



WHITE GLOVE COMMUNITY CARE
ORIENTATION PROGRAM
HHA/PCA HANDBOOK
AFFIRMATIONS

TOPIC	INITIAL
1. MISSION AND PHILOSOPHY STATEMENT	
2. HHA/PCA JOB DESCRIPTION	
3. HUMAN RESOURCE POLICIES	
4. SICK AND SAFE LEAVE	
5. WORKPLACE HARASSMENT	
6. SEXUAL HARASSMENT	
7. HIV CONFIDENTIALITY/HIPAA INFORMATION	
8. CORPORATE COMPLIANCE PLAN	
9. PATIENT BILL OF RIGHTS	
10. INCIDENT/ACCIDENT	
• GRIEVANCES/COMPLAINTS	
11. WGCC PAYROLL & BENEFITS	
12. WAGE PARITY LAW	
13. ELECTRONIC VISIT VERIFICATION (EVV)	
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17. EMERGENCY DISASTER PREPAREDNESS	
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19. DEPRESSION SCREENING EDUCATION	
20. GENDER AFFIRMING CARE: LGBTQIA+ RIGHTS FOR CLIENTS AND PATIENTS	

I have received the White Glove Community Care Orientation Program HHA/PCA Handbook containing the above information, as well as detailed explanation of the documents included.

EMPLOYEE'S NAME, TITLE

SIGNATURE

DATE

INSTRUCTOR'S NAME, TITLE

SIGNATURE

DATE



JOB DESCRIPTION HOME HEALTH AIDE/PERSONAL CARE AIDE

ACKNOWLEDGEMENT FORM

I have received a copy of the job description for my position. I have reviewed this job description, and I understand all my job duties and responsibilities. I am able to perform the essential functions as outlined. I understand that my job may change on a temporary or regular basis according to the needs of my location or department without it being specifically included in the job description. If I have any questions about job duties not specified on this description that I am asked to perform, I should discuss them with my immediate supervisor or a member of the Human Resources staff.

I have discussed any questions I may have had about this job description prior to signing this form.

Print Full Name

Signature

Date



EMPLOYEE ACKNOWLEDGEMENT FORM

I understand that the White Glove Community Care Employee Handbook generally describes important information about my employment with the Agency, and I will consult Human Resources regarding any questions not answered in the Handbook. I have received the Handbook electronically, and I understand that it is my responsibility to read and comply with the policies contained in the Handbook and any revisions made to it. **Furthermore, I acknowledge that this Handbook is not a contract of employment.**

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Handbook may occur. Such changes may or may not be communicated in advance, and I understand that revised information may supersede, modify, or eliminate existing policies.

Additionally, by signing below, I understand that any and all telephone conversations or transmissions, electronic mail or transmissions, or internet access or usage by an employee by any electronic device or system, including but not limited to the use of a computer, telephone, wire, radio or electromagnetic, photoelectric or photo-optical systems may be subject to monitoring by the Agency at any and all times and by any lawful means.

I have entered into my employment relationship with White Glove Community Care voluntarily and acknowledge that there is no specified length of employment. Accordingly, either the Agency or I can terminate the relationship at will, with or without cause, at any time.

EMPLOYEE'S NAME (TYPED OR PRINTED)

EMPLOYEE'S SIGNATURE

DATE



Notifications via SMS/email from
White Glove Community Care

I, _____, acknowledge that by providing White Glove Community Care with my phone number and my email during the application/onboarding process, I am agreeing to receive notifications via SMS/email from White Glove Community Care and any third party affiliates used by White Glove Community Care.

Employee Signature: _____ Date: _____

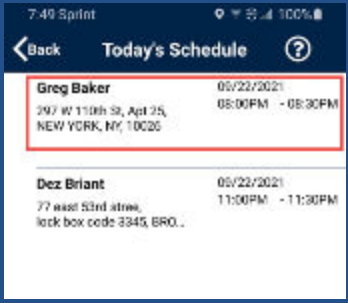
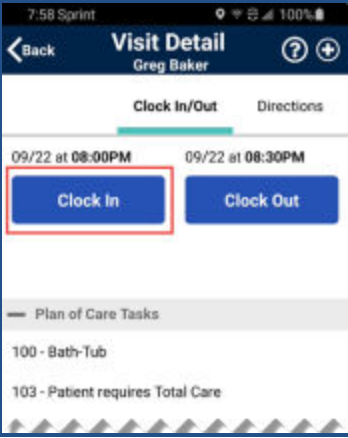
Print Name: _____

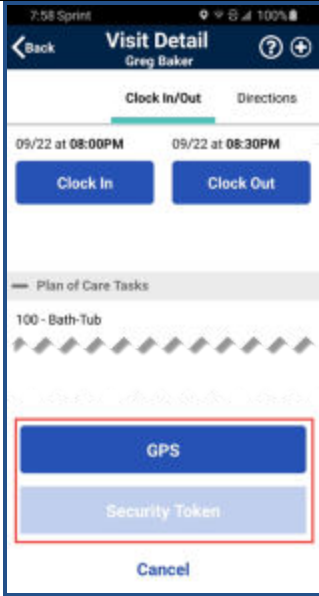
Clocking In and Out

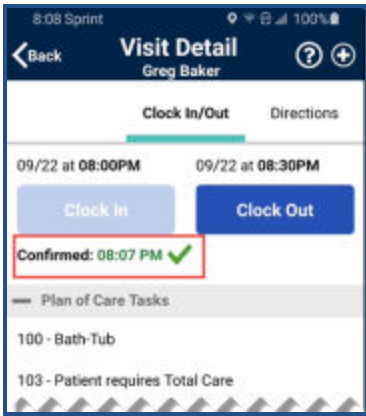
Tip: You can press **Ctrl-F** on your keyboard to search this topic.

This topic provides the steps involved when Clocking In and Out of a Visit, as well as entering POC Duties and Patient Signatures.

