

# Alpine Home Health, LLC Employee Policy Manual



April 2025

## ABOUT THIS POLICY MANUAL/DISCLAIMER

We prepared this Policy Manual to help employees find the answers to many questions that they may have regarding their employment with Alpine Home Health, LLC. Please take the necessary time to read it.

We do not expect this Policy Manual to answer all questions. Supervisors and Human Resources also serve as a major source of information.

Neither this Policy Manual nor any other verbal or written communication by a management representative is, nor should it be considered, an agreement, contract of employment, express or implied, or a promise of treatment in any particular manner in any given situation, nor does it confer any contractual rights whatsoever. Alpine Home Health, LLC adheres to the policy of employment at will, which permits the Company or the employee to end the employment relationship at any time, for any reason, with or without cause or notice.

No Company representative other than the President may modify at-will status and/or provide any special arrangement concerning terms or conditions of employment in an individual case or generally and any such modification must be in a signed writing.

Many matters covered by this Policy Manual, such as benefit plan descriptions, are also described in separate Company documents. These Company documents are always controlling over any statement made in this Policy Manual or by any member of management.

This Policy Manual states only general Company guidelines. The Company may, at any time, in its sole discretion, modify or vary from anything stated in this Policy Manual, with or without notice, except for the rights of the parties to end employment at will, which may only be modified by an express written agreement signed by the employee and the President.

This Policy Manual supersedes all prior Policy Manuals.

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# Section 1 - GOVERNING PRINCIPLES OF EMPLOYMENT

## 1-1 Introduction

Alpine Home Health, LLC is a Minnesota-based leader in compassionate and personalized in-home services for individuals with physical and developmental disabilities, mental health conditions, traumatic brain injuries, and complex medical needs. We support each individual holistically, fostering meaningful engagement, personal growth, and connection—whether within their home or in the community. Through excellent, person-centered services and well-trained staff, we empower individuals to develop independence, build relationships, and participate in ways that are fulfilling to them.

We recognize that every individual has unique needs and preferences, so we work closely with each person, their legal representative, and/or their family to develop customized care plans tailored to their specific goals and requirements.

We are committed to excellence and focused on enhancing the quality of life for those we serve by fostering growth and involvement, empowering individuals to lead more independent and fulfilling lives. This dedication has made us a trusted partner for individuals and families seeking professional in-home support for home and community-based services.

For employees who are commencing employment with Alpine Home Health, LLC ("Alpine Home Health, LLC" or "the Company"), on behalf of Alpine Home Health, LLC, let me extend a warm and sincere welcome.

For employees who have been with us, thank you for your past and continued service.

I extend my personal best wishes for success and happiness here at Alpine Home Health, LLC. We understand that it is our employees who provide the services that our customers rely upon, and who will enable us to create new opportunities in the years to come.

Thomas Schicke, President

## 1-2 Department Contact Guide

To ensure that your questions and requests are directed to the appropriate department, please refer to the following guide. If you're unsure where to direct your inquiry, feel free to contact Human Resources for assistance. Our office phone number is **651-444-5999**.

### **EVV Issues/Help**

**Contact:** Billing Department

**For:** Any issues with Electronic Visit Verification (EVV) system, or assistance with clock-in/out problems and related concerns.

### **Annual Training or Orientation**

**Contact:** Compliance Department

**For:** Information regarding required annual training, orientation sessions, or continuing education requirements.

### **Policy and Procedures**

**Contact:** Compliance Department

**For:** Questions about company policies, procedures, or compliance-related matters.

### **Pay Information**

**Contact:** Human Resources

**For:** Questions regarding your pay, payroll, or direct deposit.

### **Health Insurance, 401k, Worker's Compensation**

**Contact:** Human Resources (HR)

**For:** Questions about health benefits, retirement plans (401k), or worker's compensation claims.

### **Child Support/Wage Garnishments**

**Contact:** Human Resources (HR)

**For:** Information regarding child support deductions or wage garnishments.

### **Referrals for Employment**

**Contact:** Recruiting Department

**For:** Referrals for potential employment, questions about job openings, or recruiting-related inquiries.

### **Staffing Issues/Requests**

**Contact:** Staffing Coordinator

**For:** Changes in service recipients, reassignment of clients/service recipients, or adjustments to staffing schedules.

### **Requesting to Work with Another Individual or Client**

**Contact:** Staffing Coordinator

**For:** Requests to switch clients or work with different individuals, or to discuss concerns about working with a specific individual or client.

## 1-3 Reasonable Accommodations & Interactive Dialogue

Alpine Home Health, LLC is committed to complying with applicable federal, state, and local laws governing reasonable accommodations of individuals, including, but not limited to, the Americans with Disabilities Act (ADA) and the Pregnant Workers Fairness Act (PWFA). To that end, Alpine Home Health, LLC will endeavor to make a reasonable accommodation to applicants and employees who have requested an accommodation or for whom Alpine Home Health, LLC has notice may require such an accommodation, related to an individual's:

- Disability, meaning any physical, medical, mental, or psychological impairment, or a history or record of such impairment;
- Sincerely held religious beliefs and practices;
- Needs as a victim of domestic violence, sex offenses, or stalking;
- Needs related to pregnancy, childbirth, or related medical conditions; and/or
- Any other reason required by applicable law, unless the accommodation would impose an undue hardship on the operation of our business.

Reasonable accommodations can take many forms. For example, reasonable accommodations for pregnancy, childbirth, or related medical conditions include but are not limited to things such as the ability to carry or keep water near and drink, as needed; allowing the employee additional restroom breaks; allowing the employee whose work requires standing to sit and whose work requires sitting to stand; allowing the employee breaks, as needed, to eat and drink; accommodations related to lactation; time off to recover from childbirth; modification of equipment; appropriate seating; temporary transfer to a different position that the employee is able to perform; restructuring job duties; light duty; or a modified work schedule. Alpine Home Health, LLC will work with the employee to determine what accommodation is appropriate for the employee, given the employee's unique circumstances, that does not impose an undue hardship on Alpine Home Health, LLC.

Any employee who would like to request an accommodation based on any of the reasons set forth above should contact Human Resources. Accommodation requests can be made in writing using a form which can be obtained from Human Resources. If the employee who has requested an accommodation has not received an initial response within five (5) business days, they should contact the President.

Unless otherwise required by law, Alpine Home Health, LLC may request that the employee provide supporting documentation. Cooperating with Alpine Home Health, LLC by returning requested information in a timely fashion is required.

After receiving a request for an accommodation or learning indirectly that the employee may require such an accommodation, Alpine Home Health, LLC will engage in an interactive dialogue with the employee.

Even if the employee has not formally requested an accommodation, Alpine Home Health, LLC may initiate an interactive dialogue under certain circumstances, such as when Alpine Home Health, LLC has knowledge that employee's performance at work has been negatively affected and a reasonable basis to believe that the issue is related to any of the protected classifications set forth above, in compliance with applicable law. In the event Alpine Home Health, LLC initiates an interactive dialogue, it should not be construed as Alpine Home Health, LLC's belief the employee requires an accommodation, but will serve as an invitation for the employee to share with Alpine Home Health, LLC any information the employee desires to share, or to request an accommodation.

The interactive dialogue may take place in person, by telephone, or by electronic means. As part of the interactive dialogue, Alpine Home Health, LLC will communicate openly and in good faith with the employee in a timely manner in order to determine whether and how Alpine Home Health, LLC may be able to provide a reasonable accommodation. To the extent necessary and appropriate based on the request, Alpine Home Health, LLC will attempt to explore the existence and feasibility of alternative accommodations as well as alternative positions for the employee. Alpine Home

Health, LLC is not required to provide the specific accommodation sought by the employee, provided the alternatives are reasonable and either meet the specific needs of the employee or specifically address the employee's limitations.

Alpine Home Health, LLC will endeavor to keep confidential all communications regarding requests for reasonable accommodations and all circumstances surrounding the employee's underlying reason for needing an accommodation.

Alpine Home Health, LLC will not allow any form of retaliation against employees who have requested an accommodation, for whom Alpine Home Health, LLC has notice may require such an accommodation, or who otherwise engage in the interactive dialogue process.

Employees with questions regarding this policy should contact Human Resources.

## **1-4 Equal Employment Opportunity**

Alpine Home Health, LLC is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, familial status, military service and veteran status, physical or mental disability, genetic information, public assistance, local human rights commission activity, or any other characteristic protected by applicable federal, state, or local laws and ordinances. Alpine Home Health, LLC's management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, access to facilities and programs, and general treatment during employment.

The Company will endeavor to make a reasonable accommodation of an otherwise qualified applicant or employee related to an individual's: physical or mental disability; sincerely held religious beliefs and practices; and/or any other reason required by applicable law, unless doing so would impose an undue hardship upon the Company's business operations. Any applicant or employee who needs an accommodation in order to perform the essential functions of the job should contact Human Resources to request such an accommodation. The individual should specify what accommodation is needed to perform the job and submit supporting documentation explaining the basis for the requested accommodation, to the extent permitted and in accordance with applicable law. The Company then will review and analyze the request, including engaging in an interactive process with the individual, to identify if such an accommodation can be made. The Company will evaluate requested accommodations, and as appropriate identify other possible accommodations, if any. The individual will be notified of The Company's decision regarding the request within a reasonable period. The Company treats all medical information submitted as part of the accommodation process in a confidential manner.

Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of Human Resources. The Company will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. If employees feel they have been subjected to any such retaliation, they should contact Human Resources. To ensure the workplace is free of artificial barriers, violation of this policy including any improper retaliatory conduct will lead to discipline, up to and including discharge. All employees must cooperate with all investigations conducted pursuant to this policy.

## **1-5 Non-Harassment**

It is Alpine Home Health, LLC's policy to prohibit intentional and unintentional harassment of or against job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, vendor, customer, or any third party on the basis of actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender

(including pregnancy, childbirth, and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, physical or mental disability, genetic information ,or any other characteristic protected by applicable federal, state, or local laws (referred to as "protected characteristics"). Such conduct will not be tolerated by Alpine Home Health, LLC.

The purpose of this policy is not to regulate any employee's personal morality, but to ensure that no one harasses another individual in the workplace, including while on Company premises, while on Company business (whether or not on Company premises) or while representing the Company. In addition to being a violation of this policy, harassment or retaliation based on any protected characteristic as defined by applicable federal, state, or local laws also is unlawful. For example, sexual harassment and retaliation against an individual because the individual filed a complaint of sexual harassment or because an individual aided, assisted, or testified in an investigation or proceeding involving a complaint of sexual harassment as defined by applicable federal, state, or local laws are unlawful.

### **Harassment Defined**

Harassment generally is defined in this policy as unwelcome verbal, visual, or physical conduct that denigrates or shows hostility or aversion towards an individual because of any actual or perceived protected characteristic or has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment can be verbal (including slurs, jokes, insults, epithets, gestures, or teasing), visual (including offensive posters, symbols, cartoons, drawings, computer displays, text messages, social media posts, or e-mails), or physical conduct (including physically threatening another, blocking someone's way, etc.). Such conduct violates this policy, even if it does not rise to the level of a violation of applicable federal, state, or local laws. Because it is difficult to define unlawful harassment, employees are expected to behave at all times in a manner consistent with the intended purpose of this policy.

### **Sexual Harassment Defined**

Sexual harassment can include all the above actions, as well as other unwelcome conduct, such as unwelcome or unsolicited sexual advances, requests for sexual favors, conversations regarding sexual activities and other verbal, visual, or physical conduct of a sexual nature when:

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

Examples of conduct that violate this policy include:

1. Unwelcome flirtations, leering, whistling, touching, pinching, assault, or blocking normal movement;
2. Requests for sexual favors or demands for sexual favors in exchange for favorable treatment;
3. Obscene or vulgar gestures, posters, or comments;
4. Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies;
5. Propositions or suggestive or insulting comments of a sexual nature;
6. Derogatory cartoons, posters, and drawings;
7. Sexually explicit e-mails, text messages, or voicemails;
8. Uninvited touching of a sexual nature;
9. Unwelcome sexually related comments;

10. Conversation about a person's own or someone else's sex life;
11. Conduct or comments consistently targeted at a single gender, even if the content is not sexual; and
12. Teasing or other conduct directed toward a person because of the person's gender.

### **Reporting Procedures**

If the employee has been subjected to or witnessed conduct which violates this policy, the employee should immediately report the matter to Human Resources. If the employee is unable for any reason to contact this person or if the employee has not received an initial response within five (5) business days after reporting any incident of what the employee perceives to be harassment, the employee should contact the President. If the person toward whom the complaint is directed is one of the individuals indicated above, the employee should contact any higher-level manager in the reporting hierarchy.

### **Investigation Procedures**

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. All employees must cooperate with all investigations conducted pursuant to this policy.

### **Retaliation Prohibited**

In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If the employee has been subjected to any such retaliation, the employee should report it in the same manner in which the employee would report a claim of perceived harassment under this policy.

Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including termination.

## **1-6 Drug-Free And Alcohol-Free Workplace**

To help ensure a safe, healthy and productive work environment for our employees and others, to protect Company property, and to ensure efficient operations, Alpine Home Health, LLC has adopted a policy of maintaining a workplace free of drugs and alcohol. This policy applies to all employees and other individuals who perform work for the Company.

The unlawful or unauthorized use, abuse, solicitation, theft, possession, transfer, purchase, sale, or distribution of controlled substances (including medical marijuana), drug paraphernalia, or alcohol by an individual anywhere on Company premises, while on Company business (whether or not on Company premises) or while representing the Company, is strictly prohibited. Employees and other individuals who work for the Company also are prohibited from reporting to work or working while they are using or under the influence of alcohol or any controlled substances, which may impact the employee's ability to perform their job or otherwise pose safety concerns, except when the use is pursuant to a licensed medical practitioner's instructions and the licensed medical practitioner authorized the employee or individual to report to work. However, this exception does not extend any right to report to work under the influence of lawful recreational or medical marijuana or to use such as a defense to a positive drug test, to the extent the employee is subject to any drug testing requirement, except as permitted by and in accordance with applicable law.

Violation of this policy will result in disciplinary action, up to and including discharge.

The Company maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist individuals recovering from substance and alcohol dependencies, and those who have a medical history which reflects treatment for substance abuse conditions. However, employees may not request an accommodation to avoid discipline

for a policy violation. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them unable to perform the essential functions of their jobs, or jeopardizes the health and safety of any Company employee, including themselves.

## **1-7 Workplace Violence**

Alpine Home Health, LLC is strongly committed to providing a safe workplace. The purpose of this policy is to minimize the risk of personal injury to employees and damage to Company and personal property.

Alpine Home Health, LLC does not expect employees to become experts in psychology or to physically subdue a threatening or violent individual. Indeed, Alpine Home Health, LLC specifically discourages employees from engaging in any physical confrontation with a violent or potentially violent individual. However, Alpine Home Health, LLC does expect and encourage employees to exercise reasonable judgment in identifying potentially dangerous situations.

Experts in the mental health profession state that prior to engaging in acts of violence, troubled individuals often exhibit one or more of the following behaviors or signs: over-resentment, anger and hostility; extreme agitation; making ominous threats such as bad things will happen to a particular person, or a catastrophic event will occur; sudden and significant decline in work performance; irresponsible, irrational, intimidating, aggressive or otherwise inappropriate behavior; reacting to questions with an antagonistic or overtly negative attitude; discussing weapons and their use, and/or brandishing weapons in the workplace; overreacting or reacting harshly to changes in Company policies and procedures; personality conflicts with co-workers; obsession or preoccupation with a co-worker or supervisor; attempts to sabotage the work or equipment of a co-worker; blaming others for mistakes and circumstances; or demonstrating a propensity to behave and react irrationally.

### **Prohibited Conduct**

Threats, threatening language, threatening tones or any form of aggressive behavior, harassment, any other acts of aggression or violence not mentioned here that causes discomfort, creates an unsafe environment or is made toward or by any Company employee WILL NOT BE TOLERATED. For purposes of this policy, a threat includes any verbal or physical harassment or abuse, any attempt at intimidating or instilling fear in others, menacing gestures, flashing of weapons, stalking or any other hostile, aggressive, injurious or destructive action undertaken for the purpose of domination or intimidation. To the extent permitted by law, employees and visitors are prohibited from carrying weapons onto Company premises. Furthermore, this policy also extends to the home and in the presence of the individuals we serve.

### **Procedures for Reporting a Threat**

All potentially dangerous situations, including threats by co-workers, should be reported immediately to any member of management with whom the employee feels comfortable. Reports of threats may be maintained confidential to the extent maintaining confidentiality does not impede Alpine Home Health, LLC's ability to investigate and respond to the complaints. All threats will be promptly investigated. All employees must cooperate with all investigations. No employee will be subjected to retaliation, intimidation or disciplinary action as a result of reporting a threat in good faith under this policy.

If the Company determines, after an appropriate good faith investigation, that someone has violated this policy, the Company will take swift and appropriate corrective action.

If the employee is the recipient of a threat made by an outside party, that employee should follow the steps detailed in this section. It is important for the Company to be aware of any potential danger in its offices. Indeed, the Company wants to take effective measures to protect everyone from the threat of a violent act by employees or by anyone else.

