees must report an absence to their immediate supervisor before their regular start time, if possible. Employees should make every attempt to speak to their supervisor rather than leaving a message. If the supervisor cannot be reached, employees should contact Kristen McGee. This notification is required for each day absent unless it is understood the employee will be absent for a certain number of days.

Documenting Absence/Tardiness

30-Minute Exception: To alleviate paperwork, approved time off requests for 30 minutes or less do not need to be documented if that time will be made up the same day. All other requests for more than 30 minutes must be emailed to hr@choicetx.com.

All absences must be documented via report to your direct supervisor and email to hr@choicetx.com. This includes unexpected absences (such as those due to personal illness or family illness, etc.) as well as planned absences (such as those for doctor/dental appointments, etc.). Any absences 3 consecutive days or more will require a doctor's excuse to avoid disciplinary action.

Make-Up Time

Choice can require employees to make up lost time in an effort to achieve full production. In such instances, Choice will reschedule work hours most convenient for Choice, which could include time beyond the normal workday and workweek.

Time can be made up with the approval of the immediate supervisor. Track these hours in appropriate software. This will allow management to track attendance on an ongoing basis.

All make-up time must be scheduled during the same workweek the time was missed. No make-up time is allowed which will result in overtime payments.

Time that is made-up is still considered an absence due to the importance of completing work/assignments during normally scheduled hours, and will be counted as an absence during performance reviews.

Note: In certain areas within Choice, it is not feasible to authorize make-up time due to business workload and constraints such as customer/client availability, equipment availability, shift constraints, etc.

Requesting Time Off

Employees who anticipate time off, such as vacation time, must submit an email to hr@choicetx.com. You may also utilize the PTO request via the ADP application. The request should be made as far in advance as possible. Request are not considered authorized until you receive written confirmation of the authorization. SEE PTO POLICY OR FULL CLARIFICATION ON THE PROCESS

Disciplinary Action

It is suggested that management review the attendance report if total absences (other than vacation, but including personal time off) exceed 4 days in any 3 month period. Area management is responsible for determining if disciplinary action is appropriate. Discipline recommendations are forwarded to Human Resources for review.

Disciplinary action will be taken if employees:

- are excessively absent or excessively tardy;

- fail to give notice of absences as required;
- falsify their time in any manner;
- remain absent from work for three consecutive workdays without contacting their supervisor, unless they are on approved leave. This is otherwise considered job abandonment and will result in discharge.

Additional Information

Choice will consider modification of the regular work schedule on an individual basis as a reasonable accommodation for employees with disabilities, or for the practice of religious beliefs, but is not obligated to provide an accommodation that would result in an undue hardship on Choice.

Modified work schedules might include flexible work hours, flexible workweeks, swapping of shifts, or other reasonable changes.

Failure to notify a supervisor of any absence may result in disciplinary action up to termination.

Time Clock and Time/Attendance

Choice Homecare Policy and Procedure

Employees for Choice homecare are to clock in and out via ADP time and attendance. It is the policy of Choice that time is accrued from the time the employee arrives at their first business location until the time they leave their last business location. Time is also accrued with labor time during documentation. Employees should clock out for any breaks, lunches, or personal time throughout the day.

Time is not accrued for travel time from home to office, home to patient, home to facility, office to home, patient to home, or facility to home unless specifically authorized in writing by Choice.

Routing logs, login times, and car GPS will be randomly audited for adherence to this policy. Falsifying a mileage log or time sheet is grounds for dismissal and in the state of Texas is classified as criminal theft.

Paid Time Off (PTO)

Policy Choice Homecare

Paid Time Off (PTO)

PTO is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. PTO is an inclusive paid time program which encompasses paid time off for illness, vacation or other personal pursuits in a flexible plan. Eligible employees are full-time employees who have completed the introductory period. Temporary, part-time and introductory employees are not eligible for PTO. The amount of PTO time employees accrue each year is shown in the following schedule:

Years of Service	Biweekly Accrual	Annual Accrual	Maximum Accrual Amount
90 days to 1 year	3.39 hours	88 hours (11 days)	88
2 - 5	4.92 hours	128 hours (16 days)	128
6 - 20	6.46 hours	168 hours (21 days)	168
21 +	6.77 hours	176 (22 days)	176

Policy

It is the policy of Choice Homecare to provide a paid time off benefit to eligible full –time employees. Unless special considerations are made prior to employment start date, new employees are eligible to use PTO after 60 days of employment.

PTO is allowed only for those days regularly scheduled for work.

PTO hours are not included in determining actual hours worked when overtime is computed.

Employees are expected to be available to work following a notice of resignation. Regardless of prior authorization, PTO will not be approved following notice of resignation.

Any request made prior to notice of resignation must be resubmitted for approval as a request for unpaid time off.

Failure to report following a denied time off request will be considered an unexcused absence, and will be subject to disciplinary action.

If an employee fails to provide a written, 30 day notice of resignation or is terminated by Choice Homecare for any reason, unused PTO will not be paid.

Employees with accrued PTO that are unused will receive reimbursement for these hours following resignation with notice based on length of employment as follows:

< 1year - Not Paid

1-3 years – 50% of current pay rate

3-5 years – 75% of current pay rate
5+ years – 100% of current pay rate

Each employee may carry 40 hours of accrued PTO into a new calendar year.

If an employee has used PTO time not yet accrued, and employment terminates, the PTO taken will be deducted from the final paycheck.

Procedures

All requested time off must be submitted to hr@choicetx.com or via the ADP application. This will allow management to track attendance, and will serve as an efficient tool for employees to submit personal time off requests and obtain management approval/denial. REQUEST ARE NOT APPROVED UNTIL YOU RECEIVE WRITTEN CONFIRMATION OF APPROVAL. FAILURE TO USE THIS PROCESS AND NOT SHOWING WILL BE CONSIDERED JOB ABANDONMENT BY THE COMPANY.

Time off requests of more than two calendar days must be submitted at least 30 days in advance. It is the employee's responsibility to confirm approval of PTO.

Request will be reviewed based on a number of factors, including business needs and staffing requirements.

If the employees have PTO available, they may not take days off unpaid and bank their PTO days. Time off other than for company holidays will be charged against PTO accruals.

Make-up time may be allowed, and in some instances required, for time off, based on needs and when authorized by supervisor or manager.

In the case of illness or unexpected absence, the employee is to notify their immediate supervisor. A physician's note or other supporting document is required for any unexpected absence of more than two scheduled work days.

Procedures

All requested time off must be emailed to HR @ hr@choicetx.com. This will allow management to track attendance, and will serve as an efficient tool for employees to submit personal time off requests and obtain management approval/denial.

Time off requests of more than two calendar days must be submitted/approved at least two weeks in advance. It is the employee's responsibility to confirm approval of PTO if a return email is not received.

Make-up time may be allowed, and in some instances required, for time off, based on needs and when authorized by supervisor or manager.

In the case of illness or unexpected absence, the employee is to email HR the provided PTO request form for hours used to cover sick time as well and upon his or her return to work. A physician's note or other supporting document is required for any unexpected absence of more than two scheduled work days.

Once HR receives a PTO request, the supervisor will be notified and will be required to assist in approval. Final decision of approval/denial will be communicated to the employee by HR and/or supervisor in writing.

Funeral/Bereavement Leave

Policy

It is the policy of Choice to allow funeral/bereavement leave to eligible employees. Full and part-time employees are allowed to take up to 3 PTO or unpaid days off with management approval for the death of a:

- spouse
- son/daughter in-law
- Grandparent/in-law/step-grandparent
- child/step-child
- sibling/in-law/step-sibling
- Great grandparent/in-law/step-great grandparent
- parent/in-law/step-parent
- grandchild/step-grandchild

Procedures

If an employee requires leave under this policy, the employee and the supervisor should agree on how much time will be necessary to be away from work and notice should be sent via email by the employee to hr@choicetx.com.

Immediate Family

The employee will notify his or her immediate supervisor of the anticipated time needed away from work via email to supervisor, if possible. If the employee is notified of the death while away from work, he or she may notify the supervisor by telephone.

The direct supervisor will notify human resources regarding the leave.

Leave of Absence/FMLA

LEAVES OF ABSENCE

Leave of Absence

Choice provides leaves of absence without pay to employees who need to take time off from work. Full-time employees may request a leave of absence only after having completed one year of continuous employment. As soon as an eligible employee becomes aware of the need for a leave of absence, they should request a leave in writing from their supervisor.

A leave of absence may be granted for a period of up to 14 days every rolling calendar year. An employee will be required to use any available PTO at the beginning of this leave. Company provided paid time off benefits do not extend the length of the leave of absence, but run concurrently with the leave.

Requests for a leave of absence will be evaluated based on a number of factors, including anticipated business needs, workload requirements and staffing considerations during the proposed period of absence. The Company reserves the right to request documentation of the need for a leave of absence.

Employees with health insurance benefits will be offered COBRA while on leave subject to the time frame, terms, conditions and limitations of the applicable plan. When the employee returns from a leave of absence, health benefits will again be provided in accordance with the applicable plan provisions.

Use of this leave will not result in the loss of any employment benefit that accrued prior to the start of the employee's leave, however further accruals under any paid time off policy offered by the Company will cease during periods of leave.

When a leave of absence ends, the employee may be returned to the same position, if it is available, or to a similar available position for which the employee is qualified. However, depending on business needs, the Company cannot guarantee reinstatement in all cases. If an employee fails to report to work promptly at the expiration of the approved leave period, the Company will assume the employee has resigned.

Family Medical Leave Act (FMLA)

Pursuant to the federal Family and Medical Leave Act (FMLA), the Company provides leave to eligible employees if the Company employed 50 or more employees in 20 or more workweeks in the current or preceding year (if the Company does not meet this threshold in a given year, the FMLA, including the policies described in this section, does not apply). While the Company reserves the right to grant leave on terms and conditions in excess of those required by law, nothing herein shall be construed to require the Company to do so and such leave will not be subject to the protections of the FMLA.

An FMLA-Eligible employee is an employee who meets the following criteria:

- The employee has accrued 12 months of service with the Company within the previous seven years;
- The employee has worked at least 1,250 hours for the Company during the 12-month period immediately prior to taking FMLA leave; and
- The employee works at a location where at least 50 employees are employed by the Company within a 75-mile radius.

Family/medical leave

Family/medical leave may be taken for the following reasons:

- The employee's incapacity due to pregnancy, prenatal medical care, or child birth;
- To care for the employee's child after birth, or placement of a child with the employee for adoption or foster care;
- To care for the employee's spouse, child, or parent (each a "qualified family member") who has a serious health condition; or
- For a serious health condition of the employee that renders the employee unable to perform an essential function of his or her position. A serious health condition is an

illness, injury or impairment, or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the essential functions of the employee's job or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may also meet the definition of continuing treatment.

