



Bella Mente

Policy Manual

Effective: January 1, 2018

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INTRODUCTION

This policy manual has been prepared as a guide book for the personal care assistant (“PCA”) employees of Bella Mente. It also contains general guidance serving as the basis for policies and procedures that Bella Mente may develop.

The policies and procedures described in this Manual are implemented at the discretion of Bella Mente and may be modified, changed, deleted and/or added to at any time and from time to time. Any and all decisions by Bella Mente directors, officers and/or supervisors concerning the interpretation or application of these policies and procedures are at Bella Mente Care, Inc.’s sole and absolute discretion and shall be absolute, final and binding upon all employees. The policies and procedures set forth in this Manual (and any subsequent amendments and/or revisions thereto) revoke any and all previous inconsistent policies and procedures (whether oral or written) of Bella Mente Care, Inc., effective immediately upon communication by Bella Mente to its employees.

Please note, however, that the policies and procedures contained within this Manual do not represent and are not to be construed as an exhaustive list of all Bella Mente Care policies and procedures and this Manual does not cover every situation that may arise from day to day. The Board of Directors (“Board”) or the President/Chief Executive Officer of Bella Mente Care may adopt policies and/or procedures in addition to those set forth within this Manual from time to time, at their sole and absolute discretion; however, in the event of any conflict between such policies or procedures and this Manual, the provisions contained within this Manual shall govern unless otherwise specifically set forth in writing.

THIS MANUAL IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY, AND NO PROVISION OF THIS MANUAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT OR OTHER CONTRACTUAL RELATIONSHIP BETWEEN BELLA MENTE AND ANY PERSON. EXCEPT AS OTHERWISE PROVIDED IN THIS MANUAL AND/OR IN A WRITTEN EMPLOYMENT CONTRACT OR OTHER WRITTEN AGREEMENT, BELLA MENTE AND ALL OF ITS EMPLOYEES HAVE AN EMPLOYMENT RELATIONSHIP THAT IS KNOWN AS “EMPLOYMENT AT WILL”, MEANING THAT BELLA MENTE OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE. IN THE EVENT OF ANY CONFLICT BETWEEN THE PROVISIONS OF A WRITTEN EMPLOYMENT AGREEMENT AND THIS MANUAL, THE WRITTEN EMPLOYMENT AGREEMENT SHALL GOVERN.

THIS MANUAL AND ALL CONTENT HEREIN CONSTITUTES THE SOLE AND EXCLUSIVE INTELLECTUAL PROPERTY OF BELLA MENTE ANY UNAUTHORIZED USE OR REPRODUCTION OF ALL OR ANY PORTION OF THIS MANUAL WITHOUT THE PRIOR EXPRESS WRITTEN CONSENT OF BELLA MENTE IS STRICTLY PROHIBITED.

Bella Mente is an administrator for Minnesota Health Care Programs providing Personal Care Services. All employees should recognize the State of Minnesota frequently changes and updates policies and procedures. For the latest policies and procedures, all employees should consult the latest changes online at <http://www.dhs.state.mn.us>.

Throughout the rest of this policy manual, Bella Mente will be referred to as “Bella Mente”, “we”, “our” or “us”, as applicable. The Chief Executive Officer will be referred to as “GM”. Qualified Professionals/Registered Nurses may be referred to as “QP”. Employees will be referred to as “employees” or “you”, as applicable.

THE PROVISIONS OF THIS MANUAL ARE EFFECTIVE AS OF AUGUST 1, 2017 UNLESS OTHERWISE SPECIFIED HEREIN.

EMPLOYMENT INFORMATION

AT WILL EMPLOYMENT

It is our hope and expectation that both Bella Mente and each employee will have a long lasting and mutually beneficial relationship. However, as an employee develops new skills and as an employee’s circumstances may change, an employee may choose to pursue other career opportunities. Likewise, business directions and needs are subject to change. For this reason Bella Mente has an at-will employment policy that allows either the employee or Bella Mente to terminate the employment relationship at any time and for any reason.

EQUAL OPPORTUNITY EMPLOYMENT

Bella Mente is an equal opportunity employer. It is our policy to employ qualified people without regard to race, color, religion, sex, age, marital status, physical or mental disability, national origin or ancestry, veteran’s status, or any other category protected by federal state or local law. This policy applies to all aspects of employment, including but not limited to application, hiring, selection and placement, training and development, promotion, compensation, benefits, recalls, leaves of absence, discipline and termination.

Bella Mente is committed to complying fully with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”) to the fullest extent applicable to Bella Mente and ensuring equal employment opportunities for qualified persons with disabilities under the MHRA and/or ADA, as applicable. Our organization will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary

action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

Consistent with the MHRA and/or ADA, as applicable, Bella Mente will make reasonable accommodations to all qualified persons with disabilities under the MHRA and/or ADA, as applicable, and Bella Mente will comply in all respects with any applicable local regulation or ordinance that provides qualified persons with disabilities greater protection than the ADA and/or MHRA.

OPEN DOOR POLICY

Bella Mente values all of its employees and is committed to providing a positive work environment where employees take responsibility and ownership for problem solving at all levels of the business. We desire and expect all employees to be fully informed of Bella Mente policies and procedures affecting their jobs, work environments and client relationships. We encourage at every opportunity that employees express their concerns and opinions and discuss their complaints and concerns with Bella Mente management.

Employees are invited to seek information on matters affecting their positions and their employment. If a problem or issue affecting work should arise, management is available to listen, counsel, or discuss concerns. Your immediate supervisor or QP should be your first point of contact when trying to resolve problems or concerns. If you feel your issues or concerns have still not been resolved at this level, we would welcome you to bring your concerns to the GM.

DISMISSAL POLICIES AND DISCIPLINARY PRACTICES

The goal of Bella Mente's disciplinary policy is to correct improper behavior and eliminate unacceptable performance or behavior while protecting the interests of our clients. With this in mind, Bella Mente may use progressive or creative disciplinary procedures when dealing with employee problems. The purpose is to enable employees to understand what is expected in terms of behavior and performance and to provide Bella Mente employees with a reasonable opportunity to correct improper or unacceptable behavior. Bella Mente's goal is to resolve problems through open communication. The normal steps in the process are as follows:

1. Oral reprimand
2. Written reprimand (placed in employee file)
 - Strike 1
 - Strike 2
 - Strike 3
3. Suspension (with or without pay)
4. Termination of employment

The above steps may not be used in all situations, and in no way, should any provisions within this Manual be considered a contract or guarantee of employment. As described above, Bella Mente has an "employment at will" policy, and either an employee or Bella Mente may terminate the employment

relationship at any time, with or without cause, and with or without advance notice, unless otherwise provided in a written employment agreement signed both the employee and an authorized officer of Bella Mente.

There are some situations where progressive discipline is not appropriate, and an employee may be terminated without going through all or any of the steps indicated above. This may occur if the health, safety or welfare of a Bella Mente client, employee or representative is endangered in any way by an employee's conduct; certain actions constituting grounds for termination as set forth within this Manual are taken, or in other situations deemed necessary by Bella Mente, in its sole and absolute discretion. For example, an employee who fails to report for work for two (2) consecutive shifts without notifying Bella Mente management of inability to work may be subject to immediate termination. No future employment recommendations will be furnished to any employee whose services are terminated for disciplinary action.

VOLUNTARY RESIGNATION/CHANGE IN EMPLOYMENT STATUS

Bella Mente requests that each employee provide Bella Mente with written notice two (2) weeks prior to the employee's voluntary resignation. Upon resignation or other change in status of employment with Bella Mente, Bella Mente also requests that each employee sign the Status Change Form.

PERSONAL APPEARANCE

A neat, professional, well-groomed appearance is required and expected of all Bella Mente employees when they are working. This is important as the employees act as visual representatives of Bella Mente and are an essential part of who you are and the image we want to present.

EMPLOYEE FILES

Employee files are maintained for each employee at our offices in Clearbrook, Minnesota. The purpose of an employee file is to maintain an accurate record of each employee's work history and current employment status with Bella Mente. Bella Mente forms, documents and correspondence relevant to an employee's status are maintained and protected in the permanent file. The following forms are required to be kept in an employee's file:

- Bella Mente Care Application
- DHS Application
- DHS Background Study with Results
- Acknowledgment Form
- Fraud Statement Form
- PCA State Training Certificate
- Emergency Contact
- Withholding Tax Form (W-4)
- Eligibility to Work in United States (I-9)
- Evaluations of Employee's Performance

Each employee has the responsibility of notifying Bella Mente of changes to information within the employee's file to ensure that such employee's records are current as to the following:

1. Name
2. Address
3. Telephone number
4. Emergency Contact
5. Withholding Tax Information (W-4)
6. Eligibility to Work in the United States (I-9)

The records maintained in the employee files are Bella Mente property; however, employees are allowed to review their own employee file in the presence of the GM. An employee may obtain a copy of their employee file by making a request in writing. **Notwithstanding the foregoing, all information contained within the employee files of employees, other than you, constitutes confidential information as described at Chapter 4 of this Manual.**

Bella Mente cooperates with outside organizations by providing information, upon request, about current and former employees. Information released is limited to dates of employment, most current job title, location of employment, and verification of wages. No other information is provided without written consent from the employee or as required by law.

PAYROLL/TIME CARDS

Bella Mente payroll and time card completion and submission policies will be as determined by Bella Mente from time to time and communicated to Bella Mente employees in writing.

Notwithstanding entries on time sheets, PCAs will *not* be compensated by Bella Mente for hours worked more than hours specifically authorized in writing on the client's Service Plan or for time put in when their client is not enrolled in Medical Assistance or on a Waiver without prior written permission from the GM. Minnesota law also prohibits any employee from providing or being paid for more than two hundred seventy-five (275) hours per month of personal care assistance without respect to the number of clients, recipients or employers (this includes work performed for Bella Mente and other employers in the aggregate). Bella Mente will strictly enforce this provision of Minnesota law.

ALL EMPLOYEES WHO PERFORM PCA SERVICES FOR COMPENSATION FROM ENTITIES OR PERSONS OTHER THAN BELLA MENTE MUST NOTIFY BELLA MENTE OF THE NAME(S) OF ANY OTHER PROVIDER(S) AND THE NUMBER OF HOURS WORKED FOR SUCH OTHER PROVIDER(S) DURING EACH PAY PERIOD.

PAYROLL/TIME SUBMISSION POLICY

Bella Mente payroll and time sheet completion and submission policies will be determined by Bella Mente from time to time and communicated to Bella Mente employees in writing. Below is the current policy as of August 1, 2017.

