Welcome

Courageous welcomes you to our family. We are a growing and expanding company based on dedication and loyalty to our clients and their caregivers. We are pleased that you have decided to join our ever growing company. Please take a moment to read the following policy and procedure handbook so that you may familiarize yourself with our company policies. If you encounter anything that you do not understand in this handbook please feel free to ask a staff member to help you. We want you to feel comfortable with us and be comfortable with these policies and procedures so that you can be a dedicated and knowledgeable part of the “Courageous” family.

Thank You!

The policies included in this handbook are guidelines only and are subject to change as the Company deems appropriate and necessary. From time to time you may receive notice of new or modified policies, procedures, benefits, or programs. This handbook supersedes and replaces all previous handbooks and policies including, but not limited to, all memoranda or written policies which may have been issued on the subjects covered in this handbook. This handbook is not a contract, express or implied, nor does it guarantee employment for any specific length of time.
# Table of Contents

<table>
<thead>
<tr>
<th>Section Title</th>
<th>Page Number</th>
<th>Date Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Phone Numbers / Hours</td>
<td>Pg. 3</td>
<td>05/27/2016</td>
</tr>
<tr>
<td>Scope of Services</td>
<td>Pg. 4</td>
<td></td>
</tr>
<tr>
<td>Types of Members</td>
<td>Pg. 4</td>
<td></td>
</tr>
<tr>
<td>Determination of Medically Frail/Compromised Clients</td>
<td>Pg. 4</td>
<td></td>
</tr>
<tr>
<td>Client’s Rights and Responsibilities</td>
<td>Pg. 5-6</td>
<td></td>
</tr>
<tr>
<td>Privacy Policy</td>
<td>Pg. 7</td>
<td></td>
</tr>
<tr>
<td>Abuse, Neglect, Exploitation &amp; Resolution of Complaints</td>
<td>Pg. 8</td>
<td></td>
</tr>
<tr>
<td>Caregivers Duties / Responsibilities</td>
<td>Pg. 8-9</td>
<td></td>
</tr>
<tr>
<td>Required Credentials/ National Background Check</td>
<td>Pg. 9-10</td>
<td></td>
</tr>
<tr>
<td>Training &amp; Safety</td>
<td>Pg. 10-11</td>
<td></td>
</tr>
<tr>
<td>Dress Code</td>
<td>Pg. 11</td>
<td>01/26/2016</td>
</tr>
<tr>
<td>Caregiver Driver Information</td>
<td>Pg. 11-12</td>
<td></td>
</tr>
<tr>
<td>List of Caregiver Can &amp; Cannot Do</td>
<td>Pg. 13</td>
<td>01/26/2016</td>
</tr>
<tr>
<td>Cell Phone Policy</td>
<td>Pg. 14</td>
<td></td>
</tr>
<tr>
<td>Social Media &amp; Networking Policy</td>
<td>Pg. 14</td>
<td></td>
</tr>
<tr>
<td>Client Privacy</td>
<td>Pg. 14</td>
<td></td>
</tr>
<tr>
<td>Harassment &amp; Discrimination</td>
<td>Pg. 14</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Policy / Caregiver Assistance</td>
<td>Pg. 14</td>
<td></td>
</tr>
<tr>
<td>General Procedures/Opportunity to Contest/Explain Test Results</td>
<td>Pg. 15</td>
<td></td>
</tr>
<tr>
<td>Confidentially/ Drug Testing</td>
<td>Pg. 15</td>
<td></td>
</tr>
<tr>
<td>Caregiver Testing/Alcohol Abuse</td>
<td>Pg. 15</td>
<td></td>
</tr>
<tr>
<td>Benefits / Raise Request / Request for Time Off / Call-Outs</td>
<td>Pg. 17</td>
<td></td>
</tr>
<tr>
<td>Punctuality Policies / Overtime Pay / Unauthorized Hours</td>
<td>Pg. 18</td>
<td></td>
</tr>
<tr>
<td>Training / Respite Pay / Rehire / Pay Processing</td>
<td>Pg. 18</td>
<td>05/27/2016</td>
</tr>
<tr>
<td>Payroll Errors</td>
<td>Pg. 19</td>
<td></td>
</tr>
<tr>
<td>Service Charges</td>
<td>Pg. 19</td>
<td></td>
</tr>
<tr>
<td>Unavailability of Work/Hours/Rate of Pay/Removal from Service</td>
<td>Pg. 19-20</td>
<td></td>
</tr>
<tr>
<td>Member Record Guidelines &amp; Procedures</td>
<td>Pg. 20-21</td>
<td></td>
</tr>
<tr>
<td>Medicaid Fraud</td>
<td>Pg. 21</td>
<td></td>
</tr>
<tr>
<td>Corporate Compliance Policy &amp; Procedures</td>
<td>Pg. 22-25</td>
<td></td>
</tr>
<tr>
<td>Member Service Record Guidelines &amp; Cam Scan</td>
<td>Pg. 26-30</td>
<td></td>
</tr>
</tbody>
</table>
Courageous
4339 Hartley Bridge Rd. Box 314
Macon, GA 31216
Email: courageoushomecare@gmail.com
Office Hours: Monday – Friday 9AM – 5PM EST
After Hour Emergency Line: 24HRS Daily

Contact List

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toll Free Office</td>
<td>1-877-227-3402</td>
</tr>
<tr>
<td>Local (Macon) Office</td>
<td>478-477-7594</td>
</tr>
<tr>
<td>Toll Free Fax</td>
<td>1-877-279-2131</td>
</tr>
<tr>
<td>Local (Macon) Fax</td>
<td>478-477-2556</td>
</tr>
<tr>
<td>After Hours Emergency Line</td>
<td>478-318-4486</td>
</tr>
<tr>
<td>Company RN (Stephanie)</td>
<td>478-230-6934</td>
</tr>
<tr>
<td>Company RN (Bruce)</td>
<td>478-508-1705</td>
</tr>
<tr>
<td>Company LPN (Katina)</td>
<td>478-501-5809</td>
</tr>
</tbody>
</table>

Office Personnel

<table>
<thead>
<tr>
<th>Name/Position</th>
<th>Extension</th>
<th>Name/Position</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffery / Care Coordinator Manager</td>
<td>1006</td>
<td>Donya / Accounting Administrator</td>
<td>1025</td>
</tr>
<tr>
<td>Demetrius / Care Coordinator</td>
<td>1012</td>
<td>Valorie / Payroll Specialist</td>
<td>1026</td>
</tr>
<tr>
<td>Stephanie / Care Coordinator</td>
<td>1011</td>
<td>Karen / Payroll Coordinator</td>
<td>1018</td>
</tr>
<tr>
<td>Latoya / Care Coordinator</td>
<td>1010</td>
<td>Shirnese / Payroll Coordinator</td>
<td>1020</td>
</tr>
<tr>
<td>Tamia / Care Coordinator</td>
<td>1009</td>
<td>Christina / Payroll Coordinator</td>
<td>1019</td>
</tr>
<tr>
<td>Wendy / Care Coordinator</td>
<td>1008</td>
<td>Kim / Billing Specialist</td>
<td>1024</td>
</tr>
<tr>
<td>Denise / Care Coordinator</td>
<td>1007</td>
<td>Crystal / Billing Specialist</td>
<td>1023</td>
</tr>
<tr>
<td>Emma / Human Resources</td>
<td>1017</td>
<td>Connie / Office RN</td>
<td>1031</td>
</tr>
<tr>
<td>Kimberly / Human Resources</td>
<td>1016</td>
<td>Janet / Client Records Clerk</td>
<td>1029</td>
</tr>
<tr>
<td>Brittney / Receptionist</td>
<td>1015</td>
<td>Robert / Auditor/Technical Support</td>
<td>1028</td>
</tr>
</tbody>
</table>

Please keep these phone numbers on hand for questions and emergencies.

**The emergency after hours phone is for staffing emergencies only.**

**Do not call the emergency number for payroll questions.**

Voice mail is available on the Courageous Office phone numbers anytime, for non-emergency use.
Scope of Services

Policy
Courageous will provide personal home care and private home care to elderly, disabled, or convalescing individuals in need of in-home care. Courageous will provide trained and certified caregivers to perform personal care tasks, such as individual assistance with or supervision of eating, bathing, dressing, toileting, grooming, shaving, dental care, proper nutrition, home management, housekeeping tasks, ambulation and transfer assistance as well as other activities with daily living.