Clocking In

Step	Action
1	<p>Select Today's Schedule from the Main Screen. Select the appropriate visit. In this example, Greg Baker.</p> 
2	<p>When the Clock-In/Out tab of the Visit Details page opens, tap Clock In.</p>  <p style="text-align: center;">Clock In/Out Tab</p>
3	<p>Select either GPS or Security Token to submit an EVV.</p> <p>Note: The term Security Token refers to the FOB Device.</p>

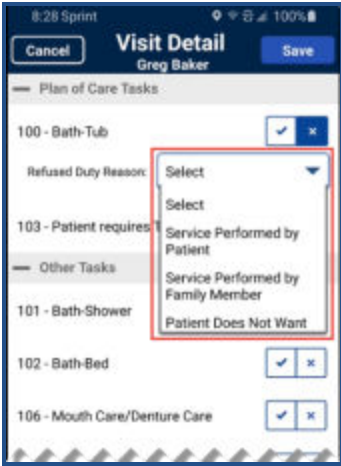
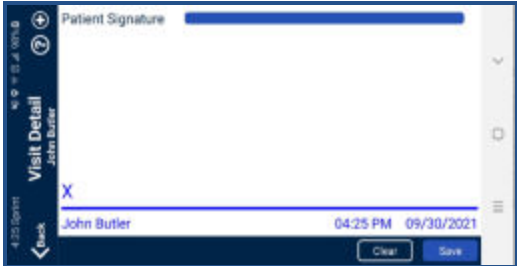

Step	Action
	


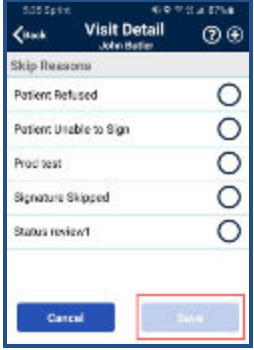
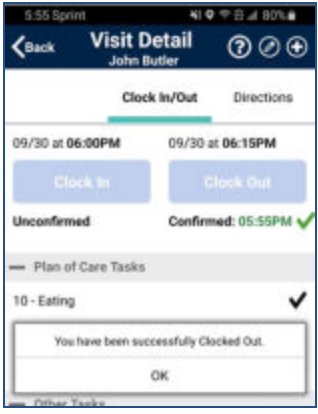
4	<p>A successful EVV displays in green under Clock In (now disabled), as shown.</p> <p>Note: Unsuccessful EVV placement times display in red instead of green.</p>  <p style="text-align: center;">Successful EVV</p>
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5	<p>From the <i>Visit Detail</i> page, Caregivers can also access the following:</p> <table border="1" data-bbox="165 1360 1521 1669"> <thead> <tr> <th data-bbox="165 1360 422 1402">Options (Tab)</th> <th data-bbox="422 1360 1521 1402">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="165 1402 422 1476"><i>Directions tab</i></td> <td data-bbox="422 1402 1521 1476">Syncs to the mobile device’s GPS to provide directions to the visit location. Refer to the Directions Map section below for further details.</td> </tr> <tr> <td data-bbox="165 1476 422 1549"><i>Patient Info tab</i></td> <td data-bbox="422 1476 1521 1549">Displays the Patient’s name, any phone numbers connected to the profile, their address, and emergency contacts.</td> </tr> <tr> <td data-bbox="165 1549 422 1623"><i>Care Plan tab</i></td> <td data-bbox="422 1549 1521 1623">Contains the Patient’s Plan of Care (POC), listing each duty in detail, describing how often it is required, and including additional instructions.</td> </tr> <tr> <td data-bbox="165 1623 422 1669"><i>Notes tab</i></td> <td data-bbox="422 1623 1521 1669">Maintains a record of notes the Caregiver or Agency makes for the Visit.</td> </tr> </tbody> </table>	Options (Tab)	Description	<i>Directions tab</i>	Syncs to the mobile device’s GPS to provide directions to the visit location. Refer to the Directions Map section below for further details.	<i>Patient Info tab</i>	Displays the Patient’s name, any phone numbers connected to the profile, their address, and emergency contacts.	<i>Care Plan tab</i>	Contains the Patient’s Plan of Care (POC), listing each duty in detail, describing how often it is required, and including additional instructions.	<i>Notes tab</i>	Maintains a record of notes the Caregiver or Agency makes for the Visit.
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Clocking Out

Step	Action
1	When the Visit is completed, tap Clock Out on the <i>Clock In/Out</i> page. If the Visit included a Plan of Care (POC), the Caregiver is prompted to select the duties performed.

Step	Action
	<p>Select the checkmark for duties performed or the X for duties refused.</p> <p>In addition, select the Refused Duty Reason (if the Agency requires it) when a duty is marked refused.</p> <p>Note:When servicing Mutual Patients, the Caregiver must enter separate POC duties for each Patient.</p>  <p style="text-align: center;">Enter POC Duties</p>
<p style="text-align: center;">2</p>	<p>If the Contract authorizing the Visit requires a Patient Signature, the Caregiver must obtain the signature on the device to process the Visit.</p>  <p style="text-align: center;">Skip Signature Disabled</p>  <p style="text-align: center;">Patient Signature Required Alert</p> <p>Note: The Patient Signature may be required at Clock In and/or Clock Out depending on the Contract authorizing the Visit. This feature is configured by the Agency.</p>
<p style="text-align: center;">3</p>	<p>If the Agency allows the Caregiver to skip the Patient Signature, the Caregiver is prompted to tap Skip and select the reason why the Patient cannot sign (required).</p>

Step	Action
	<div style="text-align: center;">  <p>Skip Signature Enabled Alert</p> <p>The Save button is unavailable until a reason is selected.</p>  <p>Select/Save Skip Reason</p> </div>
<p>4</p>	<p>Tap Save when the required screens are completed to return to the <i>Visit Details</i> page with a confirmation message (as shown).</p> <p>Tap OK to return to the home screen.</p> <div style="text-align: center;">  <p>Clock Out Confirmation</p> </div>

For standard Clock IN and OUT of *Linked and Mutual Patient Visits*, refer to [Clock In and Out of Linked and Mutual Visits](#).