Child/Parent relationship

For purposes of FMLA leave because of the birth of a son or daughter, in order to care for such son or daughter, because of the placement of a son or daughter with the employee for adoption or foster care, and to care for a son or daughter with a serious health condition, a child will be considered the employee's if he or she is the biological, adopted, or foster child, stepchild, or legal ward of the employee, or if the employee stands in loco parentis, and the child is (A) under 18 years of age; or (B) 18 years of age or older and incapable of self-care because of a mental or physical disability. There is no limit on the number of parents a son or daughter may have for purposes of such FMLA leave.

An employee may be in loco parentis even if the employee has no biological or legal relationship to the child, if the employee assumes (or, in the case of birth or other prospective relationships, intends to assume) obligations incident to the parental relation as a practical matter (note that temporary arrangements for convenience, such as babysitting while parents take a vacation, are not sufficient to be in loco parentis for FMLA purposes). Factors that will be considered in determining whether an employee is in loco parentis include, but may not be limited to, the age of the child, the degree to which the child is dependent on the employee, the amount of support (if any) the employee provides, and the extent to which duties commonly associated with parenthood are exercised by the employee (for example, an employee who houses and cares for a grandchild because the child's parents are unable to do so, or an employee who shares in the upbringing of a child in the employee's household who is the son or daughter of the employee's life partner, regardless of whether that partnership is legally recognized, may be in loco parentis). Employees may be required to provide written statements or other reasonable information establishing that children for whom they seek FMLA leave are their sons or daughters as defined by this policy.

Amount of family/medical leave available

Eligible employees may take up to 12 weeks of family/medical leave within a rolling 12-month period. A rolling 12-month period is measured backward from the date an employee uses any FMLA leave.

Military Family Leave under the FMLA

There are two types of Military Family Leave available under the FMLA; Qualifying Exigency leave and Military Caregiver leave.

Qualifying Exigency leave under the FMLA

Eligible employees may take up to a total of 12 work weeks of unpaid leave for qualifying exigencies arising out of the fact that employee's spouse, son, daughter, or parent is on covered active duty, or has been notified of an impending call or order to covered active duty, in support of a foreign country or contingency operation. Qualifying exigency leave is available to a family member of a military member in the Armed Forces including the National Guard or Reserves.

Covered active duty under the FMLA means:

In the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and

In the case of a member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a federal call or order to active duty in support of a contingency operation, which is defined in Section 101(a)(13)B) of Title 10, United States Code.

Qualifying exigencies include:

- Issues arising from a covered military member's short notice deployment (i.e., deployment on seven or less days of notice) for a period of seven days from the date of notification.
- Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the covered active duty or call to covered active duty status of a covered military member.
- Certain childcare and related activities arising from the covered active duty or call to covered active duty status of a covered military member. The covered military member must be the spouse, child or parent of the employee requesting leave. Examples of this leave include arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are

necessary due to circumstances arising from the covered active duty or call to covered active duty of the covered military member.

- Making or updating financial and legal arrangements to address a covered military member's absence.
- Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the need for which arises from the covered active duty or call to covered active duty status of the covered military member.
- Taking up to fifteen calendar days of leave to spend time with a covered military member who is on short-term temporary rest and recuperation leave during deployment. Leave may not exceed the military member's Rest and Recuperation leave orders.
- Attending certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member's covered active duty status, and addressing issues arising from the death of a covered military member.
- Parental care for the spouse, parent, son, or daughter of a military member in order to do the following: 1) arrange for alternative care for a parent of the military member when the parent is incapable of self-care and the covered active duty or call to covered active duty status of the military member necessitates a change in existing care arrangements; 2) provide care for a parent of the military member on an urgent, immediate-need basis (but not on a routine, regular, or everyday basis) when the parent is incapable of self-care and the need to provide such care arises from the covered active duty or call to covered active duty status of the military member; 3) admit or transfer a parent of the military member to a care facility when the admittance or transfer is necessitated by the covered active duty or call to covered active duty status of the military member; 4) or attend meetings with staff at a care facility for a parent of the military member (e.g., meetings with hospice or social service providers) when such meetings are necessitated by the covered active duty or call to covered active duty status of the military member.
- Any other event that the employee and an authorized officer of the Company agree is a qualifying exigency.

Military Caregiver Leave under the FMLA

FMLA provides caregiver leave for wounded service members and covered veterans for eligible employees who are the spouse, son, daughter, parent, or next of kin of a covered service member or covered veteran with a serious injury or illness for up to a total of 26 work weeks of unpaid leave during a single 12-month period to care for the covered service member or covered veteran.

A covered service member:

- Is a current member of the Armed Forces, including a member of the National Guard or Reserves; and
 - Who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.
 - A serious injury or illness is one that was incurred by a service member in the line of duty on covered active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank or rating.

A covered veteran:

- Was a member of the Armed Forces, National Guard, or Reserves who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran; and
 - Who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.
 - A serious injury or illness is one that is incurred in, or preexisting but aggravated by, the line of duty on active duty. The serious injury or illness of a covered veteran also must be one of the following:
 - A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the armed forces and that rendered the service member unable to perform the duties of the service member's office, grade, rank, or rating;
 - A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service-Related Disability Rating (VASRD) of 50% or greater, with such VASRD rating

being based, in whole or in part, on the condition precipitating the need for military caregiver leave;

- A physical or mental condition that substantially impairs, or would do so absent treatment, the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service; or
- An injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers

The single 12-month period begins on the first day the employee takes leave for this reason and ends 12 months later, regardless of the 12-month period applicable to any other leave under the FMLA. An eligible employee is limited to a combined total of 26 work weeks of leave under the FMLA during the single 12-month period (not more than 12 of the 26 weeks' total may be for an FMLA-qualifying reason other than to care for a covered service member).

If two employees who are married to each-other work for the Company, the aggregate amount of leave that can be taken by both of them under the FMLA for the birth of a child or placement for adoption or foster care of a child, or to care for parents with a serious health condition, under the FMLA is 12 weeks within a 12-month period.

General Provisions

The provisions below are applicable to both family/medical and military family leave under the FMLA.

Measurement method

Except in the case of Military Caregiver Leave, an eligible employee's FMLA leave entitlement is limited to a total of 12 work weeks of leave during any 12-month period as measured on a rolling basis, measuring backward from the date an employee uses any FMLA leave other than Military Caregiver leave. The single 12-month period applicable to Military Caregiver leave is measured forward from the date the employee's first leave to care for the covered service member begins.

Intermittent leave

An eligible employee may take leave under the FMLA intermittently (including working a reduced schedule) when medically necessary with respect to qualifying leave for the condition of the employee, the employee's spouse, the employee's parent, the employee's child, or for the care of a covered service member. Intermittent leave is also available for Qualifying Exigency leave. Employees are expected to make reasonable efforts to schedule planned medical treatment so as not to unduly disrupt the employer's operations if possible. If intermittent leave is unpaid, the

Company reserves the right to reduce the employee's salary based on the amount of time actually worked, regardless of whether the employee is salaried/exempt. In addition, while an employee is on an intermittent leave, the Company may temporarily transfer the employee to an available alternative position that better accommodates the recurring leave and that has equivalent pay and benefits.

An employee may request intermittent leave to care for the employee's own child during the first year following birth, or to care for a child placed with the employee for foster care or adoption. Unless the leave is due to the child's serious health condition, the Company may decline to grant such leave on an intermittent basis and instead require that it be taken on a continuous basis.

Pay, Benefits, and Protections During FMLA Leave

Leave is unpaid. Family medical leave is unpaid leave, although employees on FMLA leave will receive any compensation they have earned that is payable while on leave.

Substitution of paid time off for unpaid leave.

If an employee has accrued paid leave under the Company's policies, either the employee or the Company may elect to substitute such paid leave for a commensurate period of unpaid FMLA leave. The substitution of paid leave for unpaid leave does not extend the FMLA period. Furthermore, the substitution of paid leave for unpaid leave cannot result in the receipt of more than 100 percent of an employee's salary.

Medical benefits

During an approved leave under the FMLA, the Company will maintain the employee's health benefits, if any; as if the employee continued to be actively employed (this section does not apply if the employee does not participate in a company-sponsored group health benefit). Both the Employee and the Company will continue to be responsible for their respective shares of premium on the same terms as if the employee were actively at work (if paid time is substituted, regular payroll deductions will be made for health coverage from applicable pay). Because employees remain eligible for health group benefits, taking FMLA leave does not constitute a COBRA-qualifying event, however, if an employee does not return to work at the end of FMLA leave COBRA continuation may apply. If an employee fails to pay the employee portion (if any) of premium while on FMLA leave coverage lapses, however, if the employee returns to work while protected by the FMLA, the employee may resume participation immediately. If the employee does not return to work at the end of FMLA leave the Company may recover from the employee any premium paid by it for the employee during FMLA leave.

Other benefits

Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of the employee's leave, however further accruals under any paid time off policy offered by the Company will cease during periods of leave.

Reinstatement at end of FMLA leave

Upon return from FMLA leave, eligible employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. However, employees are subject to no greater right to employment than if they had not taken leave. Also, if an employee does not return to work within the time prescribed by the FMLA, the employee has no right to reinstatement.

Other legally-protected leave

In some cases leave under the FMLA will also be subject to other laws that provide legally-protected leave. This will often depend on applicable state law and will be determined on a case-by-case basis. Where types of legally-protected leave are permitted to be used simultaneously the presumption will be that they are being used simultaneously unless the Company confirms otherwise in writing.

FMLA Leave Procedure

Notification by employees of need for leave.

The Company cannot know that FMLA leave is needed, and cannot provide FMLA entitlements, unless employees first appropriately notify the Company of their need for leave in sufficient detail for the Company to understand that FMLA leave is appropriate. If the need to use FMLA leave is foreseeable, employees must give the Company at least 30 days prior notice of the need to take leave. When 30 days' notice is not possible, employees must give notice as far in advance as practicable under the circumstances. In an emergency where advance notice of need for leave cannot be given, employees (or their representatives if employees are medically unable to give notice themselves) are required to notify the Company as soon as reasonably practicable. Failure or unreasonable delay in providing notice may be grounds for delaying the start of the FMLA leave and may have other adverse consequences.

Requests for FMLA leave should be directed to the Human Resources Director using Time Off Request form available from the Human Resources Director or company website. The Human Resources department will then have the employee complete a Request for Family/Medical Leave form.

When submitting a request for leave, the employee must provide sufficient information for the Company to determine if the leave might qualify as FMLA leave, and also provide information on the anticipated date when the leave would start as well as the anticipated duration of the leave. Employees also must inform the Company if the requested leave is for a reason for which FMLA leave was previously taken or certified.

Notification to employees of leave availability

Once the Company is aware of a request for FMLA leave under the procedures outlined in this policy and has received the information it needs, it will inform the requesting employee of the

availability of FMLA leave. Assuming FMLA leave is available under the circumstances, employees will be given a written notice that includes details of the leave that is being granted. If FMLA leave is not available, the Company will so notify the employee.