Types of Members

Policy
Courageous provides services to help the elderly, disabled or convalescing individuals to live in their own homes and communities as an alternative to nursing home facility placement.

Procedure
Courageous meets with each and every member and conducts an interview to gather the information needed to properly install a service plan that will fit the individual needs of the member.

Implementation
A Courageous representative goes to the member's residence and conducts the interview. The information is then put into a service plan and the client is matched up with the appropriate caregivers needed to provide the individual care.

Determination of Medically Frail / Compromised

Definitions: "Medically Frail" (MF) or "Medically Compromised" (MC) Client is a client whose health status, as determined by appropriate provider staff in accordance with accepted standards of practice, is likely to change or has changed because of disease process, injury, disability or advanced age and underlying disease process(es).

Examples of clients who may be considered MF or MC include but are not limited to the following:

1. Clients with cognitive and/or psychological conditions, sever developmental disabilities or traumatic injuries that are unstable, or who also have chronic medical conditions that place them at risk without the services of a professional to monitor conditions.
2. Clients requiring gastric feeding tubes, intermittent catheterizations, ventilators, respirators, bowel care, or tracheotomy care.
3. Clients with unstable medical disorders such as diabetes, hypertension, congestive heart failure.
4. Clients with a high risk of skin breakdown.
Client’s Rights and Responsibilities

1. The client has the right to be informed about the plan of service and to participate in the planning.
2. The client has the right to be promptly and fully informed of any changes in the plan of service.
3. The client has the right to accept or refuse service.
4. The client has the right to be fully informed of the charges for services.
5. The client has the right to be informed of the name, business telephone number, business address and how to contact the person supervising services.
6. The client has the right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and to have complaints investigated by Courageous within a reasonable period of time.
7. The client has the right to have property and residence treated with respect.
8. The client has the right of confidentiality of client records.
9. The client has the right to receive a written notice of the address and telephone number of the state licensing authority, which further explains that the department is charged with the responsibility of licensing Courageous and investigating client complaints which appear to violate licensing regulations. Call or write: 1-800-878-6442 Healthcare Facility Regulatory, 2 Peachtree St. N.W., Ste.33.250 Atlanta, GA 30303.
10. The client has the right to obtain a copy of Courageous’ most recently completed report of licensure inspection upon written request. (Courageous may charge the client a reasonable photocopying charge.)
11. The client is advised that the client and the responsible party, if applicable, must advise Courageous of any changes in the client’s condition or any events that affect the client’s service of needs.
12. The client has the right to present, either orally or in writing, about services, and to have their complaints addressed and resolved as appropriate by Courageous immediately if a caregiver fails to arrive as scheduled to provide care.
Appendix B
Member Rights and Responsibilities

Member’s Rights Include:

1. The right of access to accurate and easy-to-understand information.
2. The right to be treated with respect and to maintain one’s dignity and individuality.
3. The right to voice grievances and complaints regarding treatment or care that is furnished, without fear of retaliation, discrimination, coercion, or reprisal.
4. The right of choice of an approved provider.
5. The right to accept or refuse services.
6. The right to be informed of and participate in preparing the care plan and any changes in the plan.
7. The right to be advised in advance of the provider(s) who will furnish care and the frequency and duration of visits ordered.
8. The right to confidential treatment of all information, including information in the member record.
9. The right to receive services in accordance with the current plan of care.
10. The right to be informed of the name, business telephone number and business address of the person/agency supervising the services and how to contact that person/agency.
11. The right to have property and place of residence treated with respect.
12. The right to review member’s records on request.
13. The rights to receive care and services without discrimination.

Member’s Responsibilities include:

1. The responsibilities to notify case manager/service provider(s) of any changes in care needs.
2. The responsibility to treat provider staff in a courteous and respectful manner, as well as cooperate with and respect the rights of the caregivers providing care.
3. The responsibility to be as accurate as possible when providing information on health history and personal care needs.
4. The responsibility to participate actively in decisions regarding individual health care and service/care plan development.
5. The responsibility to comply with agreed upon care plans.
6. The responsibility to notify the member’s physician, providers, and/or caregiver of any change in one’s condition.
7. The responsibility to maintain a safe home environment and to inform providers of the presence of any safety hazard in the home.
8. The responsibility to be available to provider staff at agreed upon times services are scheduled to be rendered.
Policy Two: Notice of Privacy Practices for Personal Health Information (PHI)

Policy 2.1 Generally

The provider has the duty to disclose to individuals the possible uses and disclosures of PHI and the individual’s rights and the provider’s legal duties with respect to PHI.

Policy 2.2 Required Elements of Notice

The notice must be written in plain language and contain a header reading: “THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.” The notice must also contain:

1. A description, including at least one example of the types of uses and disclosures the provider is permitted to make for each of the following purposes: treatment, payment, and health care options.
2. A description of each of the other purposes for which the provider is permitted or required to use or disclose PHI without the individual’s written consent or authorization.
3. If a use or disclosure is prohibited or materially limited by other law, the description of such use or disclosure must reflect the more stringent law.
4. A description, including at least one example of the types of uses and disclosures the provider is permitted to make for each of the following purposes: treatment, payment and health care operations.
5. A description of each of the other purposes for which the provider is permitted or required to use or disclose PHI without the individual’s written consent or authorization.
6. If a use or disclosure is prohibited or materially limited by other law, the description of such use or disclosure must reflect the more stringent law.
7. A statement that other uses and disclosures will be made only with the individual’s written authorization, that the individual may revoke such authorization, and how the individual may revoke authorization.

Policy 2.3 Separate Statements for Certain Uses or Disclosures

If the provider intends to engage in any of the following activities, the notice must include a separate statement, as applicable, that:

1. The provider may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual; or
2. The provider may contact the individual to raise funds for the provider.
Member Abuse, Neglect, Exploitation and Resolution of Complaints

Policy
All individuals with a prior conviction on charges of abuse, neglect, mistreatment, or financial exploitation are prohibited from performing direct member care duties.

Procedure
All incidents of abuse, neglect, exploitation and or complaints submitted by client, caregiver or any responsible parties either orally or in writing will be documented in the complaint log book. All actions taken to resolve incident of abuse, neglect, exploitation and/or complaints will be documented in complaint and resolution log book. A representative of Courageous will conduct a thorough investigation of all incidents of abuse, neglect, exploitation and/or complaints submitted to Courageous in WRITING. Courageous will report to DCH/GHP within 24 hours of any abuse or alleged abuse. Courageous will complete an incident report (Appendix K-3) of the abuse or alleged abuse and submit the report to DCH/GHP within 5 days. A plan of correction will be submitted with the investigators report. A copy of the K-3 and plan of correction will be maintained in an accident and incident file for review by DHC. Courageous will take all steps to assure that no other incidents or abuse takes place while the investigation is ongoing.

Abuse, neglect of care or exploitation includes, but is not limited to:

A. Unauthorized or inappropriate touching of a member such as pushing, striking, slapping, pinching, beating, fondling, etc.
B. Use of physical or chemical restraints.
C. Withholding of food, water, or medications unless the member has requested the withholding.
D. Psychological or emotional abuse (i.e., verbal berating, harassment, intimidation, or threats of punishment or deprivation.
E. Isolating member from member representative, family, friends or activities.
F. Sexual harassment, exploitation or rape.
G. Failure to provide basic care or seek medical care.
H. Inadequate assistance with personal care, changing bed linen, laundry, etc.
I. Ostracizing the member, or “giving the silent treatment”.
J. Leaving member alone for long periods of time.
K. Taking a member’s money or property by force, threat, or deceit.
L. Use of member’s money or property against member’s wishes or without member’s knowledge.

Caregiver Duties and Responsibilities

Assigned Duties & Responsibilities
Personal support services (PSS) perform personal care tasks such as, but not limited to, assistance with eating, bathing, dressing, personal hygiene, preparation of meals, housekeeping tasks, positioning, home management, home safety, sanitation, infectious control, taking of vital signs, proper nutrition and other activities of daily living as determined by appropriate staff. Personal support will be provided by staff that is appropriately trained and/or certified.

Note: Any caregiver living with the client cannot be a personal support aide/caregiver.