Visit Notes

Visit Notes can be entered during or after a Visit. Follow the steps outlined below to enter a Visit Note.

Step	Action
<p>1</p>	<p>From the Visit Details page, tap the Add Note icon (the circled plus sign), as shown.</p>

**White Glove Community
Care, Inc,**

**MEDICAID COMPLIANCE PLAN
AND POLICIES**

May 7, 2023

**To reach the Chief Compliance Officer, Beverly Moore, LPN,
please call 1-718-828-2666, ext. 4007 or email
complianceofficer@whiteglovecare.net, or call the anonymous
Compliance Hotline (929-468-9080)**

INTRODUCTION AND STATEMENT FROM THE GOVERNING AUTHORITY

White Glove Community Care, Inc. (the “**Company**”), including its board of directors (the “**Governing Authority**”), and the members of its senior management team, are committed to conducting themselves in accordance with the highest level of business and ethical standards and in compliance with all applicable Federal, State and local laws, regulations, and rules. The Company believes the best method to ensure consistency and compliance with applicable laws, rules and regulations, and to avoid fraud, waste and abuse, is through the establishment and implementation of a robust and effective compliance program (the “**Compliance Program**”).

The Company will designate an individual to serve as the Chief Compliance Officer (“**CCO**”). The CCO will be the focal point for the Company’s Compliance Program and is responsible for the day-to-day operations of the Compliance Program. If you have any questions regarding the Compliance Program, please contact the CCO.

The purpose of the Compliance Program is to assist all persons who are affected by the Company’s Risk Areas (defined below) including the Company’s employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, members of the Governing Authority and corporate officers (collectively, the “**Affected Individuals**”), in maintaining compliance with applicable laws, rules, regulations and program requirements through the development and implementation of internal controls, policies, and procedures that promote compliance.

The Compliance Program is intended to: (a) prevent both inadvertent and intentional noncompliance with applicable statutory, regulatory and other requirements; (b) promote the detection of noncompliance if it occurs; (c) discipline offenders when appropriate; and (d) educate Affected Individuals on the importance of compliance and the Company’s compliance policies and procedures. The Compliance Program is designed to be an integral part of all aspects of the Company’s operations, including billing; payments; ordered services; medical necessity; quality of care; governance; mandatory reporting; credentialing; contractor, subcontractor, agent or independent contract oversight; and other risk areas identified by the Company through its organizational experience (collectively, “**Risk Areas**”).

I. WRITTEN POLICIES AND PROCEDURES

The Company maintains written policies and procedures that articulate the Company's (a) commitment and obligation to: comply with all applicable Federal and State laws, regulations, rules and standards applicable to the Company's Risk Areas; (b) describe compliance expectations as embodied in Standards of Conduct; (c) document and outline the implementation and ongoing operation of the compliance program; (d) provide guidance to Affected Individuals on dealing with potential compliance issues; (e) identify the methods and procedures for communicating compliance issues to the appropriate compliance personnel; (f) describe how potential compliance issues are investigated and resolved; and (g) describe the procedures for documenting the investigation of compliance issues and the resolution or outcome. Copies of policies and

procedures referenced in this Section I may be obtained from the CCO at any time. Copies of the Compliance Plan, and applicable policies and procedures, will be provided to all Affected Individuals upon orientation and in the event they are subsequently modified.

A. The Compliance Plan.

The core elements of the Compliance Program and its functions, policies, and procedures are described in this Compliance Plan and Policies (the “**Compliance Plan**”). The Compliance Plan is intended to reflect the commitment of the Company and its Governing Authority to comply with all Federal, State and local laws, rules, regulations and standards, including 18 NYCCR Part 521-1 (“**OMIG Compliance Regulations**”). All Affected Individuals are required, as a condition of employment (or contracting), to comply with and actively participate in the Company’s Compliance Program. Affected Individuals are expected to review this Compliance Plan in detail upon hire and periodically thereafter. As a condition of employment or contracting, all Affected Individuals assume responsibilities for carrying out the functions of this Compliance Plan. All employees, from senior management to front-line staff, shall be required to certify that they have received, read, understand, and agree to abide by the Compliance Plan upon hire and as part of annual compliance training thereafter.

This Compliance Plan is applicable to the Company’s contractors, agents, subcontractors, and independent contractors (collectively, “**Contractors**”) to the extent the services provided by such Contractors relate to one or more Risk Area(s). All such Contractors shall be provided with a copy of this Compliance Plan and any Company policies related to the Risk Area(s) relevant to the Contractor's performance of its contractual obligations. All Contractors are required to acknowledge annually that they have received, read, understand, and agree to comply with this Compliance Plan. Contractors may satisfy this requirement by implementing a compliance plan within their own organization that satisfies the requirements of New York’s Social Services Law § 363-d, provided that the Company shall have the right to audit the Contractor's compliance plan operations and performance, and that the Contractor is required to timely notify the Company of any instances of non-compliance, and any identified overpayments, that relate to or implicate the Contractor's relationship with the Company. These requirements shall be set forth in the written contract or agreement with such Contractor. Provisions relating to the foregoing shall be incorporated in new contracts, and shall be incorporated in existing contracts upon renewal or in the event of amendment.

This Compliance Plan and its policies and procedures will be reviewed by the CCO, the Company, and the Governing Authority, at least annually to determine (a) if such written policies and procedures have been implemented; (b) whether Affected Individuals are adhering to such policies and procedures; (c) whether such policies and procedures are effective; and (d) whether any updates to such policies and procedures are required. This Compliance Plan and the Company's policies and procedures shall be updated as needed upon completion of this review.

B. Standards of Conduct.

It is the Company's policy to maintain the highest level of professional and ethical standards in the conduct of its business, which is embodied in formal Standards of Conduct adopted by the

Governing Authority of the Company. The Company places the highest importance upon its reputation for honesty, integrity and high ethical standards. A copy of the Company's Standards of Conduct is attached hereto as **Exhibit A**.