## Section 2 - INDIVIDUALS WE SERVE: 245D

### 2-1 245D Basic and Intensive Support Services

At Alpine Home Health, LLC, we believe in using positive support strategies to support individuals in a way that honors their choices, dignity, and independence. 245D Basic Support Services provide the level of assistance, supervision, and care necessary to ensure the health and safety of individuals with disabilities and those over the age of 65 and do not include services that are specifically directed towards the training, treatment, habilitation, or rehabilitation of the person served. However, 245D Intensive Support Services are intended to promote training, habilitation or rehabilitation of the person.

#### BASIC SUPPORT SERVICES:

**Respite:** Offering temporary relief for primary caregivers by providing compassionate care for individuals, ensuring they receive the same level of support in the caregiver's absence.

**Night Supervision:** Providing overnight monitoring and assistance to ensure safety and comfort during nighttime hours by a staff member that remains awake at all times in the home of the person served, giving peace of mind to individuals and their families.

**Individual Community Living Supports (ICLS):** For people who need reminders, cues, intermittent/moderate supervision or physical assistance to remain in their own home.

**Individualized Home Supports without Training (IHS w/o Training):** Provided to adults or children when they need support, assistance and supervision in at least one of the community living service categories. This program offers a supportive framework where family, friends, and others can collaborate with the individual in their home, while also facilitating access to community activities that the individual enjoys. Individualized Home Supports without Training is available for both adults and children, enabling them to continue living in their own home and community.

**Homemaking:** Assisting with household chores like cleaning, meal preparation, and laundry, to ensure a safe and comfortable living environment.

#### INTENSIVE SUPPORT SERVICES:

**Individualized Home Supports with Training (IHS with Training):** Individualized Home Supports with Training is distinct from the Individualized Home Supports without Training program. Both are licensed under 245D; however, IHS with Training is exclusively available to adults. This program focuses on skill-building and instructional services designed to enhance an individual's experience in the community and promote greater independence. As an intensive service, it involves setting specific goals with the individual and their guardians-if they have one-to address areas requiring additional support. For instance, this could include improving money management skills or becoming more physically active in the community to support better health.

- Support: Cueing, skill maintenance, guidance, instruction, assistance with activities of daily living, assistance with coordination of community living activities or direct supervision.
- Training: Skill-building and instructional services to acquire, retain and improve the person's experience living in the community. Training must be within an allowable community living service category, and training must meet identified needs specified in the person's assessment.

**Individualized Home Supports with Family Training:** This service option is designed for people who live with their family to provide training to the person and their family members. The training increases their capabilities to care for and maintain the person's ability to live in the home.

**Semi-Independent Living Skills:** Services needed by an adult with a developmental disability or related condition(s) to live successfully in the community. The goal of SILS is to support people in ways that enable them to achieve personally desired outcomes and lead self-directed lives.

At Alpine Home Health, LLC, we are committed to providing these essential services with warmth, empathy, and respect. Our 245D Basic and Intensive Support Services are more than just assistance—they are a promise to make a positive, lasting impact on the lives of those we are honored to serve, ensuring their safety, dignity, and independence. For the caregiver, it is more than just a job—it's a vocation.

## 2-2 Job Description: Direct Support Professional

Job Title: Direct Support Professional (DSP)

Position Overview: Provide person-centered support and assistance to individuals with disabilities, mental health conditions, or health-related needs in their home and community. Help individuals achieve personal goals, enhance or learn daily living skills, and participate in meaningful activities that are important to them. Assist with personal cares if their individual support plan requires, promote independence, and foster integration into the community while maintaining the dignity, safety, and health of those served.

Classification: Full-time or Part-time / Non-Exempt / Field

Reports To: Designated Manager or assigned Supervisor

Qualifications/Requirements:

- High school diploma or equivalent is preferred.
- Dependability and reliability are required.
- Proficiency in spoken and written English.
- Strong communication skills and ability to express thoughts clearly.
- Ability to problem-solve and work independently with minimal supervision.
- Must be able to complete documentation accurately and in a timely manner.
- Basic computer/technology skills, which may include using a personal computer, tablet, or phone.
- If required by the individual's support plan, ability to lift, transfer, or provide personal cares to individuals using proper techniques.
- Reliable transportation, a valid driver's license, auto insurance, and an insurable driving record.
- Must pass a comprehensive criminal background check and be at least 18 years old.
- Ability to complete Orientation and Positive Support Rule Training, as well as other training requirements, which may include First Aid, CPR, and medication administration (if applicable to their support plan).

Essential Functions:

Person-Centered Support:

- Follow and implement person-centered and positive behavior support strategies outlined in the individual Coordinated Support Plan and Addendum (CSSP).
- Assist or provide cueing with personal cares, including hygiene, grooming, dressing, and feeding, if included in their CSSP.
- Support individuals in developing and practicing daily living skills, such as meal planning, cooking, budgeting, and cleaning.
- Provide opportunities for community engagement, socialization, and recreational activities based on individual preferences.
- Promote independence by encouraging self-advocacy and decision-making skills.

Behavioral and Emotional Support:

- Serve as a positive role model by demonstrating appropriate behaviors and effective communication.
- Implement strategies to manage and redirect challenging behaviors using person-centered techniques.
- Build trusting relationships and provide emotional support to foster confidence and personal growth.

#### Community Integration:

- Facilitate participation in community events, activities, and volunteer opportunities.
- Transport individuals safely to appointments, errands, or outings as needed, adhering to traffic laws and safety policies.
- Encourage new experiences to enhance quality of life and broaden interests.

#### Team Collaboration:

- Maintain professional boundaries and effective communication with families, guardians, and team members.
- Participate in support team meetings and provide feedback on individual progress.

#### Core Competencies:

- Person-Centered Focus: Place the individual's preferences, goals, and health and safety at the forefront of all activities.
- Adaptability: Remain flexible and responsive to changing needs and situations.
- Team-Oriented Approach: Collaborate effectively with team members to deliver quality services.

#### Compliance and Documentation:

- Complete required documentation, including progress notes and incident reports, accurately and promptly.
- Ensure adherence to 245D standards, Positive Behavior Support Plans, Vulnerable Adult/Maltreatment of Minors Act, and other applicable regulations.
- Follow all policies and procedures related to medication administration or set up, if applicable.

#### Health and Safety:

- Respond effectively to emergencies and follow established safety protocols.

#### Professional Development:

- Attend required training sessions to maintain compliance and improve skills.
- Stay informed of updates to policies, procedures, and best practices.

#### Professional Integrity and Other Duties:

- Maintain confidentiality, display a positive attitude, and adhere to ethical practices.
- Complete additional tasks as assigned to support the goals of individuals and the agency.

#### Physical Demands:

- Frequently lift and carry up to 50 lbs.
- Assist with transfers and positioning using appropriate equipment and techniques, if the individual's plan requires.
- Perform tasks that may require bending, squatting, twisting, or prolonged standing.
- Manage stress and maintain focus in dynamic or unpredictable situations.

## 2-3 Job Description: Direct Support Professional - IHS With Training

### Individualized Home Supports with Training Description

The Direct Support Professional (DSP) – Individualized Home Supports with Training provides person-centered services to individuals with disabilities in their homes and communities. This role includes training and skill-building in daily living, adaptive skills, health and wellness, and some household management. The DSP is responsible for ensuring individuals achieve their personal goals while maintaining a safe and supportive environment. Employees will be trained on and are expected to adhere to all responsibilities outlined in this job description.

### Key Responsibilities:

- Deliver individualized training and structured skill-building in areas such as community participation, household management, adaptive skills, meal preparation, budgeting, transportation, personal care, and health and wellness to promote independence.
- Deliver support and training as outlined in the individual's plan, focusing on skill development and fostering independence. Use person-centered approaches, respect individual preferences, and adapt strategies as needed to meet evolving goals.
- Encourage and support participation in community activities and social engagement.
- Monitor and document progress towards goals, ensuring accurate and up-to-date records.
- Communicate effectively with individuals, their families, and interdisciplinary teams to coordinate support.
- Comply with all 245D Home and Community-Based Services (HCBS) policies, procedures, Minnesota DHS regulations, and agency policies and procedures.
- Ensure a respectful and safe environment that upholds the dignity and choices of the individuals served.
- Complete required training and participate in ongoing professional development.

### Qualifications & Requirements:

- High school diploma or GED required; additional education in human services preferred.
- Experience supporting individuals with disabilities, mental health conditions, or traumatic brain injuries preferred.
- Ability to train and support individuals in developing skills for greater independence in daily living.
- Strong communication and interpersonal skills with a person-centered approach.
- Ability to work independently and as part of a team.
- Valid driver's license, reliable transportation, and ability to pass a background check as required by Minnesota DHS.
- Completion of all required 245D training before providing services.
- Ability to effectively utilize platforms required by the agency to ensure accurate documentation, compliance, and record shift hours in real time and on-time.

### Acknowledgment & Agreement:

I have reviewed and understand the job description for the Direct Support Professional (DSP) – Individualized Home Supports with Training position. I agree to perform the duties and responsibilities as outlined and to comply with all policies, procedures, and training requirements. I acknowledge that I will receive training related to the tasks and expectations detailed in this job description.

## 2-4 Employee Training

Alpine Home Health, LLC requires all employees to complete mandatory training as part of their role. Once a background study has been successfully completed, new employees will move forward with the onboarding processes through Human Resources. Employees providing Basic or Intensive Support Services under MN Statutes 245D must complete their initial orientation and training programs as a condition of hire and ongoing employment.

**ONLINE TRAINING:** Employees may receive online training assignments that meet established standards set by the organization, applicable laws and rules or by licensing. A welcome letter via email with instructions for accessing our Learning Management System will be emailed to the email address you provided at hire. These sessions are designed to support you and provide you with tools to navigate both your caregiving responsibilities and daily challenges.

**ASSIGNMENT:** Employees may be assigned online training as is appropriate by their Human Resources Manager, Supervisor, Compliance Coordinator, or other delegated person.

**RESPONSIBILITY:** Employees are responsible for completing the online training during the assigned time period. Employees must verify that they are the person taking the training and are responsible for completing the training independently.

Employees will be compensated for time spent completing online training outside of regular working hours at the organization's current training minimum wage. Workers may not work more than 40 hours per week of combined training and providing direct support services.

Each online course is allotted an estimated time for completion. This is the anticipated amount of time that it should take to complete the training. If the delegated amount of time has passed, the employee may continue for 15 more minutes before they need to stop and contact the Compliance Coordinator, within the next business day, for further direction on how to continue. It is the responsibility of the employee to obtain approval for the time spent completing the training.

**TRAINING CREDIT HOURS:** Our training services company has determined the training credit hours that are assigned for each of the online courses. These credit hours are based on the content and the average time estimated for completion by participants. Employees will be given training credit for up to the amount of designated hours at the discretion of the President.

**SPECIAL ACCOMMODATION:** If employees require special accommodations for learning or completing the online training courses, they will work with the Compliance Coordinator, their supervisor, Human Resources, or other delegated person to make appropriate accommodations.

**ANNUAL TRAINING:** To simplify meeting annual training requirements, we will offer mandatory monthly training modules throughout the year. These modules will cover all necessary topics and will ensure that all required training is finished by the end of the year.

*We may offer optional unpaid, voluntary online learning opportunities for employees who wish to expand their knowledge or for professional development. Tokens to access these voluntary courses are available for a limited time and only upon request.*

## 2-5 Person Centered Planning and Service Delivery Requirements

As a home and community-based services program licensed under chapter 245D, Alpine Home Health, LLC is required to provide services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the support plan and the support plan addendum, and in compliance with the requirements of the 245D Home and Community-Based Services (HCBS) Standards.

As required in section [245D.07](#), subdivision 1a of the 245D HCBS Standards, 245D licensed programs must provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

Person-centered service planning and delivery that:

- identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided
- uses that information to identify outcomes the person desires, and
- respects each person's history, dignity, and cultural background.

Self-determination that supports and provides:

- opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- the affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member
- opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports, and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights. The following questions can be used by persons receiving services licensed under chapter 245D to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

### Sample of Person-Centered Planning and Service Delivery Questions for Initial Planning:

- What are your goals for service outcomes?
- What are your preferences related to:
- Time you wake up in the morning?
- Time you go to bed?
- What your favorite foods are?
- What are foods you don't like?
- Whom you prefer to have direct support service provided from?
- Do you take any medications?

- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Do you work in the community?

**Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:**

- Do you feel your relationships are supported by staff?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

**You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with your service provider.**

## 2-6 Service Recipient Rights

### Home and Community-Based Services - Service Recipient Rights

Persons name: \_\_\_\_\_

This packet contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.

I received the following information within five working days of when I started to receive services and every year after that.

1. A copy of my rights under the law, Minnesota Statutes, section [245D.04](#).
2. An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.

Date services were started: \_\_\_\_\_ Date I received this information: \_\_\_\_\_

This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language.

If my rights are or will be restricted in any way to protect my health, safety, and well-being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.

Are there any restrictions placed on my rights? Yes (if yes, see rights restriction document) No

I understand that I may contact the agencies below if I need help to exercise or protect my rights:

Office of the Ombudsman for Mental Health Minnesota Disability Law Center  
and Developmental Disabilities 430 1st Ave N, Suite 300  
121 7th Place E, Suite 420 Minneapolis, MN 55401

Metro Square Building Email: [mndlc@mylegalaid.org](mailto:mndlc@mylegalaid.org)  
St. Paul, MN 55101 Website: <https://mylegalaid.org/>  
Phone: (651) 757-1800 or 1(800) 657-3506  
Fax: (651) 797-1950  
Website: [www.ombudmhdd.state.mn.us](http://www.ombudmhdd.state.mn.us)

I want \_\_\_\_\_ [insert name of my authorized **representative/ legal representative/ family member**] to help me exercise my rights. The program has this person's contact information in my record.

By signing this document, I am agreeing that I have read and understand the boxes I checked above.

\_\_\_\_\_  
Person/Legal representative

\_\_\_\_\_  
Date

## HOME AND COMMUNITY-BASED SERVICES - SERVICE RECIPIENT RIGHTS

Program name: Alpine Home Health, LLC (Alpine 245D)

This program is licensed under Minnesota Statutes, Chapter 245D. It must help you exercise and protect your rights identified in Minnesota Statutes, section [245D.04](#).

When receiving services and supports from this program name, I have the right to:

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences (including personal items in my bedroom.)
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule
12. Be free from abuse, neglect or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location.
15. Be treated with courtesy and respect, have access to and respectful treatment of my personal possessions at any time, including financial resources.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
21. Give or not give written informed consent to take part in any research or experimental treatment.
22. Choose my own friends and spend time with them.
23. Have personal privacy, including the right to use a lock on my bedroom door.
24. Take part in activities that I choose.

## **RIGHTS RESTRICTIONS**

### **CAN MY RIGHTS BE RESTRICTED?**

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

### **WHAT IS THE PROGRAM REQUIRED TO DO IF MY RIGHTS WILL BE RESTRICTED?**

Before this program may restrict your rights in any way this program must document the following information:

1. the justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you could exercise the right without a restriction;
2. the objective measures set as conditions for ending the restriction (meaning the program must clearly identify when everyone will know the restriction is no longer needed and it must end);
3. a schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
4. signed and dated approval for the restriction from you or your legal representative, if any.

### **CAN THE PROGRAM RESTRICT ALL OF MY RIGHTS?**

The program cannot restrict any right they chose. The only rights the program may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice.
2. Your right to have personal privacy.
3. Your right to engage in activities that you choose; and
4. Your right to access your personal possessions at any time.

### **WHAT IF I DON'T GIVE MY APPROVAL?**

A restriction of your rights may be implemented only after you or your legal representative have given approval.

### **WHAT IF I WANT TO END MY APPROVAL?**

You may withdraw your approval of the restriction of your right at any time. If you do withdraw your approval, the right must be immediately and fully restored.

## 2-7 Data Privacy Policy

### Policy

Alpine Home Health, LLC (Alpine 245D) recognizes the right of each person receiving services in this program to confidentiality and data privacy. This policy provides general guidelines and principles for safeguarding service recipient rights to data privacy under section 245D.04, subdivision 3(a) and access to their records under section 245D.095, subdivision 4, of the 245D Home and Community-based Services Standards.

### Procedures

#### Private Data

Private data includes all information on persons that has been gathered by this program or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.

Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:

- The individual who is the subject of the data or a legal representative
- Anyone to whom the individual gives signed consent to view the data
- Employees of the welfare system whose work assignments reasonably require access to the data - this includes staff persons in this program
- Anyone the law says can view the data
- Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals including medical and/or health data. Agencies in the welfare system include but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies - this includes this program and other licensed caregivers jointly providing services to the same person.
- Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services.

Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

#### Providing Notice

At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

#### Obtaining Informed Consent or Authorization for Release of Information

At the time informed consent is being obtained, staff must tell the person or the individual's legal representative the following:

- Why the data is being collected
- How the agency intends to use the information

- Whether the individual may refuse or is legally required to furnish the information
- What known consequences may result from either providing or refusing to disclose the information, with whom the collecting agency is authorized by law to share the data and what the individual can do if they believe the information is incorrect or incomplete
- How the individual can see and get copies of the data collected about them and any other rights that the individual may have regarding the specific type of information collected.