- You MUST maintain a working phone and keep the office informed of current numbers so that you can be reached at all times.
- Ability to read and write, follow verbal and written instructions, and complete legible written reports of care given.
- A caring and understanding attitude toward individuals who are disabled, frail or have a TBI
- Ability to be flexible and tolerant of varied lifestyles
- Ability to work under supervision and within the guidelines of a care plan
- Good health
- Provide or assist with any of the appropriate duties that do not require complex observation or critical decision making
- Encourage member to make decisions and to remain as independent as possible
- Encourage member representative to be involved and responsible for member’s care
- Observe and report changes in member’s condition, meal consumption, food storage and cooking equipment failure to the supervisor
- Maintain current progress notes indicating changes in the member’s condition, problems that hinder services delivered, and additional needs of the member
- **Notify the office immediately of any hospitalizations and/or any accidents as soon as you become aware.** Not doing this will result in disciplinary action up to and including termination
- Complete the Member Service Record daily for each member and forward it to the PSS Supervisor every Thursday
- Monitor members and their environments to address and report issues that impact members’ health, safety, or welfare. Member observations include:
  * Meal Consumption
  * Safety in the home
  * Changes in the member’s physical or emotional condition
  * Changes in the member’s support systems
- Apply information acquired through training
- Adhere to the PSS provider’s written code of ethics and dress code
- Provide care to the member as outlined in the Plan of Care by the RN. The task may include range of motion and muscle maintenance exercise. Attend medical appointment with the member (attending Adult Day services for reimbursement of payment is not included)
- Observe member’s skin for any break down or potential break down and report immediately to the nurse any change in the member’s skin condition. The ICWP case manager must be notified within 24 hours

### Required Credentials, Verification Forms, and Items

Caregivers agree to provide Courageous with the following information before starting assignments and anytime during assignment if requested by the office:

1. A current/working phone/phone number.
2. Completed/Signed Application with a 5 Year Work History
3. Current TB Skin Test or Chest X-Ray (where applicable)
5. Current Basic First Aid Card
6. CNA (Certified Nursing Assistant License) or PCA (Personal Care Assistant License)
7. Driver’s License, Social Security Card, and I-9 Form
8. PCA Test 1, 2 & 3
9. 8 Hours of Training
10. Job Description
11. Signed HIPPA
12. Signed Acknowledgement Form
13. Signed Initial Orientation P&P Handbook Agreement Form
14. Signed Members Rights
15. Signed Code of Ethics
16. Signed Confidentiality
17. Signed No Evidence of Abuse
18. National Background Check
Without the above mentioned credentials/documents dated prior to start of employment with our company you will not receive a pay check for any dates worked before the effective dates on the credentials. It is the caregiver’s responsibility to keep their credentials and caregiver file complete and up to date at all times. The cost of renewal of credentials is the responsibility of the caregiver and these credentials must be maintained by the caregiver at all times. No lapse in credentials are acceptable. The State of Georgia requires all persons working in this field to maintain all credentials at all times to be eligible for employment in this capacity. At the time of hire all credentials must be valid for a minimum of 120 days. 90 days prior to expiration of any credentials the caregivers file becomes incomplete/out of date. The caregiver will be put on a (90) day probationary period either orally or by written letter. If at the end of the probationary period the file has not been brought current then the caregiver and the caregiver’s client will be notified orally or by written letter, that the caregiver will be placed in an inactive status and will not work for Courageous until the caregiver provides the required documentation to bring his/her file back to a complete status. Please note that all caregivers will have to fill out a new application and that benefits may be lost and that the rate of pay may be lowered. Caregivers will be notified either orally or by written letter 90, 60 and 30 days before credentials expire. During such time that you are put on probation unemployment benefits cannot be drawn for time not worked due to out of date credentials.

National Background Checks

National background checks are required as part of your responsibility. A fee of $35.00 will be applied to you by Courageous and will be deducted from your first payroll check issued by Courageous. Courageous reserves the right to pull a national background check at any time at the caregiver’s expense. Subcontract labors must provide their own national background checks. Courageous cannot pull subcontractor background checks without a request from the subcontractor to do so.

Training & Safety

It is the policy of Courageous to provide for the continuous development, implementation, and maintenance of an ongoing program that assures a healthy and safe work environment for all caregivers. Caregivers will be held responsible at all times to observe and practice the highest possible standards of health and safety in carrying out assigned duties.

It will be the Operating General Manager assigned by the CEO to manage the Courageous safety program, including record keeping and processing of injury reports, safety records, and safety training. Such responsibility may be conducted independently or through cooperative efforts of others.

Accidents, Injuries, and Illnesses

Notify the office immediately of any accidents, injuries, and illnesses.

- Not doing this will result in disciplinary action up to and including termination of your contract
- The Operating General Manager assigned by the CEO to manage the Courageous safety program will facilitate a rapid accident investigation within 24 hours of notification of the incident
- If a leave of absence is required due to an injury contact the office daily to see if a reassignment is available to maintain your employment

Supervisory Personnel Will:

- Be responsible for the enforcement of safety rules among Caregivers under their supervision.
- Be responsible for familiarizing their Caregivers with the hazards of the job to which they are assigned, and will instruct their personnel in the safe methods of performing their job.
- Periodically review work practices of subordinate Caregivers under their charge to ascertain that they continue to work in a safe manner, and in accordance with the practices covering specific work.
- At the end of each workday, inspect work areas for proper housekeeping, for fire and other hazards, and for safe condition.
General Health and Safety Policy Statement
The health and safety of caregivers and others are of the utmost concern. It is therefore the policy of Courageous to strive constantly for the highest possible level of safety in all activities and operations, and to be compliant with all health and safety laws applicable to our business by enlisting the help of all caregivers to ensure that public and work areas are free of hazardous conditions. Courageous will make every effort to provide working conditions that are as healthy and safe as feasible, and caregivers are expected to be equally conscientious about workplace safety, including proper work methods, reporting potential hazards, and abating known hazards. Unsafe work conditions in any work area that might result in an accident should be reported immediately to a supervisor. Courageous safety policies and practices will be strictly enforced, including possible termination of employees if found to be willfully negligent in the safe performance of their jobs.

Dress Code & Safety

Dress Code:
- Name Badge
- Professional Dress at all times (Scrubs unless client requests other)
- Tennis Shoes – Rubber non-slip soles
- Cleanliness and Good Personal Hygiene
- Fingernails trimmed short and neat at all times.
- Minimal Jewelry

Safety:
- Keep walking area/area around the member’s bed clear and free of any trip hazards including cords.
- Use legs to lift straight up. Do not lift with back bent.
- Immediately clean any spills/fluids off floor that can cause slip or injury.
- Wear gloves at all times.

Caregiver Driver Information
Caregivers are not on company time until they arrive at the client’s home for their scheduled shift and are off company time when they depart from the Client’s home at the end of their shift. The client will be responsible to compensate the caregiver for the use of his/her personal vehicle and the client will not hold the caregiver or Courageous liable or responsible for any incident that may occur from said transportation and/or escort services provided.

Driver Responsibilities/Caregiver Responsibilities
1. Follow defensive driving practices to help drivers protect themselves, other caregivers, and the public from accident/injury.
2. Seatbelts must be worn at all times.
3. Inspect the vehicle on a regular basis. The inspection will include at least the following:
   a. **Lights** – clean and operating front/rear lights, brake lights, and directionals operating.
   b. **Oils and Fluids** – crankcase/transmission oil, radiator level, battery level, windshield washer fluid, and brake fluid level.
   c. **Windshield Wipers** – worn out wipers should be replaced before the next rainy day to ensure the driver can see the road.
   d. **Windows and Windshield** – cracked and broken glass should be reported and replaced, defrosters should work properly, glass should be clean inside and out.
   e. **Tires** – properly inflated with no obvious defects.
   f. **Brakes** – working with “full” pedal; vehicles with defective brakes shall not be driven.
   g. **Mirror** – adjusted and clean.
   h. **Vehicle Loading** – tools and equipment tied down/secured for safe hauling.
   i. **Vehicle Condition** – dents, scrapes, and any other damage should be reported supervisor.
   j. **Emergency Equipment** – fire extinguisher at full charge with current inspection tag (trucks only), reflector kit readily available, and accident report kit mounted on sun visor or in glove box.
   k. **Horn** – horn is audible to alert other drivers and pedestrians.
4. Report any evidence of accident damage immediately to the supervisor, otherwise, the damage may be charged to the Caregiver.

5. Report any unsafe conditions immediately to the supervisor. Vehicles with steering or braking defects shall not be driven and should be towed to an authorized garage for repair.

