

**Employee Policies Review / ACCENT on Family Care Services, llc**

This is designed to give you guidance about how to solve problems that may come up on the job. The statements below are ACCENT on Family Care Services, LLC company policies. Failure to comply with these policies may result in disciplinary action which may include termination of employment. Please initial each item after review and contact your supervisor if you have questions.

**FRAUD Initial:\_\_\_\_\_\_\_**

ACCENT on Family Care Services, LLC will NOT tolerate any form of fraudulent behavior and will fully prosecute all proven cases of fraud possible by law. Fraudulent behavior includes, but is not limited to, adding hours that have not been worked to a time sheet and signing and/or initialing in the space provided by the responsible person.

**MAXIMUM HOURS Initial:\_\_\_\_\_\_\_**

The ISP states specifically how many habilitation and attendant care hours can be worked in a **week** for each individual receiving services. Make sure that the hours you work stays within the weekly allowance. It is the employee's responsibility to ensure that the individual they work with has hours available before they work each day. You can view the available hours online at ddreports.com. Providers work hours must total less than 40 hours per week. Respite can only be worked a maximum of 11.75 hours daily.

**PRE SERVICE ORIENTATION (PSO) Initial:\_\_\_\_\_\_\_**

A client orientation (PSO) is **REQUIRED** prior to working with anyone. You must submit a properly completed PSO to your supervisor for every person you work with **PRIOR** to beginning work. All time sheets submitted without a corresponding PSO will be held for payment until the PSO is received and disciplinary action may occur.

**CURRENT CERTIFICATIONS Initial:\_\_\_\_\_\_\_**

No employee may work without current certifications on file, (e.g., First Aid, CPR, Article 9, Fingerprint Clearance cards, etc.). You are expected to renew and submit copies of your certifications **PRIOR** to their expiration dates. Failure to maintain current driving related certifications such as auto Insurance, auto registration, driver's license and motor vehicle driving record may also result in disciplinary action including suspension and or termination of employment, or suspension of driving privileges.

**HARASSMENT**  **Initial:\_\_\_\_\_\_\_**

All forms of harassment are forbidden. This includes, but not limited to, conduct that demeans or belittles any individual on the basis of race, religion, national origin, sexual preference, age, disability, or gender that results in a hostile or offensive work place. You cannot harass your clients, client families, or co-workers. We also will not tolerate them harassing you. If you feel that you are being harassed **you are required to immediately notify your supervisor** or another company official that you feel comfortable with. This would include any Program Supervisor, Area Supervisor, Area Manager, Director and/or the CEO.

**PORNOGRAPHY Initial:\_\_\_\_\_\_\_**

You cannot use or view pornography, induce others to view or use pornography, or discuss pornography or other sexual materials or activities with your clients or co-workers. Such activities are reason for immediate separation of employment and possible criminal and/or civil action.

**ABSENTEEISM/TARDINESS Initial:\_\_\_\_\_\_\_**

The ability to show up as scheduled is a critical job function. Even a single "no call/no show" absence is a reason for separation of employment. Two consecutive occurrences are automatically considered job abandonment and a voluntary resignation. It is also crucial that you arrive in time for your scheduled shift. Most our clients do not have "alone time" and cannot be left unattended for even one minute. Even a single instance of tardiness may be cause for termination of employment if client is endangered. **If you have an emergency and are going to be absent or late, you must notify your supervisor and your client's guardian immediately and prior to the start of your shift.**

**PROFESSIONALISM Initial:\_\_\_\_\_\_\_**

 You were hired to provide a very important service to vulnerable person. Your client and his/her family look to you for guidance, leadership, and expertise. **You are always required to behave in a professional manner and have a good attitude .** This includes your tone of voice, word choice, facial expression, and posture.

 This also includes **not using your cell phone/computer for personal reasons while at work** and not bringing other people to work with you (no children, significant others, or family members). Exceptions must be at the invitation of the client's guardian and be pre-approved with your supervisor.

**SERVING NON-CLIENTS Initial:\_\_\_\_\_\_\_**

It is a violation of ACCENT policy to care for non-DDD clients when being paid to provide HCBS services. Simply put, **you cannot care for your client's siblings, relatives, or other individuals while you are being paid by ACCENT Family Care Services, LLC.**

**LICENSED SETTINGS Initial:\_\_\_\_\_\_\_**

If you hold a license to provide ADH, CDH, or Foster Care services in your home - you have disclosed this ACCENT, and you are aware of policy regarding billing for multiple individuals. If you are billing for multiple individuals, they must all be ACCENT clients, and all the hours must be billed by ACCENT.