A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):

- Be written in plain language
- Be dated
- Designate the particular agencies or person(s) who will get the information
- Specify the information which will be released
- Indicate the specific agencies or person who will release the information
- Specify the purposes for which the information will be used immediately and in the future
- Contain a reasonable expiration date of no more than one year
- Specify the consequences for the person by signing the consent form, including:
  1. Why I am being asked to release this information.
  2. I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
  3. If I do not consent, the information will not be released unless the law otherwise allows it. I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
  4. The person(s) or agency(s) who gets my information may be able to pass it on to others.
  5. If my information is passed on to others by this program, it may no longer be protected by this authorization.
  6. This consent will end one year from the date I sign it, unless the law allows for a longer period."

Maintain all informed consent documents in the consumer's individual record.

### **Staff Access to Private Data**

This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).

Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data or who are authorized by law to have access to the data.

Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.

As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

### **Individual Access to Private Data**

Individuals or their legal representatives have a right to access and review the individual record.

- A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, the date and time of review, and list any copies made from the record.
- An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
- Individuals may request copies of pages in their record.
- No individual, legal representative, staff person or anyone else may permanently remove or destroy any portion of the person's record.

### **Case Manager Access to Private Data**

A person's case manager and the foster care licenser have access to the records of persons served by the program under section 245D.095, subd. 4.

### **Requesting Information from Other Licensed Caregivers or Primary Health Care Providers**

Complete the Release of Information Authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.

Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.

Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.

This document is to be kept in the person's record.

## **2-8 Drug and Alcohol Prohibition Policy**

### **Policy**

It is the policy of Alpine Home Health, LLC to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

### **Procedures**

- All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- The consumption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), and will result in corrective action up to and including termination.
- Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to persons receiving services is prohibited and will result in corrective action up to and including termination.

- The use, sale, manufacture, distribution, or possession of illegal drugs while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- Any employee convicted of criminal drug use or activity must notify **Thomas Schicke, President**, no later than five (5) days after the conviction.
- Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in corrective action up to and including termination.
- The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during work hours. Where appropriate, we will also notify licensing boards.

## 2-9 Emergency Use of Manual Restraint Not Allowed Policy

### Policy

It is the policy of Alpine Home Health, LLC to promote the rights of persons served by this program and to protect their health and safety during the emergency use of manual restraints.

"Emergency use of manual restraint" means using a manual restraint when a person poses an imminent risk of physical harm to self or others, and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

### Positive support strategies and techniques required

The following positive support strategies and techniques must be used to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others:

- Follow individualized strategies in a person's support plan and support plan addendum
- Shift the focus by verbally redirecting the person to a desired alternative activity;
- Model desired behavior
- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person
- Use positive verbal guidance and feedback
- Actively listen to a person and validate their feelings
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication
- Simplify a task or routine or discontinue until the person is calm and agrees to participate, or
- Respect the person's need for physical space and/or privacy.

The program will develop a positive support transition plan on the forms and in a manner prescribed by the Commissioner and within the required timelines for each person served when required in order to:

- eliminate the use of prohibited procedures as identified in section III of this policy
- avoid the emergency use of manual restraint as identified in section I of this policy
- prevent the person from physically harming self or others; or
- phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited.

## **Permitted actions and procedures**

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis is permitted by this program. When used on a continuous basis, it must be addressed in a person's support plan addendum.

- Physical contact or instructional techniques must be used as the least restrictive alternative possible to meet the needs of the person and may be used to:
- calm or comfort a person by holding that person with no resistance from that person
- protect a person known to be at risk of injury due to frequent falls as a result of a medical condition
- facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration, or
- block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff, or
- to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- Restraint may be used as an intervention procedure to:
- allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition, or
- assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm, or
- position a person with physical disabilities in a manner specified in the person's support plan addendum.

Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].

- Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

## **Prohibited Procedures**

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint
2. mechanical restraint
3. manual restraint
4. time out
5. seclusion, or
6. any aversive or deprivation procedure.

## **Manual Restraints Not Allowed in Emergencies**

This program does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:

- Continue to utilize the positive support strategies

- Continue to follow individualized strategies in a person’s support plan and support plan addendum
- Ask the person and/or others if they would like to move to another area where they may feel safer or calmer
- Remove objects from the person’s immediate environment that they may use to harm self or others
- Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive, staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others

The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person’s physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section [245D.07](#), subdivision 2, for recipients of basic support services; or section [245D.071](#), subdivision 3, for recipients of intensive support services).

### **Reporting Emergency Use of Manual Restraint**

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency must immediately report the incident to the person listed below.

The program has identified the following person or position responsible for reporting the emergency use of manual restraint according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

Thomas Schicke, President

## **2-10 Fraud, Waste, And Abuse**

Minnesota Statutes state that theft of public funds, no matter the amount, is a felony. That means billing for one unit of services not provided is a felony. Minn. Stat. 609.52, subd. 3(3)(d)(iv)

**Fraud** is wrongful or criminal deception intended to result in financial or personal gain. Fraud includes false representation of fact, making false statements, or by concealment of information. Examples of fraud include:

- Falsifying claims/encounters, dates, times
- Double billing
- Billing for services not provided
- Accepting kickbacks for referring Medical Assistance patients to a particular provider
- Billing for services for a recipient or provider who is incarcerated or deceased or hospitalized
- Billing inflated hours to an agency providing home healthcare
- Forging or altering documentation

**Waste** and **Abuse** are practices that result in unnecessary cost to health and public benefit programs, or payment for services that are not medically necessary. (DHS)

When you submit your hours through the Electronic Visit Verification (EVV) system, paper time sheets, or any other method, you are verifying the accuracy of the information reported and understand that submission of false documentation is cause for termination and possible criminal penalties.

**During your new hire orientation and annually thereafter, you must certify and acknowledge that you have been made aware of this and your responsibilities.**

## 2-11 Grievance Policy

### Policy

It is the policy of Alpine Home Health, LLC to ensure that people served by this program have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

### Procedures

#### Service Initiation

A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

#### How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
  - should talk to a staff person that they feel comfortable with about their complaint or problem
  - clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem, and
  - may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved, they may bring the complaint to the highest level of authority in this program.

That person is: Thomas Schicke, President

They may be reached at:

1543 Como Avenue, STE 101, St. Paul, MN 55108, Phone: 651-444-5999, Fax: 651-444-5279

email: [aeckert@mycaringpro.com](mailto:aeckert@mycaringpro.com)

#### Response by the Program

Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:

1. the name, address, and telephone number of outside agencies to assist the person; and
2. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
3. This program will respond promptly to grievances that affect the health and safety of service recipients.
4. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
5. All complaints will be resolved within 30 calendar days of the receipt.
6. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
7. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:

- related policy and procedures were followed
  - related policy and procedures were adequate
  - there is a need for additional staff training
  - the complaint is similar to past complaints with the persons, staff, or services involved, and
  - there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
8. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
9. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
- identifies the nature of the complaint and the date it was received
  - includes the results of the complaint review, and
  - identifies the complaint resolution, including any corrective action.

The complaint summary and resolution notice must be maintained in the person's record.

## 2-12 Incident Response, Reporting and Review Policy

### Policy

It is the policy of Alpine Home Health LLC to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

"Incident" means an occurrence which involves a person and requires the program to make a response that is not part of the program's ordinary provision of services to that person, and includes:

Serious injury of a person;

- Fractures
- Dislocations
- Evidence of internal injuries
- Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought
- Lacerations involving injuries to tendons or organs and those for which complications are present
- Extensive second degree or third degree burns and other burns for which complications are present
- Extensive second degree or third-degree frostbite, and other frostbite for which complications are present
- Irreversible mobility or avulsion of teeth
- Injuries to the eyeball
- Ingestion of foreign substances and objects that are harmful
- Near drowning
- Heat exhaustion or sunstroke
- Attempted suicide, and
- All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

- A person's death.
- Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
- Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- A person's unauthorized or unexplained absence from a program.
- Conduct by a person receiving services against another person receiving services that:
  - Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support
  - Places the person in actual and reasonable fear of harm
  - Places the person in actual and reasonable fear of damage to property of the person; or
  - Substantially disrupts the orderly operation of the program.
- Any sexual activity between persons receiving services involving force or coercion.

"Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.

"Coercion" means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).

Any emergency use of manual restraint.

A report of alleged or suspected child or vulnerable adult maltreatment.

## **Response Procedures**

### Serious injury

1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

### Death

1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
2. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.
3. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
4. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.

**When staff believes that a person is experiencing a life-threatening medical emergency, they must immediately call 911.**

Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment.

#### Mental health crisis

1. When staff believes that a person is experiencing a mental health crisis, they must call 911 or the mental health crisis intervention team that supports them if the individual has one.
2. Requiring 911, law enforcement, or fire department

**For incidents requiring law enforcement or the fire department, staff will call 911.**

**For non-emergency incidents requiring law enforcement, staff will call the local law enforcement number**

**For non-emergency incidents requiring the fire department, staff will call local non-emergency fire department number.**

1. Staff will explain the need for assistance to the emergency personnel.
2. Staff will answer all questions asked and follow instructions given by the emergency personnel responding to the call.

#### Unauthorized or unexplained absence

When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:

1. If the person has a specific plan outlined in his/her Support Plan Addendum to address strategies in the event of unauthorized or unexplained absences, that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
3. If after no more than 15 minutes, the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the staffing manager who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement.

When the person is found, staff will return the person to the service site or make necessary arrangements for the person to be returned to the service site.

#### Conduct of the person

When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:

1. Summon additional staff, if available. If injury to a person has occurred or there is imminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).

2. As applicable, implement the Support Plan Addendum for the person.
3. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated.

#### Sexual activity involving force or coercion

If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
2. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.

If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

#### Emergency use of manual restraint (EUMR)

Follow the EUMR Policy.

#### Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

#### Reporting Procedures

##### **Completing a report**

1. Incident reports will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred, or the program became aware of the occurrence. The written report will include:
2. The name of the person or persons involved in the incident
3. The date, time, and location of the incident
4. A description of the incident
5. A description of the response to the incident and whether a person's support plan addendum or program policies and procedures were implemented as applicable
6. The name of the staff person or persons who responded to the incident, and
7. The results of the review of the incident (see section IV).

When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager, unless this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

## **Reporting incidents to team members**

All incidents must be reported to the person's legal representative or designated emergency contact and case manager:

- within 24 hours of the incident occurring while services were provided
- within 24 hours of discovery or receipt of information that an incident occurred; or
- as otherwise directed in a person's support plan or support plan addendum.

This program will not report an incident when it has a reason to know that the incident has already been reported.

Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report must be completed according to the requirements in the program's emergency use of manual restraints policy.

Additional reporting requirements for deaths and serious injuries

A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division (for 245D services) and the Office of Ombudsman for Mental Health and Developmental Disabilities.

1. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
2. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.

## **Additional reporting requirements for maltreatment**

When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment.

1. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
2. Additional reporting requirements for emergency use of manual restraint (EUMR)
  - Follow the EUMR Policy.

## **Reviewing Procedures**

Conducting a review of incidents and emergencies

1. This program will complete a review of all incidents.
2. The review will be completed by Designated Manager or Designated Coordinator and will be escalated to the Administrator as needed.
3. The review will be completed within 2 (48 hours) days of the incident.
4. The review will ensure that the written report provides a written summary of the incident.
5. The review will identify trends or patterns, if any, and determine if corrective action is needed.
6. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

### **Conducting an internal review of deaths and serious injuries**

This program will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by the Designated Manager or Administrator.
2. The review will be completed within 2 (48 hours) days of the death or serious injury.
3. The internal review must include an evaluation of whether:
  - related policies and procedures were followed
  - the policies and procedures were adequate
  - there is need for additional staff training
  - the reported event is similar to past events with the person/s or the services involved to identify incident patterns; and
  - there is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences.

Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.

The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints' policy.

### **Conducting an internal review of maltreatment**

- Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

### **Conducting a review of emergency use of manual restraints**

- Follow the EUMR Policy.

### **Record Keeping Procedures**

1. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
2. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Legal Authority: MS. §§§ 245D.11, subd. 2; 245.91, subd. 6; 609.341, subd. 3 and 14

## 2-13 Maltreatment of Vulnerable Adults Mandated Reporting

### MALTREATMENT OF VULNERABLE ADULTS MANDATED REPORTING

If you are a mandated reporter, and you know or suspect maltreatment of a vulnerable adult, you must report it immediately (within 24 hours).

#### Where to report

- Call the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Or, report internally to THOMAS SCHICKE, OWNER. If the individual listed above is involved in the alleged or suspected maltreatment, report to TODD WACKERFUS, OWNER.

#### Internal report

- When an internal report is received THOMAS SCHICKE, OWNER is responsible for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center (MAARC).
- If that person is involved in the suspected maltreatment, TODD WACKERFUS, OWNER will assume responsibility for deciding if the report must be forwarded to MAARC. The report must be forwarded within 24 hours.

If you have reported internally, you should receive, within two working days, a written notice that tells you whether or not your report has been forwarded to MAARC. You should receive this notice in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still contact the reporting center and be protected against retaliation.

#### Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days.
- The internal review must include an evaluation of whether:
  1. Related policies and procedures were followed
  2. The policies and procedures were adequate
  3. There is a need for additional staff training
  4. The reported event is similar to past events with the vulnerable adults or the services involved, and
  5. There is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

#### Primary and secondary person or position to review

The internal review will be completed by THOMAS SCHICKE, OWNER. If this individual is involved in the alleged or suspected maltreatment, TODD WACKERFUS, OWNER will be responsible for completing the internal review.

#### Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

## Corrective action plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

## Staff training

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

For further information, visit [www.mn.gov/adult-protection](http://www.mn.gov/adult-protection)

**THIS REPORTING POLICY IS POSTED IN A PROMINENT LOCATION IN OUR OFFICES AND ACCESSIBLE TO ALL, AND IS ALSO AVAILABLE UPON REQUEST.**

## 2-14 Maltreatment of Minors Reporting

### Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services, except family childcare. The form for family childcare providers can be found in eDocs #7634C.

### What to report

- Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03, and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

### Who must report

- If you work in a licensed facility, you are a "mandated reporter" and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

### Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division's Central Intake line at 651-431-6600.

- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at Ramsey County Human Services, 651-266-4500 or local law enforcement at St. Paul Police Department, 651-291-1111.

### **When to report**

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

### **Information to report**

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

### **Failure to report**

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

### **Retaliation prohibited**

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
- An employee for making a report in good faith or
- A child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties

### **Staff training**

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

### **Provide policy to parents**

For licensed childcare centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

The following sections only apply to license holders that serve children. This does not include family child foster care per Minnesota Statutes 245A.66. subd. 1

## Internal review

- When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
- The internal review must include an evaluation of whether:
  - related policies and procedures were followed
  - the policies and procedures were adequate
  - there is a need for additional staff training
  - the reported event is similar to past events with the children or the services involved, and
  - there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and secondary person or position to ensure reviews completed

The internal review will be completed by THOMAS SCHICKE, OWNER. If this individual is involved in the alleged or suspected maltreatment, TODD WACKERFUSS, OWNER will be responsible for completing the internal review.

## Documentation of internal review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

## Corrective action plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan to correct any current lapses and prevent future lapses in performance by individuals or the license holder.

## Definitions

Found in Minnesota Statutes, section 260E.03

Egregious harm (Minnesota Statutes, section 260E.03, subd. 5)

"Egregious harm" means harm under Section 260C.007, subdivision 14, or a similar law of another jurisdiction. Minnesota Statutes, section 260C.007, subd. 14:

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

- Conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state
- The infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a
- Conduct towards a child that constitutes felony malicious punishment of a child under section 609.377
- Conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3
- Conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378
- Conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223

- Conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322
- Conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a)
- Conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a), or
- Conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345.
- Maltreatment (Minnesota Statutes, section 260E.03, subd.12) "Maltreatment" means any of the following acts or omissions:
  - Egregious harm under subdivision 5
  - Neglect under subdivision 15
  - Physical abuse under subdivision 18
  - Sexual abuse under subdivision 20
  - Substantial child endangerment under subdivision 22
  - Threatened injury under subdivision 23
  - Mental injury under subdivision 13, and
  - Maltreatment of a child in a facility.
  - Mental injury (Minnesota Statutes, section 260E.03, subd.13)
  - "Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Neglect (Minnesota Statutes, section 260E.03, subd.15)

- "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
- Failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so
- Failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect
- Failure to provide for necessary supervision or childcare arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care
- Failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163 subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5
- Prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder
- Medical neglect, as defined in section 260C.007, subdivision. 6 clause (5)
- Chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety, or
- Emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

- Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.
- This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.
- "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825
- Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582.
- For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
  - Throwing, kicking, burning, biting, or cutting a child
  - Striking a child with a closed fist
  - Shaking a child under the age of three
  - Striking or other actions that result in any nonaccidental injury to a child under 18 months of age
  - Unreasonable interference with a child's breathing
  - Threatening a child with a weapon, as defined in Section 609.02, subdivision 6
  - Striking a child under age one on the face or head
  - Striking a child who is at least age one but under age four on the face or head, which results in an injury
  - Purposely giving a child:
    - Poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child, or
    - Other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances.
  - Unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining, or
  - In a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58
  - Sexual abuse (Minnesota Statutes, section 260E.03, subd.20)
  - "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).
  - Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Substantial child endangerment (Minnesota Statutes, section 260E.03, subd.22)

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

- Egregious harm under subdivision 5
- Abandonment under section [260C.301, subdivision 2](#)
- Neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect
- Murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#)
- Manslaughter in the first or second degree under section [609.20](#) or [609.205](#)
- Assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#)
- Solicitation, inducement, and promotion of prostitution under section [609.322](#)
- Criminal sexual conduct under sections [609.342](#) to [609.3451](#)
- Solicitation of children to engage in sexual conduct under section [609.352](#)
- Malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#)
- Use of a minor in sexual performance under section [617.246](#), or
- Parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section [260C.503.subd. 2](#).
- Physical abuse ([Minnesota Statutes, section 260E.03, subd. 18](#))

Threatened injury ([Minnesota Statutes, section 260E.03, subd. 23](#))

- "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
- Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
- Subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction
- Been found to be palpably unfit under section [260C.301.subdivision 1](#), paragraph (b), clause (4), or a similar law of another jurisdiction
- Committed an act that resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction, or
- Committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section [260C.201](#), subdivision 11, paragraph (d), clause (1), section [260C.515](#), [subdivision 4](#), or a similar law of another jurisdiction.