6. Report to the appropriate law enforcement agencies any and all collisions as soon as possible.

7. Never allow an unauthorized passenger/driver to ride in/operate a company or client owned vehicle.

8. Possess a valid operator’s license and adhere to all applicable state and local motor vehicle laws.

9. Never allow passengers to ride other than in the passenger compartment.

10. Never operate a vehicle while under the influence of prescription or over-the-counter drugs that may impair driving skills. Use of alcohol and/or illegal drugs while operating a vehicle on company business will subject the driver to termination.

11. Secure the vehicle and the vehicle equipment when unable to provide direct supervision of it.

12. No one under 21 years of age is allowed to operate company or client owned vehicles.

**Accident Procedures**

All drivers should be trained in the procedures to be followed if they are involved in a traffic accident with a company vehicle. The driver involved has the important role of making the initial accident report. The way the driver handles the accident scene can have a direct impact on any alleged liability for the company. It is extremely important that all drivers receive instruction during orientation on what to do and what to say, and be equipped to handle situations as they arise. The following is a general procedure for drivers at the scene of an accident in which they are involved.

1. Stop vehicle immediately and shut off engine. Turn on four-way flashers. Extinguish fires and do not smoke near the scene.

2. See that the injured are cared for; summon police and ambulance (if necessary) to the scene.

3. Protect the accident scene with warning reflectors and direct traffic around the accident if necessary.

4. Ensure that the police inspect the damage and notations are made of any bodily injury.

5. Request statements from witnesses using the two white cards in the Accident Report Kit. Be alert to comments made by occupants of other vehicles and take down remarks concerning admissions of guilt, defective condition of the other vehicle, extent of injuries, and property damage.

6. Collect information using the accident report from the kit and be specific! The information collected at the scene will be used to file initial claims reports and may be critical in defending a lawsuit. Critical information includes:

   - **Time:** day of the week, exact time of accident, light or dark
   - **Weather Conditions:** clear, dry, rain, snow, etc.
   - **Location:** exact location, street address, distance from a landmark
   - **Road Condition:** asphalt, concrete, road defects, icy, wet, dry, road spillage
   - **Other Drivers:** names, addresses, driver’s license number, telephone, insurance carrier
   - **Other Vehicles:** license/registration numbers, model/make, previous damage
   - **Injured Persons:** name, address, telephone number, age, sex, injuries
   - **Accident Type:** head-on, rollover, rear-ended, etc.
   - **Objects Involved:** how involved, exact location (temporary or fixed object), description (color, size, owner, etc.)
   - **Additional Information:** police report available, citations issued, photographs

7. Make a diagram of the accident scene showing location of vehicles after the collision, using lines to show paths that vehicles traveled. Do not rely on the police diagram, as they will sometimes contain errors (particularly in multi-vehicle accidents).

8. Report the accident to the supervisor immediately and get further instructions. The supervisor will report the accident and any potential claims to Risk Management within 24 hours and provide accident claims information as needed. It is extremely important to provide information as soon after the accident as possible to allow prompt adjusting and settlement before a simple claim has an opportunity to become a large lawsuit.
# What Caregivers Can and Cannot Do

<table>
<thead>
<tr>
<th>Can Do</th>
<th>Cannot Do Without Office Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Assist with Eating</td>
<td>✗ Wound Care</td>
</tr>
<tr>
<td>✓ Bathing</td>
<td>✗ NG Tube Feedings</td>
</tr>
<tr>
<td>✓ Dressing</td>
<td>✗ Catheters</td>
</tr>
<tr>
<td>✓ Personal Hygiene</td>
<td>✗ Suppositories</td>
</tr>
<tr>
<td>✓ Preparation of Meals</td>
<td>✗ Prepare, Dispense, or Assist with Medication</td>
</tr>
<tr>
<td>✓ Housekeeping Tasks</td>
<td>✗ Bowel Programs</td>
</tr>
<tr>
<td>✓ Transfer Assistance</td>
<td>✗ Trim or Cut Toenails</td>
</tr>
<tr>
<td>✓ Hair / Dental / Skin Care</td>
<td>✗ Any Form of Nursing Services</td>
</tr>
<tr>
<td>✓ Condom Catheter</td>
<td>✗ Hire Another Caregiver to Perform Their Duties</td>
</tr>
<tr>
<td>✓ Foley Catheter Care</td>
<td></td>
</tr>
<tr>
<td>✓ Activities of Daily Living</td>
<td></td>
</tr>
<tr>
<td>✓ Companion Sit</td>
<td></td>
</tr>
</tbody>
</table>

Caregivers can NOT under any circumstances:

1. Use the member’s care for personal reasons.
2. Consume the member’s food or beverages.
3. Using member’s telephone for personal calls.
4. Discuss political or religious beliefs, or personal problems with the member.
5. Accept gifts or financial gratuities (tips) from the member or member’s representative.
6. Lend money or other items to the member; borrow money or other items from the member or member’s representative.
7. Sell gifts, food, or other items to or for the member.
8. Purchase any items for the member unless directed in member’s care plan.
9. Bring other visitors (e.g., children, friends, relatives, pets, etc.) to the member’s home.
10. Smoke in the member’s home.
11. Report for duty under the influence of alcoholic beverages or illegal substances.
12. Sleep in the member’s home.
13. Remain in the member’s home after services have been rendered.
14. Move in with member.

If you have any questions about the above information or if you need help determining approved tasks, please call the office for assistance. Our nurse can answer any questions about approved tasks.
Cell Phone Policy
Excessive personal calls during the workday, regardless of the phone used, can interfere with caregiver productivity and be distracting to others. Caregivers are asked to limit personal calls during the workday. Flexibility will be provided in circumstances demanding immediate attention. The company will not be liable for the loss of cellular phones brought into the workplace. The company prohibits caregiver possession or use of cameras in the workplace, including camera phones, as a preventative step believed necessary to secure caregiver privacy, trade secrets and other business information.

Caregivers whose job responsibilities include regular or occasional driving are expected to refrain from using their phone while driving. Safety must come before all other concerns. Regardless of the circumstances, including slow or stopped traffic, caregivers are strongly encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call.

Caregivers who are charged with traffic violations resulting from the use of their phone while driving are solely responsible for all liabilities that result from such actions.

Social Media and Social Networking Policy
In order to protect company assets, images, associates, vendors, and customers, associates are not permitted to represent the company while participating in personal blogs, social media, or social networking sites. Participation in social media and social networking sites is prohibited while associates are working.

Caregivers that create or maintain personal blogs that reference the company should include clear disclaimers that the views expressed by the author in the blog are the author's alone and do not represent the views of the company. Information published on a caregivers’ blog or other blogs, forums, or social networking sites should comply with the company’s confidentiality and disclosure policies. Any identification of the author, including usernames, pictures/logos, or “profile” web pages, shall not use logos, trademarks, or other intellectual property of the company.

When participating in social media or on social networking sites, caregivers should be respectful to the company, other caregivers, clients, co-workers, and competitors. Caregivers should be aware that actions captured via images, posts, or other online comments can reflect that of the company. When participating in social media or on social networking sites, do not reference company clients, partners, vendors, or customers without their written consent.

Violations of this policy will result in disciplinary action, up to and including termination of assignment.

Client Privacy
Courageous is dedicated to keeping the client information safeguarded at all times and we require the same dedication from our caregiver. Please keep all of the client’s information confidential at all times. Do not share client information with caregivers not working in the client’s home or others outside of the client’s home. Do not discuss other clients while in the client’s home. Do not share client information with people other than client, client’s representative, or office personnel. If you are caught breaking the Courageous Privacy Policy you could be terminated.

Harassment / Discrimination
Courageous is an equal opportunity company that prohibits job discrimination on the basis of race, age, color, religion, sex or national origin and requires affirmative action to ensure equality of opportunity in all aspects of employment.

Courageous prohibits harassment of any kind, sexual harassment is not tolerated. No one affiliated with Courageous shall sexually harass another for any reason. Harassment by any caregiver against another caregiver, client, client’s family member, friends, or visitors can cause termination of the caregiver by Courageous. All caregivers are strictly ban from sending messages, phone texting, e-mail, phone calls or any other form of communication of offensive, threatening, harassing, defamatory or unprofessional nature. If you do any of these things you will be written up and subject to termination.
Substance Abuse and Drug Testing Policy

Courageous is committed to providing a safe work environment and to fostering the well-being and health of its caregiver. That commitment is jeopardized when any caregiver illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, Courageous has established the following policy:

1. It is a violation of company policy for any caregiver to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
2. It is a violation of company policy for any caregiver to report to work under the influence of or while possessing in his/her body, blood, or urine illegal drugs in any detectable amount.
3. It is a violation of company policy for any caregiver to report to work under the influence of or impaired by alcohol.
4. It is a violation of company policy for any caregiver to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or for a purpose other than as prescribed.
5. Violations of this policy are subject to disciplinary action up to and including termination

Caregiver Assistance

The company offers resource information on various means of caregiver assistance in our community, including but not limited to drug and alcohol abuse programs. Caregivers are encouraged to use this resource file, which is located in the main office of Courageous, available upon request.