The Standards of Conduct will be distributed to all Affected Individuals. Affected Individuals other than Contractors are required to certify, upon hiring and on an annual basis thereafter, that they have read, understand, and agree to adhere to the Standards of Conduct. Contractors subject to this Compliance Program are required to certify, upon execution of any contract or agreement with the Company, that they either (1) have internal standards of conduct that protect against fraud, waste and abuse, with an emphasis on compliance, or (2) agree to adhere to the Company's Standards of Conduct in their performance of their contract with the Company throughout its term.

The Standards of Conduct will be reviewed by the CCO, the Compliance Committee, and the Governing Authority, at least annually to determine (a) if the Standards of Conduct have been implemented; (b) whether Affected Individuals are adhering to the standards set forth therein; (c) whether such standards are effective; and (d) whether any updates to the Standards of Conduct are required. The Standards of Conduct shall be updated as needed upon review to ensure that the Company maintains the highest possible standards of compliance. Any changes to the Standards of Conduct will be approved by the Governing Authority and distributed to Affected Individuals.

C. Operating Policies and Procedures Related to Billing and Payment Integrity.

1. Claims Submission, Billing and Payments Policies. It shall be the policy of the Company to: (i) provide for sufficient and timely documentation of all services, including subcontracted services, prior to billing to ensure that only accurate and properly documented services are billed; (ii) submit claims only when appropriate documentation is maintained, appropriately organized in legible form, and available for audit and review; (iii) compensate billing department personnel and billing consultants only in a manner that does not offer any financial incentive to submit claims regardless of whether they meet applicable coverage criteria for reimbursement or accurately represent the services rendered; and (iv) establish and maintain a process for pre and post submission review of claims to ensure that claims submitted for reimbursement accurately represent medically necessary services actually provided, supported by sufficient documentation, and in conformity with any applicable coverage criteria for reimbursement (including without limitation 18 NYCRR Subchapter E, as applicable, and 10 NYCRR Part 766). In anticipation of claims being made to Medicaid, services should be evaluated for appropriateness and must be consistent with the patient's plan of care.

Any inconsistencies in documentation or reports of impropriety with regard to claim development and submission will be investigated by the CCO. If errors or impropriety in claim development and submission are substantiated, necessary restitution will be made by the Company and the individual or individuals responsible will face disciplinary action with consequences ranging from re-training to dismissal.

Authorized Services. Claims should only be submitted for services for which the Company has documentation of authorization by a physician or other authorized clinician, as required by applicable law, and which are consistent with the patient's treatment plan (10 NYCRR Part 766).

All services for which reimbursement is sought must be performed and documented in accordance with New York State Department of Health (“DOH”) regulations (10 NYCRR Part 766.12).

Plan of Care. The Company must take all responsible steps to ensure that a plan of care is developed in accordance with the authorization. The plan of care must be dated and signed, and reviewed and updated as required by applicable law. (10 NYCRR Part 766.3).

2. Record Retention Policy. The Company will retain all records and related documentation in the following manner:

A. General Record Retention Policy.

The Company has implemented a general record retention policy to ensure all medical records and other related records are retained in accordance with applicable Federal and State laws, rules and regulations. In the event the Company is subject to an audit or investigation by a governmental agency having jurisdiction over the Company, the Company shall continue to preserve and maintain relevant records until the later of the applicable statutory record retention period or the completion of such audit or investigation, including any appeals.

B. Compliance Record Retention Policy.

It shall be the policy of the Company to maintain all records related to the adoption and implementation of the Compliance Program, including without limitation all adopted versions of this Compliance Plan and related policies and procedures, audit and investigation materials, corrective actions, training documentation, meeting minutes, compliance work plans and audit work plans, and any other documentation required to be maintained by this Compliance Plan or applicable Federal or State laws, rules or regulations, including without limitation the OMIG Compliance Regulations, for a period of not less than six (6) years from the date that such record was created. This requirement shall be interpreted to require the maintenance of copies of the Compliance Plan and all policies and procedures that were in effect for the preceding six (6) year period, even if the Plan or such policies and procedures were adopted prior to such six year period.

3. Reporting and Return of Overpayments. It shall be the policy of the Company to identify, investigate, report and return overpayments in accordance with the following overpayments policy:

A. Purpose.

To establish a process to report, return, and explain any overpayments of Medicaid funds within sixty (60) days of identification in accordance with Federal and State law. An overpayment includes any amount not authorized to be paid under the Medicaid program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, or abuse. Overpayments may include, without limitation:

- Duplicate payments
- Payments for incorrect dates of service
- Incorrect payment amounts

- Incorrect Payer Responsibility/Coordination of Benefits (COB)
- A simple billing error or mistake
- A violation of the False Claims Act, Stark or Anti-Kickback Laws, or Civil Monetary Penalties Statute, or
- Other reasons the Company may not be entitled to payment.

B. Responsibility.

All Affected Individuals are required to promptly report potential or actual instances of non-compliance, including those that may give rise to overpayments, to the CCO as soon as the overpayment or potential overpayment is identified. The CCO is responsible for conducting or overseeing an appropriate investigation and ensuring compliance with this policy and all ACA (defined below) and OMIG overpayment reporting requirements (18 NYCRR Part 521-3).

C. Procedures.

All overpayments of Medicaid funds discovered by the Company must be reported, returned, and explained in writing within sixty (60) days of the date they are identified as required by section 6402(a) of the Affordable Care Act of 2010 ("ACA") and applicable Federal, state and local laws and regulations (see, e.g., OMIG Regulations at Part 521-3). Failure to exercise reasonable diligence in identifying an overpayment can result in an inference of knowledge and sanctions under Federal and State law. Failure to timely report and return any Medicaid overpayment can have severe consequences, including potential liability under the State and Federal False Claims Act, as well as the imposition of civil monetary penalties and exclusion from the Medicaid program.

All potential Medicaid overpayments will be investigated by the CCO in conjunction with appropriate staff. If an overpayment is identified, the CCO will ensure that the overpayment is reported, returned, and explained to Medicaid in accordance with applicable self-disclosure processes or other permissible processes, within sixty (60) days of identification. The CCO shall confer with outside legal counsel prior to making a determination whether the overpayment requires self-disclosure.