Time sheets must be submitted without error by 9am Monday for payment in the next week payment cycle. Bella Mente requires a 7 day hold of time sheets for review and verification.

- *It is the responsibility of the Caregiver to verify that their time has been received and approved for payment.*
- *Bella Mente pays bi-weekly and makes every effort to have electronic payments and paper checks available on Mondays. However we cannot guarantee payment due to holidays, mail interruptions and electronic transfer delays.*
- *Consult Bella Mente for holiday schedule changes.*
- *Timesheets must be submitted consistently, weekly.*

Time sheets must be submitted by email, fax, mail or in person within thirty (14) days after the first original date of service to which the time sheet relates. Time Sheets received after thirty (14) days will be held for confirmation of payment to Bella Mente before paycheck is issued to employee.

**Notice: By the end of September 2017 Bella Mente will only accept electronic timeslips completed after each shift worked through the designated time tracking program. Failure to complete after each shift will result in disciplinary actions at the discretion of the GM.*

FAMILY AND MEDICAL LEAVE ACT POLICY

Bella Mente is committed to compliance with the Family and Medical Leave Act of 1993 (the “FMLA”). Bella Mente’s Family and Medical Leave Act Policy is attached as Exhibit A, the purpose of which policy is to provide employees with a basic understanding of their rights and obligations under the FMLA. Bella Mente reserves the right to change Exhibit A at any time and from time to time at its sole and absolute discretion, which revisions shall be effective as to its employees immediately upon Bella Mente’s written notice of such changes to such employees.

FRAUD, WASTE AND ABUSE AWARENESS TRAINING; TIME LIMITATIONS

1. Billable Time / Fraudulent and Criminal Activities

The only time that is acceptable for being recorded, paid, and billed is time spent in the presence of the client or time accomplishing tasks that are on the client’s care plan.

Listed below are examples (but by no means an exhaustive list) of actions that authorities may consider fraudulent and/or criminal, all of which are expressly

prohibited conduct for all employees of Bella Mente and can result in disciplinary action, including immediate termination (as well as possible criminal sanctions, including jail time):

- a. Time put in for the client in employee's home when the client is not there; for example, cooking a meal and bringing it to the client or washing the client's laundry at the employee's home is not permitted. **You must be with the client to claim time.**
- b. Recording extra hours; for example, you worked on Tuesday and put the time down for Saturday or recording a start time of 9:00am when you came at 9:08 am.
- c. Overlapping time for multiple clients. For example, recording for client A; 9am-3pm and on the same day recording client B's time 2-pm-5pm.
- d. If you miss a day with your client for any reason and record time for that missed day even though your client said you could.
- e. Recording time for any day when a client is in a hospital, long term care facility or incarcerated.

2. PCA Time Limitations.

- a. *PCAs are not allowed to work more than forty (40) hours per week without a fully-signed AMENDMENT NO. 2 to Employment Agreement.*
- b. *PCAs are not to exceed their client's week to week plan without authorization from their supervisor (RN, QP or Coordinator) and the Director of Services.*
- c. *PCAs cannot exceed the hours set forth in Letters of Adjustment to Clients from the Director of Services.*
- d. PCAs must not work (for Bella Mente or any other agency/provider) more than two hundred seventyfive (275) hours in any month, sixty-two (62) hours in any calendar week, or fourteen (14) hours in any calendar day.
- e. PCAs must not work (for Bella Mente or any other agency/provider) more than six (6) consecutive calendar days, unless such PCAs supervising RN has previously documented in writing the reason and need for the same.
- f. PCAs must not work (for Bella Mente or any other agency/provider) for a time period of at least eight (8) consecutive hours after each fourteen (14) hours of work (for Bella Mente or any other agency/provider), unless such PCA's

supervising RN has previously documented in writing the reason and need for the same.

- g. *PCAs are subject to disciplinary actions up to and including possible termination for any time in excess of any of the preceding and foregoing time limitations.*
- h. *All employees who perform PCA services for compensation from entities or persons other than Bella Mente must notify Bella Mente of the name(s) of any other provider(s) and the number of hours worked for such other provider(s) during each pay period.*

Bella Mente reserves the right to make unannounced visits to our clients to investigate accuracy of time cards, as well as to inform governmental investigative officials regarding any irregularities in employee time reports, as well as to impose disciplinary sanctions (including without limitation termination of employment) for the same.

Bella Mente uses strikes, disciplinary actions and terminations to prevent fraudulent time billings to Medical Assistance. A **strike** is given to any employee who turns in time that is not legal. (Authorized time is defined in your employee manual and on the back of your time sheets.) Visits or telephone calls that RN's or Management make to a client's home are all required to be documented, including who was there, time and date. When we prepare time for billing to Medical Assistance, time records are cross-referenced with management records. If we do this and find an employee has turned in time when our RN documented the employee was not there, or if we find a conflict in the employee's recorded time, we will ask that employee to resubmit their time card. Depending on the circumstances an employee could receive a strike, possible disciplinary action or termination. A worst-case example might be anytime we document that an employee has turned in time for a time period when a client is in a hospital, nursing home, jail or other documented institution, in these cases employees who do this are usually terminated. Be careful to record only actual time worked. We expect all employees to record time honestly and only record time when you are with your client, providing care for the client.

PCAs MUST BE WITH THEIR CLIENT, PROVIDING CARE FOR THEIR CLIENT TO CLAIM TIME FOR THEIR CLIENT.

PCA SERVICE VERIFICATION POLICY

- Care Givers must report, on their current time sheet, their phone number, their client's phone number and the physical address of where services will be performed for the next week.
 - If either do not have a current phone number, "*no phone*" must be noted.
 - PO Box numbers are not allowed for physical addresses.

Bella Mente is responsible for maintaining its financial records in compliance with the law and generally accepted accounting principles. Specifically, every employee is responsible, to the extent that your job requires, for:

1. Honest, accurate, understandable and timely recording, reporting and retention of information.
2. Full, fair, accurate, timely and understandable disclosure in reports and other documents that Bella Mente files or submits to any governmental or regulatory agency.
3. Accurately reflecting in all financial books, records and accounts all transactions and events.
4. Complying with Internal Revenue Service and Minnesota Department of Revenue requirements and generally accepted accounting principles.
5. Maintaining an adequate internal control structure and procedures for financial reporting.
6. Certifying, to the best of your knowledge, that accounting entries or financial transactions fairly represent Bella Mente's financial condition and results of business.

Employees are specifically prohibited from:

1. Making or omitting an entry that intentionally hides, disguises or misrepresents the true nature of any transaction.
2. Recording false or artificial transactions.
3. Altering, destroying, mutilating, concealing, covering up or falsifying financial records for the purpose of rendering those records to be incorrect, misleading or unavailable for use in an official proceeding.
4. Providing false, incomplete or misleading information to an internal or external auditor.
5. Fraudulently influencing, coercing, manipulating or misleading an outside auditor of Bella Mente's financial statements for the purpose of rendering those financial statements to be misleading in any material way.
6. Deferring or accelerating the recording of items that should be recognized within the proper accounting period.
7. Maintaining undisclosed or unrecorded funds, assets, liabilities or contingencies.
8. Approving or making a payment with the intention that it is to be used for any purpose other than that described by the document supporting the payment.

TRANSPORTATION OF CLIENTS

To ensure that Bella Mente provides safe and orderly transportation to those clients whose care plans require travel:

- All employees transporting clients will be appropriately licensed by the State of Minnesota.
- All personal vehicles used by employees for transporting clients will maintain and carry a minimum \$100,000 liability insurance paid for by the employee. The policy will name Bella Mente as an additional insured, and the employee must provide Bella Mente with a certificate of insurance in form acceptable to Bella Mente confirming such coverage requirements.
- All safety features of an employee vehicle used to transport a client must be functional and active restraints must be deployed to the extent possible.
- **Employees who are not licensed and/or do not maintain adequate liability insurance on the vehicle(s) to be used for client transportation are not authorized to transport clients.**
- Transportation for clients is limited to accomplishing needs of individual care plans. These needs must be documented on the individual care plan which is maintained at Bella Mente's office and must be conducted in as an efficient manner as possible. DHS does not allow PCA's to bill for PCA services while transporting a recipient. (Transportation is a separate DHS service, not to be combined with PCA services.) However, PCA's may accompany clients (if someone else is transporting them) if the client needs assistance with ADL's during transport or at the point of destination.
- PCA's are not to drive the client's vehicle while performing PCA functions.
- Bella Mente does not provide company vehicles for transportation of clients or employee use.
- Bella Mente does not reimburse employees for mileage for transporting clients.
- Employees must deliver a certificate of insurance evidencing proof of required coverage and proof of a valid Minnesota driver's license to Bella Mente to be authorized to transport clients.
- Bella Mente will review motor vehicle records annually for all employees. Only those employees that meet the following conditions will be allowed to use a vehicle for transportation of clients:
 - No more than two (2) moving violations within the past three (3) years.
 - No "at fault" accidents within the past three (3) years.
 - No convictions of driving under the influence, reckless driving, driving while intoxicated, vehicular manslaughter, driving dangerously or any similar offense.

WORK BREAKS / MEAL BREAKS

An employee working for four (4) or more consecutive hours may take a work break of up to fifteen (15) minutes (or time sufficient to utilize the nearest convenient restroom, if longer) within the second

and/or third hours of each four (4) hour period. The work break shall not be deducted from the time for which such employee is paid.

During any eight (8) or more consecutive hours of work, an employee may take an unpaid meal break of thirty (30) to sixty (60) minutes, during which meal break the employee may leave the employee's work location and is relieved of all employment duties. Each employee is required to properly document such employee's meal break times as required by Bella Mente's payroll and time card polices.

Work breaks and meal breaks must not be scheduled at a time which may jeopardize the safety of, or result in an inconvenience to, any Bella Mente client or employee.

COMMUNICABLE DISEASE CONTROL PLAN

All employees are subject to the Bella Mente Communicable Disease Control Plan as adopted and amended by Bella Mente at any time and from time to time.

EMERGENCY USE OF MANUAL RESTRAINTS POLICY

All employees are subject to the Bella Mente Emergency Use of Manual Restraints Policy as adopted and amended by Bella Mente at any time and from time to time.