Medical certification and recertification

Employees who request leave because of their own or a covered relation's serious health condition must supply substantiating medical certification. Employees may obtain medical certification forms from the Human Resources Director. The Company will inform requesting employees of when medical certifications must be provided (in any event no more than 15 days after leave is requested). Employees should plan on providing medical certification prior to taking leave where the need for leave is foreseeable. The Company may require subsequent medical recertification. Failure to provide requested recertification within 15 days, except in extraordinary circumstances, may result in the delay of further FMLA leave (meaning that interim leave may not be protected by the FMLA). Employees taking FMLA leave for their own serious health condition may also be required to provide a fitness-for-duty certification upon return to work, including during intermittent leave.

Exception for highly compensated employees

The Company may deny FMLA leave to highly compensated employees if it determines that granting FMLA leave would result in substantial economic injury to the Company. This determination is made on a case-by-case basis. For purposes of the FMLA, highly compensated employees are the most highly paid 10% of employees within a 75-mile radius of a covered worksite. The Company will notify employees if FMLA leave is denied on this basis.

Staying in touch while on leave

Employees who take leave because of their own serious health condition or to care for a covered relation must contact the Human Resources Director on a weekly basis regarding the status of the need for leave and intention to return to work. Employees who unequivocally indicate that they do not intend to return to work while protected by the FMLA may no longer be considered on FMLA leave.

Requesting additional leave

Employees who need to extend FMLA leave beyond what was originally granted must contact the Human Resources Director as soon as practicable upon becoming aware of the need for additional leave personally or if that is not possible, through their representatives. The Company may request appropriate substantiation (such as medical certification if applicable) of the need for additional leave in reviewing requests. If a request is granted, the Company will notify the employee of the new terms of leave. The Company may, but is not required to, grant leave beyond that required by the FMLA. Any leave beyond that required by the FMLA will not be subject to the protections of the FMLA.

Returning to work

Employees wishing to return to work from FMLA leave must give notice to Human Resources Director as soon as practicable (note, a return to work date may be agreed upon at any point during FMLA leave). If a date is not previously agreed, the Company generally requires at least two business days' notice to restore an employee to work from FMLA leave.

* Note: Employees who are not eligible for FMLA (who may take unpaid approved leave) who are enrolled in Health insurance will be offered employee paid COBRA while on leave.

Documentation

Policy

It is the policy of Choice that clinicians are to provide efficient and concise documentation. All treating clinicians must complete any and all documentation within the allotted time frame set per specific document.

Procedure for Choice Homecare

All notes are to be completed within 24 hours of service to the patient. It is understood that communication notes should be completed as soon as possible to insure the most accurate and appropriate care be conducted. Failure to comply with this policy is detrimental to the welfare of our patients and is subject to discipline up to and including termination.

It is expected that all documentation is grammatically correct and contains only Medicare approved abbreviations. If the clinician has received education and correction on a topic regarding his or her documentation and continues to make the error he or she will be subject to disciplinary action.

Providing false statements regarding care that was not delivered to a patient is strictly against company policy. It is important that all employees understand that this action is considered fraud and subject to state and federal penalties. Choice will take all actions necessary to protect the welfare of our patients and the general public.

DISCIPLINE PROCESS SPECIFIC TO DOCUMENTATION POLICY

1. Admin/DOCS will pull past due documentation reporting from EMR at or prior to 9am each morning. Documentation that is outside of 48 hours (as in-- incomplete on the 16th when pulled on 18th) will result in verbally contacting the clinician. Verbal warning of non-compliance will be administered to the employee and the discussion along with the notice of verbal warning will be emailed to hr@choicetx.com for the employee file. This will be noted as verbal warning #1.
2. Second calls regarding past due documentation in any 6-week period will result in a written warning. If six weeks has passed since last verbal warning, a verbal warning per item #1 will be issued in lieu of a written warning. With written warning the employee should be brought in for counseling and for written plan of correction via a written POC form. The POC will include ideas on how the employee can succeed, notice that the state views failure in documentation as negligence, clear description of the penalties including termination or suspension without pay, and a planned follow-up meeting within 30 days.
3. On a third violation of the documentation policy employees may be removed from the schedule and terminated or suspended without pay. Suspensions will be for one week and cannot be lifted unless the employee's documentation shows complete in the EMR. Suspension will be noted to the employee via written email of violation from HR and implemented by the DOCS. If employee documentation is not showing complete in the EMR within 48 hours, it is considered a voluntary termination by the employee.
4. A fourth offense is a mandatory termination.

EMERGENCY PREPARDNESS

Human Resources/Personnel Administration/Education

Patient Complaints

Safety

Emergency Preparedness And Response

Potential Disasters

If there are any concerns or patient needs in any area described below, contact the office.

Floods

If a flood is likely in your area, you should:

- Listen to the radio or television for information
- Be aware that flash flooding can occur. If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.
- Be aware of streams, drainage channels, canyons, and other areas known to flood suddenly. Flash floods can occur in these areas with or without such typical warnings as rain clouds or heavy rain.
- Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
- Do not drive into flooded areas. If flood waters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

Tornado

Be alert to changing weather conditions.

- Listen to NOAA Weather Radio or to commercial radio or television newscasts for the latest information.
- Look for approaching storms.
- Look for the following danger signs:
 - Dark, often greenish sky
 - Large hail
 - A large, dark, low-lying cloud (particularly if rotation)
 - Loud roar, similar to a freight train.
- If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.
- If you are under a tornado WARNING, seek shelter immediately!

Thunder Storms And Lightning

The following are facts about thunderstorms:

- They may occur singly, in clusters, or in lines.
- Some of the most severe occur when a single thunderstorm affects an location for an extended time.
- Thunderstorms typically produce heavy rain for a brief period, anywhere from 30 minutes to an hour.
- Warm, humid conditions are highly favorable for thunderstorm development.
- About 10 percent of thunderstorms are classified as severe - one that produces hail at least three-quarters of an inch in diameter, has winds of 58 miles per hour or higher, or produces a tornado.

The following are facts about lightning:

- Lightning's unpredictability increases the risk to individuals and property.
- Lightning often strikes outside of heavy rain and may occur as far as 10 miles away from any rainfall.
- "Heat Lightning" is actually lightning from a thunderstorm too far away for thunder to be heard. However, the storm may be moving in your direction!
- Most lightning deaths and injuries occur when people are caught outdoors in the summer months during the afternoon and evening.
- Your chances of being struck by lightning are estimated to be 1 in 600,000, but could be reduced even further by following safety precautions.
- Lightning strike victims carry no electrical charge and should be attended to immediately.

The following are guidelines for what you should do if a thunderstorm is likely in your area:

- Postpone outdoor activities.
- Get inside a home, building, or hard top automobile (not a convertible).
- Although you may be injured if lightning strikes your car, you are much safer inside a vehicle than outside.
- Remember, rubber-soled shoes and rubber tires provide NO protection from lightning. However, the steel frame of a hard-topped vehicle provides increased protection if you are not touching metal.
- Secure outdoor objects that could blow away or cause damage.
- Shutter windows and secure outside doors. If shutters are not available, close window blinds, shades or curtains.
- Avoid showering or bathing, Plumbing and bathroom fixtures can conduct electricity.
- Secure outdoor objects that could blow away or cause damage.

- Use a corded telephone only for emergencies. Cordless and cellular telephones are safe to use.
- Unplug appliances and other electrical items such as computers and turn off air conditioners. Power surges from lightning can cause serious damage.
- Use your battery-operated NOAA Weather Radio for updates from local officials.

High Temperatures And Heat

The following are guidelines for what you should do if the weather is extremely hot:

- Stay indoors as much as possible and limit exposure to the sun.
- Stay on the lowest floor out of the sunshine if air conditioning is not available.
- Consider spending the warmest part of the day in public buildings such as work, libraries, schools, and other community facilities. Circulating air can cool the body by increasing the perspiration rate of evaporation.
- Eat well-balanced, light and regular meals. Avoid using salt tablets unless directed to do so by a physician.
- Drink plenty of water. Persons who have epilepsy or heart, kidney, or liver disease; are on fluid-restricted diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake.
- Limit intake of alcoholic beverages.
- Dress in loose-fitting, lightweight, and light-colored clothes that cover as much skin as possible.
- Protect face and head by wearing a wide-brimmed hat.
- Check on family, friends, and neighbors who do not have air conditioning and who spend much of their time alone.
- Never leave children or pets alone in closed vehicles.
- Avoid strenuous work during the warmest part of the day. Use a buddy system when working in extreme heat, and take frequent breaks.

Earthquakes

Minimize your movements during an earthquake to a few steps to a nearby safe place. Stay indoors until the shaking has stopped and you are sure exiting is safe.

If you are indoors:

- Take cover under a sturdy desk, table or bench or against an inside wall, and hold on. If there isn't a table or desk near you, cover your face and head with your arms and crouch in a inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.

- Stay in bed, if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall.

In that case, move to the nearest safe place.

- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, loadbearing doorway.
- Stay inside until the shaking stops and it is safe to go outside. Most injuries during earthquakes occur when people are hit by falling objects when entering into or exiting from buildings.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- DO NOT use the elevators.

If you are Outdoors:

- Stay there
- Move away from buildings, streetlights, and utility wires.

Winter Storms And Cold

To winterize your car, attend to the following:

- Battery and ignition system should be in top condition and battery terminals clean.
- Ensure antifreeze levels are sufficient to avoid freezing.
- Ensure the heater and defroster work properly.
- Check and repair windshield wiper equipment; ensure proper washer fluid level.
- Ensure the thermostat works properly.
- Check lights and flashing hazard lights for serviceability.
- Check for leaks and crimped pipes in the exhaust system; repair or replace as necessary.
- Carbon monoxide is deadly and usually gives no warning.

The following are guidelines for what you should do during a winter storm or under conditions of extreme cold:

- Listen to your radio, television, or NOAA Weather Radio for weather reports and emergency information.
- Eat regular and drink ample fluids, but avoid caffeine and alcohol.
- Avoid overexertion when shoveling snow. Overexertion can bring on a heart attack, a major cause of death in the winter. If you must shovel snow, stretch before going outside.
- Watch for signs of frostbite. These include loss of feeling and white or pale appearance in extremities such as fingers, toes, ear lobes, and the tip of the nose. If symptoms are detected, get medical help immediately.

- Watch for signs of hypothermia. These include uncontrollable shivering, memory loss, disorientation, incoherence, slurred speech, drowsiness, and apparent exhaustion. If symptoms of hypothermia are detected, get the victim to a warm location, remove wet clothing, warm the center of the body first, and give warm, non-alcoholic beverages if the victim is conscious. Get medical help as soon as possible.
- Drive only if it absolutely necessary. If you must drive, consider the following:
 - Travel in the day, don't travel alone, and keep others informed of your schedule.
 - Stay on main roads; avoid back road shortcuts.
- Conserve fuel, if necessary, by keeping your residence cooler than normal. Temporarily close off heat to some rooms.
- Maintain ventilation when using kerosene heaters to avoid build-up of toxic fumes. Refuel kerosene heaters outside and keep them at least three feet from flammable objects.