All records related to the Company's compliance with this policy will be maintained by the CCO in compliance with the Company's records retention policy, but in no case for a period of less than six (6) years.

4. Third-Party Liability. It shall be the policy of the Company that all reasonable measures shall be taken to ascertain the legal liability of third parties, for the purpose of, as consistent with Section 1902 of the Social Security Act, ensuring Medicaid is the payor of last resort.

A. Responsibility.

The policy is applicable to all Affected Individuals responsible for billing Medicaid.

B. Procedures.

The Company shall implement the following procedures in accordance with this Policy:

- Disclosure of potential third party resources will be required on all Medicaid claim forms.
- Investigation will be conducted by the billing personnel to determine the existence of potential third parties that may be legally responsible to pay for the services to be billed, prior to actually billing Medicaid.
- Any payment and/or reimbursement shall be sought from all potential third party payors prior to submitting the claim to Medicaid.
- In the event the Company receives payment and/or reimbursement from a liable third party, Affected Individuals responsible for billing shall either: (a) apply such payment to reduce any Medicaid claim; or (b) repay the Medicaid program within thirty (30) days after the third party reimbursement is received, if the claim was submitted before the third party's liability was ascertained.

Relevant citations: 42 USC 1396a(a)(25); 18 NYCRR § 540.6.

D. Employee and Business Relationship Integrity.

The policies and procedures of the Company are designed to maintain employee and business relationship integrity. These policies are described below.

1. Excluded Providers. In accordance with the requirements of applicable Federal and State law, including relevant OMIG Compliance Regulations (see 18 NYCRR Section 521-1.4(g)(3)), the Company will confirm the identity and determine the exclusion status of all Affected Individuals.

The Company will review the following Federal and State databases at least every thirty (30) days to determine the exclusion status of personal Affected Individuals:

- New York State Office of the Medicaid Inspector General Restricted and Excluded Providers database; and
- Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities; and
- Excluded Parties List System (EPLS).

The Company requires Contractors to comply with the provisions of this Policy by completing required exclusion checks for all persons employed or contracted with the Contractor.

2. Screening Policies and Procedures. The Company has implemented the following screening policies in accordance with industry best practices, applicable OMIG Compliance Regulations, and other applicable Federal and State law.

- It is the policy of the Company that all employees, prospective employees, and other Affected Individuals, as applicable, are subject to exclusion screening on a monthly basis in accordance with the Company's exclusion policy set forth above. The Company will prohibit the employment of individuals that are ineligible for participation in federal health programs or the Medicaid program. The purpose of this policy is to preclude: (a) payment by the Medicaid program for medical care, services or supplies ordered or prescribed by any person who is excluded from participation in the federal health care programs; and (b) involvement by such excluded persons in activities related to the furnishing of such medical care, services or supplies. This screening policy is conducted in the manner set forth under Section I(D)(1) of this Compliance Plan.
- It is the policy of the Company that new or prospective employees be subject to initial screening to determine engagement in illegal activities or other conduct inconsistent with the Company's Standards of Conduct and the goals of this Compliance Plan, to the extent permitted by applicable Federal, State or Local law. The initial screening shall include a criminal history record check in accordance with applicable DOH Regulations and Company policy. Such initial screening shall demonstrate the Company's use of reasonable efforts to ensure this Compliance Plan remains effective.
- For all new employees with discretionary authority to make compliance decisions or with compliance oversight, the Company will conduct a reasonable and prudent review of the information obtained during the application process, including a reference check as part of evaluating candidates for employment by the Company.
- The Company will prohibit the employment of individuals that do not meet all statutory or regulatory requirements for providing services to federal health programs or the Medicaid Program. Prior to employment and at regular intervals thereafter, the Company will verify that an individual has all required licenses, certifications and other required credentials, and has received all required training.

3. Stark and Anti-Kickback Statutes. The Company has in place appropriate policies and procedures for compliance with Federal and State anti-kickback statutes, as well as the Stark physician self-referral law, and the New York State anti-self-referral laws and regulations, both within the Company and among its contractors. 42 U.S.C. § 1320a-7b(b); 42 USC § 1395nn; N.Y. Public Health Law § 238-a. These policies provide that:

- All of the Company's contracts and arrangements with actual or potential referral services are reviewed by counsel and comply with applicable statutes and regulations;
- The Company does not submit or cause to be submitted to Federal health care programs claims for patients who were referred to the Company pursuant to contracts or financial arrangements that violate the anti-kickback statute, Stark physician self-referral law or similar Federal or State statutes and regulations; and
- The Company does not offer or provide gifts, free services, or other incentives to patients, relatives of patients, physicians, hospitals, contractors, other home care providers, or other potential referral sources, for the purpose of inducing referrals.

4. Compliance as an Element of Performance Evaluations. It is the policy of the Company that adherence to this Compliance Plan is a factor in evaluating the performance of all employees (including officers, senior management and line-staff).

5. Conflicts of Interest. The Company has in place policies and procedures to ensure that the outside financial and other personal interests of all employees, officers, senior managers and members of the governing body do not compete with the interests of the Company or influence decisions or actions taken on behalf of the Company.

6. Deficit Reduction Act. The OMIG Compliance Regulations require the Company to comply with the federal Deficit Reduction Act. The federal Deficit Reduction Act requires recipients of federal health care program funds to include in its policies and procedures detailed information regarding the federal False Claims Act, the Federal Program Fraud Civil Remedies Act, applicable state civil and criminal laws intended to prevent and detect fraud, waste, and abuse in federal health care programs, and whistleblower protections afforded under such laws. A copy of the Company's Deficit Reduction Act policy is attached as **Exhibit B**. If you have questions regarding any of the laws discussed in Exhibit B, please contact the CCO.