ETHICAL STANDARDS

Bella Mente is committed to the highest ethical standards in the conduct of business. These ethical policies go beyond rules set by law, as we know that our employees' and the public's trust in Bella Mente is both a serious responsibility and a valid expectation. While it is not possible to develop a detailed set of rules which cover all circumstances, or which serve as a substitute for good judgment and ethical conduct, the purpose of this Chapter is to set forth the business ethics of Bella Mente in a written format which provides clear guidance to all employees.

GENERAL GUIDELINES

All employees have a personal responsibility to ensure that their actions meet the highest ethical standards and to abide by this Chapter and the laws, rules, and regulations that apply to their work. Therefore, you must:

1. Conduct the business of Bella Mente honestly, ethically and in good faith. Employees must use good judgment in conducting all business activities. Occasionally, you may find yourself in a situation where your responsibilities under the law or this Chapter are unclear. In that circumstance, you must consult with the GM or your immediate supervisor to be certain that you are using good judgment and acting consistent with the law and this Chapter.
2. Cooperate fully and honestly with Bella Mente in any investigation or proceeding concerning your conduct or the conduct of other persons or entities with which Bella Mente has a business relationship.
3. Become familiar and comply with the laws, rules and regulations applicable to your position and responsibilities with Bella Mente. Seek the advice of the RN or your immediate supervisor if you have any questions in this regard.
4. Recognize the continuing obligation of all employees to maximize client quality of life.
5. Report promptly to proper authorities any violations or suspected violations of this Chapter and/or the law by any Bella Mente employee.
6. Comply with the rules, regulations and policies of Bella Mente as amended at any time and from time to time, including, without limitation, this Manual.
7. **Never ask a client to sign an incomplete time card or to sign before the time has been worked. Such an action is very poor judgment and will subject an employee to disciplinary action up to and including possible termination.**

SAFETY

Safety is, and will always be, our top priority. Each employee must do everything he or she can to ensure the safety of our clients and co-workers.

Specifically, you must:

1. Put safety first.
2. Understand and follow the safety and health rules and practices that apply to your job.

3. Take precautions necessary to protect Bella Mente employees, clients and equipment from harmful or dangerous situations.
4. Immediately report accidents, injuries, hazards, unsafe practices or conditions to the GM or your immediate supervisor.
5. Not possess firearms or other weapons on client premises or on Bella Mente property.
6. Not retaliate against or threaten anyone for the good faith reporting or supplying of information about conduct implicating safety.

CONFLICTS OF INTEREST

Business decisions must be made in the best interest of Bella Mente and based on sound business judgment, not motivated by personal interest or gain. In addition, it is imperative that employee conduct not reflect adversely on Bella Mente. In that regard, all Bella Mente employees are required to:

1. Avoid personal conflicts of interest or the appearance of such conflicts that could reflect adversely on you or Bella Mente.
2. Disclose in advance to the GM any client relationship that might be perceived as a conflict of interest.
3. Refrain from any deviation from established rules and practices for pricing or billing clients involving friends, relatives and fellow employees or any other person or entity as to which you have a personal interest.
4. Refrain from taking advantage of your relationship with Bella Mente to earn a personal profit from Bella Mente property, information, employees, or business opportunities.
5. Refrain from supervising family members or anyone with whom you have or had a close personal relationship without prior approval of the GM.
6. Protect and ensure the efficient use of Bella Mente assets. The business's assets, whether tangible or intangible, are to be used only by authorized employees or their designees and only for legitimate business purposes. Personal use of items such as telephones, facsimile equipment, computers and similar equipment must not be excessive as determined in the sole discretion of the GM, and must have no material cost to the business and in no way violate any policy or practice of Bella Mente.
7. Refrain from abusing or compromising any employee benefits and privileges.
8. Refrain from conduct on or off duty, which is detrimental to the best interests of other employee's clients or Bella Mente.

9. Refrain from engaging in fundraising or personal business for profit on Bella Mente property or time unless such activity is Bella Mente sponsored, is approved in advance by the GM or is charitable in nature and not (in Bella Mente's sole discretion) detrimental to the best interests of other employees, clients or Bella Mente.

ALCOHOL AND ILLEGAL DRUG USE IN THE WORKPLACE

It is the policy of Bella Mente to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. Bella Mente is committed to having employees who do not engage in illegal alcohol and drug activities. Bella Mente will take the necessary steps to comply with all federal, state and local laws. The abuse of alcohol and other drugs can alter behavior, distort perception, impair thinking, and impede judgment. Alcohol and drug abuse might also result in various diseases, illnesses, and even death.

The following policies apply to all of our employees, subcontractors, and volunteers:

- 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 any Bella Mente property (owned or leased), or in Bella Mente vehicles, machinery, or equipment (owned or leased), and will result in and can result in disciplinary action, up to and including immediate 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 disciplinary action, up to and including immediate 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 disciplinary action, up to and including immediate termination.
- Any employee convicted of criminal drug use or activity must notify such employee's immediate supervisor no later than five (5) days after the conviction.
- Criminal conviction for the sale of narcotics, illegal drugs or controlled substances will result in disciplinary action, up to and including immediate termination.
- The acting General Manager will notify the appropriate law enforcement agency when Bella Mente has reasonable suspicion to believe that an employee may have illegal drugs in his/her possession. Where appropriate, Bella Mente will also notify licensing boards.

INTELLECTUAL PROPERTY RIGHTS

Bella Mente reserves and retains all worldwide right, title and interest in and to all intellectual property rights with respect to all of Bella Mente's intellectual property, including the exclusive, worldwide right in perpetuity to protect all such intellectual property under any laws for the protection of intellectual and industrial property, including without limitation, trade secrets, trademarks, copyrights, industrial designs, patents and domain name registration(s), whether or not such intellectual and/or industrial property thereto is/are entitled to such registration. All rights in and to such intellectual property not expressly granted to you in writing are expressly reserved by Bella Mente.

OFFENSIVE/HARASSING BEHAVIOR

Bella Mente intends to provide a work environment and customer service that is pleasant, healthy, comfortable and free from intimidation, hostility or other offenses which might interfere with work performance. Any employee who *engages in* harassment of other employees or Bella Mente clients on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, membership or activity in a local commission, disability or age; who *permits* employees under his/her supervision to engage in such harassment; or who retaliates or *permits* retaliation against an employee who reports any harassment has engaged in misconduct and shall be subject to remedial action as set forth within this Manual, including the imposition of discipline and/or termination of employment.

Harassment of any sort (verbal, physical or visual) will not be tolerated and is prohibited. Harassment can take many forms. It may be, but is not limited to: words, signs, jokes, pranks, intimidation, physical contact, or violence. Harassment is not necessarily sexual in nature.

Sexually harassing conduct is prohibited and may include unwelcome sexual advances; requests for sexual favors; unwelcome flirtation; leering; making sexual gestures; displaying derogatory or sexually suggestive posters, cartoons, drawings or objects; or any other verbal or physical contact of a sexual nature that prevents an individual from effectively performing his/her employment duties, creates an intimidating, hostile or offensive working or care environment or that is made a condition of employment or compensation, either implicitly or explicitly. Similarly, Bella Mente will not tolerate harassment by its employees of non-employees (including without limitation clients) with whom Bella Mente has a business, service or professional relationship.

Any other sexual harassment of fellow employees and/or Bella Mente clients, whether committed on or off the job (and/or on Bella Mente property and/or client premises), is also prohibited. Sexual harassment includes, but is not limited to:

- Repeated offensive sexual flirtations,
- Advances or propositions, o Continual or repeated verbal abuse of a sexual nature, o Graphic verbal commentaries about an individual's body, o Sexually degrading words used to describe an individual,
- The display in the workplace of sexually explicit objects,

- Any indication, expressed or implied, that an employee’s job security, job assignment, conditions of employment, or opportunities for advancement depend or may depend on the granting of sexual favors to any other employee, director, or manager,
- Any indication, expressed or implied, that continued services from Bella Mente depend or may depend on the granting of sexual favors, and/or
- The deliberate or careless expression of jokes or remarks of a sexual nature to or in the presence of employees who may find such jokes or remarks offensive.

All Bella Mente employees, *and particularly supervisors*, have a responsibility for keeping our work environment free of harassment. If you become aware of an incident of harassment, whether by witnessing the incident or being told of it, you should report it to the GM or your immediate supervisor. Appropriate investigation and disciplinary action will be taken.

If Bella Mente becomes aware that harassment might exist, it is obligated by law to take prompt and appropriate action, whether or not the victim wants Bella Mente to do so. **No retaliatory action will be taken against an employee filing a harassment complaint. All reports will be promptly investigated with due regard for the confidentiality and privacy of everyone involved.**

Any employee found to have harassed a fellow employee, subordinate or non-employee (including without limitation clients) with whom Bella Mente has a business, service or professional relationship will be subject to investigatory and disciplinary action up to and including termination. Bella Mente will also take any additional action necessary to appropriately remedy the situation. No adverse employment action will be taken for any employee making a good faith report of alleged harassment.

The individual who makes unwelcome advances, threatens or in any way harass another is personally liable for such actions and their consequences. Bella Mente will not provide legal, financial or any other assistance to an individual accused of harassment if a legal complaint is filed.

Your options in response to harassment include:

Self Help

You may:

- tell the person, or persons, in private, that their behavior is offensive and request that it stop;
- write to the person, or persons, about their behavior, sealing and marking the letter “personal and confidential”; or
- Speak to the person, or persons, in private, in the presence of the GM and/or your immediate supervisor.

Since allegations of harassment are extremely serious it is important to keep any information confidential to those directly involved.

Informal Intervention

You may approach the GM or your immediate supervisor to intervene. This person must act quickly, discreetly and fairly, and ensure that all discussions and any investigations are conducted in strictest confidence and according to the procedures laid down by Bella Mente in this Manual.

Formal Complaint

If self help and informal intervention has not worked or if the allegation is, in your view, serious enough to warrant formal disciplinary action, you should submit a detailed written complaint to the GM or your immediate supervisor. Appropriate disciplinary action will be taken if investigation shows the complaint to be justified. Your complaint will be investigated promptly, with appropriate confidentiality, and a report (either oral or written) will be made to you by the investigating party or parties.

POLITICAL ACTIVITIES

Employees may participate and contribute to political organizations and campaigns and Bella Mente encourages employee participation in the governance of their communities. Such participation, however, must be done personally. The financial and other resources of Bella Mente shall not be used for the purpose of supporting, directly or indirectly, any political issue, the campaign of any candidate for federal, state or local (whether foreign or domestic) political office, or any national, state or local political party committee, unit and/or subdivision (whether foreign or domestic) or other national state or local political committee or fund (whether foreign or domestic). Such resources further shall not be used to reimburse any employee for any political contribution the employee may have made or shall prohibit support of political candidates or issues through lawful political action committees or individual support allowed by law.