General Procedures

A caregiver reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the caregiver’s supervisor will first seek another supervisor’s opinion to confirm the caregiver’s status. Next the supervisor will consult privately with the caregiver to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the caregiver is considered impaired, the caregiver will be sent home or to a medical facility by taxi or other safe transportation alternative – depending on the determination of the observed impairment and accompanied by the supervisor or another caregiver if necessary. A drug test may be in order. An impaired caregiver will not be allowed to drive.

Opportunity to Contest or Explain Test Results

Caregivers and job applicants who have a positive confirmed test result may explain or contest the result to the company within five (5) working days after the company contacts the caregiver or job applicant and shows him/her the positive test result as it was received from the laboratory in writing.

Confidentiality

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

Drug Testing Policy

♦ Company employees will undergo random testing for the presence of illegal drugs as a condition of employment. Any employee with a confirmed positive test will be denied employment.
♦ Applicants will be required to submit voluntarily to a specimen test at a laboratory chosen by the Company, and by signing consent agreement will release this Company from liability.
♦ If the physician, official, or lab personnel has reasonable suspicion to believe that the employee has tampered with the specimen, the employee will be terminated.
♦ This company will not discriminate against employees because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their job properly, that this Company will not tolerate.
♦ Individuals who have failed a drug test may initiate another inquiry with the Company after a period of not shorter than six (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other specimen test selected by this Company.
Caregiver Testing
This company has adopted testing practices to identify caregiver who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all caregivers to submit to substance abuse testing under the following circumstances:

♦ When there is reasonable suspicion to believe that a caregiver is using illegal drugs or abusing alcohol. "Reasonable suspicion" is based on a belief that a caregiver is using or has used drugs or alcohol in violation of the employer’s policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:
  1. Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse
  2. Abnormal conduct, erratic behavior at work, or a significant deterioration in work performance
  3. A report of substance abuse provided by a reliable and credible source
  4. Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer
  5. Information that a caregiver has caused or contributed to an accident while at work; or
  6. Evidence that a caregiver has used, possessed, sold, solicited, or transferred drugs while working or while on the employer’s premises or while operating the employer’s vehicle, machinery, or equipment.

♦ When caregivers have caused or contributed to an on the job injury that resulted in a loss of work time, which means any period of time during which a caregiver stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. The company may also send caregivers for a substance abuse test if they are involved in on the job accidents where personal injury or damage to company property occurs.

♦ As part of a follow up program to treatment for drug abuse when a caregiver has involuntarily entered a rehabilitation program because of a positive confirmed test result. The frequency of such testing shall be a minimum of at least once a year for a two year period after completion of the rehabilitation program. Advance notice of testing shall not be given to the caregiver.

♦ When a substance abuse test is conducted as part of a routinely scheduled caregiver fitness for duty medical examination that is part of the employer’s established policy or that is scheduled routinely for all members of an employment classification or group.

Caregiver with a confirmed positive test result may, at their option and expense, have a second confirmation test made on the same specimen. A caregiver will not be allowed to submit another specimen for testing. If the physician or lab personnel has reasonable suspicion to believe that the caregiver has tampered with the specimen, the caregiver is subject to disciplinary action up to and including termination.

Alcohol Abuse
The consumption or possession of alcoholic beverages on company premises is prohibited. A caregiver whose normal faculties are impaired due to the consumption of alcoholic beverages, or whose blood alcohol level test (.05), while on duty/company business shall be guilty of misconduct, and shall be subject to discipline up to and including termination. Failure to submit to a required substance abuse test is misconduct and shall be subject to discipline up to and including termination.

It is the responsibility of the company’s supervisors to counsel caregivers whenever they see changes in performance or behavior that suggest a caregiver has a drug or alcohol problem. Although it is not the supervisor’s job to diagnose personal problems, the supervisor should encourage such caregivers to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug or alcohol problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at Courageous.
Courageous Benefits

Benefits
The Fair Labor Standard Act (FLSA) requires employers to pay for hours actually worked, but there is not a requirement for payment of holidays, vacation, sick or personal time.

Raise Request
Raise requests must be submitted in writing by either fax, email, or mail every year. Caregivers are ineligible for a raise if the caregiver’s credentials are not up to date or are within 90 days of renewal or if anything is missing from their file. Caregivers are ineligible for a raise if they have not worked at least 15 consecutive months. Also, there must be 12 months in between each raise request. Your job performance and your willingness to work extra shifts are also taken into consideration. Approval is based on up to date credentials and job performance. Raise amount is based on the level of care your client receives from the State of Georgia and will be in the amount of $0.10 per request. Please remember that the State of Georgia dictates the amount that Courageous can pay our caregivers. Note: All write ups will affect all Raise Requests. Please allow 7-10 business days for processing your request.

Request for Time Off
All requests for time off are to be put in writing. We do not accept requests by phone for time off. You must request time off at least two (2) weeks in advance of the date that you are requesting so that we have time to fill your shift for the requested day(s), **if we are unable to find replacement coverage for your shift you will be required to cover the shift as this is your scheduled shift to work.**

All caregiver’s credentials must be up to date or not due to expire within 90 days of the request. No days off may be requested between November 1st and January 2nd, everyone must be willing to work the holidays.

Call Out / Sick Days / Days Off Requests

Call-Out Procedure
Courageous is dedicated to making sure that our client’s/client’s care, are our main concern. We are aware that there will be occasions in which a caregiver will be unable to meet their scheduled obligation to the client. Please follow our call-out policy closely. Failure to follow the company call-out procedure and policy could result in written warnings and/or termination of the caregiver.

- If for any reason you cannot make it to your scheduled shift you MUST call into the office or call the emergency after hour’s line four (4) hours or more ahead of time so that we have adequate time to cover your shift and inform the client. **Do NOT wait until the last minute!**
- You may inform the client yourself but it is your first duty as the caregiver to inform the office or the on call staffing coordinator of your intent not to be at work.
- It is your responsibility to call-out for your shift. Do not have another individual call-out for you. This is not acceptable and can result in a written warning for improper procedure.
- Written excuses will be required in most call-out situations. Your on call staffing coordinator will inform you if a written excuse will be needed.
- Failure to show up for your scheduled shift without following the call-out procedure above can result in immediate termination. If you are terminated be advise that your unemployment benefits may be denied due to the violation of your policy on attendance.
- Be considerate of your client and supervisor when you are not going to be at work. **Do not miss work without calling-out, this is not acceptable.** It will be documented as a no call / no show. This could result in Termination from our company.

Note: All Violations could result in termination and unemployment benefits may be denied due to these violations of our policy and procedures.
Punctuality
Courageous is dedicated to our client’s needs. Your schedule is put into place based on the needs of your client. You have a set schedule, stick to the schedule that is in place for that client. Do not vary from that schedule without prior approval from the office. Any tardiness requires the office to be notified. 
Be on time and leave on time.

Overtime
Effective November 12th, 2015 all W2 employees are no longer exempt from the FLSA’s minimum wage and overtime requirements. The State of Georgia and Department of Community Health does not give funding for overtime wages to be paid at time and a half. Therefore, NO EMPLOYEE is allowed to work more than 40 hours per pay week unless it is pre authorized by Courageous. Any time worked that is not pre authorized could delay the processing of your paycheck.

*Overtime CANNOT be approved by your client or your staffing coordinator. Overtime can only be approved by ADMINISTRATION. Before you accept an assignment, it is your responsibility to inform your staffing coordinator if it will result in overtime. Please contact your staffing coordinator immediately if you are asked to work additional hours by your client or a coworker.

Unauthorized Worked Hours
Each client is given a set number of hours by the State of Georgia. These hours must be adhered to at all times. No caregiver may work hours above the normal schedule without first getting prior approval from the office. If you work additional hours, unapproved by the office, you may not be eligible to be compensated for these hours. Any changes in the schedule such as times of services need to be approved by the office to assure that you will be compensated. Please call the office and ask before you work any additional hours.