Hurricanes

If a hurricane is likely in your area, you should:

During a Hurricane:

- Listen to the radio or TV for information.
- Secure your home, close storm shutters, and secure outdoor objects or bring them indoors.
- Turn off utilities if instructed to do so. Otherwise, turn the refrigerator thermostat to its coldest setting and keep its doors closed.
- Turn off propane tanks.
- Avoid using the phone, except for serious emergencies.
- Moor your boat if time permits
- Ensure a supply of water for sanitary purposes such as cleaning and flushing toilets. Fill bathtub and other large containers with water.

You should evacuate under the following conditions:

- If you directed by local authorities to do so. Be sure to follow their instructions.
- If you live in a mobile home or temporary structure – such shelters are particularly hazardous during hurricanes no matter how well fastened to the ground.
- If you live in a high-rise building – hurricane winds are stronger at higher elevations.
- If you live on the coast, on a floodplain, near a river, or on an inland waterway.
- If you feel you are in danger.

If you are unable to evacuate, go to your wind-safe room. If you do not have one, follow these guidelines:

- Stay indoors during the hurricane and away from windows and glass doors.
- Close all interior doors - secure and brace external doors.
- Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm – winds will pick up again.
- Take refuge in a small interior room, closed, or hallway on the lowest level.
- Lie on the floor under a table or another sturdy object.

Hazardous Materials Incidents

If you are asked to evacuate do so immediately.

- If you are caught outside, stay upstream, uphill and upwind?
- In general, try to go at least one-half mile (usually 8-10 city blocks) from the danger area.
- Do not walk into or touch any spilled liquids, airborne mists, or condensed solid chemical deposits.

In a Motor Vehicle

- Stop and seek shelter in a permanent building. If you must remain in your car, keep car windows and vents closed and shut off the air conditioner and heater.

If you are requested to stay indoors:

- Close and lock all exterior doors and windows.
- Close vents, fireplace dampers, and as many interior doors as possible.
- Turn off air conditioners and ventilation systems. In large buildings, set ventilation systems to 100 percent recirculation so that no outside air is drawn into the building. If this is not possible, ventilation systems should be turned off.
- Go into the pre-selected shelter room. This room should be above ground and have the fewest openings to the outside.
- Seal the room by covering each window, door, and vent using plastic sheeting and duct tape.
- Use material to fill cracks and holes in the room, such as those around pipes.

Fire

- Install smoke alarms. Properly working smoke alarms decreased your chances of dying in a fire by half.
- Place smoke alarms on every level of your residence and offices.
- Test and replace smoke alarms once a month. Replace smoke alarms once every 10 years.
- Review escape routes with your family. Practice escaping from each room.
- Make sure windows are not nailed or painted shut. Make sure security gratings on windows have a fire safety opening feature so they can be easily opened from the inside.
- Consider escape ladders if your residence has more than one level, and ensure that burglar bars and other anti-theft mechanisms that block outside window entry opened from the inside.
- Teach family members to stay low to the floor (where the air is safer in a fire) when escaping from a fire.
- Clean out storage areas. Do not let trash, such as old newspapers and magazines accumulate.
- Never use gasoline, benzene, or similar flammable liquids indoors.
- Store flammable liquids in approved containers in well-ventilated storage areas.
- Never smoke near flammable liquids.
- Be careful when using alternative heating sources.
- Keep a screen in front of the fireplace.
- Have heating units inspected and cleaned annually by the certified specialist.
- Keep matches and lighters up high, away from children, and if possible, in a locked cabinet.
- Never smoke in bed or when drowsy or medicated.
- Have the electrical wiring in your residence checked by an electrician.
- Inspects extension cords for frayed or exposed wires or loose plugs.
- Make sure outlets have cover plates and not exposed wiring.
- Make sure wiring does not run under rugs, over nails or across high-traffic areas.
- Do not overload extension cords or outlets. If you need to plug in two or three appliances, get a UL-approved unit with built-in circuit breakers to prevent sparks and short circuits.
- Make sure insulation does not touch bare electrical wiring.
- Sleep with your door closed.
- Install A-B-C type fire extinguishers in your residence and teach family members how to use them.
- Consider installing an automatic fire sprinklers system in your residence.

During a fire, if your clothes catch on fire, you should:

- **STOP, DROP and ROLL** – until the fire is extinguished. Running only makes the fire burn **FASTER**.

To escape a fire, you should:

- Check closed doors for heat before you open them. If you are escaping through a closed door, the doorknob, and the crack between door and door frame before you open it. Never use the palm of your hand or fingers to test for heat – burning those areas could impair your ability to escape a fire.
- Crawl low under any smoke to your exit – heavy smoke and poisonous gases collect first along the ceiling.
- Closed doors behind you as you escape to delay the spread of the fire.
- Stay out once you are safely out. Do not reenter. Call 911

In your office:

- Know the locations of fire extinguishers and escape routes. Understand how to properly use the fire extinguisher.
- Four Universal Principals in Fire Control:
 - **Rescue**
 - Rescue anyone in immediate danger
 - **Alarm**
 - Sound the fire alarm and/or dial the fire department
 - **Confine**
 - Close all doors in and around the fire areas to block progress. Turn off all oxygen. Turn off all equipment not needed to sustain life.
 - **Extinguish**
 - Put out the fire using portable fire extinguisher, baking soda or water – only if it is safe to do so.

In a patient residence:

- Agency staff are responsible for the safety assessment of the patient and any needed educations pertaining to safety. This must be documented for the patient chart.

NUCLEAR POWER PLANT EMERGENCY

The following are guidelines for what you should do if a nuclear power plant emergency occurs.

- Keep a battery-powered radio with you at all times and listen to the radio for specific instructions
- Close and lock doors and windows.
- Turn off the air conditioner, ventilations fans, furnace, and other air intakes.
- Go to a basement or other underground area, if possible.
- Do not use the telephone unless absolutely necessary.

If you expect you have been exposed to nuclear radiation:

- Change clothes and shoes.
- Put exposed clothing in a plastic bag.
- Seal the bag and place it out of the way.
- Take a thorough shower.
- Keep food in covered containers or in the refrigerator. Food not previously covered should be washed before being put in to containers.

After a Nuclear Power Plant Emergency Seek medical treatment for any unusual symptoms, such as nausea, that may be related to radiation exposure.

TERRORISM

- Be aware of your surroundings.
- Move or leave if you feel uncomfortable or if something does not seem right.
- Take precautions when traveling. Be aware of conspicuous or unusual behavior.
- Do not accept packages from strangers. Do not leave luggage unattended.
- You should promptly report unusual behavior, suspicious or unattended packages, and strange devices to the police or security personnel.
- Learn where emergency exits are located in buildings your frequent. Plan how to get out in the event of an emergency.
- Be prepared to do without services you normally depend on – electricity, telephone, natural gas, gasoline pumps, cash registers, ATMs, and internet transactions.

If there is an explosion, you should:

During an explosion

- Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for obviously weakened floors and stairways. As you exit from the building, be especially watchful of falling debris.
- Leave the building as quickly as possible. Do not stop to retrieve personal possessions or make phone calls.
- Do not use elevators.

Once you are out

- Do not stand in front of windows, glass doors, or other potentially hazardous areas.
- Move away from sidewalks or streets to be used by emergency officials or others still exiting the building.

CHEMICAL ATTACK

Chemical agents are poisonous vapors, aerosols, liquids, and solids that have toxic effects on people, animals, or plants. They can be released by bombs or sprayed from aircraft, boats, and vehicles. They can be used as a liquid to create a hazard to people and the environment. Some chemical agents may be odorless and tasteless.

They can have an immediate effect (a few seconds to a few minutes) or a delayed effect (2 to 48 hours). While potentially lethal, chemical agents are difficult to deliver in lethal concentrations. Outdoors, the agents often dissipate rapidly. Chemical agents also are difficult to produce.

A chemical attack could come without warning. Signs of a chemical release include people having difficulty breathing; experiencing eye irritations; losing coordination; becoming nauseated; or having a burning sensation in the nose, throat, and lungs.

Also, the presence of many dead insects or birds may indicate a chemical agent the following are guidelines for what you should do in a chemical attack.

If you are instructed to remain in your home or office building, you should:

- Close doors and windows and turn off all ventilation, including furnaces, air conditioners, vents, and fans.
- Seek shelter in an internal room and take your disaster supplies kit. Seal the room with duct tape and plastic sheeting.
- Listen to your radio for instructions from authorities.

EMERGENCY PREPAREDNESS RESPONSE PLAN AND PROCEDURE

DISASTER

The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or manmade cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion. Riot, hostile military or paramilitary action, or energy emergency.

PREPAREDNESS

Preparing for the potential of a disaster: education and training.

1. All staff will participate in emergency preparedness and response training on hire and annually.
2. Agency will maintain a current list of staff with emergency numbers as contacts, preferably with out-of-state numbers included.
3. Classification system/triage of all patients will be maintained and kept current. The Disaster Coordinator and clinical staff will keep copies. Upon admission and ongoing, patient's condition and needs will be assessed for triage prioritization.
 - I. Life threatening (or potential) – Requires ongoing medical treatment/care. Any equipment dependent upon electricity should be listed with the power company. Oxygen dependent patients should be supplied with a back-up tank from the supplier. Does not have a caregiver capable of providing care. Requires assistance with transportation to hospital or specialized shelter.
 - II. Not life threatening but patient might suffer severe adverse effects from interruption of services ,i.e., daily insulin, IV meds, sterile wound care with large amounts of drainage, symptoms controlled with difficulty, death appears imminent. Capable caregiver present. Will require transportation assistance to hospital or specialized shelter if necessary.
 - III. Visits could be postponed 24-48 hours without adverse effects, i.e., sterile wound care with a minimal amount to no drainage, symptoms need intervention, but are fairly well controlled. Able to care for self or willing and able caregiver. Transportation available from family, friends, or others.

- IV. Visits could be postponed 72-96 hours without adverse effects, i.e., symptoms well controlled, patient in a nursing facility. Able to care for self or willing and able caregiver. Transportation available from family, friends, or others.
4. Agency will provide patient/family with information on how to handle emergencies.
5. Fire drills will be activated at least annually. Staff will be responsible for knowing where fire extinguishers and exits are located.
6. To ensure accuracy and continuity of information, all Agency specific information directed towards median would be directed to the Administrator, or designee.

MITIGATION

A process in which sustained actions are taken to reduce or eliminate long-term risk from natural and man-made hazards or disasters.

1. Public information systems will be monitored for disaster related news and information that could effect the agency operating to provide patient/family services.
2. Staff will communicate by telephone, cell phone, pagers, walkie talkies, email-enabled PDAs, or other designated method that has been provided, as needs arise.
3. A Communication/ Disaster calling tree will be developed and tested at least annually.
4. Administrative staff and clinical staff, per policy and regulations, will provide 24/7 service during office hours and on call to meet patient needs.
5. Agency will assist patient/family in their own emergency plan. Patients may be registered with 211 depending on special needs.
6. Staff will keep on call books up-to-date.