WHISTLEBLOWER POLICY

Bella Mente is committed to the highest possible ethical and legal standards of business conduct. Bella Mente requires that its employees observe the same high standards of business and personal ethics in the conduct of their duties and responsibilities. This policy aims to provide an avenue for employees to raise concerns regarding questionable accounting matters with the assurance that there will be no reprisals for whistle-blowing in good faith.

This Whistleblower Policy is intended to cover concerns or complaints relating to any questionable accounting matters related to Bella Mente. It is the responsibility of employees to report suspected violations to the GM, including, but not limited to, the following:

- Fraud or deliberate material error in the preparation, evaluation, review or audit of any financial statement.
- Fraud or deliberate error material in the recording and maintaining of financial records.
- Material deficiencies in or noncompliance with internal accounting controls.

- Misrepresentation or false statement regarding a material matter contained in financial records, financial reports or audit reports.
- Actions that constitute gross misdemeanors or felonies or otherwise amount to serious improper conduct.

Reporting a Concern

The whistle-blowing procedures are intended to be used for important and sensitive accounting matters, as outlined above. Serious concerns should be reported in one of the following ways:

- Bella Mente maintains an open door policy and employees are encouraged to bring their questions, concerns, suggestions or complaints to their immediate supervisors.
- If a complainant is not comfortable speaking with their immediate supervisor or is not satisfied with their response, they may call a Bella Mente hearing with up to two (2) other employees to present verified facts to the GM. Although an employee is not expected to prove the truth of an allegation, the employee must demonstrate that there are sufficient grounds for concern.

Complaint Handling

The action taken will depend on the nature of the concern. Initial inquiries will be made by the appropriate Employees to determine whether an investigation is appropriate and what form it should take. Some concerns may be resolved by agreed action without need for investigation. The complainant will be given the opportunity to receive follow up on their concern. Further information may be required from the complainant to complete the investigation. Subject to legal constraints, the complainant will receive information about the outcome of the investigation.

Safeguards

- Any retaliation against the complainant, including harassment or victimization, is prohibited and will not be tolerated.
- Bella Mente will endeavor to keep complaints confidential, consistent with the need to investigate the complaint (including any necessary legal action).
- False, malicious or bad faith allegations may result in disciplinary action.

Reporting and Retention

Bella Mente will maintain a log of all concerns or complaints, tracking their receipt, investigation and resolution. The log, copies of all complaints and related materials will be maintained by Bella Mente for seven (7) years after the incident in question occurred.

Violations

Violations of this Chapter 4 cannot and will not be tolerated. Consequences for such violations may include disciplinary action up to and including termination of employment. Individuals who have willfully failed to report known violations will also be subject to disciplinary action up to and including termination of employment.

Reporting Violations

Any person who believes that a provision of this Chapter 4 has been or will be violated should promptly report any such violations or possible violation to: Management 1415 E US Highway 169, Grand Rapids MN 55744, 218-326-8294.

SECURITY OF INFORMATION SENT BY FACSIMILE TRANSMISSION

It is the policy of Bella Mente to take reasonable precautions to protect the confidentiality and security of information sent by facsimile transmission, particularly confidential health information. Information that is sent by fax is to be afforded the same level of information security as any other form of protected health information. Bella Mente fax databases are for the sole use of Bella Mente employees for the purposes of conducting agency business, and personal use of this equipment is normally prohibited. In exceptional or emergency situations, with the prior authorization of the GM, limited personal use (the sending of a single fax) may be allowed at the GM's sole and absolute discretion.

All faxes sent in the course of agency business must have a cover sheet that identifies the names and fax numbers of both sender and intended recipient. In addition, the cover sheet should include the following notice:

PRIVACY NOTICE

THIS FAX MESSAGE MAY CONTAIN PRIVATE OR CONFIDENTIAL DATA.

The information contained in this facsimile message is intended for the use of the addressee listed above. This information may be protected by state and federal privacy regulations. If you are not the intended client or the person responsible for delivering this information to the intended client, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this fax in error, please notify the sender immediately by telephone at 218-327-8294.

BUSINESS RELATIONSHIPS

Bella Mente is committed to business relationships with third parties who embrace and demonstrate high standards of ethical business behavior. All financial decisions must be made, based on the best value received by Bella Mente. In connection with business relationships, all Bella Mente employees must:

1. Use good judgment in accepting customary gifts or favors. Occasionally employees will receive customary acts of hospitality from current or potential business associates or from clients. It is inappropriate to accept business gifts or favors that go beyond customary hospitality in size, frequency, or nature. Notwithstanding the foregoing, no gift should ever be accepted if the gift would influence, or appear to influence, a business decision. Meals that occur in conjunction with business meetings and conferences may be accepted. Invitations to business functions or conferences that involve customer, health care vendors or providers that provide overnight rooms or other accommodations may be accepted only with the prior approval of the GM. Employees are prohibited from accepting cash gifts or tips from clients.
2. Not employ gifts to influence individuals or groups who are in a position to award contracts or affect the award of contracts, business or other benefit to Bella Mente or to you personally. Payments that violate United States or foreign law, including bribes or kickbacks to employees of any of those entities, are strictly prohibited. Gifts to persons or entities that are customary and legally permissible under applicable law are permissible. This may include gifts or favors of reasonable value, business meals and business trips that reflect customary business practice.
3. Deal fairly with clients, vendors, payees, competitors and fellow employees. You should not take unfair advantage of anyone through manipulation, concealment, or abuse of privileged information, misrepresentation of material facts, or any other unfair-dealing practice.
4. *Not* commit Bella Mente, whether orally or in writing, to any obligations other than in strict accordance with the approved authority granted to your position within the business. Good judgment, thorough cost benefit analysis and competitive bidding practices must be performed prior to any commitment of business funds.
5. Refrain from using or disclosing any and all client medical or private information or proprietary materials of third parties without the appropriate agreements or consents, including the use of clients' computers. All such client medical or private information constitutes confidential information subject to the restrictions set forth above in this Chapter 4.
6. **Bella Mente recipients of Personal Care Services are considered by the State of Minnesota as vulnerable. Because the PCA program serves a vulnerable population, Minnesota law prohibits all PCA providers including all Bella Mente employees and management to directly market or promote Bella Mente services to potential recipients (or their guardians or family members) in person, by phone, by mail or electronic means. Indirect marketing such as web sites, yellow page advertisements, billboards and newspaper advertising is permissible.**

TRAVEL REIMBURSEMENT

Employees who are required to travel for their job and are eligible for travel reimbursement should receive authorization from their supervisor or program manager prior to performing the travel. Situations may arise in the course of performing job duties that may require employees to incur travel expenses which are generally not reimbursable. You may be granted a one-time exception for an unusual circumstance. Please contact the GM with any questions related to this policy.

PROVIDER/CLIENT BOUNDARIES

Boundaries in client care are mutually understood, unspoken, physical and emotional limits of the relationship between the trusting patient and the caring provider. Professional boundaries represent a set of culturally and professionally derived rules for how providers and their clients interact. Boundaries serve to establish and maintain a trusting provider-client relationship and help all employees maintain “justice and equity in dealing with all clients, not only for a special few.

In caring for clients, it is common for strong emotional bonds to develop. However, when the limits of the provider patient/family relationship are not clear or where normal professional boundaries are not respected, problems are likely to arise.

Common reasons for boundary problems include:

- Personality styles
- Psychiatric disorders in which normal boundaries are not recognized or respected.
- Health professional stress/burnout
- Cultural misunderstandings

Warning signs and examples of potential boundary blurring include:

1. Gift giving from/to patient/family;
2. Clients having or wanting access to provider’s home phone number, or other personal information;
3. Client/family expectations that the provider will provide care or socialize outside of care settings;
4. The provider revealing excessive personal information with client/family.

Note: Not all boundary issues are detrimental to the provider-client relationship---some clearly enhance compassionate care and serve to reinforce a trusting relationship. However, it is important for the care giver to self-reflect and consider the following questions when boundaries are approached:

- Am I treating this client or family member differently than I do other clients?
- Would I be comfortable if this gift/action was known to the public or supervisors?

- What emotions of my own does this client/family trigger and are the emotions impacting my decision making?
- Are my actions truly helpful for the client, or am I acting in a manner to meet my personal needs?
- Could this boundary issue represent a sign that I am experiencing professional burnout?

Any employee not sure of the appropriate response in their situation to these questions should discuss the situation with their immediate supervisor or the GM. Accordingly, all employees must:

- Set clear expectations with clients and families as to their role in the context of their care, availability and best ways to communicate.
- Consult supervisors or health professionals as a sounding board when they are uncertain about their client/family behaviors.
- Address issues as they arise with the client/family; acknowledge importance of feelings, emphasize the provider-client relationship and the importance of maintaining objectivity; emphasize that the rejection of a requested behavior does not imply a lack of caring.
- Seek professional counseling for yourself or the client/family when boundary issues impact your ability to provide objective, compassionate care before it is too late.

Employees who are found to manipulate, coerce, antagonize, threaten, abuse or take advantage of clients for their personal gain are subject to disciplinary action up to and including immediate termination of employment.

DEPOSITIONS

All requests for depositions must be promptly brought to the attention of the GM, who will determine whether or not it is appropriate for employees to respond with the requested deposition. The GM may consult with the counsel as appropriate. If the GM approves, then a deposition may be provided and the GM may provide guidance relating to preparation for the deposition if appropriate.

PRIVACY / HIPAA POLICY

Each Bella Mente employee has a responsibility to clients and the agency to uphold client privacy rights, and maintain the security and integrity of client protected health information.

ACCORDINGLY, CLIENT PROTECTED HEALTH INFORMATION WILL BE TREATED AS CONFIDENTIAL, AND HELD, USED AND DISCLOSED ONLY IN COMPLIANCE WITH APPLICABLE LAWS/REGULATIONS AND AS SET FORTH WITHIN BELLA MENTE'S NOTICE OF PRIVACY PRACTICES (AND AS THE SAME MAY BE AMENDED AT ANY TIME AND FROM TIME TO TIME BY BELLA MENTE, AT ITS SOLE AND ABSOLUTE DISCRETION).

All employees will collect, use, disclose, maintain and store client protected health information in an honest, ethical, secure and confidential manner.