A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section [260E.14, subdivision 4](#), from the Department of Human Services.

## 2-15 Safe Transportation Policy

### Policy

It is the policy of Alpine Home Health, LLC to promote safe transportation, with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

### Procedures

This program will ensure the following regarding safe transportation:

Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.

Vehicles are to be kept clean (interior and exterior).

Staff will report all potential mechanical problems immediately.

Staff will report all potential equipment, supply and material problems immediately.

Staff will report all accidents immediately.

Staff will report all vehicle maintenance and concerns to **Thomas Schicke, President**.

The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.

All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the program is responsible for transportation of the person or a person's equipment, staff will utilize the following assistive techniques:

- Staff will provide assistance with seatbelts, as needed, to ensure they are correctly fastened.
- Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
- Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a person, specialized equipment using proper vehicle restraints are properly secured before the vehicle is in motion.
- Staff will comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections 169.685 and 169.686 when transporting a child.

Program vehicles are to be utilized exclusively for the purpose of transporting persons served by this program, and equipment and supplies related to the program.

Staff will be responsible for the supervision and safety of persons while being transported.

When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver.

Staff must be prepared to intervene in order to maintain safety if a person being transported engages in known behavior that puts the person, the driver, or other passengers at risk of immediate danger of physical harm.

Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of an emergency:

- Name and phone number of person(s) to call in case of emergency
- First aid kit and first aid handbook
- Proof of insurance card and vehicle registration.

In the event of a severe weather emergency, staff will take the following actions:

- Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches

- Follow directions for the need to change plans and activities or seek emergency shelter
- Inform passengers why plans and activities have changed and assist passengers in remaining calm.

All staff are required to follow all traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, wearing seatbelts and obeying traffic signs while operating program vehicle.

All staff are prohibited from smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

Legal Authority: MS §§ 245D.11, subd. 2. (4); 245D.06, subd. 2, paragraphs (2) to (4)

## 2-16 Service Termination Policy

### Policy

It is the policy of Alpine Home Health, LLC to ensure our procedures for service termination promote continuity of care and service coordination for persons receiving services.

### Procedures

This program must permit each person to remain in the program or to continue receiving services and must not terminate services unless:

- The termination is necessary for the person's welfare and the license holder cannot meet the person's needs
- The safety of the person, others in the program, or staff in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;
- The health of the person, others in the program, or staff would otherwise be endangered;
- The license holder has not been paid for services;
- The program or license holder ceases to operate; or
- The person has been terminated by the lead agency from waiver eligibility.

Prior to giving notice of service termination, this program must document the actions taken to minimize or eliminate the need for termination notice.

Action taken by the license holder must include, at a minimum:

- Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of the notice; and
- A request to the case manager for intervention services, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

**The request for intervention services will not be made for service termination notices issued because the program has not been paid for services.**

If, based on the best interests of the person, the circumstances at the time of the notice were such that the program was unable to consult with the person's team or request intervention services, the program must document the specific circumstances and the reason for being unable to do so.

The notice of service termination must meet the following requirements:

- This program must notify the person or the person’s legal representative and the case manager in writing of the intended service termination.
- If the service termination is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including an ICF/DD, the license holder must also notify the Department of Human Services in writing. DHS notification will be provided by fax at 651-431-7406.
- The written notice of a proposed service termination must include all the following elements:

The reason for the action:

- A summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension, and why these measures failed to prevent the termination or suspension. A summary of actions is not required when service termination is a result of when the program ceases operation;
- The person's right to appeal the termination of services under Minnesota Statutes, section 256.045, subdivision 3, paragraph (a); and
- The person's right to seek a temporary order staying the termination of services according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

The written notice of a proposed service termination, including those situations which began with a temporary service suspension, must be given before the proposed effective date of service termination.

- For those persons receiving intensive supports and services, the notice must be provided at least 60 days before the proposed effective date of service termination.
- For those persons receiving other services, the notice must be provided at least 30 days before the proposed effective date of service termination.
- This notice may be given in conjunction with a notice of temporary service suspension.

During the service termination notice period, the program must:

- Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;
- Provide information requested by the person or case manager; and
- Maintain information about the service termination, including the written notice of intended service termination, in the person’s record.

Legal Authority: MS § 245D.10 subd. 3a

## 2-17 Temporary Service Suspension

### Policy

It is the policy of Alpine Home Health, LLC to ensure our procedures for temporary service suspension promote continuity of care and service coordination for persons receiving services.

### Procedures

**This program will limit temporary service suspension to the following situations:**

The person's conduct poses an imminent risk of physical harm to self or others and either:

- positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety; or
- less restrictive measures would not resolve the issues leading to the suspension; or
- The person has emergent medical issues that exceed the license holder's ability to meet the person's needs; or
- The program has not been paid for services.

Prior to giving notice of temporary service suspension, the program must document actions taken to minimize or eliminate the need for service suspension.

Action taken by the program must include, at a minimum:

- Consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice, and
- A request to the case manager for intervention services identified, including behavioral support services, in-home or out-of-home crisis respite services, specialist services, or other professional consultation or intervention services to support the person in the program.

If, based on the best interests of the person, the circumstances at the time of the notice were such that the program unable to consult with the person's team or request interventions services, the program must document the specific circumstances and the reason for being unable to do so.

**The notice of temporary service suspension must meet the following requirements:**

- This program must notify the person or the person's legal representative and the case manager in writing of the intended temporary service suspension.
- If the temporary service suspension is from residential supports and services, including supported living services, foster care services, or residential services in a supervised living facility, including and ICF/DD, the program must also notify the Commissioner in writing. DHS notification will be provided by fax at 651-431-7406.
- Notice of temporary service suspension must be given on the first day of the service suspension.

**The written notice service suspension must include the following elements:**

- The reason for the action
- summary of actions taken to minimize or eliminate the need for temporary service suspension, and
- Why these measures failed to prevent the suspension.

**During the temporary suspension period the program must:**

- Provide information requested by the person or case manager
- Work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care, and
- Maintain information about the service suspension, including the written notice of temporary service suspension in the person's record.

**A person has the right to return to receiving services during or following a service suspension with the following conditions.**

- Based on a review by the person's support team or expanded support team, the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services.

- If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.
- If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the program must document the specific reasons why a contrary decision was made.

Legal Authority: MS § 245D.10, subd. 3

## 2-18 Universal Precautions and Sanitary Practices Policy

### Policy

It is the policy of Alpine Home Health, LLC to follow universal precautions and sanitary practices, including handwashing, for infection prevention and control, and to prevent communicable diseases.

### Procedures

Universal precautions, sanitary practices, and prevention

Universal precautions apply to the following infectious materials: blood; bodily fluids visibly contaminated by blood; semen; and vaginal secretions. All staff are required to follow universal precautions and sanitary practices, including:

1. Use of proper hand washing procedure
2. Use of gloves in contact with infectious materials.
3. Use of a gown or apron when clothing may become soiled with infectious materials
4. Use of a mask and eye protection, if splashing is possible
5. Use of gloves and disinfecting solution when cleaning a contaminated surface
6. Proper disposal of sharps
7. Use of gloves and proper bagging procedures when handling and washing contaminated laundry

Control of communicable diseases (Reportable Infectious Diseases: Reportable Diseases A-Z - Minnesota Dept. of Health)  
[www.health.state.mn.us](http://www.health.state.mn.us)

1. Staff will report any signs of possible infections or symptoms of communicable diseases that a person receiving services is experiencing to **Thomas Schicke or Todd Wackerfuss, Owners**
2. When a person receiving services has been exposed to a diagnosed communicable disease, staff will promptly report to other licensed providers and residential settings.
3. Staff diagnosed with a communicable disease, may return to work upon direction of a health care professional.

Legal Authority: MS §§ 245D.11, subd. 2(1) and 245D.06, sub 2 (5)

NOTE: The website from the Minnesota Department of Health (MDH) is included as a resource for additional information.

## Section 3 - OPERATIONAL POLICIES

### 3-1 Employee Classifications

For purposes of this Policy Manual, all Alpine Home Health, LLC employees fall within one of the classifications below.

**Full-Time Employees** - Employees who regularly work at least 40 hours per week who were not hired on a short-term basis.

**Part-Time Employees** - Employees who regularly work fewer than 40 hours per week who were not hired on a short-term basis.

**Short-Term Employees** - Employees who were hired for a specific short-term project, or on a short-term freelance, per diem or temporary basis. Short-Term employees generally are not eligible for Company benefits, but are eligible to receive statutory benefits.

In addition to the above classifications, employees are categorized as either "**exempt**" or "**non-exempt**" for purposes of federal and state wage and hour laws. Employees classified as exempt do not receive overtime pay; they generally receive the same weekly salary regardless of hours worked. Such salary may be paid less frequently than weekly. The employee will be informed of these classifications upon hire and informed of any subsequent changes to the classifications.

### 3-2 Trial Period

**The first three months** of employees' employment is an introductory period. This is an opportunity for Alpine Home Health, LLC to evaluate the employee's performance. It also is an opportunity for employees to decide whether they are happy being employed by the Company. The Company may extend the introductory period if it desires. Completion of the introductory period does not alter the employee's at-will status.

### 3-3 Performance Evaluations

Employee performance is reviewed regularly by a supervisor to ensure high-quality service delivery and professional growth. Formal performance evaluations are conducted periodically between each employee and their supervisor.

Factors considered during performance evaluations may include, but are not limited to:

- The ability to perform job duties effectively.
- Relevant job skills and experience.
- Overall performance within the current position.

These evaluations are designed to provide constructive feedback, address any areas of improvement, and recognize achievements to support professional development and ensure compliance with regulatory standards.

### 3-4 Your Employment Records

In order to obtain their position, employees have provided personal information, such as address and telephone number. This information is contained in their personnel file.

Employees should keep their personnel file up to date by informing Human Resources of any changes. Employees also should inform Human Resources of any specialized training or skills they acquire, as well as any changes to any required visas. Unreported changes of address, marital status, etc. can affect withholding tax and benefit coverage. Further, an "out of date" emergency contact or an inability to reach employees in a crisis could cause a severe health or safety risk or other significant problem.

### 3-5 Right to Review Personnel Records

Under Minnesota law, active employees have the right to review their personnel record once every six (6) months. Employees who leave Alpine Home Health, LLC may review their personnel record once every year as long as the Company maintains the personnel record.

To review their personnel record, employees must make a good faith request in writing to Human Resources. Employees may also request a copy of the record at the time they review it. The copy will be made available to the employee at no cost.

The Company will provide employees an opportunity to review their personnel record within seven (7) working days of the written request or within 14 working days of the written request if the personnel record is physically located outside of Minnesota.

What is contained in the personnel record is carefully defined under Minnesota law. The law does not require employee access to information that is not contained in the personnel record.

If employees dispute information contained in their personnel record, they may request that it be removed from the record. However, if the Company does not agree the information should be removed, the employee may submit a written response to the denial (not to exceed five (5) pages).

No action can be taken against employees who appropriately ask to review their personnel records.

If employees are improperly denied their rights as provided by this law, the law provides certain remedies.

This notice only describes some of the employee's rights under the law. For more information, the Minnesota statutes detailing employee rights can be found at Minnesota Statutes. § 181.960 through Minnesota Statutes §181.965. These laws can be found on the internet at <https://www.revisor.mn.gov/pubs/> or in public libraries throughout the state.

### 3-6 Working Hours and Schedule

The office of Alpine Home Health, LLC normally is open for business as follows:

<b>Day</b>	<b>From:</b>	<b>To:</b>
Monday	8:00 a.m.	4:30 p.m.
Tuesday	8:00 a.m.	4:30 p.m.
Wednesday	8:00 a.m.	4:30 p.m.
Thursday	8:00 a.m.	4:30 p.m.
Friday	8:00 a.m.	4:30 p.m.

On holidays, Alpine Home Health, LLC is closed. These hours pertain to the office staff only.

Employees will be assigned a work schedule and will be expected to begin and end work according to the schedule. Please be punctual. To accommodate the needs of the business, at some point Alpine Home Health, LLC may need to

change individual work schedules on either a short-term or long-term basis. Caregiving employees will receive schedules tailored to meet the needs of each individual they support, which may fall outside of standard office hours. While the office may be closed on holidays, caregiving employees scheduled to work with an individual on a holiday are still required to report for their shifts. Caregivers that have an emergency pertaining to their shift, a designated phone for Emergency Staffing is available and answered on weekends and after-hours until 10:00 p.m. each evening. **If there is a medical emergency with the individual you serve, or you experience a medical emergency while you are with the individual you serve, 911 should be contacted.**

The staffing coordinator is the first point of contact for all scheduling changes. Contacting the service recipient is not sufficient, and is not encouraged.

Employees will be provided meal and rest periods as required by law. A supervisor will provide further details.

### 3-7 Timekeeping Procedures

Employees must record their actual time worked for payroll and benefit purposes in real-time. Non-exempt employees that provide caregiving services in the home of an individual we serve must record their hours in real-time when work begins and in real-time when work ends, as well as the beginning and ending time of any departure from work for any non-work-related reasons in the Electronic Visit Verification (EVV) app. Caregivers must also document and report the services they provided to the service recipient by the end of their shift on the EVV app and it must be signed by both the caregiver and the recipient (the individual you serve or their responsible party/legal representative).

All shifts must be logged using the EVV app. We understand that occasional technical issues or personal circumstances may arise, and when they do, employees must contact the office for assistance immediately. If you experience issues with clocking in or clocking out with the EVV app while you are with the individual you serve, you may call the office for assistance at the start or at the end of your shift, whichever shift it pertains to. For help with clocking in or clocking out outside of office hours, you must contact the office the following day to request support.

If you do not contact the office for assistance immediately, at the first occurrence of a missed EVV clocking in or clocking out, a verbal warning will be issued. For the second occurrence, you will receive a written warning and, if there is a third occurrence, a write-up will be placed in your personnel file, and you will be required to complete additional EVV app training in the office before returning to your shifts. Continued failures to log hours through the EVV app will result in further disciplinary action, including suspension or termination. Any instances of fraud, waste, or abuse, including intentional manipulation of the EVV system through improper clocking in and out, will be reported to the Minnesota Department of Human Services and other relevant authorities for thorough investigation and appropriate action.

Altering, falsifying or tampering with time records is prohibited and subjects the employee to discipline, up to and including discharge.

Exempt employees are required to record their daily work attendance and report full days of absence from work for reasons such as leaves of absence, sick leave or personal business.

Non-exempt employees may not start work until their scheduled starting time.

The Electronic Visit Verification (EVV) Systems Must Verify:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service;
- Actual time the service begins and ends, not just the shift.

It is the employee's responsibility to record their hours properly and attest to their time records by signing, as well as having the service recipient or their legal representative sign to confirm the hours worked in the EVV app, and to certify the accuracy of all time recorded. Any errors in the time record should be reported immediately to a supervisor, who will attempt to correct legitimate errors.

### 3-8 Requesting Time Off

To ensure continuity of care for the individuals we serve, all time off requests must be submitted in writing at least two weeks in advance. Submitting your request as early as possible is greatly appreciated to allow adequate time for planning. Requests can be sent via email, fax, or you may fill out a request at the office.

During the holidays, it can be especially difficult to find coverage. We encourage you to have a conversation with the individual you serve ahead of time to understand their needs during these periods. However, even after speaking with them, you must notify the office to confirm and coordinate any changes to the schedule.

### 3-9 No Call, No Show

At Alpine Home Health, LLC, we deeply value the care and support you provide to the individuals we serve. When you accept a shift, we not only rely on you to attend as scheduled, we expect it, and so do the individuals we serve. If you find that you are unable to make it to your shift, we ask that you notify the Company as soon as possible so we can make appropriate arrangements. A "No Call, No Show" (NCNS) is a serious concern, as it can impact the care we provide to the individuals we serve.

If you miss a shift without prior notice, we kindly request that you provide documentation explaining your absence within 24 hours. This can be submitted via email or fax. If we do not receive documentation within this timeframe, further action may be required, including termination.

In cases where the absence has led to neglect or harm to an individual that we serve—who are all considered vulnerable adults—the agency may be required to file a report with the Minnesota Department of Human Services (DHS) through the Minnesota Adult Abuse Reporting System (MAARC). We appreciate your understanding, cooperation and commitment as we work together to ensure the health and safety of those in our care.