Training / Respite Pay
Courageous already provides eight hours of training per caregiver per year. If Courageous decides a caregiver needs extra training, the number of extra hours required for training will be decided by Courageous. It will not exceed four hours and will be at a rate of $7.25 per hour. All training hours are to go on the training member record and put all respite hours on a respite member record.

Respite Hours:
Special hours provided to the client for use as needed. The client will decide when and how these hours are to be used. Remember to call the office before you work any Respite hours for your client to assure these hours have been approved by the state. All training and respite hours provided to the client and worked by the caregiver are paid to the caregiver at a rate of $7.25 per hour.

Rehire
A caregiver is considered a rehire if the caregiver has not worked in the past 30 days or more for Courageous for any reason. A rehire is required to fill out a new application and may have to start at a lower rate of pay. All benefits will start from new start date. All caregivers are strictly ban from discussing rates of pay with other caregivers or clients. If you do so you will be written up and subject to termination.

Pay Processing
Courageous pays the caregivers on a bi-weekly pay schedule (every other Friday). Any member service record not received by 5PM on Friday must be submitted for ‘special processing’. (‘Special Processing’ is required for: late member service record, caregiver error, missing member record, missing paperwork, incorrect address, missing information and/or signatures, other reasons as determined by the office) Any check requiring a ‘Special Processing’ will be cut after normal payroll has been processed, a $35.00 fee will be applied (per pay period), removed from that check, and will be delayed until the following Friday. To prevent the need for ‘Special Processing’ please ensure that all member service records are complete, accurate, signed and received in our office by 5PM every Friday.
Payroll Errors

Courageous is dedicated to its caregivers and we strive for excellence in payroll however, payroll errors do occur occasionally although regretfully. If you discover a payroll error please call the office during regular business hours (9am-5pm Mon-Fri) to inform the Payroll Dept. of the error. Have a copy of your payroll check stub and member records available so that we may locate the discrepancy. Please use courtesy in dealing with the office on these issues, we can understand your frustration and will try to help you as long as you remain calm. Most errors are easily detected and correctable and will be corrected on the following payroll check. Please no calls after office hours to discuss payroll errors.

Service Charges

Convenience Fees

Effective August 7th, 2015 all checks (whether mailed or picked up) will receive a $2.00 fee per check and all direct deposits will receive a $1.00 fee per transaction.

Mail

If Courageous mails any item (check, paperwork, tax forms, credential requests) and that item is returned to the office due to an incorrect address provided by the caregiver, or a failure on the caregivers part to update their address with the office, and at no fault of Courageous, a $5.00 processing fee will be applied and deducted from the next payroll. All caregivers that live within a 30 mile radius are required pick up any requested items, Courageous will NOT mail out any items within a 30 mile radius.

Copies

Any copies requested by caregivers such as credentials, check stubs, payroll print outs, tax forms, and other miscellaneous items will have a $5.00 processing fee due at the time of service or by deduction from the next payroll check. Please allow 7-10 business days for processing your request. All requests must be submitted in writing by mail, fax, or email.

Income Verifications

Courageous will complete written requested income verifications by mail, fax, email, or may be picked up by the caregiver. All income verification forms will incur a $5.00 processing fee due at the time of service or by deduction from the next payroll check. Please allow 7-10 business days for processing your request. All requests must be submitted in writing by mail, fax, or email.

Lost pay check

If a caregiver does not receive a pay check due to lost mail, wrong address, or for any other reason the caregiver must wait ten (10) business days for check to return to Courageous. A stop payment will be placed on original check and a new check will be issued after the ten business day waiting period. If a caregiver chooses to have check replaced before the ten business days a stop payment fee of $35.00 will be deducted from caregivers check to place a stop payment on the original check.

Unavailability of Work / Hours / Rate of Compensation

Back-Up Care: All caregivers are required to work as back-up care for other caregivers and clients as needed in case of emergencies. Please make every effort possible to fill in when requested. We strive to be the best and this requires a team effort on everyone’s part!

All caregivers are hired on a PRN (as needed) basis and are not guaranteed any hours or set schedule. The rate of compensation is based on the level of care required for each individual client and the rate at which each caregiver is paid will vary depending on the client that the caregiver is working for at the time of service. If a caregiver changes clients then the rate of compensation can change based on the particular client that the caregiver is sent to work for.
It is very important that the caregiver check in with the office at least once a week for available work and to notify the office that the caregiver is still available if needed. During the time that you are not on an assignment if you do not call into the office and check in to see if there is any work available know that this could affect your unemployment benefits. The caregiver must keep the office informed of current telephone numbers and contact information so that the office may reach the caregiver when work becomes available. All credentials must continue to stay current for the caregiver to be considered eligible for a potential job. If for any reason contact information is not provided by the caregiver or the caregiver’s credentials become out dated then the caregiver will become ineligible for work.

Acceptance of fill-in or temporary assignments show willingness to work and will allow for a history of dependability with supervisors. This can lead to better opportunities and the possibility of more work when available.

**Removal from Service**

Regrettably it does become necessary to remove a caregiver from the service of a client. It is not necessary for the client / company to give a reason. Sometimes it is because of conflict of personality, through no fault of the caregiver. It is in the interest of the client’s protection and confidentiality when requested, that we not divulge the reasons.

In the event that this is necessary the caregiver must be cooperative in the removal process. The caregiver is not to have any contact with the client either in person, by phone, mail or electronically. If the caregiver has left any belongings at the home of the client, Courageous will make the necessary arrangements to have the items returned to the caregiver. If the caregiver has items belonging to the client then Courageous will make the necessary arrangements to have the items returned to the client.

The caregiver should not harass or threaten the client/company staff in any way. Failure to comply with these policies could result in the caregiver being terminated from Courageous. If you are removed from a client’s home you are required to call into the office once a week to check for available work in your area. Please make sure that the company has a good working number at all times.

**Member Record Guidelines and Procedure**

Please make sure that you follow all of the member record guidelines and procedures. If you fail to follow any of the guidelines it could cause a delay in receiving your check. *These are State mandated rules and regulations and Courageous adheres to the State policy in full and will enforce these guidelines.*

1. All member records must be signed by the caregiver that worked the shift.
2. All member records must be signed by the client or the client’s representative.
3. All tasks should be completed daily unless otherwise stated. The actual time that a task is completed should be entered into the box next to the listed task and the caregiver must initial next to each time entered. No check marks, x marks, N/As, or other marks will be accepted (CCSP member records excluded).
4. Member records should always be dated from Thursday to Wednesday.
5. All member records must be faxed, mailed, emailed, or hand delivered to our home office NO LATER THAN FRIDAY BEFORE 5:00 PM! Our fax machine is on 24 hours per day 7 days per week for your convenience. You may fax or email the member records early. If your member record is late then your payroll check could be delayed.
6. Please do not scribble, mark through, black out, use white out, or draw on your member record. Do not mark through days if you are off (leave blank); do not make any unnecessary marks on your member record. Make sure that your member record is neat and legible. If you make a mistake and must make a minor correction, use one single line to strike through the mistake, initial the mistake and make the correction above or below the mistake. If it is a large mistake then get another member record! If you are out of member records, please call the office for more. Do not white out dates, we can tell and so can the state, when you do this it looks like we are altering member records. This is a medical chart that will be entered into the client’s permanent file for review by the state’s examiners and we can receive fines for these types of violations.
7. If you have questions about your member record, please call the office for help.
8. It may be necessary for Courageous to return member records to caregivers. This may result in the caregiver’s paycheck being delayed. Courageous is unable to process any member records that do not have the original signatures of both the member and the caregiver. The original member record must be maintained by Courageous.

**Member records will be returned to the caregiver when the following information is missing or incorrect:**

1. Absence of caregiver’s name and/or signature
2. Absence of member’s name and/or signature
3. Signature of anyone other than the member on the member signature line.
4. Absence of dates of service.
5. Two members listed for services on one member record. Caregivers must fill out one member record per pay period for each member they provide care for.

**Reasons Caregivers may not get paid**

1. Late member records; member records must be received in the office Friday by 5 pm every week.
2. Lack of or incomplete assignment enrollment forms (application, credentials, contracts and/or training requirements).
3. Current credentials are not on file in the Courageous office.
4. If Member is in hospital (Caregivers can NOT work for Member or do anything for or on behalf of member while Member is in hospital.

   Caregiver should first attempt to resolve payroll problems by directly contacting Courageous’ payroll department.