All employees must comply in all respects with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), the Standards for Privacy and Security of Individually Identifiable Health Information promulgated at 45 CFR Parts 160 and 164, and all other applicable similar federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance, and any and all amendments to any of the foregoing.

All Bella Mente employees will uphold and safeguard the rights of clients to the privacy of client protected health information by ensuring that client protected health information is used and disclosed **only** under the following conditions:

- Each client or client's authorized personal representative has been provided with a copy of Bella Mente's Notice of Privacy Practices and has signed a written confirmation of such receipt.
- Each client or client's authorized personal representative has read, completed and signed Bella Mente Admission Service Agreement.
- All Bella Mente employees must take all reasonable precautions to safeguard the confidentiality of client protected health information, including without limitation strict compliance with Bella Mente's Notice of Privacy Practices (and as the same may be amended by Bella Mente, at its sole and absolute discretion, at any time and from time to time) and all federal, state and/or local statutes, laws, ordinances, regulations, rules and interpretive guidance relative to health information, including without HIPAA and all regulations promulgated thereunder, as well as any amendments to any of the foregoing.
- The use and disclosure of client protected health information is permitted without specific authorization *only* when required for treatment, payment, and healthcare operations as set forth in Bella Mente's Notice of Privacy Practices and/or applicable laws/regulations.
- Disclosure of client protected health information to any person or entity for other purposes may be made only on written authorization of the client or, if appropriate, his/her parent or legal guardian.

After termination of employment with Bella Mente for any reason or no reason, former employees must continue to protect the privacy of client protected health information. All departing employees must immediately return to their supervisor any and all documents and media containing client protected health information. Terminated employees must never disclose, without proper authorization or as required by law, any client protected health information after leaving employment with Bella Mente.

Non-compliance with this policy and associated procedures is a serious matter and may result in civil and criminal actions to the employee, in addition to disciplinary action up to and including immediate termination of employment.

CONFIDENTIAL INFORMATION

As the result of your employment with Bella Mente, you will acquire and have access to confidential information belonging to Bella Mente of a special and unique nature and value, relating to such matters as Bella Mente's clients lists, contracts and other information (including without limitation personal contact information and health care information); Employees and compensation information; accounts; trade secrets; procedures; handbooks (including this Manual); pricing information; customer information; accounting and bookkeeping practices; office policies and practices; financial information, data, records and reports; sales data and expense information; business plans, general and specific; prospect names and lists; existing and potential business opportunities; confidential reports; litigation and other legal matters; intellectual property; and other information specific to Bella Mente and its business.

Bella Mente expects employees to maintain the utmost integrity regarding all such confidential information. All such information will be held in the strictest confidence and will be released only by authorized employees to persons who recognize these confidentiality obligations and agree to abide by them in writing. All requests for any information relative to *any* Bella Mente employee or client must be referred directly to the GM. Only the GM, or the GM's authorized designee, is authorized to release information concerning administrative, technical or financial data relative to the operation of Bella Mente and/or any information of any kind (including without limitation personal and health-care related information) regarding Bella Mente's employees and clients. If any representative of the media (newspaper, television, radio) requests any information, such request must be directed or referred to the GM.

As a condition of your employment with Bella Mente, you hereby agree that all confidential information described in this Manual, and/or any other information which you know or reasonably should be aware constitutes confidential or proprietary information regarding Bella Mente, any Bella Mente client or any Bella Mente employee, is the exclusive property of Bella Mente and that you will not at any time use, divulge or disclose to anyone, or attempt to use, divulge or disclose to anyone, except in the responsible exercise of your job, any such confidential or proprietary information, whether or not such information has been designated specifically as "confidential" or "proprietary". *Any violation of these confidentiality restrictions is grounds for disciplinary action, including immediate termination.*

REPORTING OF ABUSE/NEGLECT/EXPLOITATION

It is the policy of Bella Mente to comply with all relevant laws with regard to the mandatory reporting of all suspicions of abuse or neglect. If Bella Mente becomes aware of possible abuse of a client, or has reasonable suspicion of abuse or neglect, Bella Mente is required by law to notify the Minnesota Department of Human Services. The GM or his designee will be responsible for this notification. To ensure all incidences of abuse/neglect are reported to the proper authorities and according to the law, any employee who witnesses neglect or sexual abuse involving a client while under the care of Bella Mente Employees shall report the incident to the GM as soon as possible but in no event less than twenty-four (24) hours after witnessing the incident.

VULNERABLE ADULT MANDATORY REPORTING

It is the policy of Bella Mente to protect the adults served by Bella Mente who are vulnerable to maltreatment and to require the reporting of suspected maltreatment of vulnerable adults, in accordance with the Bella Mente Maltreatment of Vulnerable Adults Mandated Reporting Policy and as the same may be amended at any time and from time to time. All employees must comply with these policies and failure to so comply will result in disciplinary action, up to and including immediate termination.

Beginning July 1, 2015, the general public can call the new Minnesota Adult Abuse Reporting Center at **1-844-880-1574** toll-free to report suspected maltreatment of vulnerable adults. The center will be open 24/7 for reports of financial exploitation, caregiver neglect or self-neglect, or verbal, physical, sexual or emotional abuse. Good faith reporting of suspected maltreatment is encouraged. The identity of reporters is protected. Reporters can ask to receive notice of the initial outcome of their report.

Mandated reporters, including law enforcement and health care personnel, social workers and other professionals, can report online at mn.gov/dhs/reportadultabuse or call the toll-free number. This new statewide system replaces a county system involving more than 160 phone numbers.

VULNERABLE MINOR MANDATORY REPORTING

It is the policy of Bella Mente Care to protect the minor children served by Bella Mente whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse and to require the reporting of suspected abuse of children, in accordance with the Bella Mente Maltreatment of Minors Mandated Reporting Policy and as the same may be amended at any time and from time to time. All employees must comply with these policies and failure to so comply will result in disciplinary action, up to and including immediate termination.

NONDISCRIMINATION

All Bella Mente employees will provide the highest quality service to Bella Mente clients regardless of the client's color, race, religion, creed, sexual orientation, national origin, disability and source or level of funding.

HEALTH SERVICE RECORDS

All employees must familiarize themselves and comply with all applicable requirements of Minnesota Rules 9505.2175 relative to Health Service Records (current as of January 7, 2010), which are excerpted for informational purposes and convenience of reference in pertinent part below.

The form in this chapter is produced by the Minnesota Department of Human Services and is intended to be used as model form for individual PCA companies. Bella Mente uses a form very similar to this. (PCAs and Homemakers should not copy this for use, as this is not a Bella Mente form.)

Changes in these Rules since adoption may not be reflected within this Manual; therefore, if you have any questions regarding these Rules, please consult with your immediate supervisor. Employees are expected to familiarize themselves with all changes to the following Rules, which may be accessed through the Minnesota Department of Human Services Disability Services Division website, www.dhs.state.mn.us.

Subpart 1. **Documentation requirement.** As a condition for payment by a program, a vendor must document each occurrence of a health service provided to a recipient. The health service must be documented in the recipient's health service record as specified in subpart 2 and, when applicable, subparts 3 to 9.

Program funds paid for a health service not documented in a recipient's health service record shall be recovered by the department.

Subp. 2. **Required standards for health service records.**

- A. The record must be legible at a minimum to the individual providing care.
- B. The recipient's name must be on each page of the recipient's record.
- C. Each entry in the health service record must contain:
 - (1) The date on which the entry is made.
 - (2) The date or dates on which the health service is provided.
 - (3) The length of time spent with the recipient if the amount paid for the service depends on time spent.
 - (4) The signature and title of the person from whom the recipient received the service.
 - (5) When applicable, the countersignature of the vendor or supervisor as required under parts 9505.0170 to 9505.0475.

TRAVEL TIME POLICY

PCAs who are authorized by Bella Mente to provide care for more than one recipient in a day will be compensated (at the employee's regular hourly rate of pay) for travel time between clients using the above Caregiver Travel Documentation form ((but not for time spent travelling to the first client of the day, or home from the last client of the day). Travel time must be authorized in writing by the RN or Coordinator.

Because Caregiver travel time is paid in conjunction with Caregiver time, both the Caregiver Travel Documentation form and the Time and Activity Documentation must be submitted together. Travel time must be included on the weekly time sheet for the week in which the travel occurred.

1. When the Caregiver arrives at their first client, the Caregiver should record the start time of the first client for the day along with their odometer mileage. **Note:** mileage is to be recorded for travel verification purposes but *not* for reimbursement purposes; as indicated above, effective January 1, 2016, Bella Mente Care does not pay mileage for driving to, between or from clients, or running errands for clients.
2. After completing the last client care, record your end time from your time sheet on the Caregiver Travel Documentation form along with your mileage.

3. Record from your Time and Activity Documentation total Caregiver time. Subtract your Caregiver Hours from the total work day time, to determine Travel Time.
4. Only the shortest possible route between clients is payable.
5. Caregivers are allowed to take an unpaid ½ hour break between clients each day.
6. All travel time is subject to physical or MapQuest audits.

PERSONAL CARE SERVICES
Minnesota Health Care Provider Manual

All employees must familiarize themselves and comply with all applicable requirements of Minnesota Rules 9505.0335 relative to Personal Care Services (current as of January 7, 2010), which are excerpted for informational purposes and convenience of reference in pertinent parts in this manual.

Changes in these Rules since adoption may not be reflected within this Manual; therefore, if you have any questions regarding these Rules, please consult with your immediate supervisor. Employees are expected to familiarize themselves with all changes to the following Rules, which may be accessed through the Minnesota Department of Human Services Disability Services Division website, www.dhs.state.mn.us.

Legal References

Code of Federal Regulations [Title 42, section 440.167](#)
MS [148.171](#) (Registered Nurse)
MS [245A](#) (Human Services Licensing Act)
MS [245C](#) (Human Services Background Studies)
MS [252A.02](#) subd., 3a (Corporate Legal Guardianship)
MS, section [256B.0625](#) (Covered Services)
MS section [256B.0651](#) (Home Care Services)
MS section [256B.0655](#) (Personal Care Assistant Services)
MN Rule, parts [9505.0335](#) (Personal Care Services)
MN Rule, part [9505.0335](#) subd 3 (PCA Training)
MN Rule [9505.0335](#) subd 4 (On site Supervision requirements)
MN Rules [9502.0315 to 9502.0445](#) (Licensing Daycare facilities)
MN Rules [9503.0005 to 9503.0170](#) (Child Care Centers)
MN Rule [9505.2175](#), subd. 7 (Documentation of Services)
MN Rule [9505.0175](#) subd 25 (Medical Necessity)

DEFINITIONS

Activities of Daily Living (ADL): Routine self-care functions that include: eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning.