### 3-10 Emergency Phone Protocol

The emergency phone is to be used outside of regular business hours. The hours that the phone is monitored are:

- Monday through Friday: 4:30 PM to 10:00 PM
- Saturday and Sunday: 6:00 AM to 10:00 PM

This phone is specifically for emergencies related to staff. Examples of situations when you should call include:

- You are unwell and unable to work your scheduled shift.
- You will be more than 5 minutes late.
- The person you serve has been hospitalized.
- The individual you serve is not home when you arrive to provide services.

In case of a **medical emergency or if the person you serve has wandered and cannot be found after 15 minutes of searching**, please call **911** first, then contact your supervisor through the emergency phone number. Any questions or

examples of this may be directed to your supervisor. This will be covered in your orientation and training when first hired.

If you need to contact the emergency phone, please leave a message or text with the following information:

1. Your **first and last name**.
2. The **first and last name of the individual you serve**.
3. The **time your shift is scheduled to begin**.
4. A **phone number** where you can be reached, and whether this number can receive text messages.
5. The **date and time** of your call or text.
6. Any other relevant information we need to address the situation.

We understand the urgency of emergencies and will return your call or text within **two hours** of receiving your message.

Thank you for your cooperation in using this service responsibly to ensure the best care and support for the individuals we serve.

## 3-11 Overtime

When Alpine Home Health, LLC experiences periods of extremely high activity, additional work by non-exempt office staff may be required. Supervisors are responsible for monitoring business activity and requesting overtime work if it is necessary. Effort will be made to provide employees with adequate advance notice in such situations. Employees may work overtime only with prior management authorization. All overtime must have the prior written approval of a manager. Any non-exempt employee who works overtime without authorization may be subject to disciplinary action, up to and including termination.

Non-exempt employees who work overtime will be compensated at the rate of one and one-half times (1.5) their regular hourly wage for all time worked in excess of 40 hours each workweek, unless otherwise required or restricted by applicable law. Overtime pay is calculated based on actual hours worked. Paid time off, holidays, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations. For purposes of calculating overtime for non-exempt employees, the workweek begins at 12 a.m. on Monday and ends 168 hours later at 12 a.m. on the following Monday.

## 3-12 Travel Time for Non-Exempt Employees

Management-Authorized Travel (Written Approval Required)

### Overnight, Out-of-Town Trips

Non-exempt office employees will be compensated for time spent traveling (except for meal periods) during their normal working hours, on days they are scheduled to work and on unscheduled work days (such as weekends). Non-exempt employees will also be paid for any time spent performing job duties during otherwise non-compensable travel time; however, such work should be limited absent advance management authorization.

### Out-of-Town Trips for One Day

Non-exempt office employees who travel out of town for a one-day assignment will be paid for all travel time, except for, among other things: time spent traveling between the employee's home and the local railroad, bus or plane terminal; and meal periods.

### **Local Travel**

Non-exempt employees will be compensated for time spent traveling from one scheduled and authorized job site to another job site during a workday. The trip home, however, is non-compensable when the employee goes directly home from the final job site, unless it is much longer than the regular commute home from the regular worksite. In such cases, the portion of the trip home in excess of the regular commute is compensable.

### **Commuting Time**

Under the Portal to Portal Act, travel from home to work and from work to home is generally non-compensable. However, if a non-exempt employee regularly reports to a worksite near their home, but is required to report to a worksite farther away than the regular worksite, the additional time spent traveling is compensable.

If compensable travel time results in more than 40 hours worked by a non-exempt employee, the employee will be compensated at an overtime rate of one and one-half (1.5) times the regular rate.

To the extent that applicable state law provides greater benefits, state law applies.

## **3-13 Safe Harbor Policy for Exempt Employees**

It is Alpine Home Health, LLC's policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. To ensure proper payment and that no improper deductions are made, employees must review pay stubs promptly to identify and report all errors.

Those classified as exempt salaried employees will receive a salary which is intended to compensate them for all hours they may work for Alpine Home Health, LLC. This salary will be established at the time of hire or classification as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work performed.

Under federal and state law, salary is subject to certain deductions. For example, unless state law requires otherwise, salary can be reduced for the following reasons:

- full-day absences for personal reasons;
- full-day absences for sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing wage replacement benefits for such absences (deductions also may be made for the exempt employee's full-day absences due to sickness or disability before the employee has qualified for the plan, policy or practice or after the employee has exhausted the leave allowance under the plan);
- full-day disciplinary suspensions for infractions of our written policies and procedures;
- Family and Medical Leave Act absences (either full- or partial-day absences);
- to offset amounts received as payment from the court for jury and witness fees or from the military as military pay;
- the first or last week of employment in the event the employee works less than a full week; and
- any full work week in which the employee does not perform any work.

Salary may also be reduced for certain types of deductions such as a portion of health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a 401(k) or pension plan.

In any work week in which the employee performed any work, salary will not be reduced for any of the following reasons:

- partial day absences for personal reasons, sickness or disability;
- an absence because the Company has decided to close a facility on a scheduled work day;
- absences for jury duty, attendance as a witness, or military leave in any week in which the employee performed any work (subject to any offsets as set forth above); and
- any other deductions prohibited by state or federal law.

However, unless state law provides otherwise, deductions may be made to accrued leave for full- or partial-day absences for personal reasons, sickness or disability.

If employees believe they have been subject to any improper deductions, they should immediately report the matter to a supervisor. If the supervisor is unavailable or if the employee believes it would be inappropriate to contact that person (or if the employee has not received a prompt and fully acceptable reply), they should immediately contact Human Resources/Payroll Coordinator or any other supervisor in Alpine Home Health, LLC with whom the employee feels comfortable.

### **3-14 Your Paycheck - Payroll Submission and Deadline:**

Employees will be paid weekly for all time worked during the past pay period. Worked hours are verified through real-time clock-ins and clock-outs using the EVV system during your actual shift. Additionally, both you and the individual you serve (or their Responsible Party) must verify and sign confirming your submitted hours.

To ensure payroll is processed accurately and on time, each employee is required to log their hours at the time work is performed. (For example, if your shift begins at 8:00 a.m. and ends at 3:00 p.m. you must clock-in at 8:00 a.m. and clock out at 3:00 p.m.) If you encounter any issues preventing this, you must contact the office immediately for assistance. These recorded hours are electronically transferred to our payroll system and must be reviewed, verified, and corrected (if necessary) before the final submission deadline of **Monday by 5:00 p.m.**

This process is essential for meeting payroll deadlines. Failure to record hours in real-time or correct any discrepancies by the deadline may result in payment delays. If you experience any difficulties with EVV or meeting this deadline, notify the office promptly so we can assist you.

Payroll stubs will itemize deductions made from gross earnings. By law, Alpine Home Health, LLC is required to make deductions for Social Security, federal income tax, and any other applicable taxes, including any court-ordered garnishments. Payroll stubs will also differentiate between regular and overtime pay.

If there is an error in any employee's pay, the employee should bring the matter to the attention of HR/Payroll Coordinator immediately so the Company can resolve the matter quickly and amicably.

Paychecks will be given only to the employee, unless the employee requests that they be mailed or authorizes in writing that another person may accept the check.

To view pay stubs, W-2 forms and accrued PTO or ESST, visit <https://access.paylocity.com>

## 3-15 Wage Disclosure Protections

Under Minnesota law, an employer may not:

1. require nondisclosure by employees of their wages as a condition of employment;
2. require employees to sign a waiver or other document which purports to deny them the right to disclose their wages; or
3. take any adverse employment action against employees for disclosing their own wages or discussing another employee's wages which have been disclosed voluntarily.

Nonetheless, this policy should not be construed to:

1. create an obligation on Alpine Home Health, LLC or on employees to disclose wages;
2. permit employees, without the written consent of the Company, to disclose proprietary information, trade secret information or information that is otherwise subject to legal privilege or protected by law;
3. diminish any existing rights under the National Labor Relations Act; or
4. permit employees to disclose wage information of other employees to a competitor of Alpine Home Health, LLC.

An employer may not retaliate against the employee for asserting rights or remedies set forth in this policy.

Employees may bring a civil action against the Company for a violation of this policy. If a court finds that the Company has violated this policy, the court may order reinstatement, back pay, restoration of lost service credits, if appropriate, and the expungement of any related adverse records of the employee who was the subject of the violation.

## 3-16 Direct Deposit

Alpine Home Health, LLC strongly encourages employees to use direct deposit. Authorization forms are available from the HR/Payroll Coordinator. Requests (no text messages) that do not include an authorization form will not be completed.

## 3-17 Salary Advances

Alpine Home Health, LLC does not permit advances on paychecks or against accrued paid time off.

## 3-18 Job Postings

Alpine Home Health, LLC is dedicated to assisting employees in managing their careers and reaching their professional goals through promotion and transfer opportunities. This policy outlines the online job posting program which is in place for all employees. To be eligible to apply for an open position, the employee must meet the following requirements:

- Be a current, regular, full-time or part-time employee;
- Have been in current position for at least six (6) months;
- Maintain a performance rating of satisfactory or above;
- Not be on conduct/performance-related probation or warning;
- Meet the job qualifications listed on the job posting; and
- Provide their current manager with notice prior to applying for the position.

If employees find a position of interest on the job posting website and they meet the eligibility requirements, an online job posting application must be completed in order to be considered for the position. Not all positions are guaranteed to be posted. The Company reserves the right to seek applicants solely from outside sources or to post positions internally and externally simultaneously.

For more specific information about the program, please contact the Human Resources Department.

### 3-19 Open Door Policy

All employees have the opportunity to express ideas and opinions to management. The Company believes that open communication is essential to a successful work environment, as well as to the Company's success. All employees may express ideas and opinions directly to Company management. Employees who would like to bring an idea or suggestion to the Company's attention, or just simply wishes to discuss an issue not covered by a separate reporting procedure, are always welcome to send an email or make a call to Human Resources.

### 3-20 Technology and Systems Accountability

As part of your role, it is essential to effectively utilize the tools and systems provided by the company to ensure accurate documentation, compliance, and time management. These systems are integral to our operations and help maintain the continuity of care and services we provide.

The primary platforms you will be required to use include:

1. **Paylocity** – For payroll (paystubs) and human resource management for both office staff and caregivers. For office staff timekeeping.
2. **Reviving Care** – Documenting client interactions and clocking in and out. For field staff timekeeping.
3. **Learning Management System (LMS)** – For completing required training.

From time to time, the company may introduce new systems or tools to enhance our operations and improve efficiency. Employees will receive appropriate training on any new platforms before they are expected to use them.

Expectations:

- Employees are responsible for signing in to all required systems accurately and on time for tasks such as clocking in and out, documenting care, and completing training.
- It is the employee's responsibility to maintain accurate records within these platforms and adhere to established protocols for documentation and reporting.
- Employees must remain open to learning new systems and seek assistance or training if they encounter challenges.

The Paylocity and Reviving Care platforms may be accessed by downloading the App for your phone or on a tablet. As a field caregiver, you will need the Reviving Care (RC) App on your phone or tablet to clock in and out in real-time. The Learning Management System can be accessed via a web browser (like, Safari, Firefox, Edge, Google Chrome, etc.) on your phone, tablet, or computer.

Accountability:

Failure to use these systems as required may result in corrective action, as accurate and timely documentation is critical to regulatory compliance, payroll, and the overall success of our organization, which you are a part of. Supervisors will provide guidance and training to ensure all employees are comfortable and proficient with current and future systems.

## Section 4 - BENEFITS

### 4-1 Benefits Overview

In addition to competitive pay and meaningful work providing essential care in the homes of the individuals we serve, it is Alpine Home Health, LLC's policy to provide a combination of supplemental benefits to all eligible employees. In keeping with this goal, each benefit program has been carefully devised. These benefits include insurance and other plan benefits. We are constantly studying and evaluating our benefits programs and policies to better meet present and future requirements. These policies have been developed over the years and continue to be refined to keep up with changing times and needs.

The next few pages contain a brief outline of the benefits programs Alpine Home Health, LLC provides employees and their families. Of course, the information presented here is intended to serve only as guidelines.

The descriptions of the insurance and other plan benefits merely highlight certain aspects of the applicable plans for general information only. The details of those plans are spelled out in the official plan documents, which are available for review upon request from Human Resources Coordinator. Additionally, the provisions of the plans, including eligibility and benefits provisions, are summarized in the summary plan descriptions ("SPDs") for the plans (which may be revised from time to time). In the determination of benefits and all other matters under each plan, the terms of the official plan documents shall govern over the language of any descriptions of the plans, including the SPDs and this Policy Manual.

Further, Alpine Home Health, LLC (including the officers and administrators who are responsible for administering the plans) retains full discretionary authority to interpret the terms of the plans, as well as full discretionary authority with regard to administrative matters arising in connection with the plans and all issues concerning benefit terms, eligibility and entitlement.

While the Company intends to maintain these employee benefits, it reserves the absolute right to modify, amend or terminate these benefits at any time and for any reason.

If employees have any questions regarding benefits, they should contact Human Resources Coordinator.

### 4-2 Earned Sick and Safe Time

#### Eligibility

Alpine Home Health, LLC provides earned sick and safe time (ESST) to employees who are anticipated to perform work within Minnesota for at least 80 hours in a year. For employees who work in Minnesota and are eligible for sick leave under the general policy, this policy applies solely to the extent it provides greater benefits/rights on any specific issues.

#### Accrual

Employees begin to accrue ESST at the start of employment. Employees accrue one (1) hour for every 30 hours worked, up to a maximum annual accrual of 48 hours each year. Additionally, employees' total ESST accrual balance may not exceed 80 hours at any time ("overall accrual cap"). Exempt employees will be presumed to work 40 hours in each workweek for accrual purposes unless their normal workweek is less than 40 hours, in which case accrual will be based on that normal workweek. For purposes of this policy, the year is the 12-month period beginning January 1 and ending on December 31.

## Usage

Employees can begin to use granted or accrued ESST immediately. ESST may be used in the same increment of time for which employees are paid, but no less than 15-minute increments nor more than four- (4-) hour increments.

Employees may use ESST for the following reasons:

1. The employee's mental or physical illness; injury; health condition; need for medical diagnosis; care, including prenatal care; treatment of a mental or physical illness, injury, or health condition; need for preventive medical or health care; or the employee's need to make arrangements for or attend funeral services or a memorial or address financial or legal matters that arise after the death of a family member.
2. Care of a family member with a mental or physical illness, injury, or health condition who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition or care for a family member who needs preventive medical care;
3. Absences due to domestic violence, sexual assault, or stalking of the employee or employee's family member, provided the absence is to:
  - a. Seek medical attention related to physical or psychological injury or disability caused by domestic abuse, sexual assault, or stalking;
  - b. Obtain services from a victim services organization;
  - c. Obtain psychological or other counseling; to relocate due to domestic violence or take steps to secure an existing home, sexual assault, or stalking; or
  - d. Seek legal advice or take legal action, including preparing for or participating in any civil or criminal proceedings related to or resulting from domestic violence, sexual assault, or stalking;
4. The closure of the employee's place of business due to weather or other public emergency;
5. To accommodate the employee's need to care for a family member whose school or place of care has been closed due to weather or other public emergency;
6. The employee's inability to work or telework because the employee is:
  - a. Prohibited from working by the Company due to health concerns related to the potential transmission of a communicable illness related to a public emergency; or
  - b. Seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, a communicable disease related to a public emergency and such employee has been exposed to a communicable disease or the Company has requested a test or diagnosis; and
7. When it has been determined by the health authorities having jurisdiction or by a health care professional that the presence of the employee or family member of the employee in the community would jeopardize the health of others because of the exposure of the employee or family member of the employee to a communicable disease, whether or not the employee or family member has actually contracted the communicable disease.

For purposes of this policy, "family member" means a child (including child-in-law), spouse or registered domestic partner, sibling (including a sibling-in-law), parent, grandchild, grandparent, a child of a sibling, a sibling of the parents of the employee or the employee's spouse or registered domestic partner, any other individual related by blood or whose close association with the employee is the equivalent of a family relationship, or one (1) individual annually designated by the employee. The family members listed above are not limited to biological family members, but also include step-, foster, adoptive, and half-relations; those who stand in loco parentis; and legal guardians.

Unless the employee advises the Company otherwise, the Company will assume, subject to applicable law, that employees want to use available ESST for absences for reasons set forth above, and employees will be paid for such absences to the extent they have ESST available.

Employees will be provided with ESST balance and usage information at the end of each pay period.

### **Notice and Documentation**

When the need to use ESST is foreseeable, employees must provide seven (7) days advance notice to the Human Resources/Payroll Coordinator. When the need to use ESST is not foreseeable, employees must provide notice to the Human Resources/Payroll Coordinator as soon as practicable. For ESST of more than three (3) consecutive workdays, employees are required to provide reasonable documentation that ESST was taken for a covered reason. For example, for ESST used for reasons (1), (2), (6), or (7) above, documentation signed by a licensed health care provider indicating the need for the amount of ESST taken and that ESST was used for a covered reason under this policy and/or applicable law will be considered reasonable documentation, and such documentation need not specify the nature of the employee's or the employee's family member's injury, illness, or condition, except as required by law. Supporting documentation will not be required for the above purposes if it would result in an unreasonable expense on the employee or where the employee did not receive services from a health care professional. In this event, reasonable documentation may include a written statement from the employee. For example, for ESST used for reason (3) above, documentation signed by an employee or volunteer of a victim services organization, an attorney, a police officer, or an antiviolence counselor will be considered reasonable documentation, and such documentation need not specify the details of the domestic abuse, sexual assault, or stalking.