Staff **MAY NOT** take any client to their home unless it has been licensed by OLCR. Anyone over 18 residing in a licensed home must be fingerprinted and copies must be submitted to ACCENT. Taking a client to an employee's home that is not licensed may be grounds for termination. Visits to other's homes must be approved in writing, and in advance. All outings must be approved by the Responsible Person (parent/guardian) in advance.

**FMLA LEAVE Initial:\_\_\_\_\_\_\_**

If you will be off of work for more than two weeks due to illness or a family emergency, you are required to take FMLA leave. Contact your supervisor for information about FMLA leave.

**LEAVE OF ABSENCE/NOT WORKING Initial:\_\_\_\_\_\_\_**

If you do not work for 90 consecutive days, we will assume you have voluntarily resigned from your employment with ACCENT. If you wish to take an extended leave of absence (for example: to attend school), you MUST make arrangements in advance with the CEO.

**PAYCHECKS Initial:\_\_\_\_\_\_\_**

It is very important to us that you be paid correctly. If your paycheck is inaccurate, please notify your supervisor immediately, and we will resolve the issue as soon as possible. Please check your paystub to see that all of your information is correct.

**NO BORROWING OR LENDING Initial:\_\_\_\_\_\_\_**

Do not borrow from, nor lend money or other property to your clients or their guardians or families.

**"VOLUNTEERING" HOURS/MONTHLY ALLOTMENTS Initial:\_\_\_\_\_\_\_**

The Department of Labor rules state that employees are not permitted to volunteer (work without pay) with ACCENT clients. The number of hours a consumer receives per month may vary based on assessed needs of the individual so it is imperative that you are aware of the number of hours that you are allowed to work with your assigned client on a monthly basis. Contact your supervisor if you have **ANY** questions regarding hours.

**HOSPITALIZATION/THERAPY/TRAVEL OUT OF THE COUNTRY Initial:\_\_\_\_\_\_\_**

DDD/AHCCCS Rules and **Regulations do not allow anyone to bill hours while a person is hospitalized** due to a double bill situation. Employees are able to bill when they accompany an individual to a therapy session (e.g., Occupational, Physical, Speech Therapist) AND are actively involved in the therapy. If therapy is billed privately (i.e., not through AHCCCS or Medicare) the hours may be billed. If a client travels out of the country, no billing is allowed.

**INCIDENT REPORTING Initial:\_\_\_\_\_\_\_**

All ACCENT employees are "Mandatory Reporters" of Abuse and/or Neglect. This means you are required to report any instance of suspected or known abuse or neglect to your supervisor as soon as you become aware of the situation whether you are in a work situation or not. You are also required to report any incident involving a client as soon as the situation is safe and at least within 24 hours. Examples include but are not limited to any injury, hospitalization, police involvement, any emergency services or the media, community complaint, death, missing person, suicide attempt, use of an emergency measure. Contact your supervisor as soon as possible. An incident report will be completed within 24 hours of occurrence.

**RESIGNING FROM A CLIENT Initial:\_\_\_\_\_\_\_**

We provide services to people with developmental and physical disabilities. We contract to provide these services; we DO NOT guarantee any work hours. There are instances when an employee may lose their hours and/or services due to the client losing services, or services being reduced. In accordance with our agency purpose we will attempt to seek to place our employees with individuals who qualify for services. Refusal to work with a qualified individual constitutes a refusal to work for our agency which is a voluntary resignation. Simply put, we will not employ people who refuse to work. Resigning from a client may be considered a voluntary resignation. Also, we do not guarantee that your job will be located a certain distance from your home. Remember, we do not guarantee any hours for any position. Client hours are based on approval from the state of AZ and are subject to change.

**WORKING WITH MULTIPLE AGENCIES Initial:\_\_\_\_\_\_\_**

ACCENT does not prohibit its staff from working with other agencies. However, if you are billing hours with another agency for and ACCENT client, or providing group services involving other agencies, you MUST inform your direct supervisor. This is to ensure that DDD is being billed appropriately for services. Billing for multiple clients must all be done through ACCENT.