Assessment: A review and evaluation of a recipient's need for PCA services.

Care Plan – PCA: A written description of how the recipient's needs identified during the assessment process and addressed in the service plan will be met. This is developed by the qualified professional or the recipient/responsible party with the assistance of the recipient's physician. This is a requirement of the PCA program. The Care Plan may include, but is not limited to, information contained within the Service Agreement (as defined below), Service Plan (as defined below), Funds and Property Authorization form and Individual Abuse Prevention Plan, as applicable, with respect to each client.

Combination PCA and other Home Care services: [See PCA Combinations](#)

Flexible Use Option: Planned and approved use of authorized PCA service hours/units in a 6 month flexible schedule to more effectively meet the needs of the person. MHCP established two 6-month periods for the PCA Flexible Use Option. The Flexible Use Option allows authorized PCA units to vary from day to day to meet the needs and schedules as specified in the [PCA assessment](#). Flexible Use does not increase the total amount of authorized PCA units.

Home Care Rating: A rating system based on the common assessed needs of individuals that establishes cost limits.

Home Health Agency (HHA): A public or private agency or organization, or part of an agency or organization, that is Medicare-certified and holds a Class A home care license from the Minnesota Department of Health (MDH).

Instrumental Activities of Daily Living (IADL): Individual activities relating the ADLs that include: meal planning and preparation, managing finances, shopping for food, clothing and other essential items, completing necessary homemaking tasks, communication by telephone and other media, getting around and participating in the community.

Medically Necessary or Medical Necessity: A health service consistent with the recipient's diagnosis or condition. It is recognized as the prevailing medical community standard or current practice by the provider's peer group, and meets one of the following:

- Responding to a life-threatening condition or pain
- Treating an injury, illness, or infection
- Treating a condition that could result in physical or mental disability
- Caring for a mother and child through the maternity period

Personal Care Provider Organization (PCPO): An agency enrolled with DHS that meets DHS standards and signs a provider agreement with DHS to provide PCA services, also known as a Personal Care Provider or PCA Agency.

Personal Care Assistant Services: Human assistance and support to persons of any age with disabilities and special health care needs, living independently in the community.

Physician Statement of Need: All MHCP personal care assistant (PCA) services require a signed MHCP [Physician Statement of Need](#) form. The form includes the recipient’s diagnosis, condition and a statement from the physician explaining the need for PCA services.

Private-Duty Nursing Agency: An agency holding a Class A Home Care license enrolled with the Department of Human Services to provide private duty nursing services.

Professional Home Care Agency (or Class A Agency): An agency holding a Class “A” license from the Minnesota Department of Health (MDH) granting permission to carry on the business of home care services.

Qualified Professional (QP): A registered nurse, mental health professional or licensed social worker who is responsible for supervision of PCA services.

Residence: The place a recipient lives. A residence does not include a hospital, nursing facility, or intermediate care facility.

Responsible Party: An individual, at least 18 years of age, who is capable of providing the support necessary to assist a person to live in the community and actively participates in the planning and direction of PCA Services and cannot be the PCA.

Service Agreement (SA): The document used to identify services, providers and payment information for a person receiving home care or Waiver services. The service agreement allows providers to bill for approved services and allows the Department of Human Services (DHS) to audit usage and payment data.

Service Plan: A written description of the services needed by the recipient based on the assessment.

Skilled Nurse Visits: Intermittent nursing services ordered by a physician for a recipient whose illness, injury, physical, or mental condition creates a need for the service. Services under the direction of an RN are provided in the recipient’s residence by an RN, or LPN; and provided under a plan of care or service plan that specifies a level of care which the nurse is qualified to provide. Provided by a Medicare certified agency

Standard PCA: Limited use of PCA service hours/units to a monthly basis: daily and weekly usage of PCA service hours/units ought to be close to the daily average allocation. Hours do not transfer from month-to-month.

Ventilator-Dependent Recipients: A ventilator-dependent recipient, means a recipient who receives mechanical ventilation for life support at least six hours per day and is expected to be or has been dependent for at least 30 consecutive days.

PERSONAL CARE ASSISTANT (PCA) QUALIFICATIONS

PCA employees must meet the following criteria:

- Be able to effectively communicate with the client and Bella Mente.
- Be able to provide covered PCA services according to the client’s care plan, and respond appropriately to client’s needs.
- Maintain daily written records including, but not limited to, time sheets. **NOTWITHSTANDING ENTRIES ON TIME SHEETS, PCAS WILL NOT BE COMPENSATED BY Bella Mente FOR HOURS**

WORKED IN EXCESS OF HOURS SPECIFICALLY AUTHORIZED IN WRITING ON THE CLIENT'S SERVICE PLAN WITHOUT PRIOR WRITTEN PERMISSION FROM THE GM.

- Report changes in the recipient's condition to the supervising qualified professional or physician.
- Not be a responsible party for a client receiving PCA services.
- Cannot be a parent, spouse, paid legal guardian, family foster care provider of a client or the stepparent of a minor.
- Not be a recipient of personal care services from Bella Mente and/or any third party provider.
- Enroll with the Department of Human Services after clearing the background study requirement specified in Minnesota Statutes Chapter 245C.
- If 16 to 17 years old, a PCA must (in addition to the foregoing requirements) be: (i) supervised by a qualified professional at least once every sixty (60) days; (ii) not work for any other personal care assistance provider agency while working for Bella Mente; and (iii) have participated in a related school-based-job training program or completed a certified home health aide competency evaluation.
- Must have completed standardized training required by the Commissioner of the Minnesota Department of Human Services ("Commissioner"), including instruction in the following subjects, as applicable:
 - Basic first aid
 - Vulnerable adults
 - Child maltreatment
 - OSHA universal precautions
 - Basic roles and responsibilities of PCAs including: assistance with lifting and transfers, emergency preparedness, orientation to positive behavioral practices, fraud issues and completion of time sheets
- If a PCA will be responsible for working with one or more clients who are **ventilator dependent**, the PCA must have completed training provided by Bella Mente and conducted by a respiratory therapist, nurse or physician relating to such care.
- **If a PCA will provide tracheotomy suctioning/service to one or more clients on ventilator support** the PCA must have undergone specialized training relating to the applicable procedures and equipment conducted by a registered nurse, certified/licensed respiratory therapist or a

physician. The duties relating to such care must be delegated by such a nurse, therapist or physician, the PCA must use a clean procedure, be trained as to the individualized needs of the client and be supervised by a registered nurse.

- **PROVIDE AND/OR BE PAID FOR NO MORE THAN TWO HUNDRED SEVENTYFIVE (275) HOURS PER MONTH OF PERSONAL CARE ASSISTANCE WITHOUT RESPECT TO THE NUMBER OF CLIENTS, RECIPIENTS OR EMPLOYERS (THIS INCLUDES WORK PERFORMED FOR BELLA MENTE AND OTHER EMPLOYERS IN THE AGGREGATE).**
- **PCAs MUST REPORT TO BELLA MENTE ALL EMPLOYMENT ARRANGEMENTS FOR WHICH PCAs RECEIVE COMPENSATION FOR PROVISION OF PCA SERVICES FROM ENTITIES OR PERSONS OTHER THAN BELLA MENTE, INCLUDING THE EMPLOYER IDENTITY AND NUMBER OF HOURS WORKED PER MONTH FOR SUCH EMPLOYERS OTHER THAN BELLA MENTE.**

PCA TRAINING REQUIREMENTS

Our training and supervision policies have been developed with the guidance of MN rules 9505.0335, Subpart 3, Personal Care Services.

Training requirements:

- **As of July 21, 2010** Minnesota Health Care Programs (MHCP) now requires all individual personal care assistance providers (PCAs) to register for and pass a one-time [Individual Personal Care Assistant \(PCA\) Training](#) – online test. Individual PCAs may now take the training and test as often as needed.

Basic training for individual PCAs is intended for:

- Persons wanting to provide personal care assistance services for someone receiving services
- PCAs currently employed and affiliated with an MHCP-enrolled agency

The learning objectives for the individual PCA training include:

- Meeting the requirements of 2009 Legislation
- Basic first aid
- Vulnerable adult/children maltreatment
- OSHA universal precautions
- Basic roles and responsibilities of an individual PCA

This online training is free.

Persons taking the online training must have:

- A computer with Internet access (Bella Mente will provide onsite access to their employees/potential employees)
- A valid e-mail address

- Review the [Individual Personal Care Assistant \(PCA\) Training](#) (as often as needed)
- [Register](#) for and take the Individualized Personal Care Assistance Training, online test (as often as needed, or until successfully completed)
- Use the confirmation number only for canceling the registration

Successful Completion of PCA Online Training

- After the individual PCA passes the one-time test, the PCA will be able to print a certificate. DHS will also send a copy to the e-mail address used to register for the test. The individual PCA is responsible to give a copy of the completion certificate to the employer agency/agencies.

Bella Mente has developed an initial training program for all PCAs with the use of our PCA Training Form as a quality assurance mechanism. Each PCA is required to complete Bella Mente's Bella Mente 201 class within 120 days of initial employment (call Bella Mente's office for class dates.) Bella Mente's initial training can be a combination of on the job and classroom. Bella Mente Care PCAs who fail to complete Bella Mente 201 or equivalent training are not eligible for longevity rate increases or bonuses. Each PCA is required to complete & demonstrate to our QP their competency in the subject matters described on the PCA Training form. The QP will initial the training form when the training has been given. Once competency is demonstrated, the QP will allow the PCA to initial.