**Medicaid Fraud**

Medicaid fraud is committed when a caregiver is untruthful regarding services provided to Medicaid Waiver participants in order to obtain improper payment. The Medicaid Fraud and Abuse Unit of Georgia investigate and prosecute people who commit fraud against the Medicaid program. Medicaid fraud is a felony and conviction can lead to substantial penalties (including but not limited to, imprisonment up to ten years, or a fine up to $1,000 or an amount equal up to twice the amount of the assistance or benefits wrongfully obtained, or both). Individuals convicted of Medicaid fraud will be excluded for a minimum of five years from any employment with a program or facility Medicaid funding.

**Examples of Medicaid Fraud include but are not limited to:**

- Signing or submitting a member record for services which were not provided
- Signing or submitting a member record for services provided by a different person
- Signing or submitting a member record for services which were reimbursed by another source, or signing submitting a duplicate member record for reimbursement from the same source

Suspected cases of fraud will be referred to the Attorney General’s Medicaid Fraud Control Unit and may be referred to the local police authorities for further investigation and possible prosecution.

If we find member records turned in for time that the member is in the hospital and the hours get paid to the caregiver this money is subject to be withheld from your next check and returned to the state.

Caregivers can NOT work for the Member or do anything for or on behalf of the Member while Member is in the hospital.

Caregiver can NOT and will NOT get paid for hours worked while the Member is in the hospital.
Courageous Corporate Compliance Policy & Procedure Manual

Courageous and its affiliated entities (“the organization”) are committed to complying with the requirements of Section 6032 of the Federal Deficit Reduction Act of 2005 and all other federal and state laws prohibiting fraud, waste and abuse in seeking reimbursement under the Medicaid and Medicare programs, and to preventing and detecting any fraud waste, or abuse in the organization. To this end organization maintains a compliance program and strives to educate its work force on fraud and abuse laws, including the importance of submitting accurate claims and reports to the Federal and State governments. The organization’s compliance policies and procedures are set forth in detail in its compliance plan, and in the caregiver handbook provided to each caregiver.

The organization prohibits the submission, including any deemed knowing submission of a false claim for payment from federally or state-funded health care program or insurer. Such a submission is a violation of Federal and State law and can result in significant administrative and civil penalties under the Federal False Claims Act, a Federal statute that allows private persons to help reduce fraud against the United States government. The organization also prohibits the submission, including any deemed knowing submission of a false claim for payment from a private person or payor.

In furtherance of this policy and to comply with The Deficit reduction Act of 2005, the organization provides to employees, officers, directors, contractors and agents the following information about its policies and certain relevant Federal and State laws. This policy will be amended as necessary to comply with any state and federal regulations promulgated pursuant to the requirements of Section 6032 of the Deficit Reduction Act of 2005 and the State Medicaid and Medicare Plan.

DEFINITIONS

This policy applies to all officers, employees, contractors and agents of Courageous and its affiliated (“The organization”). For purposes of this Policy and Procedure, the following definitions shall apply:

1. The term “officer” shall mean each of the officers duly appointed pursuant to the corporate by-laws of Courageous and its affiliated entities.
2. The term “caregiver” shall mean employees, students, trainees, volunteers, officers, contractors, agents, and members of the Medical and Home Healthcare Staff of the organization.
3. The term “contractor” or “agent” shall mean any contractor, subcontractor, agent or other person which or who, on behalf of the organization, furnishes, or otherwise authorizes the furnishing of health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the organization.
4. The term “claim” shall mean any request or demand, whether under a contract or otherwise, for money or property if the Federal government provides any portion of the money or property in question. This includes requests or demands submitted to a contractor of the Government and includes Medicare and Medicaid claims.
5. The term “false claim” shall mean any claim which I, either whole part false or fraudulent.
6. The term “knowing and knowingly” shall mean that a person with respect information has actual knowledge of information: acts in deliberate ignorance of the truth or falsity of the information.
7. The term “obligation” shall mean an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or license-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment.
PROCEDURE

To assist the organization in meeting its legal and ethical obligations, any caregiver who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a Federally or State funded health care program is required to report such information to his/her supervisor or the organization’s corporate compliance officer. Any caregiver of the organization who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for coming forward with such information both under the organization’s internal compliance policies and procedures and Federal and State law. However, the organization retains the right to take appropriate action against an caregiver who has participated in a violation of Federal or State law or organizational policy.

The organization commits itself to investigate any suspicions of fraud, waste, or abuse swiftly and thoroughly and requires all caregivers to assist in such investigations. If a caregiver believes that the organization is not responding to his or her report within a reasonable period of time, the caregiver shall bring these concerns about the organization’s perceived inaction to the organization’s compliance officer. Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the caregiver’s obligations to the corporate compliance and may result in disciplinary action.

This Policy and Procedures and a summary of the federal and state laws (as they may be amended from time to time) applicable to this Policy and Procedures shall be posted electronically on the website of the organization located at www.courageoushomecare.com.

The organization will certify on or before January 1st annually with the HP Provider enrollment that it complies with the education requirements of the Deficit Reduction Act 2005 regarding claims recoveries that:

- It maintains a written policy,
- Caregiver handbook includes materials, required under that mandate and that they have been properly adopted, published and disseminated.

FEDERAL & GEORGIA STATUTES RELATING TO FILING FALSE CLAIMS

1. FEDERAL LAWS

False Claims Act (31 USC §§33729-3733)

The False Claims Act (“FCA”) provides, in pertinent part, that:

(a) Any person who (1) knowingly presents, or causes to presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting false or fraudulent claim paid or approved by the Government… or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than $5000.00 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.

(b) For purposes of this section, the terms “knowing” and “knowingly” means that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required. 31 U.S.C. §3729. While the false Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act.31 U.S.C. 3729(b).
In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. 3730(b). These private parties, known as “qui tam relators,” may share in percentage of the proceeds from an FCA action or settlement. Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

**Administrative Remedies for False Claims (31 USC Chapter 38. §§ 3807-3812)**

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to $5,000 for each claim. The agency may also recover twice the amount of the claim. Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also unlike the False Claim Act, the determination of whether a claim is false, and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

**Georgia False Claims Act**

The Georgia State False Medicaid Claims Act allows whistleblowers to bring suit in the name of the State of Georgia where a wrongdoer engages in conduct that defrauds the state or local government of its health care dollars. This statute is designed to address Medicaid fraud.

07 LC 29 2846ERS/AP

House Bill 551 (AS PASSED HOUSE AND SENATE)

By: Representative Lindsey of the 54th
A BILL TO BE ENTITLED AN ACT

To amend Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to public assistance, so as to provide for the “State False Medicaid Claims Act”; to provide for a short title; to provide for legislative findings; to provide for definitions; to provide for liability to this state for certain false claims; to provide for civil actions for false Medicaid claims; to provide for exclusions for certain civil actions; to provide for procedure; to provide for burden of proof; to provide for whistleblower protection; to provide for statute of limitations; to provide for venue; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

This Act shall be known and may be cited as the “State False Medicaid Claims Act.”

SECTION 2.

The General Assembly recognizes that the submission of false or fraudulent claims to the Georgia Medicaid program can and does cause the state treasury to incur serious financial losses which results in direct harm to the taxpayers of this state. This Act is intended to provide a partial remedy for this problem by providing specific procedures whereby this state, and private citizens acting for and on behalf of this state, may bring civil actions against persons and entities who have obtained state funds through the submission of false or fraudulent claims to state agencies. This Act, in its provision for double and sometimes treble damages, is remedial in purpose, and is intended not to punish, but insofar as possible to make the state treasury whole for both direct and indirect losses caused by the submission of false or fraudulent claims resulting in payments by this state or state agencies. By receiving a portion of the recovery in civil actions brought under this article, “whistle blowers” are encouraged to come forward when they have information about the submission of false claims to the Georgia Medicaid program, and rewarded when their initiative results in civil recoveries for this state.

SECTION 3.

Chapter 4 of Title 49 of the Official Code of Georgia annotated, relating to public assistance, is amended by adding a new article to read as follows:

“ARTICLE 7B”

49-4-168.