RESPONSE

Actions taken immediately before an impending disaster or during and after a disaster to address the immediate and short-term effects of the disaster.

1. Disaster calling tree will be activated. All staff will be responsible for having a copy or procedure with them at this time.
2. Local emergency medical services and DADS will be contacted.
3. All patients will be triaged according to classification, services and individual needs.
4. Patient referrals will be made as required.
5. If no means of communication is available, all staff will be required to report to office immediately for further instruction.
6. Physicians will be advised of patient status as contacts are made.
7. Medications, equipment, transportation would be provided as necessary and able. Patients requiring transportation would be coordinated with the agency office.

RECOVERY

Activities Implemented during and after a disaster designed to return an agency to its normal operations as quickly as possible.

1. All incidents will be documented on an incident form, with actions plans developed.
2. Support groups/ counselors may be offered to staff, volunteers, and contractors.
3. Patients that moved from area will be reviewed and placed back on schedule for continuity.
4. All patient transfers/discharges will be reviewed for continuity.
5. If office must be relocated, see policy and regulations.
6. If medical records are damaged, see policy and regulations.
7. All patients/families will be contacted to check status and offer support.
8. Patient/family visits will be resumed.

EQUIPMENT SAFETY

The agency desires to ensure safe appropriate use or equipment by Agency staff.

Education on the safe use of equipment (i.e. glucometers) will be and ongoing function.

Any staff aware of equipment defect or hazard should report it to agency management.

INCIDENT/OCCURRENCE REPORTS

- The Agency documents and reports all occurrences (accidents, injuries, safety hazards) that deviate from routine operations and might result in injury or potential harm to the patient/caregiver or staff.
- The staff member involved or the first one to become aware of the incident will complete the form to their immediate supervisor.
- The Occurrence Report is confidential and may not be copied.

ABUSE AND NEGLECT

- The agency attempts to identify suspected or alleged victims of abuse and report or refer abuse and/or neglect of the patient.
- When agency staff suspect abuse/ neglect, a "Suspected Abuse and Neglect Report should be completed and immediately reported to agency management.
- Management will investigate the situation and report findings to the patient's attending physician and to appropriate agency according to state regulations.

ADVERSE/INCLEMENT WEATHER

- When inclement weather becomes a danger to agency personnel only those patients that need medical intervention within 24 hours will be seen.
- Patients will be notified of changes in schedule and rescheduled for that work if weather permits.
- Ambulance personnel may be utilized to visit patients that must be seen that day (i.e. IDDM patients unable to self inject, IV therapy patients).

HUMAN RESOURCES/PERSONNEL ADMINISTRATION

EMPLOYMENT INFORMATION

PERSONNEL FILE MAINTENANCE

Federal and state laws require the Agency maintain accurate complete personnel files.

Compliance requires each employee submit dated materials before the expiration date and notify the agency of changes in address, phone number, changes on W-4 or other pertinent data. Dated materials may include:

- Professional license
- Driver's License
- CPR
- Insurance liability
- In-services received outside the Agency

Visits may be withheld if the personnel file is not current. Failure to maintain these items in good standing with the appropriate governing agency may result in company discipline.

HUMAN RESOURCES POLICIES AND PRACTICES

EMPLOYEE EDUCATION

The Company is interested in the continuing education of its employees, therefore, will present ongoing in services/education programs which are appropriate to job responsibilities and to the maintenance of necessary skills.

Mandated in-services include:

- Risk management
- Infection control (OSHA)
- Blood borne pathogens
- Airborne pathogens
- Body mechanics
- Safety
- Chemicals in the workplace
- CPR

Home Health Aides must have at least 12 hours of in services per year.

Management staff should attend two seminars annually to increase management expertise.

PATIENT COMPLAINTS

The agency respects the right of the patient to voice complaints without fear of retaliation.

A patient/family member may occasionally voice a complaint.

LISTEN TO THE COMPLAINT!

Listening and acting may resolve the problem before it is uncontrollable.

Notify the Agency/management immediately.

Document on a complaint form and submit immediately.

On admission, the patient has been informed of their right to call the complaint Hot Line (Medicare)/Civil Rights if an issue cannot be resolved at the Agency level.

The Agency encourages rapid resolution to an issue in order to respect the patient's rights and to avoid an unnecessary complaint survey.

In skilled nursing Choice Rehab therapist should immediately notify their superior.

In Choice Homecare All employees should immediately notify the DOCS.

SAFETY

RISK MANAGEMENT

The Agency is committed to a safe workplace that are free from hazards and that all employee areas are safeguarded while on the job. Safety is a top priority.

The Agency endeavors to provide adequate training to employees to enable them to work safely. Management is expected to enforce and practice safe work procedures.

Please inform management of any conditions which might put the employee at risk or contribute to an unsafe environment.

Management and employees must work together to practice sound risk management, work safely, report all incidents promptly and correct unsafe conditions.

PERSONAL SAFETY

Employees are encouraged to take precautions while in the field. To promote, adhere to the following:

- Always have all car doors locked whether in or out the car.
- Keep supply bag and or supplies, purse, wallet, and other valuables out of sight in your car.
- Become extra aware of your surroundings. If you note suspicious activities, do not risk, just leave and call the office.
- Be cautious around elevators and if you are at all suspicious of another passenger, wait for another elevator.
- Carry supplies in a paper bag if you feel unsafe carrying your supply bag.
- If someone attempts to rob you, DO NOT RESIST or hesitate to give up your purse or bag. Call the police immediately. Write down everything you remember about the incident.
- Request that patients have all pets confined or restrained during the home visit.
-

FIRE SAFETY PROCEDURES

The agency promotes fire safety precautions both in the patient's home and at the office.

OFFICE

- Know the locations of fire extinguishers and escape routes.
- Understand how to properly use the fire extinguisher.
- Four universal Principals in Fire Control:
 - **Rescue:** Rescue anyone in immediate danger
 - **Alarm:** Sound the fire alarm and/or dial the fire department
 - **Confine:** Close all doors in and around the fire areas to block progress. Turn off all oxygen. Turn off all equipment not needed to sustain life.
 - **Extinguish:** Put out the fire using portable fire extinguisher, baking soda or water – only if it is safe to do so.

PATIENT RESIDENCE

Agency staff are responsible for the safety assessment of the patient and any needed educations pertaining to safety. This must be documented for the patient chart.

OSHA

The Occupational Safety and Health Act (OSHA) was created to protect employees from hazards in the workplace. The agency maintains all OSHA records, complies with posting and reporting requirements and participates with all OSHA office inspection as requested.

EXPOSURE CONTROL

The agency is committed to providing a safe working environment for employees who may experience exposure to blood borne and airborne pathogens.

All employees will utilize universal precautions. Universal Precautions is an infection control method which requires employees to assume all human blood and specific human body fluids (OPIM) are infectious for HIV, HBV, and HCV and other blood borne pathogens and must be handled accordingly.

All employees will utilize airborne precautions for patients known or suspected to be infected with micro-organisms transmitted by airborne droplet nuclei (i.e. tuberculosis, measles).

HEPATITIS B

- Employees are encouraged to receive the Hepatitis B vaccine series. The series is available to employees at no cost after training.
- The form must be completed for acceptance or declination.
- The employee may obtain the vaccine at a later date if they so decide.

PERSONAL PROTECTIVE EQUIPMENT

- Personal protective clothing and equipment are available to employees who have the potential to come in contact with blood or body fluids.
- Equipment may include face shields, gowns, gloves, masks, eye covers and pocket resuscitation masks.

HAZARDOUS WASTE

Employees must educate the patient on proper disposal of sharp in a puncture proof container and the double bagging of dressings from wounds. These items may be disposed of in the patient's regular trash.

INFECTION CONTROL for Patient Health

The Agency maintains an ongoing Infection Control Program in an attempt to improve patient health outcomes.

Patient Infection:

- The employee should report patient infections on the appropriate form to their immediate supervisor.
- The employee's infection or exposure should be reported to their immediate supervisor as soon as the employee is aware of it.
- Management will determine if the employee can safely perform duties without exposing co-workers or patients.

WORKPLACE VIOLENCE

- The Agency will not tolerate violent behavior or threats in the workplace.
- Guns and weapons of any kind are not allowed in the workplace.
- Employees should report any threats or acts of aggression to management immediately.
- Do Not Try to Handle a Violent Person. Call the local law enforcement agency for assistance.
- The Agency will treat all threats as serious and appropriate measures will be taken.

ANTI-DISCRIMINATION

Policy

It is the policy of Choice Homecare to provide an environment free from unlawful discrimination. All forms of discrimination related to race, color, religion, sex, age, national origin, disability, or other protected classes, as well as retaliation for engaging in protected activity, are violations of this policy.

Choice Homecare will not tolerate the use of racial, religious, sexual, gender-based, age-related, ethnic, or disability related epithets, innuendos, slurs, or jokes. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature are also prohibited, as well as all forms of verbal, non-verbal, and physical harassment based on a protected class.

Procedures

Employees are expected to conduct themselves professionally, in a manner befitting the work environment and with respect for co-workers.

Employees are expected to understand that behavior which one individual considers innocent and harmless may be regarded as harassment by another person. Beyond being in violation of this policy, workplace harassment is against the law. Choice Homecare will not tolerate harassment of its employees by anyone, including management officials, other employees, contractors, or customers of Choice Homecare.

All incidents and suspected violations should be reported immediately. Employees may report to a supervisor or manager or to Human Resources to bypass the immediate supervisor. Complaints will be kept confidential to the fullest extent possible.

An investigation will be initiated as promptly as possible after receipt of a complaint and swift and appropriate corrective action will be taken, if necessary. Complainants will be notified of the results of the investigation, or given an update on the investigative process, shortly after the investigation is completed.

Neither Choice Homecare nor its management will retaliate against any person for reporting perceived harassment, or for participating in an investigation. If an employee believes that he or she is being retaliated against, the employee should follow the appropriate chain of command to notify. Retaliation for filing a complaint or participating in an investigation is a violation of federal laws and will not be tolerated.

Confidentiality

Choice Homecare will make clear to employees that it will protect the confidentiality of discrimination allegations to the extent possible. Choice Homecare cannot guarantee complete confidentiality, since it cannot conduct an effective investigation without revealing certain information to the alleged harasser and potential witnesses. However, information about the allegation of discrimination will be shared only with those who need to know about it. Records relating to discrimination complaints will be kept confidential on the same basis.

A conflict between an employee's desire for confidentiality and Choice Homecare's duty to investigate may arise if an employee informs a supervisor or Human Resources about alleged discrimination, but asks him or her to keep the matter confidential and take no action. Inaction by Choice Homecare in such circumstances could lead to liability. While it may seem reasonable to let the employee determine whether to pursue a complaint, Choice Homecare must discharge its duty to prevent and correct discrimination.