Each PCA will be trained in the following areas as it relates to their individual client. Prior to being left alone with a client, each PCA will sign Bella Mente's training acknowledgement form. Additionally, every twelve (12) months, each PCA will receive recurrent training in these areas as determined necessary by Bella Mente at its sole and absolute discretion:

1. Confidentiality/Privacy
 - a. What is it?
 - b. How is it handled?
 - c. Applicable federal, state and local laws/regulations (HIPAA)
2. Lifting
 - a. Safe lifting
 - b. Unsafe lifting
3. Transfers
 - a. Bed to Chair
 - b. Chair to Bed

- c. To standing position
- 4. Infection Control
 - a. Blood Borne Pathogens
 - b. Hand Washing
 - c. Cleansing of Equipment
 - d. Cleaning of Living Area
- 5. Activities of Daily Living (ADL's)
 - a. Bathing/grooming
 - b. Dressing
 - c. Feeding/preparing meals
 - d. Assisting with medication set up
 - e. Range of motion
 - f. Behavioral issues
- 6. Harassment
 - a. What is harassment?
 - b. What to report?
 - c. Who to report it to?
- 7. Vulnerable Adult Abuse
 - a. What is it?
 - b. Who can it affect?
 - c. When to report it?
 - d. Who can be liable?
- 8. Cultural Diversity
 - a. Identifying differences
 - b. Adjusting to the differences
 - c. Working through the differences for a successful work environment
- 9. General Knowledge
 - a. First Aid
 - b. Emergency Contacts
 - c. Record Keeping & Documentation (PCA Care Plan)
 - d. Evaluation and Training requirements
 - e. Time Card Completion & Submission

PCA EVALUATIONS

The QP will evaluate the personal care services provided by PCAs to clients through direct observation of the PCAs work and/or through consultation with the clients. Evaluation must be made:

- Within fourteen (14) days after the placement of a PCA with the client.
- Ninety (90) days after the client first receives personal care services according to the plan of personal care service and every 90 days for the first year of service.

- At least once every one hundred twenty (120) days following the period of evaluations above the personal care plan. The QP shall record in writing the results of the evaluation on the PCA Evaluation form and actions taken to correct any deficiencies in the work of the PCA.

The QP will review together with the client, and revise, as necessary, the plan of personal care services at least once every one hundred twenty (120) days after a plan of personal care services is developed. Continued employment following QP evaluations does not change the at-will nature of employment at Bella Mente.

QUALIFIED PROFESSIONAL (QP)

A QP is a person who provides supervision for PCA employees and is employed by a personal care assistance provider agency (such as Bella Mente) and must be identified in the written agreement between the client and Bella Mente.

QP employees must meet the following criteria:

☑ A QP holds at least one of the following credentials:

- Registered Nurse as defined in MS 148.171 subd. 20.
- Mental Health Professional as defined in MS 245.462, subd. 18 or 245.4871, subd. 27
- Licensed social worker as defined in MS 148D.010, subd. 13.
- Not be disqualified due to a background study or by information received by Bella Mente as provided in Minnesota Statutes Chapter 245C.
- Complete the provider training course with basic information about the personal care assistance program approved by the Commissioner within six (6) months of the date hired by Bella Mente (unless such training has been completed in the previous three (3) years).

QP JOB DUTIES

All employees providing QP services must familiarize themselves and comply with all applicable requirements of the Minnesota Health Care Provider Manual Chapter 24 regarding Qualified Professionals, as excerpted below. Bella Mente may amend the following job description at any time and from time to time, effective immediately upon written notice to the affected employee, at Bella Mente's sole and absolute discretion.

Responsibilities for QP with a Personal Care Provider Organization if supervision is selected by the client. A QP's supervisory responsibilities include:

- Ensuring and documenting that the PCA is capable of providing the required personal care services (including communication with the recipient) through direct observation of the assistant's work or through consultation with the recipient.
- Ensuring and documenting that the PCA is knowledgeable about the plan of personal care services before the PCA performs personal care services, including without limitation the Funds and Property Authorization Form and Individual Abuse Prevention Plan, as applicable, with respect to each of the PCA's clients. (Develop the care plan, orient and train PCA)
- Ensuring and documenting that the PCA is knowledgeable about essential observation of the client's health, and able to identify any conditions that should be immediately brought to the attention of either the nurse or the attending physician. (Observe, respond, and report).
- Evaluating the personal care services of a client through direct observation of the PCA's work. Evaluation must be made:
 - Create a care plan within the first 7 days of start of care for each Recipient
 - Conduct an evaluation within fourteen (14) days after the placement of a PCA with the client.
 - Conduct an evaluation within 90 days after the client first receives personal care services and every 90 days for the first year per individual PCA providing service.
 - After the first-year evaluations, conduct an evaluation every one hundred twenty (120) days following the period of evaluations in sub item 2 of the personal care plan.
- The QP shall record in writing the results of the evaluation and actions taken to correct any deficiencies in the work of the PCA. (Ongoing supervision/monitoring of PCA).
- Evaluation must include communication with the client and documentation as to each of the following:
 - The client's satisfaction with PCA services;
 - Review of the month-to-month plan for use of PCA services;
 - Review of documentation of PCA services provided;
 - Evaluation of whether the PCA services are meeting the goals stated in the service plan;

- A written record of the results of the evaluation and actions taken to correct any deficiencies in the work of a PCA; and
- Revision of the PCA care plan, including without limitation the Funds and Property Authorization Form and Individual Abuse Prevention Plan, as applicable, as necessary in consultation with the client, or responsible party, to meet the needs of the client.
- Reviewing, together with the client, and revising, as necessary, the plan of personal care services at least once every one hundred twenty (120) days after a plan of personal care services is developed.
- Ensuring the PCA and client are knowledgeable about any changes in the plan of personal care services, including without limitation the Funds and Property Authorization Form and Individual Abuse Prevention Plan, as applicable.
- Ensuring the PCA keeps records, showing the services provided to the client by the PCA and the time spent by the PCA providing the services.
- Determining that a client is capable of directing his or her own care or resides with a responsible party.
- Determining with a physician that a client is a qualified recipient.
- Assessing the client for emergency services on holidays and weekends, and requesting service authorization within five (5) working days from county PHN.
- Submitting requests for assessments and temporary increase of services to county PHN.
- Reporting any suspected abuse, neglect, or financial exploitation to the appropriate authorities.
- The QP is responsible for completing documentation to be maintained in the client and employee files which shall include:
 - The personal care assistance care plan based on the service plan and individualized needs of the client, including without limitation the Funds and Property Authorization Form and Individual Abuse Prevention Plan, as applicable;
 - A month-to-month plan for use of personal care assistance services;
 - Changes in need of the client requiring a change to the level of service and the personal care assistance plan, including without limitation the Funds and Property Authorization Form and Individual Abuse Prevention Plan, as applicable;

- Evaluation results of supervision visits and identified issues with personal care assistance staff with actions taken;
- All communication with the client and personal care assistance staff; and
- Hands-on training or individualized training for the care of the client.

SHARED CARE OPTION REQUIREMENTS

For shared care clients, a QP shall:

Evaluate the ability of the personal care assistant to provide services for two (2) or three (3) clients in a shared “setting” (as defined in Minn. Stat. 256B.655 subd. 16);

- Visit the shared setting as services are being provided at least once every six months or whenever needed for response to a client’s request for increased supervision of the personal care assistance staff;
- Provide ongoing monitoring and evaluation of the effectiveness and appropriateness of the shared services;
- Develop a contingency plan with each of the clients which accounts for absence of the client in a share services setting due to illness or other circumstances;
- Obtain permission from each of the clients who are sharing a PCA for number of shared hours for services provided inside and outside the home residence;
- Document the training completed by the personal care assistants specific to the shared setting and clients sharing services.
- Make supervisory visits made at least monthly to the setting;
- Evaluate the outcomes with respect to the setting and the individual clients;
- Modify the care plan, including without limitation the Funds and Property Authorization Form and Individual Abuse Prevention Plan, as applicable, and retraining of PCA workers as needed; and
- Document the details of the QP supervision visits as provided under “QP Job Duties” above.

CARE GIVER WAGE & BENEFITS

Bella Mente offers fair and consistent wages and benefits for all of its employees.

WAGES

Wages and payment policies relative to employees will be as determined by Bella Mente from time to time and communicated to Bella Mente employees in writing.

Minnesota Home Care Bill of Rights

MINNESOTA STATUTES, SECTION 144A.44. TO BE USED BY ALL LICENSED HOME CARE PROVIDERS AND PROVIDERS OF HOME CARE SERVICES EXEMPTED FROM LICENSURE UNDER MINNESOTA STATUTE 144A.46, SUBD.2.

Statement of rights. A person who receives home care services has these rights:

- (1) the right to receive written information about rights before receiving services, including what to do if rights are violated;
- (2) the right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services;
- (3) the right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services;
- (4) the right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan;
- (5) the right to refuse services or treatment;
- (6) the right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider;
- (7) the right to be told before services are initiated what the provider charges are for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying;
- (8) the right to know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services;
- (9) the right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs;
- (10) the right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information;
- (11) the right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298;
- (12) the right to be served by people who are properly trained and competent to perform their duties;

- (13) the right to be treated with courtesy and respect, and to have the client's property treated with respect;
- (14) the right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act;
- (15) the right to reasonable, advance notice of changes in services or charges;
- (16) the right to know the provider's reason for termination of services;
- (17) the right to at least ten days' advance notice of the termination of a service by a provider, except in cases where:
 - (i) the client engages in conduct that significantly alters the terms of the service plan with the home care provider;
 - (ii) the client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or
 - (iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider;
- (18) the right to a coordinated transfer when there will be a change in the provider of services;
- (19) the right to complain about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property;
- (20) the right to know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint;
- (21) the right to know the name and address of the state or county agency to contact for additional information or assistance; and
- (22) the right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOUR HOME CARE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.

Office of Health Facility Complaints

(651) 201-4201
1-800- 369-7994
Fax: (651) 281-9796

Mailing Address:

Minnesota Department of Health Office of Health Facility Complaints
85 East Seventh Place, Suite 220
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care

(651) 431-2555
1-800-657-3591
Fax: (651) 431-7452

Mailing Address:

Home Care Ombudsman for Long-Term Care PO Box 64971
St. Paul, MN 55164-0971

Licensee Name:

Bella Mente

Telephone Number:

218-327-8294

Address:

1415 E US Highway 169, Grand Rapids MN 55744

Name/Title of Person to Whom Problems or Complaints May be directed: Joel
McDaniel/CEO Bella Mente

BELLA MENTE

FAMILY AND MEDICAL LEAVE ACT POLICY

BELLA MENTE CARE, INC., a Minnesota corporation (“Company”) is committed to complying with the Family and Medical Leave Act (“FMLA”). Company posts the mandatory FMLA Notice on employee rights and responsibilities under the FMLA at Company’s main office and upon hire provides new employees with notices required by the U.S. Department of Labor (“DOL”), including without limitation a copy of this Policy (“Policy”).

The purpose of this Policy is to identify the eligibility and leave requirements under the FMLA.

A. GENERAL PROVISIONS

Under this Policy, Company will grant up to twelve (12) weeks (or up to twenty-six (26) weeks of military caregiver leave to care for a covered servicemember with a serious injury or illness) during a 12-month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this Policy.