### **Payment**

ESST is paid at the same base rate as the employee's rate of pay for the hours the employee was scheduled to work during the time ESST is used, unless otherwise required by applicable law. Use of ESST is not considered hours worked for purposes of calculating overtime.

### **Carryover and Payout**

Accrued, unused ESST may be carried over to the following year, but as indicated above, there is an overall accrual cap of 80 hours. Once the overall accrual cap is reached, ESST will stop accruing until some ESST is used.

Accrued, unused ESST will not be paid upon separation.

### **Enforcement and Retaliation**

Employees may be subject to discipline for using ESST for a reason other than the covered reasons above, to the maximum extent permitted by applicable law. Retaliation against employees who request or use ESST is prohibited.

Employees have the right to file a complaint with the Minnesota Department of Labor and Industry or bring a civil action if they believe they have been denied ESST, retaliated against, or that their rights to ESST has been otherwise interfered with or restrained.

Employees with questions regarding this policy can contact the Human Resources/Payroll Coordinator.

## 4-3 Nursing Mothers, Lactating Employees, and Pregnancy Accommodations

Minnesota's Nursing Mothers, Lactating Employees, and Pregnancy Accommodations law, Minn. Stat. § 181.939, gives pregnant and lactating employees certain legal rights.

Pregnant employees have the right to request and receive reasonable accommodations, which may include, but are not limited to, more frequent or longer breaks, seating, limits to heavy lifting, temporary transfer to another position, temporary leave of absence, or modification in work schedule or tasks. The Company will not require employees to take a leave or accept an accommodation.

Lactating employees have the right to reasonable paid break times to express milk at work unless they are expressing milk during a break that is not usually paid, such as a meal break. The Company will provide a clean, private, and secure room that is not a bathroom near the work area that includes access to an electrical outlet for employees to express milk.

The Company will not retaliate or take negative action against a pregnant or lactating employee for exercising their rights under this law.

Effective August 1, 2024, to the extent leave is granted as an accommodation, the Company will maintain coverage under any group insurance policy, group subscriber contract, or health care plan for the employee and any dependents as if the employee was not on leave, provided, however, that the employee must continue to pay any employee share of the cost of the benefits.

Employees who believe their rights have been violated under this law can contact the Minnesota Department of Labor and Industry's Labor Standards Division at [dli.laborstandards@state.mn.us](mailto:dli.laborstandards@state.mn.us) or 651-284-5075 for help. Employees also have the right to file a civil lawsuit for relief. For more information about this law, visit [dli.mn.gov/newparents](http://dli.mn.gov/newparents).

## 4-4 Workers' Compensation

On-the-job injuries are covered by Alpine Home Health, LLC's Workers' Compensation Insurance Policy, which is provided at no cost. If employees are injured on the job, no matter how slightly, they should report the incident immediately to their supervisor. Failure to follow Company procedures may affect the ability of employees to receive Workers' Compensation benefits.

This is solely a monetary benefit and not a leave of absence entitlement. Employees who need to miss work due to a workplace injury must also request a formal leave of absence. See the Leave of Absence sections of this Policy Manual for more information.

## 4-5 Jury Duty

Alpine Home Health, LLC realizes that it is the obligation of all U.S. citizens to serve on a jury when summoned to do so. All employees will be allowed time off to perform such civic service as required by law. Employees are expected, however, to provide proper notice of a request to perform jury duty and verification of their service.

Employees also are expected to keep management informed of the expected length of jury duty service and to report to work for the major portion of the day if excused by the court. If the required absence presents a serious conflict for management, employees may be asked to try to postpone jury duty.

Employees on jury duty leave will be paid for their jury duty service in accordance with state law; however, exempt employees will be paid their full salary for any week in which time is missed due to jury duty if work is performed for the Company during such week.

## **4-6 Crime Victims Leave**

Employees who are victims of a violent crime and are subpoenaed or requested by the prosecutor to attend court for the purpose of giving testimony may be granted reasonable time off from work without pay to attend criminal proceedings related to the victim's case. Employees who are a victim's spouse or immediate family member may be granted reasonable time off from work without pay to attend criminal proceedings related to the victim's case.

Employees must give 48 hours' advance notice of the request for time off pursuant to this policy, unless impracticable or an emergency prevents the employee from doing so.

Upon request, the employee must provide verification that supports the employee's reason for being absent from the workplace. All information related to the employee's leave pursuant to this section shall be kept confidential by the Company.

## **4-7 Voting Leave**

In the event employees do not have sufficient time outside of working hours to vote in a statewide election, if required by state law, the employee may take off enough working time to vote. Such time will be paid if required by state law. This time should be taken at the beginning or end of the regular work schedule. Where possible, supervisors should be notified at least two (2) days prior to the voting day.

## **4-8 Insurance Programs**

Full-time employees may participate in Alpine Home Health, LLC's insurance programs. Under these plans, eligible employees will receive an offer for MEC "minimum essential coverage" for themselves and their dependents. Employees may choose to enroll their eligible dependents; however, the premiums for dependent coverage will be the responsibility of the employee.

Upon becoming eligible to participate in these plans, employees will receive summary plan descriptions (SPDs) describing the benefits in greater detail. Please refer to the SPDs for detailed plan information or contact Human Resources Coordinator with any further questions.

## **4-9 Retirement Plan**

Eligible employees are able to participate in Alpine Home Health, LLC's retirement plan. Plan participants may make pre-tax contributions to a retirement account.

Upon becoming eligible to participate in this plan, employees will receive an SPD describing the plan in greater detail. Please refer to the SPD for detailed plan information or contact our Human Resources Coordinator if there are any further questions.

## Section 5 - LEAVES OF ABSENCE

### 5-1 Personal Leave

If employees are ineligible for any other Company leave of absence, Alpine Home Health, LLC, under certain circumstances, may grant a personal leave of absence without pay. A written request for a personal leave should be presented to management at least two (2) weeks before the anticipated start of the leave. If the leave is requested for medical reasons and employees are not eligible for leave under the federal Family and Medical Leave Act (FMLA) or any state leave law, medical certification also must be submitted. The request will be considered on the basis of staffing requirements and the reasons for the requested leave, as well as performance and attendance records. Normally, a leave of absence will be granted for a period of up to eight (8) weeks. However, a personal leave may be extended if, prior to the end of leave, employees submit a written request for an extension to management and the request is granted. During the leave, employees will not earn vacation, personal days, or sick days. Alpine Home Health, LLC will continue health insurance coverage during the leave if employees submit their share of the monthly premium payments to the Company in a timely manner, subject to the terms of the plan documents.

When the employees anticipate returning to work, they should notify management of the expected return date. This notification should be made at least one (1) week before the end of the leave.

Upon completion of the personal leave of absence, the Company will attempt to return employees to their original job or a similar position, subject to prevailing business considerations. Reinstatement, however, is not guaranteed.

Failure to advise management of availability to return to work, failure to return to work when notified or a continued absence from work beyond the time approved by the Company will be considered a voluntary resignation of employment.

Personal leave runs concurrently with any Company-provided Short-Term Disability Leave of Absence.

### 5-2 Military Leave

If employees are called into active military service or enlist in the uniformed services, they will be eligible to receive an unpaid military leave of absence. To be eligible for military leave, employees must provide management with advance notice of service obligations unless they are prevented from providing such notice by military necessity or it is otherwise impossible or unreasonable to provide such notice. Provided the absence does not exceed applicable statutory limitations, employees will retain reemployment rights and accrue seniority and benefits in accordance with applicable federal and state laws. Employees should ask management for further information about eligibility for Military Leave.

If employees are required to attend yearly Reserves or National Guard duty, they can apply for an unpaid temporary military leave of absence not to exceed the number of days allowed by law (including travel). They should give management as much advance notice of their need for military leave as possible so that Alpine Home Health, LLC can maintain proper coverage while employees are away.

### 5-3 Family Military Leave

Any employee who is the grandparent, parent, legal guardian, sibling, child, grandchild, spouse, fiancé or fiancée of a member of the United States armed forces who has been ordered into active service in support of a war or other national emergency ("mobilized service member") is eligible for an unpaid leave of absence of up to one (1) day per calendar year in order to attend a send-off or homecoming ceremony for the mobilized service member. Employees are

asked to give Alpine Home Health, LLC as much notice of their intent to take this leave as is practicable under the circumstances.

Additionally, any employee who is the parent, child, grandparent, sibling or spouse of a member of the United States armed forces who has been injured or killed while engaged in active service is eligible for an unpaid leave of absence for up to 10 days. The employee must give the Company as much notice of intent to take this leave as is practicable. Any accrued paid time off which is used during this period will run concurrently with leave under this policy and will not extend the length of leave.

## **5-4 Bone Marrow Donation Leave**

Employees who work 20 or more hours per week are entitled to up to 40 hours of paid leave for the purposes of donating bone marrow. Verification of donation and the length of necessary leave may be required by the Company. Reasonable notice of leave must be provided.

## **5-5 Organ Donation Leave**

Employees who work 20 or more hours per week are entitled to up to 40 hours of paid leave for the purposes of donating an organ or partial organ to another person. Verification of donation and the length of leave needed may be required by the Company. Reasonable notice of leave must be provided.

## **5-6 Family and Medical Leave for Employers Covered by the FMLA**

Employees may be entitled to a leave of absence under the Family and Medical Leave Act (FMLA) and/or the Minnesota Pregnancy & Parental Leave Act (MPPLA). This policy provides employees with information concerning FMLA and/or MPPLA entitlements and obligations employees may have during such leaves. If employees have any questions concerning FMLA and/or MPPLA leave, they should contact HR Coordinator.

### **I. Eligibility**

FMLA leave is available to "FMLA eligible employees." To be an "FMLA eligible employee," the employee must: 1) have been employed by the Company for at least 12 months (which need not be consecutive); 2) have been employed by the Company for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave; and 3) be employed at a worksite where 50 or more employees are located within 75 miles of the worksite.

Special hours of service eligibility requirements apply to airline flight crew employees.

All employees who work in Minnesota are "MPPLA eligible employees."

### **II. Entitlements**

The FMLA and MPPLA provide eligible employees with a right to leave, health insurance benefits, and, with some limited exceptions, job restoration.

#### **A. Basic FMLA and MPPLA Leave Entitlement**

The FMLA provides eligible employees up to 12 workweeks of unpaid leave for certain family and medical reasons during a 12-month period. The 12-month period is determined based on the calendar year. The MPPLA provides eligible employees up to 12 workweeks of unpaid leave for:

1. The birth or placement for adoption of a child; or
2. For a female employee's prenatal care, or incapacity due to pregnancy, childbirth, or related health conditions.

MPPLA leave for the birth or adoption of a child may begin not more than 12 months after the birth or adoption, except that where the child must remain in the hospital longer than the childbearing parent, the leave may not begin more than 12 months after the child leaves the hospital. It is the Company's policy to provide the greater leave benefit provided under the FMLA or MPPLA and to run leave concurrently under the FMLA and MPPLA whenever possible. Leave may be taken for any one (1), or for a combination, of the following reasons:

- To care for the employee's child after birth, or placement for adoption (or foster care—FMLA only);
- To care for the employee's spouse, son, daughter, or parent (but not in-law) who has a serious health condition (FMLA only);
- For the employee's own serious health condition (including any period of incapacity due to pregnancy, prenatal medical care, childbirth, or related health condition) that makes the employee unable to perform one (1) or more of the essential functions of the employee's job (FMLA only, except under the MPPLA, for an employee's own prenatal care, or incapacity due to pregnancy, childbirth, or related health conditions); and/or
- Because of any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty or called to covered active-duty status (or has been notified of an impending call or order to covered active duty) in the Reserve component of the Armed Forces for deployment to a foreign country in support of contingency operations or Regular Armed Forces for deployment to a foreign country (FMLA only).

A "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three (3) consecutive calendar days combined with at least two (2) visits to a health care provider or one (1) visit and a regimen of continuing treatment, incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

"Qualifying exigencies" may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, caring for the parents of the military member on covered active duty, and attending post-deployment reintegration briefings.

The length of MPPLA leave will not be reduced by any period of paid or unpaid leave provided by Alpine Home Health, LLC policy or other applicable law taken for prenatal care medical appointments.

#### **B. Additional Military Family Leave Entitlement (Injured Servicemember Leave) (FMLA Only)**

In addition to the basic FMLA leave entitlement discussed above, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember is entitled to take up to 26 weeks of leave during a single 12-month period to care for the servicemember with a serious injury or illness. Leave to care for a servicemember shall only be available during a single 12-month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured servicemember.

A "covered servicemember" is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. These individuals are referred to in this policy as "current members of the Armed Forces." "Covered servicemembers" also include a veteran who is discharged or released from military service under conditions other than dishonorable at any time during the five- (5-) year period preceding the date the

eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness. These individuals are referred to in this policy as "covered veterans."

The FMLA definitions of a "serious injury or illness" for current Armed Forces members and covered veterans are distinct from the FMLA definition of "serious health condition" applicable to FMLA leave to care for a covered family member.

### **C. Intermittent Leave and Reduced Leave Schedules**

FMLA leave will usually be taken for a period of consecutive days, weeks, or months. However, employees are also entitled to take FMLA leave intermittently or on a reduced leave schedule when medically necessary due to a serious health condition of the employee or covered family member, or the serious injury or illness of a covered service member. Leave due to qualifying exigencies may also be taken on an intermittent or reduced schedule basis.

### **D. No Work While on Leave**

The taking of another job while on FMLA/MPPLA leave or any other authorized leave of absence is grounds for immediate discharge, to the extent permitted by applicable law.

### **E. Protection of Group Health Insurance Benefits**

During FMLA/MPPLA leave, eligible employees are entitled to receive group health plan coverage on the same terms and conditions as if they had continued to work. However, until August 1, 2024, if leave is solely pursuant to MPPLA, the employee may be required to pay the full health insurance premium during leave.

### **F. Restoration of Employment and Benefits**

At the end of FMLA/MPPLA leave, subject to some exceptions, employees generally have a right to return to the same or equivalent positions with equivalent pay, benefits, and other employment terms. Under the FMLA only, reinstatement also may be denied where job restoration of "key employees" will cause the Company substantial and grievous economic injury. The Company will notify employees if they qualify as "key employees," if it intends to deny reinstatement and of their rights in such instances. Use of FMLA/MPPLA leave will not result in the loss of any employment benefit that accrued prior to the start of an eligible employee's FMLA/MPPLA leave.

### **G. Notice of Eligibility for, and Designation of, FMLA Leave**

Employees requesting FMLA leave are entitled to receive written notice from the Company telling them whether they are eligible for FMLA leave and, if not eligible, the reasons why they are not eligible. When eligible for FMLA leave, employees are entitled to receive written notice of:

1. Their rights and responsibilities in connection with such leave;
2. The Company's designation of leave as FMLA-qualifying or non-qualifying, and if not FMLA-qualifying, the reasons why; and
3. The amount of leave, if known, that will be counted against the employee's leave entitlement.

The Company may retroactively designate leave as FMLA leave with appropriate written notice to employees provided the Company's failure to designate leave as FMLA-qualifying at an earlier date did not cause harm or injury to the employee. In all cases where leaves qualify for FMLA protection, the Company and employee can mutually agree that leave be retroactively designated as FMLA leave.

### **III. Employee FMLA/MPPLA Leave Obligations**

#### **A. Provide Notice of the Need for Leave**

Employees who wish to take FMLA/MPPLA leave must timely notify the Company of their need for FMLA/MPPLA leave. The following describes the content and timing of such employee notices.

##### **1. Content of Employee Notice**

To trigger FMLA leave protections, employees must inform the Human Resources Coordinator of the need for FMLA-qualifying leave and the anticipated timing and duration of the leave, if known. Employees may do this by either requesting FMLA leave specifically or explaining the reasons for leave so as to allow the Company to determine that the leave is FMLA-qualifying. For example, employees might explain that:

- A medical condition renders them unable to perform the functions of their job;
- They are pregnant or have been hospitalized overnight;
- They or a covered family member are under the continuing care of a health care provider;
- The leave is due to a qualifying exigency caused by a military member being on covered active duty or called to covered active-duty status to a foreign country; or
- If the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered servicemember with a serious injury or illness.

Calling in "sick," without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA leave under this policy. Employees must respond to the Company's questions to determine if absences are potentially FMLA-qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA-qualifying reasons for which the Company has previously provided FMLA-protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

For MPPLA, the notice of the need for leave should include the date the leave will commence and the estimated duration of the leave.

##### **2. Timing of Employee Notice**

Employees must provide 30 days' advance notice of the need to take FMLA/MPPLA leave when the need is foreseeable. When 30 days' notice is not possible, or the approximate timing of the need for leave is not foreseeable, employees must provide the Company notice of the need for leave as soon as practicable under the facts and circumstances of the particular case. Employees who fail to give 30 days' notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

Employees returning from MPPLA leave longer than one (1) month also must provide notice of their return from leave to HR Coordinator at least two (2) weeks in advance.