Investigative process

Choice Homecare will conduct a prompt, thorough, and impartial investigation into alleged discrimination. As soon as management learns about alleged discrimination, it should determine if a detailed fact-finding investigation is necessary (i.e. if the alleged offender does not deny the accusation, Choice Homecare could immediately determine appropriate corrective action).

If a fact-finding investigation is necessary, it will be launched immediately. The amount of time that it will take to complete the investigation will depend on the particular circumstances.

It may be necessary to undertake intermediate measures before completing the investigation to ensure that further discrimination does not occur, such as scheduling changes to avoid contact between the parties; transferring the alleged offender; or placing the alleged offender on non-disciplinary leave with possible pay pending the conclusion of the investigation. The complainant should not be involuntarily transferred or otherwise burdened, since such measures could constitute unlawful retaliation.

Choice Homecare will ensure that the individual who conducts the investigation will objectively gather and consider the relevant facts. The alleged offender must not have supervisory authority over the individual who conducts the investigation and must not have any direct or indirect control over the investigation.

When detailed fact-finding is necessary, the investigator will interview the complainant, the alleged offender, and third parties who could reasonably be expected to have relevant information. When interviewing the parties and witnesses, the investigator should refrain from offering his or her opinion.

Reaching a determination

Once all of the evidence is in, interviews are finalized, and credibility issues are resolved, management will make a determination as to whether discrimination occurred. That determination could be made by the investigator, or by a management official who reviews the investigator's report. The parties should be informed of the determination.

In some circumstances, it may be difficult for management to reach a determination because of evidence contradictions or a lack of documentary or eye-witness corroboration. In such cases, a credibility assessment may form the basis for a determination.

Assurance of immediate and appropriate corrective action

Choice Homecare will undertake immediate and appropriate corrective action whenever it determines that discrimination has occurred. Management will inform both parties about these measures.

Remedial measures will be designed to stop the discrimination, correct its effects on the employee, and ensure that the discrimination does not recur. These remedial measures need not be those that the employee requests or prefers, as long as they are effective.

To balance the competing concerns, disciplinary measures should be proportional to the seriousness of the offense. If the discrimination was minor, such as a small number of "off-color" remarks by an individual with no prior history of similar misconduct, counseling and a verbal warning might be considered. On the other hand, if the discrimination was severe or persistent, suspension or discharge may be appropriate.

Remedial measures should not adversely affect the complainant. If it is necessary to separate the parties, the offender should be transferred (unless the complainant prefers otherwise). Other forms of remedial measures might include: oral or written warning or reprimand; demotion; reduction of wages; suspension; training or counseling; and monitoring of the harasser to ensure that discrimination stops. Remedial responses that penalize the complainant could constitute unlawful retaliation and are not effective in correcting the discrimination.

Remedial measures also should correct the effects of the discrimination on the victim. Such measures should be designed to put the employee in the position she or he would have been in had the misconduct not occurred. Such measures might include: restoration of leave taken because of the discrimination; reinstatement; apology by the harasser; monitoring treatment to ensure that the employee is not subjected to retaliation; and correction of any other harm caused by the discrimination (e.g., compensation for losses).

Other preventive and corrective measures

Choice Homecare will ensure that supervisors and managers understand their responsibilities. Choice Homecare will keep track of supervisors' and managers' conduct to make sure that they carry out their responsibilities.

Choice Homecare will keep records of all complaints of discrimination. Without such records, Choice Homecare could be unaware of a pattern of discrimination by the same individual. Such a pattern would be relevant to credibility assessments and disciplinary measures.

Additional Information

Any employee who violates this policy or our commitment to equal employment opportunity will be subject to disciplinary action, up to and including termination of employment.

Infection Control

Policy

It is the policy of Choice to provide a clean working environment, and to decrease the spread of infection.

Procedure

All employees are expected to follow standard precautions for infection control. These include but are not limited to, hand hygiene, PPE, respiratory hygiene/cough etiquette, person placement, care of equipment and instruments/devices, care of the environment, textiles and laundry, and worker safety..

It is expected that all equipment is to be sanitized before and after use by each patient. All linens are required to be changed before and after use by each patient.

In addition to the policies of Choice, all employees must also follow any facility mandated policies pertaining to infection control and attend mandatory training as instructed.

Dress Code

Dress Code for all Staff:

The CHC/CR identification badge with the employee's name, credentials and position will be worn at all times while on duty and be clearly visible. The identification badge will be ordered during orientation. Pins may not be affixed to the identification badge.

Lost or damaged identification badges will be replaced at the expense of the employee, dependent upon the circumstances. (\$44.18) This item is to be returned to your supervisor if you leave your position with the company.

Hair must be clean, dry and styled to reflect a professional appearance.

Long hairstyles will be appropriately contained so as not to interfere with work duties or patient care.

Nails must be clean, trimmed and professional in appearance.

Jewelry should be conservative and worn in a manner that will not interfere with job performance.

If fragrances and/or make-up are worn, it should not be distracting or disturbing to patients and/or co-workers. Fragrances or odors (perfume, after shave, cigarette smoke) that are overpowering or offensive are not acceptable. Make-up should be professional in appearance.

T-shirts, (including CHC/CR t shirts) are to be worn only on Tuesday's and Thursdays with approved scrub bottoms or with business casual pants. (Please see attached options for Company approved Scrub attire and/or Polo shirts)

Clothing that reveals too much cleavage, your back, your chest, your feet, your stomach or your under garments is not appropriate for a place of business. In our work environment, clothing should be pressed and never wrinkled. Torn, dirty, or frayed clothing is unacceptable. All seams must be finished. Any clothing that has words, terms, or pictures that may be offensive to other employees is unacceptable.

For female office or marketing personnel, business/professional skirts and dresses that are professional in appearance are acceptable. Skirt/dress length should be at the length at which you sit comfortably in public (remember a skirt shortens 3 inches when you sit down). 2-3" above the knee is an acceptable length for dresses and skirts. Tank tops, sundresses, mini-skirts, skorts, or dresses with thin or spaghetti straps that are visible are not appropriate for the workplace.

Shirt-tails must be tucked in unless the shirt/top is designed to be worn out.

Shoes are to be clean, neat, and professional in appearance (no flip flops)

Choice employees must also adhere to any policy and procedures set forth by facilities in direct contract with Choice. This includes the policies of Assisted Living Facilities and Ind Living Facilities that serve as the homes of our Home Health patients.

Direct Care Staff:

1. Clean and neat scrubs are to be worn when providing patient care.
2. Socks/hosiery must be worn.
3. Tennis shoes or appropriate athletic shoes must provide safe and secure footing and offer protection against hazards. No open back shoes, open toe shoes, flip-flops, or sandals are allowed for staff providing direct patient care or support services staff.
4. Direct care staff will maintain finger nails at a length that does not interfere with patient care or present a safety issue.

All Staff: (Uniforms are required for all employees completing an average of >20 hours per week for Choice)

CHC/CR Uniform Options:

1. Ceil blue scrubs with the Choice logo in black on the front of the scrub top and bottom OR...
2. Black Scrubs with the Choice logo in ceil blue on the front of the scrub top and bottom OR...
3. Ceil blue polo shirts with the Choice logo on them OR...
4. Black Polo shirt with the Choice logo on them in Ceil blue OR...

See HR for reimbursement/ purchase option form. If the employee is purchasing the scrubs and screen printing it is important the logo size, placement, and color be approved by human resources. Human resources can provide the file, size dimensions, and picture examples. Polo Shirts must be work with uniform scrub bottom or black/charcoal dress pant.

Choice homecare and/or Rehab t-shirts may be worn on certain days as indicated by Choice Administrative staff. This will be indicated by companywide email.

Employees may be subject to disciplinary action for failure to follow the dress code policy.

HIPAA

WHO?

Who passed HIPAA?

The HIPAA standards were passed into law by Congress and President Bill Clinton signed them into law by President George W. Bush.

Who is protected by HIPAA?

Title I protected people who had lost or changed their jobs from losing their health insurance. It is the centerpiece of the HIPAA legislation.

Title II protects patient health information and gives patients more control over and access to their health information.

- Your employees may be a “patient” in another setting. If you access to his/her information through your insurance carrier or another entity, this is protected health information too.

Who must comply with HIPAA privacy standards?

COVERED ENTITIES:

- Health plans
- Health care clearing houses
- Health care providers who conduct certain financial and administrative transitions electronically, such as electronic billing and fund transfers and their employees.

BUSINESS ASSOCIATES:

- Those who do not work for the Agency but who would have access to the patient/client’s protected health information (PHI).
- Essentially, if any agency has to give PHI to an external source to provide services of any kind, this may be a business associate. Examples include but are not limited to:

Accrediting bodies such as The Joint Commission or CHAP ORYX or other benchmarking entities
Management services
Answering services
Accountants
Consultants
Attorneys

Billing agents
Transcription services
Translation Services

- A general rule is if the agency has a relationship with a non-employee that involves PHI for purposes other than treatment, then a business associate relationship may exist.

Who will enforce HIPAA?

PRIVACY STANDARD

- Health and Human Services Office for Civil Rights

SECURITY STANDARDS

- Centers for Medicare and Medicaid

TRANSACTION AND CODE SET STANDARDS

- Centers for Medicare and Medicaid

WHAT?

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) includes protections for working Americans and their families. These include:

- The ability to get health coverage if starting a new job
- Decreasing the chance of losing existing health care coverage
- Helping to maintain continuous health coverage for the individual and family when changing jobs
- Helping individual buy health insurance coverage for self if coverage under an employer's group health plan is lost
- If an individual changes health plans/carriers, denial can't be made for preexisting conditions

HIPAA is also intended to protect the privacy of people receiving health care if the provider of that care conducts even one covered transaction electronically. The covered transactions are:

- Health care claims or equivalent encounter information
- Health care payment and remittance advice
- Coordination of benefits
- Health care claim status
- Enrollment and dis-enrollment in a health plan
- Eligibility for a health plan
- Health plan premium payments

- Referral certification and authorization
- First report of injury
- Health claims attachments
- Other transactions that the Secretary of the Department of Health and Human Services may prescribe by regulation

Title II of HIPAA defines the Administrative Simplification (A/S) requirements for health care providers. A/S is divided into three components:

- Transactions Rule
- Privacy Rule
- Security Rule

What is the Transactions Rule?

The Transactions Rule adopts standards for electronic transactions and for code sets to be used in those transactions. Compliance was initially required by October 16, 2002. However, a bill was passed in December, 2001 that extended the deadline for one year if you request for extension was filed by October 15, 2002.

The Basic intent is to establish a comprehensive set of standards for the electronic transmission of health information. Electronic transmission includes using:

- Internet
- Extranet (information is accessible only to collaborating parties)
- Leased lines
- Dial-up lines
- Private networks
- Transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk

The code sets are any set of codes used in these transactions and their descriptors and include:

- Tables of terms
- Medical concepts
- Medical diagnostic codes
- Medical produce codes

What is the Privacy Rule?