E. Prohibition against Retaliation and Intimidation.

No Affected Individual who in good faith reports a suspected compliance problem shall suffer harassment, retaliation, intimidation, or adverse employment consequence. Any person who retaliates against or intimidates a person for (a) reporting potential compliance issues to appropriate personnel; (b) participating in the investigation of potential compliance issues; (c) participating in self-evaluations; (d) participating in audits; (e) participating in remedial actions; (f) reporting instances of intimidation or retaliation; or (g) reporting potential fraud, waste or abuse to the appropriate State or Federal entities, will be subject to discipline. Disciplinary action for violations of this policy may include termination of employment or contract, or any other action pursuant to the disciplinary policy set forth in this Compliance Plan.

The Company enforces this policy against retaliation and intimidation fairly and consistently among all Affected Individuals, regardless of their position within the Company.

II. DESIGNATION OF A CHIEF COMPLIANCE OFFICER

A. Chief Compliance Officer.

The Company will, at all times, designate an individual to serve as the CCO. The CCO will be the focal point for the Company's Compliance Program and is responsible for the day-to-day operations of the Compliance Plan. Any questions or concerns relating to any compliance related matter should be immediately referred to the CCO.

**The Chief Compliance Officer is Beverly Moore, LPN.
Ms. Moore can be reached directly by telephone (1-718-826-2666,
ext. 4007); e-mail (complianceofficer@whiteglovecare.net); or in
person at her office.**

In addition, anonymous reports to the CCO can be made by calling White Glove’s anonymous Compliance Hotline (929-468-9080).

The primary responsibilities of the Company’s CCO shall include the following:

- Overseeing and monitoring the adoption, implementation and maintenance of the Compliance Plan and evaluating its effectiveness;
- Drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rules, regulations, policies and standards, a compliance work plan which shall outline the Company's proposed strategy for meeting its compliance program obligations for the upcoming year, with a specific emphasis on (a) written policies and procedures; (b) training and education; (c) auditing and monitoring; and (d) responding to compliance issues;
- Reviewing and revising the (a) Compliance Plan; (b) written policies and procedures; and (c) Standards of Conduct, to incorporate changes based on the Company’s organizational experience and changes to Federal and State laws, rules, regulations, policies and standards;
- Reporting directly, on a regular basis, but no less frequently than quarterly, to the Company’s Governing Authority, chief executive, and Compliance Committee, hereinafter defined, on the progress of adopting, implementing, and maintaining the Compliance Plan;
- Assisting the Company in establishing methods to improve the Company's efficiency and quality of services, and reducing the Company's vulnerability to fraud, waste and abuse;
- Investigating and independently acting on matters related to the Compliance Plan, including designing and coordinating internal investigations, as well as documenting, reporting, coordinating, and pursuing any resulting corrective action internally, as well as with Contractors and the State;
- Ensuring that all of Affected Individuals have read and understood this Compliance Plan, and obtain a signed acknowledgment from Affected Individuals;
- Ensuring that Affected Individuals have read, understood and agree to abide by the Company’s Standards of Conduct (or with respect to Contractors, have adopted standards of conduct that satisfy the OMIG Compliance Regulations);
- Ensuring that exclusion checks are conducted in accordance with this Compliance Plan;
- Fostering a “culture of compliance” within the Company by regularly communicating compliance expectations, and publicizing the anonymous Compliance Hotline and other ways of communicating with the CCO (such as through compliance posters);
- Conducting an annual review of the Company's compliance efforts to be provided to the Governing Authority;
- Regularly monitoring the Compliance Plan and Compliance Program to improve its effectiveness;
- Monitoring proposed and enacted changes in laws, rules, regulations and program guidelines applicable to the Company and ensuring that any such changes are adopted and implemented, including updating the Company’s policies and procedures, providing training as appropriate, and using the Compliance Program’s auditing and monitoring processes to ensure such changes have been effective in practice;

- Developing, coordinating and participating in compliance education and training programs and ensuring that staff are properly educated and trained concerning compliance, and attending annual compliance training as a participant;
- Receiving, responding to, and investigating complaints and concerns submitted through the anonymous Compliance Hotline and other lines of communication to the CCO;
- Maintaining a log of all compliance complaints and concerns, including the source of the complaint, the issue, the status of the investigation, and the resolution;
- Ensuring that disciplinary policies for non-compliant behavior, participation in non-compliant behavior, and the encouragement, direction, facilitation or allowance of noncompliant behavior, is firmly and fairly enforced;
- Conducting or overseeing ongoing internal and external audits and reviews to assess the Company's compliance with applicable laws, rules and regulations;
- Ensuring that policies, procedures and processes found to be ineffective or outdated are revised;
- Monitoring and identifying Risk Areas that should be the focus of the Company's annual audit plan and preparing and implementing the Company's annual audit plan;
- Investigating, responding to, correcting and preventing compliance issues;
- Developing and overseeing the implementation of corrective action plans, and ensuring that the implementation of corrective action plans are effective in preventing further non-compliance;
- Reporting and returning overpayments identified through the Compliance Program in accordance with the Company's overpayments policy;
- Enforcing the Company's policy against retaliation and intimidation; and
- Taking actions the CCO deems necessary to ensure that Contractors are familiar with the Compliance Program, receive compliance training, and abide by the Compliance Plan.

The CCO shall report directly to and be accountable to the Company's chief executive or another senior manager whom the chief executive may designate for reporting purposes provided, however, such designation does not hinder the CCO's ability to carry out their primary responsibilities and to access the chief executive and Governing Authority.

The primary responsibilities of the CCO set forth above may be the sole duties of the CCO, or the CCO may be assigned additional duties, depending on the size, complexity, resources, and culture of the Company and the complexity of the duties in question, provided that such additional duties do not hinder the CCO in carrying out their compliance responsibilities.

The Company will ensure that the CCO is allocated sufficient staff and resources to satisfactorily perform their primary responsibilities for the day-to-day operation of the Compliance Program based on the Company's Risk Areas. The Company shall further ensure that the CCO and appropriate compliance personnel have access to all records, documents, information, facilities and Affected Individuals that are relevant to carrying out their primary responsibilities under this Compliance Plan.