#### **B. Cooperate in the Scheduling of Planned Medical Treatment (Including Accepting Transfers to Alternative Positions) and Intermittent Leave or Reduced Leave Schedules**

When planning medical treatment, employees must consult with the Company and make a reasonable effort to schedule treatment so as not to unduly disrupt the Company's operations, subject to the approval of the employee's health care provider. Employees must consult with the Company prior to the scheduling of treatment to work out a treatment schedule that best suits the needs of both the Company and the employees, subject to the approval of the employee's

health care provider. If employees providing notice of the need to take FMLA leave on an intermittent basis for planned medical treatment neglect to fulfill this obligation, the Company may require employees to attempt to make such arrangements, subject to the approval of the employee's health care provider.

When employees take intermittent or reduced work schedule leave for foreseeable planned medical treatment for the employee or a family member, including during a period of recovery from a serious health condition or to care for a covered servicemember, the Company may temporarily transfer employees, during the period that the intermittent or reduced leave schedules are required, to alternative positions with equivalent pay and benefits for which the employees are qualified and which better accommodate recurring periods of leave.

When employees seek intermittent leave or a reduced leave schedule for reasons unrelated to the planning of medical treatment, upon request, employees must advise the Company of the reasons why such leave is medically necessary. In such instances, the Company and employee shall attempt to work out a leave schedule that meets the employee's needs without unduly disrupting the Company's operations, subject to the approval of the employee's health care provider.

### **C. Submit Medical Certifications Supporting Need for FMLA Leave (Unrelated to Requests for Military Family Leave)**

Depending on the nature of the FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA-qualifying leave. As described below, there generally are three (3) types of FMLA medical certifications: an initial certification, a recertification, and a return to work/fitness for duty certification.

It is the employee's responsibility to provide the Company with timely, complete, and sufficient medical certifications. Whenever the Company requests employees to provide FMLA medical certifications, employees must provide the requested certifications within 15 calendar days after the Company's request, unless it is not practicable to do so despite the employee's diligent, good-faith efforts. The Company will inform employees if submitted medical certifications are incomplete or insufficient and provide employees at least seven (7) calendar days to cure deficiencies. The Company will deny FMLA leave to employees who fail to timely cure deficiencies or otherwise fail to timely submit requested medical certifications.

With the employee's permission, the Company (through individuals other than the employee's direct supervisor) may contact the employee's health care provider to authenticate or clarify completed and sufficient medical certifications. If employees choose not to provide the Company with authorization allowing it to clarify or authenticate certifications with health care providers, the Company may deny FMLA leave if certifications are unclear.

Whenever the Company deems it appropriate to do so, it may waive its right to receive timely, complete, and/or sufficient FMLA medical certifications.

#### **1. Initial Medical Certifications**

Employees requesting leave because of their own, or a covered relation's, serious health condition, or to care for a covered servicemember, must supply medical certification supporting the need for such leave from their health care provider or, if applicable, the health care provider of their covered family or servicemember. If employees can provide at least 30 days' notice of medical leave, they should submit the medical certification before leave begins. A new initial medical certification will be required on an annual basis for serious medical conditions lasting beyond a single leave year.

If the Company has reason to doubt initial medical certifications, it may require employees to obtain a second opinion at the Company's expense. If the opinions of the initial and second health care providers differ, the Company may, at its expense, require employees to obtain a third, final, and binding certification from a health care provider designated or approved jointly by the Company and the employee.

## **2. Medical Recertifications**

Depending on the circumstances and duration of FMLA leave, the Company may require employees to provide recertification of medical conditions giving rise to the need for leave. The Company will notify employees if recertification is required and will give employees at least 15 calendar days to provide medical recertification.

## **3. Return to Work/Fitness for Duty Medical Certifications**

Unless notified that providing such certifications is not necessary, employees returning to work from FMLA leaves that were taken because of their own serious health conditions that made them unable to perform their jobs must provide the Company medical certification confirming they are able to return to work and the employees' ability to perform the essential functions of the employees' position, with or without reasonable accommodation. The Company may delay and/or deny job restoration until employees provide return to work/fitness for duty certifications.

## **D. Submit Certifications Supporting Need for Military Family Leave**

Upon request, the first time employees seek leave due to qualifying exigencies arising out of the covered active duty or call to covered active-duty status of a military member, the Company may require employees to provide:

1. A copy of the military member's active-duty orders or other documentation issued by the military indicating the military member is on active duty or call to covered active-duty status and the dates of the military member's covered active-duty service; and
2. A certification from the employee setting forth information concerning the nature of the qualifying exigency for which leave is requested. Employees shall provide a copy of new active-duty orders or other documentation issued by the military for leaves arising out of qualifying exigencies arising out of a different covered active duty or call to covered active-duty status of the same or a different military member.

When leave is taken to care for a covered servicemember with a serious injury or illness, the Company may require employees to obtain certifications completed by an authorized health care provider of the covered servicemember. In addition, and in accordance with the FMLA regulations, the Company may request that the certification submitted by employees set forth additional information provided by the employee and/or the covered servicemember confirming entitlement to such leave.

## **E. Substitute Paid Leave for Unpaid FMLA and MPPLA Leave**

Employees may use any accrued paid time while taking unpaid FMLA and/or MPPLA leave.

The substitution of paid time for unpaid FMLA and/or MPPLA leave time does not extend the length of FMLA leave and the paid time will run concurrently with the employee's FMLA/MPPLA entitlement, except for use related to prenatal care medical appointments which will not reduce the employee's MPPLA entitlement.

Receipt of disability leave benefits, workers' compensation benefits, or other monetary benefits does not extend the maximum amount of leave time to which the employee is eligible under the FMLA and/or MPPLA, except for use related to prenatal care medical appointments, which will not reduce the employee's MPPLA entitlement.

## **F. Pay Employee's Share of Health Insurance Premiums**

During FMLA/MPPLA leave, employees are entitled to continued group health plan coverage under the same conditions as if they had continued to work. However, until August 1, 2024, if leave is solely pursuant to MPPLA, the employee may be required to pay the full health insurance premium during leave. Unless the Company notifies employees of other arrangements, whenever employees are receiving pay from the Company during FMLA/MPPLA leave, the Company will

deduct the employee's portion of the group health plan premium from the employee's paycheck in the same manner as if the employee was actively working.

If FMLA/MPPLA leave is unpaid, employees must pay their portion of the group health premium through a method determined by the Company upon leave.

The Company obligation to maintain health care coverage ceases if the employee's premium payment is more than 30 days late. If the employee's payment is more than 15 days late, the Company will send a letter notifying the employees that coverage will be dropped on a specified date unless the co-payment is received before that date. If employees do not return to work within 30 calendar days at the end of the leave period (unless employees cannot return to work because of a serious health condition or other circumstances beyond their control), they will be required to reimburse the Company for the cost of the premiums the Company paid for maintaining coverage during their unpaid FMLA leave.

#### **IV. Coordination of FMLA/MPPLA Leave with Other Leave Policies**

The FMLA and MPPLA do not affect any federal, state, or local law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights. However, whenever permissible by law, FMLA leave will run concurrently with MPPLA and any other leave provided under state or local law. For additional information concerning leave entitlements and obligations that might arise when FMLA/MPPLA leave is either not available or exhausted, please consult the Company's other leave policies in this Policy Manual or contact HR Coordinator.

#### **V. Questions and/or Complaints about FMLA/MPPLA Leave**

If employees have questions regarding this FMLA/MPPLA policy, they should contact HR Coordinator. The Company is committed to complying with the FMLA/MPPLA and, whenever necessary, shall interpret and apply this policy in a manner consistent with the FMLA/MPPLA.

The FMLA makes it unlawful for employers to:

1. Interfere with, restrain, or deny the exercise of any right provided under FMLA; or
2. Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or involvement in any proceeding under or relating to FMLA. If employees believe their FMLA rights have been violated, they should contact HR Coordinator immediately. The Company will investigate any FMLA complaints and take prompt and appropriate remedial action to address and/or remedy any FMLA violation. Employees also may file FMLA complaints with the U.S. Department of Labor or may bring private lawsuits alleging FMLA violations.

### **5-7 Domestic Abuse or Harassment Leave**

Employees are entitled to reasonable unpaid time off to obtain or attempt to obtain an order of protection and/or other relief from a court related to domestic abuse or harassment.

The employee who is absent from the workplace shall give 48 hours' advance notice to the Company except in cases of imminent danger to the health or safety of the employee or the employee's child, or unless impracticable.

Upon request, the employee must provide verification that supports the employee's reason for being absent from the workplace. All information related to the employee's leave pursuant to this section shall be kept confidential by the Company.

## 5-8 School Conference and Activities Leave

Alpine Home Health, LLC will provide employees with up to 16 hours of leave during any 12-month period to attend school conferences or school-related activities related to the employee's child (including conferences related to a pre-kindergarten program or childcare services), provided the conferences or school-related activities cannot be scheduled during nonwork hours. When leave cannot be scheduled during non-work hours and the need for leave is foreseeable, the employee must provide reasonable prior notice of the leave and make a reasonable effort to schedule the leave so as not to unduly disrupt the Company's operations. Leave under this policy is unpaid. However, the employee may substitute accrued paid time off for leave under this policy.

## Section 6 - GENERAL STANDARDS OF CONDUCT

### 6-1 Workplace Conduct

Alpine Home Health, LLC endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense, and fair play.

Because everyone may not have the same idea about proper workplace conduct, it is helpful to adopt and enforce rules all can follow. Unacceptable conduct may subject the offender to disciplinary action, up to and including discharge, in the Company's sole discretion. The following are examples of some, but not all, conduct which can be considered unacceptable:

1. Obtaining employment based on false or misleading information.
2. Stealing, removing, or defacing Alpine Home Health, LLC property or a co-worker's property, a service recipient's property, and/or disclosure of confidential information.
3. Completing another employee's time records or falsifying your own.
4. Violation of safety rules and policies.
5. Violation of Alpine Home Health, LLC's Drug and Alcohol-Free Workplace Policy.
6. Fighting, threatening, or disrupting the work of others or other violations of Alpine Home Health, LLC's Workplace Violence Policy.
7. Failure to follow lawful instructions of a supervisor.
8. Failure to perform assigned job duties.
9. Violation of the Punctuality and Attendance Policy, including but not limited to irregular attendance, habitual lateness, or unexcused absences.
10. Gambling on Company property.
11. Willful or careless destruction or damage to Company assets or to the equipment or possessions of another employee or service recipient.
12. Wasting work materials.
13. Performing work of a personal nature during working time.
14. Violation of the Solicitation and Distribution Policy.
15. Violation of Alpine Home Health, LLC's Harassment or Equal Employment Opportunity Policies.
16. Violation of the Communication and Computer Systems Policy.
17. Unsatisfactory job performance.
18. Any other violation of Alpine Home Health, LLC policy.

Obviously, not every type of misconduct can be listed. Note that all employees are employed at-will, and Alpine Home Health, LLC reserves the right to impose whatever discipline it chooses, or none at all, in a particular instance. The Company will deal with each situation individually and nothing in this Policy Manual should be construed as a promise of specific treatment in a given situation. However, Alpine Home Health, LLC will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate the employee at any time for any reason.

The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work.

### 6-2 Punctuality and Attendance

Employees are hired to perform important functions at Alpine Home Health, LLC. As with any group effort, operating effectively takes cooperation and commitment from everyone. Therefore, attendance and punctuality are very important. Unnecessary absences and lateness are expensive and disruptive and place an unfair burden on fellow

employees and supervisors. The Company expects excellent attendance from all employees. Excessive absenteeism or tardiness will result in disciplinary action up to and including discharge.

Employees that provide caregiving services must inform their supervisor or staffing coordinator as soon as they know that they will be unable to cover their assignment, with a minimum of 8 hours' notice before their shift begins. For caregivers that are scheduled to work weekends or holiday hours, they must notify the staffing coordinator no later than noon on Friday (or at a minimum 48 hours prior to the holiday). Any notice given that is not within these parameters may potentially leave a vulnerable adult without the care they depend on and may result in disciplinary action up to and including discharge. Your presence is essential to their health and safety and not showing up places them at risk.

The Company does recognize, however, that there are times when absences and tardiness cannot be avoided. In such cases, employees are expected to notify supervisors as early as possible, but no later than the start of the workday. Asking another employee, friend, or relative to give this notice is improper and constitutes grounds for disciplinary action. Employees should call, stating the nature of the absence and its expected duration, every day of absenteeism.

Unreported absences of three (3) consecutive workdays generally will be considered a voluntary resignation of employment with the Company.

## **6-3 Policy on Gifts, Financial Transactions, And Personal Favors**

### **No Gifts, No Handling of Funds, No Solicitation nor Exchange of Personal Favors Policy**

In order to maintain the highest standards of ethical behavior and prevent any conflicts of interest, staff members and caregivers are prohibited from accepting or soliciting gifts, gratuities, or any form of compensation from the individuals we serve, clients, their families, or other individuals. This policy ensures that the care provided is unbiased, professional, and free from any undue influence. Any offers of gifts or other incentives should be immediately reported to management. Furthermore, caregivers are prohibited from handling client/service recipient funds.

In addition to the prohibition against accepting or soliciting gifts or gratuities, caregivers are strictly forbidden from engaging in any form of solicitation, exchange, or offer of personal or sexual favors, either directly or indirectly, with service recipients or their families. Such behavior is considered a violation of ethical standards and an abuse of the caregiver-service recipient relationship. As caregivers of vulnerable individuals, it is imperative to maintain the highest level of professional conduct and respect. Any attempts to engage in, or knowledge of, such activities will be reported immediately to management and the relevant authorities for investigation and appropriate action.

## **6-4 Use of Communications and Computer Systems**

Alpine Home Health, LLC's communication and computer systems are intended primarily for business purposes; however limited personal usage is permitted if it does not hinder performance of job duties or violate any other Company policy. This includes the voice mail, e-mail and Internet systems. Users have no legitimate expectation of privacy regarding their use of the Alpine Home Health, LLC systems.

Alpine Home Health, LLC may access the voice mail and e-mail systems and obtain the communications within the systems, including past voice mail and e-mail messages, without notice to users of the system, in the ordinary course of business when the Company deems it appropriate to do so. The reasons for which the Company may obtain such access include but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that Company operations continue appropriately during the employee's absence.

Further, Alpine Home Health, LLC may review Internet usage to ensure that such use with Company property, or communications sent via the Internet with Company property, are appropriate. The reasons for which the Company may review employees' use of the Internet with Company property include but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that Company operations continue appropriately during the employee's absence.

The Company may store electronic communications for a period of time after the communication is created. From time to time, copies of communications may be deleted.

The Company's policies prohibiting harassment, in their entirety, apply to the use of Company's communication and computer systems. No one may use any communication or computer system in a manner that may be construed by others as harassing or offensive based on race, national origin, sex, sexual orientation, age, disability, religious beliefs or any other characteristic protected by federal, state or local law.

Further, since the Company's communication and computer systems are intended for business use, all employees, upon request, must inform management of any private access codes or passwords.

Unauthorized duplication of copyrighted computer software violates the law and is strictly prohibited.

No employee may access, or attempt to obtain access to, another employee's computer systems without appropriate authorization.

Violators of this policy may be subject to disciplinary action, up to and including discharge.

## **6-5 Use of Social Media**

Alpine Home Health, LLC respects the right of any employee to maintain a blog or web page or to participate in a social networking on or through websites or services such as X (formerly Twitter), Facebook, Threads, LinkedIn, YouTube, Instagram, TikTok, SnapChat, or similar sites/services (collectively "social media"). However, to protect Company interests, to protect the privacy of the individuals we serve, to adhere to HIPAA regulations, and ensure employees focus on their job duties, employees must adhere to the following rules:

Employees may not use social media during work time nor at any time with Company equipment or property.

All rules regarding confidential and proprietary business information, as well as protected health information (PHI), HIPAA and data privacy, fully apply to social media. Any information that cannot be disclosed through a conversation, a note, or an e-mail also cannot be disclosed through social media. Even if the individual you serve grants permission to share their information or photo on social media, such sharing is strictly prohibited.

When using social media, if the employee mentions the Company and also expresses either a political opinion or an opinion regarding the Company's actions that could pose an actual or potential conflict of interest with the Company, and it is either implicit or explicit that the poster is affiliated with the Company, the poster must include a disclaimer. The poster should specifically state that the opinion expressed is a personal opinion and not the Company's position. This is necessary to preserve the Company's goodwill in the marketplace.

Employees may not use the Company's logos or trademarks for commercial purposes or to endorse any product or service.

Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through social media. For example, posted material that is discriminatory, obscene, defamatory, libelous, or violent is forbidden. Company policies apply equally to employee social media usage.

Employees with any questions should review the guidelines above and/or consult with their manager. Failure to follow these guidelines may result in discipline, up to and including discharge.

## **6-6 Personal and Company-Provided Portable Communication Devices**

Alpine Home Health, LLC-provided portable communication devices (PCDs), including cell phones, tablets, laptops, and/or personal digital assistants, should be used primarily for business purposes. Employees have no reasonable expectation of privacy with regard to the use of such devices, and all use is subject to monitoring, to the maximum extent permitted by applicable law. This includes, as permitted, the right to monitor personal communications as necessary.

Some employees may be authorized to use their own PCD for business purposes. These employees should work with the IT department to configure their PCD for business use. Communications sent via a personal PCD may also be subject to monitoring if sent through the Company's networks, and the PCD must be provided for inspection and review upon request.