**TIME SHEET ACCURACY AND HABILITATION Initial:\_\_\_\_\_\_\_**

**1. Employees must input their hours into ddreports.com every day after work is completed for that day.**

**2. Your time sheet must accurately reflect the hours you work. For example, if you work from 6:00 am to 8:00 am and again from 10:00 am to 12:00 pm, do not record on your time sheet that you worked from 6:00 am to 10:00 am. Even though both equal 4 hours, it is not accurate and would be considered Medicaid Fraud. You must also use AM and PM to denote time of day. Time sheets must be initialed by the Responsible Person for every line entered on the time sheet, and then signed and dated by the employee and the responsible person in the appropriate place at the end of the pay period. Please be aware that monthly Habilitation and Attendant Care data reports are due with your end of the month time sheet on the first of every month and must be emailed to the support coordinator (the S.C.'s email address can be found on the top of the "Forms" page of ACCENTonFamily.com.)**

**3. Time sheets must go out in the mailed on the 1st and the 16th of every month. If it did not go out in the mail that day then it must be hand delivered to ACCENT’s office that same day in order to ensure prompt payment. ACCENT checks envelope postmarks and keeps record of late or inaccurate time sheets.**

**4. Late time sheets that have missed the payroll deadline will be paid in a future payroll cycle provided they are signed and initialed appropriately, are completed correctly with no white out, scribbles or changes, the hours are allowed by the clients’ service plan and the client has hours available and the time sheets have been received by ACCENT on later that 40 days after the hours have been worked.**

**4. Failure to send data reports, or input your time daily into ddreports.com, or failure to turn in your time sheet on time and correctly, may result in delay of payment, and may also result in disciplinary action which may include termination of employment or reduction in pay.**

**CONFIDENTIALITY Initial:\_\_\_\_\_\_\_**

It is a violation of ACCENT policy and HIPAA rules to release and/or share ANY information regarding ACCENT clients. This includes, but is not limited to, sharing names, photos, etc. in any format; spoken, written and/or electronic medium (Facebook, twitter, etc.). ACCENT employees ARE NOT permitted to post photos, video's etc., on Facebook, Twitter, LinkedIn, or any other social media site. ACCENT employees ARE NOT permitted to share information regarding any client with anyone other than state personnel responsible for the client, guardians or other staff when the information is needed by the other staff. This includes not talking about their names, their characteristics, their address or where they live or any other identifiable information.

**CELL PHONE USE AND DRIVING Initial:\_\_\_\_\_\_\_**

The use of cell phones (including texting, talking, and email) while driving is strictly prohibited. If you have an emergency, you MUST pull over, off the road entirely to be sure you are safe.

 **STATEMENT OF UNDERSTANDING**

I, the undersigned, have read and understand ACCENT on Family Care Services’ Policies and Procedures contained in this document and agree to act in accordance with them.

I acknowledge that I have contacted my supervisor and asked any questions that I may have regarding any of the issues listed above.

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**Employees Name (please print)** **Date**

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**Employee Signature**

The policy statements above do not supersede statements in the ACCENT Policy and Procedure Manual, the Employment Agreement, or the Code of Conduct. They are designed to amplify and clarify those documents and provide staff with guidance about how to resolve issues that may arise in a course of performing their job duties.

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**Applicant / Employee Agreement**

In order to be paid and to maintain employment with ACCENT, all requirements stated in the Employee Policies Review must be met. Updates to ACCENT policies will be found on the "Employment Information" page of ACCENTonfamily.com on the download "Policy Agreement". If I have questions about locating the policy download or if I have questions about the policies, I will contact my ACCENT Supervisor. I agree to check for these updates at least monthly. \_\_\_\_\_\_\_\_ *(initials)*

I understand that I make my own work schedule with the individuals I work with, therefore, I am personally responsible to make a schedule that abides by all of the policies and procedures set forth by ACCENT on Family Care Services. I also agree to not work over 40 hours per week for ACCENT on Family Care Services unless I have express written consent from my ACCENT supervisor to work over 40 hours per week. \_\_\_\_\_\_\_ *(initials)*

To be paid on time, I need to submit time sheets and documentations in the proper format and time frame as outlined by ACCENT policy. These forms need to be free from errors or corrections. \_\_\_\_\_\_\_ *(initials)*

ACCENT agrees to compensate the above-mentioned employee as follows:

$ per hour for Habilitation Services

$ per hour for Attendant Care Services

$ per hour for Respite Services

Employment with ACCENT is at-will, which means that you as an employee may end your relationship with ACCENT at any time for any reason, just as ACCENT may end the relationship with the employee at any time for any reason. Although ACCENT strives to offer work opportunities for its employees, ACCENT cannot and does not guarantee work.

Applicant Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant / Employee Signature Date

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ACCENT Representative Signature Date

 19322 E. Calle De Flores, Queen Creek, AZ 85142 \* 480-518-2285 \* ACCENTonFamily.com