As used in this article, the term:
(1) “Claim” includes any request or demand, whether under a contract or otherwise, for money, property, or services, which is made to the Georgia Medicaid program, or to any officer, employee, fiscal intermediary, grantee or contractor of the Georgia Medicaid program, or to other persons or entities if it results in payments by the Georgia Medicaid program, if the Georgia Medicaid program provides or will provide any portion of the money or property requested or demanded, or if the Georgia Medicaid program will reimburse the contractor, grantee, or other recipient for any portion of the money or property requested or demanded. A claim includes a request or demand made orally, in writing, electronically, or magnetically. Each claim may be treated as a separate claim.
Very Important Member Service Record Guidelines

We at the Courageous Home Care office always strive to make sure that each and every caregiver receives their payroll check in a timely fashion and that it is correct. We would like to continue this practice, therefore please read the following information closely so that you can be sure that your member service record is acceptable for payment. These guidelines are established by the State of Georgia not Courageous Home Care!!! It will take team work on each of our parts to make sure that we are complying by the state requirements. Please make sure that you are following member service record guidelines, if not this could cause a delay in your check and/or disciplinary actions up to and including termination. These service records are examined every week for acceptability!

1. All member service records must be signed by the caregiver working the shift.
2. All member service records must be signed by the member or the member’s representative.
3. All tasks should be completed daily unless otherwise stated and the actual time that you finished each task should be written in the box next to the task and your initials should be next to each time. Check marks are NOT acceptable. (Except for CCSP & SOURCE records)
4. Member service records should always be dated from Thursday to Wednesday, Thursday being the first day of your week and Wednesday being the last. This is the way our pay days run.
5. All member service records must be faxed, mailed or emailed in every Thursday and are considered late if not received by Friday at 5PM. Our fax machine and email is on 24hrs a day 7 days per week to give you plenty of time to fax or email them in. It is the CAREGIVER’S RESPONSIBILITY to FAX or EMAIL and CALL the OFFICE for HIS/HER OWN CONFIRMATION NUMBER! Any costs occurred to send the records will not be reimbursed by the member or Courageous. Just because you receive a confirmation from your fax machine or email does not mean that the member service records have made it to the office. It is only confirming that the member service records were sent. You must call the office for a confirmation if you wish to be paid on time and correctly. This is YOUR responsibility; we do not have time to call you about missing member service records.
6. If your Member Service Records are received by our office after the deadline, you will be charged a $25 processing fee to have the Member Service Record processed for the following Friday.
7. Please do not scribble on your member service records. Black or Dark Blue INK only. This is a medical chart that goes into the member’s permanent record and is audited by the state. Make sure your member service records are neat and legible. Never scribble through, black out, or use white out on your time sheet. If you must make a minor correction, cross through with one line and initial next to your correction. Make the correction above or below your mistake. If it is a large mistake like a whole shift entered on the wrong day, start a new member service record.
8. Copied Member Service Records are not acceptable and will not be paid. A new service record MUST be filled out each and every week that you work!
9. Member Service Records are mailed to the member in packs of 30 and must not be removed from the member’s home due to HIPAA regulations. PLEASE contact the office when you have only 5 or 6 records remaining (not after you have used the last one) to give us time to mail out new ones.
10. Member Service Records can be mailed, emailed, or faxed. The quickest and most cost effective way is to send by email. Please see the instructions included for the use of the CAM SCAN application that you can download for free from Google Play.
(These screen shots were taken from an android phone – Your app may be slightly different but the steps will be the same.)

1. Open the application and select the camera option
2. Hold your device above the document - make sure to hold it high enough to get the whole page and take the picture
3. It will show you the preview of the picture with 3 buttons at the bottom of the screen. If you can see the entire page along with a good border in the picture, then click the check mark. If the picture has cut off part of the page then please hit the x and try again.
4. Once you hit the check mark you will be able to crop the picture. Put the frame around the entire page, adjust as needed and click the check mark again.
5. Now your picture is being transformed into a pdf scanned document. Please select either the Magic Color or Black and White option and hit the check mark again.
6. Now your photo is ready to send. You can change the name if you like by clicking the little pencil like button at the top (You don’t have to rename if you don’t want to.)
7. In the same screen at the bottom you should see some options like (add photo, invite, comment, share and pdf) click the share button, share pdf file (#.###MB)
8. Now it will ask you how you want to share, choose your main email app that you use on your device.
9. Type in: payroll2@courageoushomecare.com
10. And hit send.

Even though you have emailed it in, please call in or email a request for a confirmation number so that you can know for sure that we have received your document.
Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.

Fax or Email Member service records to the office on Thursdays. Member service records received after 5 PM Friday will not be processed for payment until the following pay period or will have a $25 processing fee to process the late member service record.

Week starts on Thursday and ends on Wednesday. Everything is complete and neat.

All tasks completed daily. Unless otherwise specified.

By signing this form, I certify that all information recorded is accurate and complete to the best of my knowledge.
**Courageous CCSP Member Service Record**

**Member:** Doe, John *Mon-Fri 8am-12pm*

**Caregiver Name:** Jane Smith

**Caregiver Phone:** 478-477-7574

**Service Week Dates:** July 3 through 9 2014

**Client Hours & Schedule:** 4Hrs/Daily x 5Days/Wk = 20Hrs/Wkly Total

*ANY HOURS OUTSIDE THIS SCHEDULE MUST BE PREAPPROVED BY THE OFFICE PRIOR TO WORKING*

When Client is admitted to hospital our services stop…you will not be paid for hospital time. It is your responsibility to call the office and report any hospitalizations.

<table>
<thead>
<tr>
<th>SPECIFIC TASKS PERFORMED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Care Tasks:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing (Tub/Shower/Bed)</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth / Denture Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming / Shampooing Hair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail Filing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with Dressing</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting with Toileting</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Medically Related Tasks:** |       |     |     |     |     |      |     |
| Observing / Reporting Changes in Member Condition |       |     |     |     |     |      |     |
| Arranging Medical Trips    |       |     |     |     |     |      |     |
| Picking up Prescriptions   |       |     |     |     |     |      |     |
| Accompanying Member on Medical Appointments |       |     |     |     |     |      |     |
| Reminding Member to take Medications | ✓ | ✓ | ✓ | ✓ | ✓ |      |     |
| Providing Watchful Supervision and Oversight |       |     |     |     |     |      |     |
| Other:                     |       |     |     |     |     |      |     |

| **Housekeeping Tasks:** |       |     |     |     |     |      |     |
| Vacuuming                |       |     |     | ✓   |     |      |     |
| Sweeping                 | ✓     | ✓   |     |     |     |      |     |
| Dusting                  | ✓     |     |     |     |     |      |     |
| Mopping                  |       |     |     | ✓   |     |      |     |
| Laundry and put away     | ✓     |     |     |     | ✓   |      |     |
| Changing Linens          | ✓     |     |     |     |     |      |     |
| Other:                   |       |     |     |     |     |      | ✓   |

| **Ambulation and Transfers:** |       |     |     |     |     |      |     |
| Assisting with Transfers  | ✓     | ✓   |     | ✓   | ✓   |      | ✓   |
| Assisting Walking         |       |     |     |     |     |      |     |
| Encouraging Physical Activity |     |     |     |     |     |      |     |
| Assisting with Simple Exercise |     |     |     |     |     |      |     |
| Accompany to Dr Appts/Community PRN |     |     |     |     |     |      |     |

*GUIDE*

Just add check marks to the tasks that you have completed.

We Start the week on Thursday not Monday.

A proper correction is just drawing one line though the mistake and adding your initials. You should NEVER use whiteout.
## Home Management:

| Grocery Shopping | | | | | |
| Assist with Bill Paying | ✓ | | | | |
| Assisting with Food Stamp Application or Other Applications | | | | | |
| Other: | | | | | |

## Proper Nutrition:

| Preparing Meals / Clean Up | ✓ | ✓ | ✓ | ✓ | ✓ |
| Encouraging Proper Nutrition | ✓ | | | | |
| Assisting with Eating | ✓ | | | | |
| Observing and Reporting Meal Accumulation and Food Storage or Cooking Equipment Failure | | | | | |
| Other: | | | | | |

| Arrival Time: | 8am | 8am | 8am | 8am | 8am |
| Departure Time: | 12pm | 12pm | 12pm | 12pm | 12pm |
| Total Hours of Service Given: | 4 | 4 | 4 | 4 | 4 |
| Member’s Initials: | J | J | J | J | J |
| PSS Worker / Caregiver Initials: | J | J | J | J | J |

By signing this form, I certify that all information is recorded is accurate and complete to the best of my knowledge.

Both the caregiver and the member are required to sign and date before submission. After you have submitted your timesheet our Nurse will sign in the PSS supervisor area.

### ATTENTION

Time sheets are due in the office by Thurs of every week, and considered LATE on Fri after 5pm.