Essentially, the Privacy Rule is intended to give individuals a level of protection of their individually identifiable health information and to provide more control over how their health

information is used and disclosed. The Protected Health Information (PHI) is electronic, paper, or oral information related to an individual's health condition that is found in:

- Patient medical records
- Patient billing records
- Databases
- Formal and informal discussions

The identifiers included in PHI of the individual. His/her relatives, employers, or household members that can be used or disclosed without authorization for purposes of research, public health or health care operations as long as there are limits place don its use are:

- Name
- Postal address information other than town/city, state and zip code
- Telephone number
- Fax number
- Electronic mail address
- Social security number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate/license number
- Vehicle identifiers and serial numbers, including license plate numbers
- Web Universal Resource Locators (URLs')
- Internet Protocol address numbers
- Biometric identifiers such as fingerprints or voice prints
- Full face photographs or other comparable images

What is the Security Rule?

The Security Rule adopts standards for the security of electronic health information to assure the confidentiality of electronic protected health information. It includes:

- Administrative producers to guard data integrity, confidentiality, and availability such as:

Data backup plan
Disaster recovery plan
Access authorization
Virus Checking

Termination procedures such as removal from access list and turning in keys and access cards

- Physical safeguards to guard data integrity, confidentiality, and availability such as:

- Access controls
- Secure work station location
- Need to know procedures
- Sign-in and escorting visitors, if appropriate

- Technical security services to guard against unauthorized access to data that is transmitted over a communications network such as:

- Access controls
- Automatic log off
- Password or PIN
- Unique user identification

- Technical security mechanisms to guard against unauthorized access to data that is transmitted over a communications network such as:

- Message authentication
- Integrity controls
- Encryption
- Audit trail

- Electronic signature

What are the permitted uses and disclosures of PHI?

An agency can use PHI for:

- Treatment, payment and health care operations
- Treatment activities of any health care provider
- For payment activities of the entity to which PHI is disclosed
- For the health care operations of another covered entity if:
 - Both the agency and the other covered entity has or has had a relationship with the individual and the PHI pertains to that relationship.
 - The disclosure is for specified health care operations purposes including quality assessment and improvement activities, case management or care coordination, training, accreditation activities, licensing activities, fraud and abuse detection, research, public health and in emergencies affecting life or safety, judicial proceedings, to provide information to the next-of-kin, for identification of the body of a deceased person, and compliance

In all instances, the agency must make reasonable efforts to limit the PHI used, disclosed, or requested to the minimum amount necessary to achieve the purpose of

the use, disclose, or request. This also means the agency must decide the minimum amount of PHI needed by employees to perform their duties. The exception is that it does not apply to a disclosure made for treatment purposes.

What are the penalties for non-compliance?

Currently there is no case law for HIPAA compliance. The Office for Civil Rights (OCR) was given enforcement authority. Later, HHS Secretary Tommy Thompson announced that the Centers for Medicare and Medicaid Services (CMS) will be responsible for enforcing the Security Standard and the Transaction and Code Set Standards. So, now the OCR has enforcement authority for the Privacy Standard only. It remains unclear how either will discharge its duties. It is known that if a privacy violation is reported and substantiated, there could be civil or criminal penalties.

- Civil Penalties
\$100 per incident up to maximum of \$25,000 per person, per year, per standard
- Criminal Penalties
 - Up to \$50,000 and one year in prison for obtaining or disclosing PHI
 - Up to \$100,000 and up to five years in prison for obtaining PHI under false pretenses
 - Up to \$250,000 and up to 10 years in prison for obtaining or disclosing PHI with the intent to transfer, sell or use it for monetary gain or malicious harm

WHERE?

Where do I have to apply HIPAA standards?

The easy answer is EVERYWHERE!!!! Examples include but certainly are not limited to:

- Business office, especially in areas of public access
- Hospitals
- Doctors' office
- Nursing homes
- Assisted living facilities that provide health care services
- Elevators
- Restaurants

- Hallways
- Desks
- File rooms
- Field staffs' cars and homes
- Staff mailboxes
- Fax machine area
- Conference room
- Agency kitchen
- Agency bathroom – especially if it is a public facility

WHEN?

When is HIPAA compliance required?

The H

IPPA law was passed in 1996. There are/were dates of effectiveness for the various components. For health agencies the Administrative Simplification dates are/were:

- Transactions Rule
 - October 16, 2002 unless agency filed for extension; then, it is October 16, 2003
- Privacy Rule
 - April 14, 2003
- Security Rule
 - April 16, 2003 for electronic transactions and code sets
 - October 16, 2003 for electronic transactions and code sets. These rules were modified February 13, 2003.
 - The Final Rule was adopted February 13, 2003 and is expected to be published in the Federal Register on February 20, 2003. The effective date is April 21, 2003 and covered entities will have until April 21, 2005t to comply.

The complete text of HIPAA rules can be found at:

<http://www.cms.hhs.gov/hipaa/hipaa2>

WHY?

Why was HIPAA passed?

Title I passed to protect people who had lost or changed their jobs form losing their health insurance.

Title II was passed:

- To assist health care entities to use technology more efficiently by providing uniform, national standards for submitting electronic transactions
- To establish a nationwide, minimum level of protection of patient health information
- To give a level of protection to individuals' privacy and to provide them with more control over how their health information is used and disclosed while giving them more access to their files

Why does the agency have to comply with HIPAA?

- To avoid fines and penalties
- Avoid unwanted attention should agency be reported
- Ensure patient/client satisfaction
- IT'S THE RIGHT THING TO DO

HOW?

How can I be sure I'm compliant with HIPAA?

- Familiarize yourself with the HIPAA regulation
- Appoint a Privacy Officer
- Appoint a HIPAA committee
- Have Privacy Notice, HIPAA forms, contracts templates, job description for Privacy Officer
- Train ALL staff in HIPAA (includes maintenance personnel)
- Contact Business Associates and have contracts/agreements signed
- Know where all Protected Health Information (PHI) is in the agency
 - Is PHI visible on white boards, desk, by copier, by fax machine, on computer screens?
 - Are medical records stored in a record room or file cabinets?
 - Who has keys?
 - How many keys are there?
 - Where are keys located?
 - Are keys marked "do not duplicate?"
 - What is the procedure for the return of keys when an employee leaves the agency?
 - Are locks changed on a regular basis?
 - Who has access?
 - How is access monitored?
 - Are there sign out logs for medical records?

- Do medical records ever get lost or misplaced?
 - Is PHI filed promptly into the medical record?
 - Is PHI to be filed safeguard?
- Does field staff have travel charges with PHI that are taken off premises?
 - How is PHI protected?
 - Is it visible in the car?
 - What happens if it gets lost?
 - What happens to PHI in the travel chart when it is no longer needed?
- Is PHI placed in staff mailboxes?
 - Are these located in an area that is not accessible to the public?
 - Is the area locked?
 - What happens if a staff person is on vacation?
 - Is mail opened to determine what mailbox it goes in and does that person have access to PHI?
- Are fax machines located in areas not accessible to the public?
 - Who has access to faxes?
 - Who distributes them?
- Do you send PHI via Fax?
 - How are you sure it is sent to and received by the correct recipient?
 - Is there a confidentiality statement on the cover page?
- Do you use paper that has PHI on it as scrap paper or use the other side in the fax machine or copier?
- Do you shred PHI that is no longer needed?
 - Who is responsible for shredding?
 - Do you use a shredding company?
 - Is PHI waiting to be shredded in a secure area?
- Do you have multiple sites?
 - Is PHI transferred between sites?
 - How is it protected during transfer?
- Do you maintain PHI in off-site storage?
 - Who has access to it?
 - How is it protected during transfer?
 - Is the site adequately safeguarded?
- Do staff members discuss patients' PHI in public places such as the kitchen, bathroom, and elevator?
- Do staff members call out to each other from room-to-room about patients?
- Do you use an intercom system?

- Do telephone conversations that include PHI such as taking orders or scheduling take place in private areas away from where visitors or other patients are?
- Do staff members use a patient's phone to make calls about other patients such as to a doctor's office?
- How do you authenticate who the person calling the agency is before PHI is given?
- Is your software ready for HIPAA?
 - Have you spoken with your software vendor, billing agent, and/or clearinghouse to determine if any changes are needed such as adding or deleting data fields?
 - Have you documented the discussions with them including the data and the name of the person with whom you spoke?
 - Have you reminded them you must start testing your systems by April 16, 2003?
- Have you spoke with the health plans and payers you bill?
 - What are they doing to get ready for HIPAA?
 - What do they expect you to do?
 - Do they have a HIPAA companion guide that specifies their coding and transactions requirements?
 - Do they have an agreement that specifies transmission methods, volumes, and time lines as well as coding and transactions requirements that are not specifically determined by HIPAA?
 - Have they worked with you to test your software to be sure they are receiving your claims?
 - Have you asked them if they will support any systems they provide?
- Do you have a firewall on your computer system?

SAMPLE CONFIDENTIALITY STATMETNS

FAX

The documents accompanying this fax transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this patient information is prohibited from disclosing the information to any other party. If you have received this transmission in error, please notify the sender immediately and destroy the information that was faxed in error, and keep any information you may have viewed confidential.

E MAIL

This e-mail transmission and any attachments contain confidential information belonging to the sender, which is legally privileged. The information is intended solely for these of the individual(s) or entity addressed. If you ae not the intended recipient, you are hereby notified that any copying, disclosure, distribution, or use of this e-mail and/or attachment is strictly prohibited. If you received this transmission in error, please delete it from your computer system and notify (the sender) at (sender's e-mail address).

OR

Please be aware that this e-mail transmission is not guaranteed to be 100 percent secure from hackers. Be aware that others could possibly read what is in this e-mail. We have done what we can to keep our e-mail transmissions secure but do need to caution both parties of this possible security breach with confidential information. If you have any questions, please contact the sender of tis e-mail.

Cell Phone

Policy

It is the policy of the Choice to prohibit personal cell phone use during working time. Employees may use personal cell phones only during regular break and meal periods, except as described below.

The company recognizes that some cell phones can take photographs. Because this capability could allow for theft of trade secrets or expose confidential information, employees are prohibited from taking photographs anywhere on company grounds.

Drivers and employees who travel are prohibited from using cell phones, whether for personal or business use, while operating a vehicle. This applies to both company vehicles and to personal vehicles during business travel. This prohibition includes both hands-free and hand-held phones, and applies to calls, texting, and all other cell phone use.

Personal cell phones

Employees may use personal cell phones for legitimate business purposes. The company expects that this will not be necessary within company facilities, unless discussing patient care with clinical supervisors or scheduling. This exception should be used with clinical and professional discretion and attempts by all parties should be made to perform these conversations with a regard to courtesy to all patients. Conversations regarding patient care should also always follow HIPPA guidelines and training.