B. Compliance Committee. The Company has established a compliance committee ("Compliance Committee") to work with the CCO in pursuit of the Company's compliance-related goals, to manage risk, and to continuously improve organizational performance. The

Compliance Committee assists the CCO with implementation of the Compliance Program and ensuring the Company is conducting its business in an ethical and responsible manner, consistent with this Compliance Plan. The Compliance Committee provides a mechanism to coordinate and integrate compliance activities across all Risk Areas.

Membership in the Compliance Committee shall be comprised of senior managers that represent functions that impact the Risk Areas. The Compliance Committee shall report directly and be accountable to the Company's chief executive and Governing Authority.

The Compliance Committee shall meet no less frequently than quarterly. Compliance Committee meetings may be held in conjunction with other Company committee meetings, such as a quality assurance committee.

The Compliance Committee shall be governed by a written compliance committee charter (the "**Charter**"). The responsibilities of the Compliance Committee shall be set forth in the Charter and shall include:

- Coordinating with the CCO to ensure written policies, procedures, and Standards of Conduct are current, accurate and complete, and that training required by this Compliance Plan is timely completed;
- Coordinating with the CCO to ensure communication and cooperation by Affected Individuals on compliance related issues, internal or external audits, or any other function or activity required by this Compliance Plan;
- Advocating for the allocation of sufficient funding, resources and staff for the CCO to fully perform their responsibilities;
- Ensuring the Company has effective systems and processes in place to identify compliance program risks, overpayments and other related issues, and effective policies and procedures for correcting and reporting such issues;
- Advocating for adoption and implementation of required modifications to this Compliance Plan;
- Propose revisions to the Compliance Plan as warranted;
- Establish compliance policies and procedures across the organization deriving from the Compliance Plan;
- Implement compliance initiatives and measure their effectiveness based upon an approved audit methodology;
- Redesign compliance initiatives, policies and procedures as necessary;
- Review compliance investigations and assist the CCO in conducting such investigations, as necessary;
- Recommend and enforce action for actual compliance violations;
- Assist in the collection, review and analysis of data from compliance audits, and reporting its findings to the Governing Authority; and
- Serve as a risk management body with an emphasis on prevention of compliance issues, particularly fraud, abuse and waste.

The Charter shall be reviewed no less frequently than annually and updated as necessary. Annual reviews and revisions shall be appropriately documented.

III. TRAINING AND EDUCATION

A. General Compliance Training.

The Company has established and implemented an effective compliance training and education program for its CCO and all Affected Individuals. Compliance training and education will emphasize the importance of compliance practices which are essential to the operation of the Company, and the Company's commitment to detecting and preventing fraud, waste and abuse. In addition, the compliance training and will highlight key compliance issues and Risk Areas. The Standards of Conduct will be described during the compliance training and education, and copies of the same will be distributed.

The Company's compliance training has two essential objectives: (1) to train all Affected Individuals to perform their jobs in accordance with this Compliance Plan; and (2) to convey to all Affected Individuals that adherence to proper compliance practices is a condition of continued employment. The Company's compliance training and education program shall include, at a minimum, the following topics:

- The Company's Risk Areas;
- The Company's written policies and procedures set forth in this Compliance Plan;
- The role of the CCO and the Compliance Committee;
- Means for Affected Individuals to ask questions and report potential compliance-related issues to the CCO and senior management, including the obligation of Affected Individuals to report suspected illegal or improper conduct and the procedures for submitting such reports, and the protection from intimidation and retaliation for good faith participation in the Compliance Program;
- Disciplinary standards, specifically such standards related to this Compliance Plan and prevention of fraud, waste and abuse;
- The manner in which the Company responds to compliance issues and implements corrective action plans;
- Requirements specific to the Medicaid program and the services and treatments provided by the Company;
- Coding and billing requirements and best practices; and
- The Company's process for claim development and submission.

The CCO and all Affected Individuals shall complete the compliance training program required by Section III of this Compliance Plan no less frequently than annually. Contractors may satisfy these requirements by providing training directly to their personnel in accordance with their own compliance program, provided that such training satisfies the requirements of the OMIG Compliance Regulations and addresses the above elements, as applicable. The training and education required by this Section III shall be made a part of the orientation of new Affected Individuals and shall occur promptly upon hiring.

Training and education shall be provided in a form and format accessible and understandable to all Affected Individuals, consistent with Federal and State language and other access laws, rules or policies. All training under this Section III will be reflective of the skills and experience of

participants, utilize a variety of teaching methods, and include a post-evaluation for effectiveness. The Company will utilize appropriate training methods which may include distribution of written compliance materials (provided adequate systems exist for verification of completion, including without limitation, dated memos documenting distribution to all Affected Individuals), in-house training and outside seminars.

The CCO has developed and will maintain a training plan. The training plan will, at a minimum, (a) outline the abovementioned subjects or topics for training and education; (b) the timing and frequency of the training; (c) how attendance will be tracked; and (d) how the effectiveness of the training will be periodically evaluated.

New employees responsible for complicated tasks that involve potential legal exposure will be monitored closely until all required training is completed. For all Affected Individuals, participation in the mandatory training programs is a condition of continued employment (or contracting), and failure to comply with the training requirements will result in disciplinary action.

B. Specialized Training

The Company will provide more in-depth training on specific compliance issues to Affected Individuals whose job responsibilities implicate such specific compliance issues. Additional training will be provided as deemed necessary to address Risk Areas, implement corrective action, ensure the adoption of new or modified policies and procedures, or that are otherwise deemed necessary or appropriate by the CCO or the Compliance Committee.

IV. EFFECTIVE LINES OF COMMUNICATION

Open lines of communication between the CCO, Compliance Committee, Governing Authority, Medicaid patients, and all Affected Individuals, which protect the confidentiality of persons reporting compliance issues, is essential to the proper implementation of this Compliance Plan. All Affected Individuals and Medicaid patients, have access to such lines of communication and are encouraged to discuss compliance-related matters with their supervisors and/or the CCO. The Company designed the lines of communication to:

- Be accessible to all Affected Individuals and Medicaid recipients and provide forum for questions regarding compliance issues and manner to report such compliance issues.
- If the Company has a website, the Company will publish information about its Compliance Plan, including how to report compliance issues and contact the CCO, along with a copy of its Standards of Conduct, on its website.
- Protect of the confidentiality of persons reporting compliance issues, and maintain such confidentiality unless the matter is subject to disciplinary proceedings, referred to, or under investigation by the Medicaid Fraud Control Unit (MFCU), OMIG, or applicable State, Federal, or Local law enforcement, or if disclosure is required during a legal proceeding.
- Protect any such persons reporting compliance issues under the Company's non-intimidation and retaliation policy.

