

QUICK REFERENCE GUIDE - MANDATORY RULES FOR ALL STAFF (2 SIDED)

Aug. 2010

RULES FOR PAYROLL:

<p>1. ORIGINAL TIMESHEETS are preferred. . You must post or drop off original by due date. Faxes: You must fax your timecard by the due date. (<i>new!</i> Wednesdays @ noon). ** See back for example of properly completed timesheet**</p>	<p>9. DRAW LINES for TIMES: You must Draw lines through any unused time slots on your timecard. This includes the additional visits on your timecard. If you didn't 3 visits on any given day, you should have lines drawn through all un-used visits each day!</p>
<p>2. DUE DATE: (NEW) 12:00 noon every other Wednesday – this extended to give you more time to get us the originals.</p>	<p>10. DRAW LINES for ADLs: You must Draw lines through any ADL's (Activities of Daily Living) days that you did not work.</p>
<p>3. DATES ON TIMECARDS: must be in MM/DD/YYYY format. This includes the days you didn't work too!</p>	<p>11. FOR PCA TIMECARDS ONLY: PCA PROVIDER NUMBER You must include your PCA Provider number on your timecard. If you don't have it, call us and we will give it to you.</p>
<p>4. TIME OF DAY or SHIFT VISIT: you must circle the AM or PM designation for the shift worked.</p>	<p>12. INITIALS: You must use your initials to record the ADLs that you assist with according to client care plan. You must initial each day, each ADL.</p>
<p>5. PRINT & SIGN: You and your client or responsible party for the client must sign the timecard before you can get paid. Names must also be printed legibly.</p>	<p>13. NO WHITE OUT! Do not use white out on your timecards! If you make a correction, use your initials; you may use a new timecard if necessary.</p>
<p>6. CHECK YOUR MATH: Your timecard should be double checked for math errors. We find many mistakes that could be prevented.</p>	<p>14. YOU WILL NOT BE PAID if your timecard is missing information or improperly completed. Failure to follow these basic steps will delay your paycheck.</p>
<p>7. HOSPITALIZATIONS: If your client is hospitalized, you can not claim hours.</p>	<p>15. DIRECT DEPOSIT: For your financial security, we require you to be paid on direct deposit. You may sign up for our debit card.</p>
<p>8. BLUE OR BLACK INK: Please use a blue or black ink pen on your timecards, no pencils or colored pens.</p>	<p>16. ADVANCES/LOANS: We do not provide employee advances or loans.</p>

COMMUNICATION BASICS:

<p>Telephone: You must have a land line or cell phone that is reachable at all times.</p>	<p>Voicemail Blast: We utilize a voicemail blast system to update you via recorded messages in addition to physical mail. Please listen to our messages.</p>
<p>8 Hour Notice: You must provide us with at least an 8 hour notice if you are unable to work to assigned shift.</p>	<p>Email: If you have an email account, please provide it to us.</p>
<p>Address: If you move or change your address, please let us know in writing. You may also use the Contact Us form on our website – www.mycaringpro.com.</p>	<p>Website: Please visit our website, www.mycaringpro.com to find forms and useful links. Please sign up for our blog as well to receive updates on topics that may interest you.</p>

DO'S AND DO NOT'S FOR HOME CARE:

<p>DO remember to respect you client's privacy. To do otherwise is considered a "breach of confidence" and unlawful.</p>	<p>DO NOT discuss the client's, his or her family or your assignments with anyone except office staff/ supervisors.</p>
<p>DO wait for your relief to arrive.</p>	<p>DO NOT leave a vulnerable client alone. If your relief is late, call CPH.</p>
<p>DO remember that your client deserves your full attention.</p>	<p>DO NOT take family or friends to work with you.</p>
<p>DO contact the nursing supervisor with any medical problems or condition changes.</p>	<p>DO NOT discuss your personal problems with your client or his/her family!</p>
<p>DO all care in the client's home. A client with a responsible party must receive care when the responsible party is available or is able to confirm that your work has been performed.</p>	<p>DO NOT smoke while on duty. Smoking arrangements are between you and the client.</p>
<p>DO remember to keep your client and his or her environment clean.</p>	<p>DO NOT argue with clients, their family or friends.</p>
<p>DO speak with the office staff if any unpleasant situation arises or if there are problems, which interfere with work.</p>	<p>DO NOT discuss fees, pay rates or private employment with clients, families or other CPH employees.</p>
<p>DO remember that some clients need to be turned at night. Know this ahead of time.</p>	<p>DO NOT borrow/lend money, share bills or use client property for personal reasons.</p>
<p>DO get specific directions to your client's home ahead of time.</p>	<p>DO NOT sleep on duty unless you are on a live-in assignment.</p>
<p>DO discuss food, rent, paying bills and key arrangements with your client (this is for live-in cases)</p>	<p>DO NOT call from a phone booth with an emergency. Use a phone where we can call you back (refer to employees assignment and responsibility section of Employee Handbook).</p>
<p>DO remember that you are paid by Caring Professionals Homecare.</p>	<p>DO NOT return home if you are lost. Call the office from the nearest phone.</p>

WHO WE ARE

Welcome and thank you for joining the Caring Professionals Homecare, LLC team, hereafter referred to as "CPH". Our motto is *Day or night, we can help*. Providing excellent service is the key to our success. We specialize in caring for individuals to ensure their safety while maintaining their independence in their own home. We are confident that you will enjoy working as a member of our health care team.