When not traveling, employees may request permission to carry an active personal cell phone during business hours for legitimate reasons, such as the need to take an emergency call. When such permission is granted, the phone may only be used for the stated purpose. Any other personal cell phone use is a violation of this policy.

Employees may not text or take a phone call while with a patient. Choice Rehab will not tolerate the employees on social media sites during working hours.

Company-provided cell phones

Company-provided cell phones are to be used primarily for business purposes, and company policies apply at all times. If an offensive or inappropriate message is sent from or to a company-provided cell phone, that action will be considered inappropriate use of company property. Messages which are offensive or inappropriate will be investigated and may result in discipline.

Texting

The company will not tolerate inappropriate or offensive conduct of any kind, including verbal comments, emails, phone calls, text messages, or other forms of communication. Any communication with other employees should be appropriate for the workplace. Employees are reminded that sending a text creates an electronic record of the message.

Employees who receive an inappropriate or offensive text message should report the incident to a supervisor, Human Resources, or other company official. Employees are reminded that reports of inappropriate or offensive conduct are kept confidential to the extent possible. In the interests of confidentiality, employees who receive an offensive message should not forward that message to co-workers.

Non-working time

Activities employees engage in outside of work may impact the workplace. The company can and will take disciplinary action if outside activities (such as sending an offensive message to a coworker from a personal cell phone) contribute to an uncomfortable or harassing work environment.

Additional Information

Employees who violate this policy will be subject to disciplinary action, up to and including termination.

Employee Personal Relationships

Policy

Choice realizes that personal relationships of a romantic nature may develop between coworkers. While Choice does not wish to ban all such relationships outright, Choice has established some guidelines for such relationships.

What employees do on their own time away from work is private, unless it negatively impacts their performance in the workplace. The manner in which employees conduct themselves at work is subject to company policies and procedures.

Romantic relationships between supervisors and subordinates are prohibited.

Procedures

Employees who are engaged in a personal relationship should refrain from personal conduct on company premises that creates tension with coworkers or causes other employees to feel uncomfortable or offended.

If a conflict of interest is present in a relationship, Choice will endeavor to find a solution to eliminate the conflict of interest so that one employee is no longer able to unduly influence or favor the other.

Such solution may include transfer of one of the employees to another department or location. If no accommodation can be found, Choice may require one of the pair to resign or be terminated.

Disciplinary Policy

Policy

It is the policy of Choice to take appropriate disciplinary action when employees are found to have violated company policies, procedures, and/or work rules.

Appropriate disciplinary action may involve progressive disciplinary measures; or may result in immediate release/discharge.

Choice policies, procedures, and work rules as outlined in Choice handbook are not all-inclusive and may be changed from time to time at Choice sole discretion. Nothing in this policy changes the at-will nature of the employment relationship.

All employees are responsible for complying with company policies, procedures, and rules, and may be required to sign off periodically on copies of company policies, procedures, and work rules.

Different disciplinary procedures can be followed by management as described below. The procedure utilized will be determined based on Choice evaluation of all the circumstances involved. Management is not obligated to follow any or all of these steps in any predetermined order; these are for reference purposes only.

Procedures

Verbal Counseling

This action advises the employee that a specific situation needs to be changed or corrected. Once verbal counseling has occurred, the supervisor or manager will document the details of the discussion for future reference.

Written Warning

The type of discipline is determined by Human Resources after discussion with the supervisor or manager of the employee subject to discipline. The supervisor or manager completes a disciplinary report. This report documents the incident(s) at issue.

The supervisor or manager discusses the report with the appropriate Human Resources contact person to determine the type of warning. Both parties then meet with the employee and communicate the behavior change that needs to take place and/or the actions that need to be discontinued.

The employee will have the opportunity to document his/her comments on the report. The employee's signature on the report merely acknowledges that the report was discussed with the employee. The signature does not indicate the employee's agreement with the contents of the report.

Release or Discharge

Choice retains the right to terminate employees at its sole discretion, irrespective of the above-referenced disciplinary guidelines.

Formal Complaint/Grievances

Policy

It is the policy of Choice to provide a Formal Compliant Process for all employees to voice concerns, problems, and/or complaints. Any formal complaint brought to the attention of management through this process will be investigated thoroughly and resolved.

The Formal Complaint Process is intended to be used for issues such as conflicts with supervisors or co-workers, concerns about policies or discipline, and so on. Employees do not need to follow this process to report discrimination, harassment, or illegal activity.

Procedures

The Formal Complaint Process is outlined below.

Step 1

Employees - Fill out a formal complaint form and submit it to the immediate supervisor with copy to hr@choicetx.com. If the conflict involves the immediate supervisor, the employee may begin the complaint process with Step 2.

Immediate Supervisor - Within three (3) workdays, notify the employee in writing of the decision, or notify the employee of additional time needed to investigate further.

Step 2

Employees - If unsatisfied with the immediate supervisor's response, he or she should add remarks and send the report within three (3) workdays to the next higher level of management in the area. If you are unsure of this person please contact hr@choicetx.com.

Department Head or next level supervisor- The department head should involve center/area management in working to resolve the complaint.

Step 3

Employee - If unsatisfied with the department head's response, add remarks and send the report within five (5) workdays to hr@choicetx.com for review and response by corporate.

Corporate – Corporate will respond. The employee and department head will receive a copy of the form with the reply. A third copy will be kept in Human Resources for filing.

Step 4

Employee - If unsatisfied with the reply from Corporate, request that the issue be forwarded to company President/CEO.

The company President/CEO or designee will render a decision in writing, or may call a meeting to discuss the matter. The decision reached at this step is final. All parties will be fully informed of the final action taken.

Additional information

The Formal Complaint forms are available in each department, or from Human Resources. Reports must be fully completed and signed by the employee to be officially considered.

In cases of extenuating circumstances and in the interest of adequate answers or solutions, time limits may be extended.

Should the complaint form be used to express disagreement with a company policy or practice, the employee is expected to comply with the disputed policy or practice until the disagreement is resolved or the policy or practice is changed.

If an employee feels uncomfortable presenting a matter at a particular step because the person responsible for receiving complaints at that step is directly involved in the matter, the employee may bypass that step.

No employee shall be penalized for properly using the Formal Complaint Process. The complaint process must not be used for unfounded complaints, or as a means to harass a co-worker or supervisor.

Performance Evaluations

Policy

It is the policy of Choice to conduct performance evaluations for all employees on an annual basis. The evaluation process documents each individual's performance during the prior year.

Choice Homecare Procedures

Choice Homecare evaluates staff performance on a continuous basis and formally on an annual basis.

The purpose of this evaluation is to recognize your performance and identify areas of strengths and weaknesses.

Completing the evaluation form

After the evaluation form is completed, it is forwarded to Human Resources.

Unacceptable ratings

Appropriate responses for unacceptable ratings will vary based upon the nature and quantity of unacceptable ratings. Such responses may include:

- the development of a detailed action plan to correct the deficiencies within a specified time;
- placement on a special watch period during which the employee's performance will be closely monitored and evaluated;
- reclassification or transfer, where appropriate; termination of employment.

Management must consult with the Human Resources regarding the methods chosen to address the unacceptable performance.

Holding the evaluation meeting with the employee

The immediate supervisor and/or the next level of management will conduct the evaluation with the employee on or before the evaluation date with a Human Resources representative present.

Compensation and/or promotion decisions should not be discussed with the employee during the performance evaluation.

After the evaluation meeting

After the evaluation session, [persons or group] will meet to determine merit increases and compensation adjustment changes.

When the manager receives the decision, he or she will meet with the employee to cover any changes in salary, level, and job duties.

The completed performance evaluation packet is filed in the employee's personnel file.

Additional Information

Employees will not be evaluated while off work due to a leave of absence. If an employee starts a leave of absence before his or her evaluation date, the effective date will be the date he or she returns to work from leave.

Future evaluations dates will continue to be based on the original evaluation date.

Voluntary Resignation

Policy

It is the policy of Choice to encourage employees who voluntarily resign to provide at least a 30 day notice before their last expected date of employment. The notice period provides Choice Rehab with an opportunity to find a replacement and to assist the employee in the exit process.

Choice may select an earlier date as the last day of employment.

Procedures

If an employee decides to resign, the employee should notify his or her supervisor and Human Resources of the anticipated last day of employment. Employees may complete written notice, or resign verbally.

Supervisors must provide notice of the resignation to Human Resources.

Employees are encouraged to provide at least a 30 day notice of a voluntary resignation. Employees are asked to include the reason for leaving and the effective date. The employee's supervisor or Human Resources should attempt to determine the reason, if no specific reason is given.

If employee provides an extended leave date beyond listed above, Choice will evaluate whether the additional notice is necessary and will notify the employee regarding the final date of employment.

If an employee provides less than the above required leave date notice, the individual may not be eligible for rehire depending upon the circumstances and the notice given.

Former employees who are rehired will be treated as new employees for purposes of seniority-related benefits. Former employees will be considered for open positions along with all other candidates. For these purposes, the rehire date is the date on which an offer of employment is accepted.

Employees who fail to return any company property or equipment will be deemed ineligible for rehire and may be subject to legal proceedings.

Additional Information

Employees who wish to discuss concerns about their employment before making a resignation decision may contact Human Resources.

Resignations may have additional governance based on any individual wage and care agreements between the employee and company.

Termination

Policy

It is the policy of Choice to recognize that the employment relationship is at-will and may be terminated at any time for any reason. This termination may be initiated either by an employee or by Choice.

Procedures

Termination procedure

Terminations should be handled by Human Resources, with the employee's manager and/or supervisor present.

A Human Resources representative will provide benefit information to the departing employee.

Resignations

Licensed professional employees who resign are expected to give 30 day advance notice in writing to their immediate supervisor. The original written resignation letter must be forwarded to Human Resources immediately.

It is expected that employees will be available to work during the 30 day notice period.

An employee who resigns and doesn't give 30 days' advance notice may be considered ineligible for rehire and will not be paid any accumulated PTO.

Employees who terminate employment with Choice for any reason, with a 30 notice, will receive pay for unused accumulated vacation time per the PTO policy and procedure.

Personal time off will not be paid for any absences occurring during the last 30 work days of employment.

After an employee turns in his/her resignation, the employee is responsible for setting up a meeting with Human Resources to conduct an exit interview and turn in all Choice property.

This includes name badges, keys, electronics, email will be shut off and passwords changed. During this meeting a time will be set to pick up final paycheck in congruence with payroll dates. It is required that **ALL DOCUMENTATION** is completed before final pay check will be released.

Surrender of company property

Departing employees are required to surrender all company property in their possession, i.e., access card, keys, employee handbook, credit cards, computer equipment, and assigned office equipment, on or before the last day of work.

Additional Information

Employees who have resigned will be given the opportunity to participate in an exit interview conducted by Human Resources.

All requests (verbal and/or written) for references on a former employee must be routed to Human Resources.

Terminations may have additional governance based on any individual wage and care agreements between the employee and company.