B. ELIGIBILITY

To qualify to take family or medical leave under this Policy, the employee must meet all of the following conditions:

- 1) The employee must have worked for Company for twelve (12) months or fifty-two (52) weeks. The twelve (12) months or fifty-two (52) weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break in service does not exceed seven (7) years. Separate periods of employment will be counted if the break in service exceeds seven (7) years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating Company's intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.
- 2) The employee must have worked at least one thousand two hundred fifty (1,250) hours during the 12-month period immediately before the date when the leave is requested to commence. The principles established under the Fair Labor Standards Act ("FLSA") determine the number of hours worked by an employee. The FLSA does not include time spent on paid or unpaid leave as hours worked. Consequently, these hours of leave will not be counted in determining the one thousand two hundred fifty (1,250) hours eligibility test for an employee under FMLA.
- 3) The employee must work at a location where fifty (50) or more employees are employed by Company within seventy-five (75) miles of that location. The distance is to be calculated by using available transportation by the most direct route.

C. TYPE OF LEAVE COVERED

To qualify as FMLA leave under this Policy, the employee must be taking leave for one of the reasons listed below:

- 1) The birth of a child and in order to care for that child.

- 2) The placement of a child for adoption or foster care and to care for the newly placed child.
- 3) To care for a spouse, child or parent with a serious health condition (described below).
- 4) The serious health condition of the employee, as follows:
 - (a) An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.
 - (b) A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.
 - (c) This Policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three (3) consecutive days of incapacity with the first visit to the health care provider within seven (7) days of the onset of the incapacity and a second visit within thirty (30) days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least two (2) times per year.
 - (d) If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this Policy, Company may designate all or some portion of related leave taken as leave under this Policy, to the extent that the earlier leave meets the necessary qualifications.
- 5) Qualifying exigency leave for employees with one or more family members who are members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty. An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to twelve (12) weeks of leave for reasons related to or affected by the family member's call-up or service.
 - (a) The qualifying exigency must be one of the following:
 - (i) short-notice deployment,
 - (ii) military events and activities,
 - (iii) child care and school activities,
 - (iv) financial and legal arrangements,
 - (v) counseling,

- (vi) rest and recuperation (limited to fifteen (15) calendar days beginning on the date the military member commences each instance of rest and recuperation leave),
- (vii) post-deployment activities,
- (viii) parental care, and
- (ix) additional activities that arise out of active duty, provided that Company and employee agree, including agreement on timing and duration of the leave.

(b) The following definitions and provisions shall apply with respect to this Policy:

(i) “Covered active duty” means: (1) For members of a regular component of the Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; (2) for members of *reserve* components of the Armed Forces (members of the U.S. National Guard and Reserves), duty during deployment of the member with the Armed Forces to a foreign country under a call or order to active duty in a contingency operation as defined in section 101(a)(13)(B) of Title 10 of the United States Code.

(ii) Qualifying exigency leave may commence as soon as the applicable individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave, except that the person does not have to be a minor.) This type of leave is counted toward the employee’s 12-week maximum of FMLA leave in a 12-month period.

6) Military caregiver leave (also known as “covered servicemember leave”) to care for an injured or ill servicemember or veteran. An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to twenty-six (26) weeks in a single 12-month period to care for that servicemember (as described below).

(a) Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

(b) In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered servicemember. (c) The following definitions and provisions shall apply with respect to covered servicemember leave:

(i) A “son or daughter of a covered servicemember” means the covered servicemember’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood *in loco parentis*, and who is of any age.

(ii) A “parent of a covered servicemember” means a covered servicemember’s biological, adoptive, step or foster father or mother, or any other individual who stood *in loco parentis* to the covered servicemember. This term does not include parents “in law.”

(iii) Under the FMLA, a “spouse” has the meaning under 29 CFR §§ 825.102 and 825.122(b).

(iv) The “next of kin of a covered servicemember” is the nearest blood relative, other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember’s next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember’s only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember’s next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember’s next of kin. Company may require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to 29 CFR § 825.122(j).

(v) The term “covered servicemember” means: (1) a 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 otherwise on the temporary disability retired list, for a serious injury or illness; or (2) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

(vi) The term “serious injury or illness means: (1) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating; and (2) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.

(vii) Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

D. AMOUNT OF LEAVE

An eligible employee can take up to twelve (12) weeks for the FMLA circumstances within Section C(1) through Section C(5) above under this Policy during any 12-month period. Company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this Policy. Each time an employee takes leave, Company will compute the amount of leave the employee has taken under this Policy in the last twelve (12) months and subtract it from the twelve (12) weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to twenty-six (26) weeks for the FMLA circumstance within Section C(6) above (military caregiver leave) during a single 12-month period. For military caregiver leave, Company will measure the 12-month period measured forward from the first date any military caregiver leave is taken. FMLA leave taken for other FMLA circumstances will be deducted from the total of twenty-six (26) weeks available.

If a married couple both work for Company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent “in-law”) with a serious health condition, the two employees may only take a combined total of twelve (12) weeks of leave. If a married couple both work for Company and each wishes to take leave to care for a covered injured or ill servicemember, the married couple may only take a combined total of twenty-six (26) weeks of leave.

E. EMPLOYEE STATUS AFTER LEAVE

An employee who takes leave under this Policy may be asked to provide a fitness for duty (“FFD”) clearance from the health care provider. This requirement will be included in Company’s response to employee’s FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions; however, the employee may not necessarily provide services to the same client(s) as prior to taking the leave. Company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

F. USE OF PAID AND UNPAID LEAVE

An employee who is taking FMLA leave because of the employee’s own serious health condition or the serious health condition of a family member must use all accrued and unused paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave.

Disability leave for the birth of the child and for an employee’s serious health condition, including workers’ compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. An employee who is taking leave for the adoption or foster care of a child must use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid time off (PTO), paid vacation, personal or sick leave (to the extent applicable) (as long as the reason for the absence is covered by Company’s sick leave policy, if any) prior to being eligible for unpaid leave.

G. INTERMITTENT LEAVE OR A REDUCED WORK SCHEDULE

An eligible employee may take FMLA leave in twelve (12) consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of twelve (12) workweeks (or twenty-six (26) workweeks to care for an injured or ill servicemember over a 12-month period).

Company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee’s family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, Company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule.

Leave for birth, adoption or foster care of a child must be taken within one (1) year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with Company before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

H. CERTIFICATION FOR THE EMPLOYEE'S SERIOUS HEALTH CONDITION

Company requires certification for the employee's serious health condition. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition (<https://www.dol.gov/whd/forms/WH-380E.pdf>).

Company may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. Company will not use the employee's direct supervisor for this contact. Before Company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, Company will obtain the employee's permission for clarification of individually identifiable health information.

Company has the right to ask for a second opinion if it has reason to doubt the certification. Company will pay for the employee to get a certification from a second doctor, which Company will select. Company may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, Company requires the opinion of a third doctor. Company and the employee will mutually select the third doctor, and Company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits hereunder pending the second and/or third opinion.

I. CERTIFICATION FOR THE FAMILY MEMBER'S SERIOUS HEALTH CONDITION

Company requires certification for the family member's serious health condition. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition (<https://www.dol.gov/whd/forms/WH-380-E.pdf>).

Company may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. Company will not use the employee's direct supervisor for this contact. Before Company makes this direct contact with the health care provider, the employee will be given an

opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, Company will obtain the employee's family member's permission for clarification of individually identifiable health information.

Company has the right to ask for a second opinion if it has reason to doubt the certification. Company will pay for the employee's family member to get a certification from a second doctor, which Company will select. Company may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, Company requires the opinion of a third doctor. Company and the employee will mutually select the third doctor, and Company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

J. CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

Company requires certification of the qualifying exigency for military family leave. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave (<https://www.dol.gov/whd/forms/WH-384.pdf>).

K. CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE

Company requires certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember (<https://www.dol.gov/whd/forms/WH385.pdf>).

L. RECERTIFICATION

Company may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every thirty (30) days and only when circumstances have changed significantly, or if Company receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, Company may request recertification for the serious health condition of the employee or the employee's family member every six (6) months in connection with an FMLA absence. Company may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

M. PROCEDURE FOR REQUESTING FMLA LEAVE

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the Human Resources Director. Within five (5) business days after the employee has provided this

notice, the Human Resources Director will complete and provide the employee with the DOL Notice of Eligibility and Rights & Responsibilities (<https://www.dol.gov/whd/forms/WH-381.pdf>).

When the need for the leave is foreseeable, the employee must provide Company with at least thirty (30) days' notice, to be given to the Human Resources Director. When an employee becomes aware of a need for FMLA leave less than thirty (30) days in advance, the employee must provide notice of the need for the leave to the Human Resources Director either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with Company's usual and customary notice and procedural requirements for requesting paid time off, absent unusual circumstances.

N. DESIGNATION OF FMLA LEAVE

Within five (5) business days after the employee has submitted the appropriate certification form, the Human Resources Director will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice (<https://www.dol.gov/whd/forms/WH-382.pdf>).

O. INTENT TO RETURN TO WORK FROM FMLA LEAVE

On a basis that does not discriminate against employees on FMLA leave, Company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

P. FAILURE TO RETURN FROM LEAVE

An employee who fails to return from leave on an agreed upon return date without communication that further FMLA leave is necessary, will be presumed to have terminated such employee's employment.

RECEIPT AND ACKNOWLEDGEMENT

Bella Mente reserves the right to change the contents of this Manual at any time. No changes in any benefit, policy or rule will be made without due consideration to the effect such changes will have on you as an employee and on Bella Mente

I acknowledge receipt and have read the Manual. I understand the policies, rules and benefits described within this Manual and acknowledge that Bella Mente reserves the right to change the contents of this Manual at its discretion.

I acknowledge that my employment may be terminated "at will", either by myself or Bella Mente Inc., regardless of length of employment. I acknowledge that no contract of employment, other than "at will" has been expressed or implied and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing.

I acknowledge that during my course of employment with Bella Mente confidential information may be made available to me and this information will not be disclosed or used outside of the scope of my position at Bella Mente

I acknowledge the policies, procedures; rules and benefits set forth in this Manual revoke all previous inconsistent policies and procedures for Bella Mente as of the effective date of this Manual. I also acknowledge it is my responsibility to be familiar with these policies and any changes or modifications thereto.

My signature below acknowledges that I have read the above statements and received a copy of the Bella Mente PCA Policy Manual.

(Signature)

Dated: _____

(Printed Name)