We are Licensed as a Class A homecare agency through the Minnesota Department of Health and we are also a participating provider with the Minnesota Health Care Programs (MHCP) through the Minnesota Department of Human services (DHS), Blue Cross/Blue Plus, UCare and Health Partners. We provide private pay, 24 hour live-in, Personal Care Assistant (PCA), and Homemaking (HMK) services to our clients. We accomplish this by employing the best qualified caregivers and providing professional nurse (Qualified Professional) supervision to our clients in their place of residence. Our clients receive our services to minimize the effects of illness, accidents or disabilities. Our service area covers the State of Minnesota.

We strive to employ the best qualified staff for all positions and provide equal employment opportunities to all employees and applicants regardless of race, color, creed, ancestry, religion, sex, handicap, age, national origin, marital status, sexual preference, veteran status or status with regard to public assistance or reemployment rights.

As an employee of CPH, it is necessary for you to understand that this is not a 9am to 5pm job; but rather it is a profession. Many of our clients are physically disabled and totally depend on you to get them in and out of bed, bathed, dressed and fed. If you choose not to work the hours you agree to, you are abandoning a person who cannot function or even survive. Our clients are individuals who require care at various hours throughout the day. You were chosen by our clients as the person they trusted, and whose help they wanted the most. Please take this seriously and dedicate yourself to the standards set by CPH.

If you know anyone who might need these services, please tell them that Caring Professionals Homecare is only a phone call away. We are always accepting new client cases. Thank you for being part of this great company.

Example: Properly Completed Timecard (August 2010)



961 Grand Avenue
St. Paul, MN 55105
Tele: 651-789-2299

BI-WEEKLY PCA TIME & ACTIVITY DOCUMENTATION

CLIENT NAME: Mouse Mickey EMPLOYEE NAME: Donald Duck
LAST NAME, FIRST NAME FIRST AND LAST NAME
 PERIOD COVERED: 5/31/2010 TO 06/13/2010

Dates / Location of Recipient Stay in HOSPITAL / CARE FACILITY / INCARCERATION:

Activities Please write your initials next to all the activities you provided on a daily basis.

ACTIVITIES	MON	TUES	WED	TH	FRI	SAT	SUN	MON	TUES	WED	TH	FRI	SAT	SUN
Dressing	DD		DD		DD			DD		DD		DD		
Grooming	DD		DD					DD		DD				
Bathing	DD		DD					DD		DD				
Eating	DD		DD		DD			DD		DD		DD		
Transfers														
Mobility														
Positioning														
Toileting														
Health Related	DD		DD					DD						
Behavior														
IADL's (only recipients age 18+)														
Light Housekeeping			DD							DD				
Laundry					DD							DD		
Other (Shopping)					DD							DD		

DAY	DATE	VISIT ONE		Ratio Staff to Client	Location (shared only)	VISIT TWO		Ratio Staff to Client	Location (shared only)	TOTAL TIME
		IN	OUT			IN	OUT			
MONDAY	5/31/2010	9:00	2:00	1:1		5:00	10:00	1:1		10
TUESDAY	6/1/2010			1:1				1:1		
WEDNESDAY	6/2/2010	9:30	2:30	1:1		5:15	10:15	1:1		10
THURSDAY	6/3/2010			1:1				1:1		
FRIDAY	6/4/2010	9:00	2:00	1:1				1:1		5
SATURDAY	6/5/2010			1:1				1:1		
SUNDAY	6/6/2010			1:1				1:1		
MONDAY	6/7/2010	8:00	1:00	1:1		5:00	10:00	1:1		10
TUESDAY	6/8/2010			1:1				1:1		
WEDNESDAY	6/9/2010	9:00	2:00	1:1		4:30	9:00	1:1		9.5
THURSDAY	6/10/2010			1:1				1:1		
FRIDAY	6/11/2010	5:00	10:00	1:1		5		1:1		5
SATURDAY	6/12/2010			1:1				1:1		
SUNDAY	6/13/2010			1:1				1:1		
TOTAL HOURS & MINUTES (HH:MM) THIS TIME SHEET										
		Total 1:1		Total 1:2		Total 1:3				TOTAL TIME
		49.5		+		+		=		49.5

*** PLEASE SUBMIT THE COMPLETED WEEKLY PCA JOURNAL(S) WITH YOUR TIMESHEET. THANK YOU! ***

Acknowledgement and Required Signatures:

After the PCA has documented his/her time and activity, the recipient must draw a line through any times and dates he/she did not receive from the PCA. Review the completed time sheet for accuracy before signing. **IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON PCA BILLINGS FOR MEDICAL ASSISTANCE PAYMENT.** Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

RECIPIENT NAME (First, MI, Last) <u>Mickey Mouse</u>	MA MEMBER # OR BIRTH DATE <u>01234567</u>	PCA NAME (First, MI, Last) <u>Donald Duck</u>	PCA PROVIDER NUMBER <u>A123456789</u>
RECIPIENT / RESPONSIBLE PARTY SIGNATURE <u>Mickey Mouse</u>	DATE <u>6/13/10</u>	PCA SIGNATURE <u>Donald Duck</u>	DATE <u>6/13/10</u>

TAD ALT 040210 CPH.DOC

ORIGINAL TIMECARD - OFFICE
YELLOW COPY - CLIENT



CaringProfessionalsHomecare

"Day or night, we can help"