All conversations, text messages, and e-mails must be professional. When sending a text message or using a PCD for business purposes, whether it is a Company-provided or personal device, employees must comply with applicable Company guidelines, including policies on sexual harassment, discrimination, conduct, confidentiality, equipment use, and operation of vehicles. Using a Company-issued PCD to send or receive personal text messages is prohibited at all times and personal use during working hours should be limited to emergency situations.

If employees who use a personal PCD for business resign or are discharged, they will be required to submit the device to the IT department for resetting on or before their last day of work. At that time, the IT department will reset and remove all information from the device, including but not limited to, Company information and personal data (such as contacts, e-mails, and photographs). The IT department will make efforts to provide employees with the personal data in another form (e.g., on a disk) to the extent practicable; however, the employee may lose some or all personal data saved on the device.

Employees may not use their personal PCD for business unless they agree to submit the device to the IT department on or before their last day of work for resetting and removal of Company information. This is the only way currently possible to ensure that all Company information is removed from the device at the time of termination. The removal of Company information is crucial to ensure compliance with the Company's confidentiality and proprietary information policies and objectives.

Please note that whether employees use their personal PCD or a Company-issued device, the Company's electronic communications policies, including but not limited to, proper use of communications and computer systems, remain in effect.

### **Portable Communication Device Use While Driving**

Employees who drive on Company business must abide by all state or local laws prohibiting or limiting PCD (cell phone or personal digital assistant) use while driving. Further, even if usage is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while driving, and permitted by law, employees must use a hands-free option and advise the caller that they are unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a cell phone while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.

Texting and e-mailing while driving are prohibited in all circumstances.

## **6-7 Camera Phones/Recording Devices**

Due to the potential for issues such as invasion of privacy, sexual harassment, and loss of productivity, as well as inappropriate disclosure of confidential information, the use of any type of phone or video recording device, including but not limited to smart devices (phone, watches, glasses), anywhere on Company property or while performing work for the Company, including to record conversations or activities of other employees or management, is strictly prohibited, unless the device was provided by the Company and is used solely for legitimate authorized business purposes.

To protect the privacy and confidentiality of the individuals we serve, as well as to comply with HIPAA regulations and the Data Privacy Act, the taking of pictures or videos while in the home of an individual we serve or the use of camera phones or any devices capable of recording audio, images, or video is strictly prohibited while working. This policy is in place to prevent any invasion of privacy or breach of sensitive information.

## **6-8 Inspections**

To the maximum extent permitted by applicable law, Alpine Home Health, LLC reserves the right to require employees while on Company property, or on client property, to agree to the inspection of their persons, personal possessions and property, personal vehicles parked on Company or client property, and work areas. This includes lockers, vehicles, desks, cabinets, workstations, packages, handbags, briefcases and other personal possessions or places of concealment, as well as personal mail sent to the Company or to its clients. Employees are expected to cooperate in the conduct of any search or inspection.

## **6-9 Smoking**

Smoking, including the use of e-cigarettes, is prohibited on Company premises, in the homes of the individuals we serve, while in the presence of the individuals we serve, and in all Company vehicles.

## **6-10 Personal Visits and Telephone Calls**

Disruptions during work time can lead to errors and delays. Therefore, maintaining a professional, secure, and distraction-free environment is critical to providing quality care and ensuring compliance with company policies and regulations.

1. Employees that work in the office must minimize personal telephone calls during work hours. Such calls should only be made or received during designated break or lunch periods and must not interfere with work responsibilities.
2. For the safety, security, and privacy of all, employees are strictly prohibited from having personal guests accompany them in Alpine Home Health, LLC's facilities outside designated reception areas. Personal guests are defined as spouses, children, friends, acquaintances, significant others, random people, or pets. In addition, this policy extends to employees providing caregiving or homemaking services. Personal visits while providing services to a service recipient or client are strictly forbidden.

Violation Consequences: Any violation of this policy is a serious matter and may result in disciplinary action, up to and including termination of employment. This includes but is not limited to breaches of confidentiality, safety, or professionalism.

## **6-11 Solicitation and Distribution**

To avoid distractions, solicitation by the employee of another employee is prohibited while either employee is on work time. "Work time" is defined as the time the employee is engaged, or should be engaged, in performing their work tasks for Alpine Home Health, LLC. Solicitation of any kind by non-employees on Company premises is prohibited at all times.

Distribution of advertising material, handbills, printed or written literature of any kind in working areas of the Company is prohibited at all times. Distribution of literature by non-employees on Company premises is prohibited at all times.

## **6-12 Bulletin Boards**

Important notices and items of general interest are continually posted on Alpine Home Health, LLC bulletin boards. Employees should make it a practice to review bulletin boards frequently. This will assist employees in keeping up with what is current at Alpine Home Health, LLC. To avoid confusion, employees should not post or remove any material from the bulletin board.

## **6-13 Confidential Company Information**

During the course of work, employees may become aware of confidential information about Alpine Home Health, LLC's business, including but not limited to information regarding Company finances, pricing, products, and new product development, software, and computer programs, marketing strategies, suppliers, and customers and potential customers. Employees also may become aware of similar confidential information belonging to the Company's clients. It is extremely important that all such information remain confidential, and particularly not be disclosed to Alpine Home Health, LLC's competitors. Any employee who improperly copies, removes (whether physically or electronically), uses, or discloses confidential information to anyone outside of the Company may be subject to disciplinary action up to and including termination. Employees may be required to sign an agreement reiterating these obligations.

## **6-14 Conflict of Interest and Business Ethics**

It is Alpine Home Health, LLC's policy that all employees avoid any conflict between their personal interests and those of the Company. The purpose of this policy is to ensure that the Company's honesty and integrity, and therefore its reputation, are not compromised. The fundamental principle guiding this policy is that no employee should have, or appear to have, personal interests or relationships that actually or potentially conflict with the best interests of the Company.

It is not possible to give an exhaustive list of situations that might involve violations of this policy. However, the situations that would constitute a conflict in most cases include but are not limited to:

1. Holding an interest in or accepting free or discounted goods from any organization that does, or is seeking to do, business with the Company, by any employee who is in a position to directly or indirectly influence either the Company's decision to do business, or the terms upon which business would be done with such organization;
2. Holding any interest in an organization that competes with the Company;
3. Being employed by (including as a consultant) or serving on the board of any organization which does, or is seeking to do, business with the Company or which competes with the Company; and/or
4. Profiting personally, e.g., through commissions, loans, expense reimbursements, or other payments, from any organization seeking to do business with the Company.

A conflict of interest would also exist when a member of the employee's immediate family is involved in situations such as those above.

This policy is not intended to prohibit the acceptance of modest courtesies, openly given and accepted as part of the usual business amenities, for example, occasional business-related meals or promotional items of nominal or minor value.

It is the employee's responsibility to report any actual or potential conflict that may exist between the employee (and the employee's immediate family) and the Company.

## **6-15 Use of Facilities, Equipment and Property, Including Intellectual Property**

Equipment essential in accomplishing job duties is often expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards and guidelines.

Employees should notify their supervisor if any equipment, machines, or tools appear to be damaged, defective or in need of repair. Prompt reporting of loss, damages, defects and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. Supervisors can answer any questions about the employees' responsibility for maintenance and care of equipment used on the job.

Employees also are prohibited from any unauthorized use of the Company's intellectual property, such as audio and video tapes, print materials and software.

Improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in discipline, up to and including discharge.

Further, the Company is not responsible for any damage to employees' personal belongings unless the employee's supervisor provided advance approval for the employee to bring the personal property to work.

## **6-16 Health and Safety**

The health and safety of employees and others on Company property are of critical concern to Alpine Home Health, LLC. The Company intends to comply with all health and safety laws applicable to our business. To this end, the Company must rely upon employees to ensure that work areas are kept safe and free of hazardous conditions. Employees are required to be conscientious about workplace safety, including proper operating methods, and recognize dangerous conditions or hazards. Any unsafe conditions or potential hazards should be reported to management immediately, even

if the problem appears to be corrected. Any suspicion of a concealed danger present on the Company's premises, or in a product, facility, piece of equipment, process, or business practice for which the Company is responsible should be brought to the attention of management immediately.

Periodically, the Company may issue rules and guidelines governing workplace safety and health. The Company may also issue rules and guidelines regarding the handling and disposal of hazardous substances and waste. All employees should familiarize themselves with these rules and guidelines as strict compliance will be expected.

Any workplace injury, accident, or illness must be reported to the employee's supervisor as soon as possible, regardless of the severity of the injury or accident.

## **6-17 Employee Dress and Personal Appearance**

Employees are expected to report to work well groomed, clean, and dressed according to the requirements of their position. Some employees may be required to wear uniforms or safety equipment/clothing. Employees should contact their supervisor for specific information regarding acceptable attire for their position. If employees report to work dressed or groomed inappropriately, they may be prevented from working until they return to work well-groomed and wearing the proper attire.

Employees who work in the field as a caregiver are required to wear a company-issued name badge at all times and dress appropriately for their position in the healthcare field.

## **6-18 Publicity/Statements to the Media**

All media inquiries seeking the Company's official position as to any issue of the Company must be referred to the President. Only the President is authorized to make or approve public statements on behalf of the Company. No employees, unless specifically designated by the President, are authorized to make those statements on behalf of the Company. Any employee wishing to write and/or publish an article, paper, or other publication on behalf of the Company must first obtain approval from the President.

## **6-19 Operation of Vehicles**

All employees authorized to drive Company-owned or leased vehicles or personal vehicles in conducting Company business must possess a current, valid driver's license and an acceptable driving record. Any change in license status or driving record must be reported to management immediately.

Employees must have a valid driver's license in their possession while operating a vehicle off or on Company property. It is the responsibility of every employee to drive safely and obey all traffic, vehicle safety, and parking laws or regulations. Drivers must demonstrate safe driving habits at all times.

Company-owned or leased vehicles may be used only as authorized by management.

### **Portable Communication Device Use While Driving Company Vehicles**

Employees who drive on Company business must abide by all state or local laws prohibiting or limiting portable communication device (PCD) use, including cell phones, tablets, laptops, or personal digital assistants, while driving. Further, even if use is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employees are driving, and permitted by law, they must use a hands-free option and advise the caller that they are unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a PCD while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.

Texting and e-mailing while driving is prohibited in all circumstances.

## **6-20 References and Verification of Employment**

Alpine Home Health, LLC will respond to reference requests and verification of employment through the Human Resources Department. The Company will provide general information concerning the employee such as date of hire, date of discharge, and positions held. Requests for reference information and verification of employment must be in writing, and responses will be in writing. Please refer all requests for references to the Human Resources Department.

**Only the Human Resources Department may provide references and verification of employment.**

**Verification of employment forms or letters will be completed by the Human Resources Department after 30 days of stable and continuous employment.**

## **6-21 If You Must Leave Us**

Should any employees decide to leave the Company, we ask that they provide a supervisor with at least two (2) weeks advance notice of departure. Thoughtfulness in providing notice is appreciated to ensure a smooth transition for the individuals we serve. All Company property including, but not limited to, keys, security cards, parking passes, laptop computers, fax machines, etc., must be returned at separation. Employees also must return all of the Company's Confidential Information upon separation. To the extent permitted by law, employees will be required to repay the Company (through payroll deduction, if lawful) for any lost or damaged Company property. As noted previously, all employees are employed at-will and nothing in this Policy Manual changes that status.

## **6-22 A Few Closing Words**

This Policy Manual is intended to give employees a broad summary of things they should know about Alpine Home Health, LLC. The information in this Policy Manual is general in nature and, should questions arise, any member of management should be consulted for complete details. While we intend to continue the policies, rules and benefits described in this Policy Manual, Alpine Home Health, LLC, in its sole discretion, may always amend, add to, delete from or modify the provisions of this Policy Manual and/or change its interpretation of any provision set forth in this Policy Manual. Employees should not hesitate to speak to management if they have any questions about the Company or its personnel policies and practices.

## GENERAL POLICY MANUAL ACKNOWLEDGMENT

This Employee Policy Manual is an important document intended to help employees become acquainted with Alpine Home Health, LLC. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this Policy Manual may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Policy Manual.

**I have received and read a copy of Alpine Home Health, LLC's Employees Policy Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Company at any time.**

**I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.**

**I understand that no representative of Alpine Home Health, LLC other than the President may alter "at will" status and any such modification must be in writing and signed.**

**I understand that my signature below indicates that I have received orientation on the policies and procedures contained in this manual, that I have read and understand the above statements, and that I have received a copy of the Company's Employee Policy Manual.**

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this acknowledgment should be given to management - it will be filed in your personnel file.

## RECEIPT OF NON-HARASSMENT POLICY

It is Alpine Home Health, LLC's policy to prohibit intentional and unintentional harassment of or against job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, vendor, customer, or any third party on the basis of actual or perceived race, color, creed, religion, national origin, ancestry, citizenship status, age, sex or gender (including pregnancy, childbirth, and pregnancy-related conditions), gender identity or expression (including transgender status), sexual orientation, marital status, military service and veteran status, physical or mental disability, genetic information, or any other characteristic protected by applicable federal, state, or local laws (referred to as "protected characteristics"). Such conduct will not be tolerated by Alpine Home Health, LLC.

The purpose of this policy is not to regulate any employee's personal morality, but to ensure that no one harasses another individual in the workplace, including while on Company premises, while on Company business (whether or not on Company premises) or while representing the Company. In addition to being a violation of this policy, harassment or retaliation based on any protected characteristic as defined by applicable federal, state, or local laws also is unlawful. For example, sexual harassment and retaliation against an individual because the individual filed a complaint of sexual harassment or because an individual aided, assisted, or testified in an investigation or proceeding involving a complaint of sexual harassment as defined by applicable federal, state, or local laws are unlawful.

### Harassment Defined

Harassment generally is defined in this policy as unwelcome verbal, visual, or physical conduct that denigrates or shows hostility or aversion towards an individual because of any actual or perceived protected characteristic or has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment can be verbal (including slurs, jokes, insults, epithets, gestures, or teasing), visual (including offensive posters, symbols, cartoons, drawings, computer displays, text messages, social media posts, or e-mails), or physical conduct (including physically threatening another, blocking someone's way, etc.). Such conduct violates this policy, even if it does not rise to the level of a violation of applicable federal, state, or local laws. Because it is difficult to define unlawful harassment, employees are expected to behave at all times in a manner consistent with the intended purpose of this policy.

### Sexual Harassment Defined

Sexual harassment can include all the above actions, as well as other unwelcome conduct, such as unwelcome or unsolicited sexual advances, requests for sexual favors, conversations regarding sexual activities and other verbal, visual, or physical conduct of a sexual nature when:

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

Examples of conduct that violate this policy include:

1. Unwelcome flirtations, leering, whistling, touching, pinching, assault, or blocking normal movement;
2. Requests for sexual favors or demands for sexual favors in exchange for favorable treatment;
3. Obscene or vulgar gestures, posters, or comments;

4. Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies;
5. Propositions or suggestive or insulting comments of a sexual nature;
6. Derogatory cartoons, posters, and drawings;
7. Sexually explicit e-mails, text messages, or voicemails;
8. Uninvited touching of a sexual nature;
9. Unwelcome sexually related comments;
10. Conversation about a person's own or someone else's sex life;
11. Conduct or comments consistently targeted at a single gender, even if the content is not sexual; and
12. Teasing or other conduct directed toward a person because of the person's gender.

**Reporting Procedures**

If the employee has been subjected to or witnessed conduct which violates this policy, the employee should immediately report the matter to Human Resources. If the employee is unable for any reason to contact this person or if the employee has not received an initial response within five (5) business days after reporting any incident of what the employee perceives to be harassment, the employee should contact the President. If the person toward whom the complaint is directed is one of the individuals indicated above, the employee should contact any higher-level manager in the reporting hierarchy.

**Investigation Procedures**

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. All employees must cooperate with all investigations conducted pursuant to this policy.

**Retaliation Prohibited**

In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If the employee has been subjected to any such retaliation, the employee should report it in the same manner in which the employee would report a claim of perceived harassment under this policy.

Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including termination.

I have read and I understand Alpine Home Health, LLC's Non-Harassment Policy.

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.

# ANNUAL FRAUD STATEMENT ACKNOWLEDGEMENT

Minnesota Statutes state that theft of public funds, no matter the amount, is a felony. That means billing for one unit of services not provided is a felony. Minn. Stat. 609.52, subd. 3(3)(d)(iv)

It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092 and 256B.49.

**Fraud** is wrongful or criminal deception intended to result in financial or personal gain. Fraud includes false representation of fact, making false statements, or by concealment of information. Examples of fraud include:

- Falsifying claims/encounters, dates, times
- Double billing
- Billing for services not provided
- Accepting kickbacks for referring Medical Assistance patients to a particular provider
- Billing for services for a recipient or provider who is incarcerated or deceased or hospitalized
- Billing inflated hours to an agency providing home healthcare
- Forging or altering documentation

**Waste** and **Abuse** are practices that result in unnecessary cost to health and public benefit programs, or payment for services that are not medically necessary. (DHS)

When you submit your hours through the Electronic Visit Verification (EVV) system, paper time sheets, or any other method, you are verifying the accuracy of the information reported and understand that submission of false documentation is cause for termination and possible criminal penalties.

**I attest that I have been made aware of this statement and my responsibilities to accurately bill for the services I provide. I understand that I provide waiver services or services that are paid for by public funds, and it is a federal crime to provide false information regarding the services I provide or my service billing.**

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.