In addition, all Affected Individuals are advised:

- They must report conduct which a reasonable person would, in good faith, believe to be non-compliant, fraudulent or erroneous.
- They must refuse to participate in unethical or illegal conduct.
- The Company maintains several means through which Affected Individuals can report conduct they believe to be non-compliant, fraudulent, erroneous, wasteful, or abusive, including:
 - Anonymously through the Company's anonymous Compliance Hotline for reports of problems, non-compliance and suggestions to improve the Compliance Program;
 - Telephone the CCO at 1-718-826-2666, ext. 4007;
 - E-mail the CCO at complianceofficer@whiteglovecare.net; or
 - Report the activity to a supervisor or to the CCO in person.
- To knowingly fail or refuse to report non-compliant, fraudulent, or erroneous conduct is a violation of this Compliance Plan and can result in disciplinary action.

Assistance with identifying potential compliance issues, as well as any compliance related questions and concerns for Affected Individuals will be promptly addressed by the CCO.

The CCO will be responsible for promptly investigating and resolving all reports of fraudulent, erroneous or non-compliant conduct, including implementing appropriate corrective action. The confidentiality of all individuals who report fraudulent, erroneous or non-compliant conduct will be maintained by the CCO and Compliance Committee, unless the matter is subject to disciplinary proceedings, referred to, or under investigation by the Medicaid Fraud Control Unit (MFCU), OMIG, or applicable State, Federal, or Local law enforcement, or if disclosure is required during a legal proceeding.

V. DISCIPLINARY POLICY

All Affected Individuals are subject to the Company's disciplinary policy. All Affected Individuals who fail to comply with the written policies and procedures, Standards of Conduct, or State and Federal laws, rules and regulations, as set forth in this Compliance Plan will be subject to discipline. Disciplinary action in response to non-compliance or violations of this Compliance Plan is subject to escalation based on the severity of behavior, with intentional or reckless acts or repeated acts of non-compliance resulting in more severe disciplinary action. The Company's disciplinary policy embodies the expectation that all Affected Individuals (a) act in accordance with the Standards of Conduct and (b) must refuse to participate in unethical or illegal conduct.

The Company's disciplinary policy will be fairly enforced. Disciplinary actions may be taken against, and sanctions imposed upon, any Affected Individual, regardless of an individual's position within the Company. Discipline may include the following:

- Warnings (oral)
- Warnings (written)
- Reprimands (written)

- Probation
- Demotion
- Temporary suspension
- Discharge from employment, removal from the Governing Authority and/or removal as an officer, as applicable
- Referral for appropriate sanctioning by regulatory agencies and/or criminal prosecution
- Termination of contract or agreement, for cause, for Contractors.

VI. AUDITING AND MONITORING

The Company has established and will implement an effective system for the routine monitoring and identification of compliance risks. The system includes internal monitoring and audits, as well as external audits, as appropriate, to evaluate the Company's compliance with the requirements of the Medicaid program and the overall effectiveness of this Compliance Plan. The CCO is responsible for overseeing the auditing and monitoring activities set forth in this Section VI. All Affected Individuals are required to participate in and assist the CCO as requested in the implementation of these auditing and monitoring activities.

The Company's auditing and monitoring program is described below:

A. Timely Identification and Implementation of Changes in Laws, Regulations and Program Requirements.

The CCO will be responsible for staying abreast of changes to all laws, regulations and program guidelines applicable to the Company. The CCO will monitor Medicaid Updates, DOH guidance, OMIG Compliance Alerts, and other state and federal advisories, bulletins and publications that impact the Company for potential changes in the laws, regulations and program guidelines applicable to the Company.

The CCO shall also be responsible for implementing required changes to the Company's internal policies and procedures necessary to comply with changes to the laws, regulations and program guidelines applicable to the Company. The CCO will provide or arrange for additional training necessary or appropriate to explain changes to the laws, regulations and program guidelines to applicable Affected Individuals, and to ensure that such Affected Individuals understand the new requirements, policies and/or procedures.

B. Auditing and Monitoring of Risk Areas.

The Company will perform routine audits conducted by internal or external auditors who have expertise in state and federal Medicaid program requirements and applicable laws, rules and regulations, or have expertise in the subject area of the audit, in accordance with this subsection. The CCO shall be responsible for: (a) monitoring and evaluating potential areas of vulnerability for noncompliance within the Company; (b) implementing a process for auditing such high risk areas; and (c) implementing preventative and corrective action to ensure compliance with respect to such high risk areas.

The CCO and the Compliance Committee shall be responsible for developing an annual audit plan for auditing and reviewing the internal operations of the Company. Annual audits shall be focused on Risk Areas and, in particular, those Risk Areas that the CCO deems to be areas of particular vulnerability for non-compliance. The annual audit plan may include audits focused on: (a) ongoing compliance with applicable laws, rules and regulations; (b) effectiveness of internal changes to policies and procedures to respond to changes in the law; and (c) high risk areas for noncompliance. Sources from which the CCO may identify annual audit work plan topics may include:

- OMIG/OIG Annual Work Plans;
- OMIG and OIG Corporate Integrity Agreements;
- OMIG compliance alerts and webinars;
- Applicable OMIG Audit Protocol(s);
- Audit findings of other providers of the same provider type;
- Special Fraud Alerts,
- Advisory Opinions;
- Compliance issues identified through compliance program activities (e.g. anonymous complaints);
- Compliance issues identified through internal audits and reviews; and
- Compliance issues identified through external audits, surveys and reviews (including those conducted by governmental agencies).

The CCO will prioritize potential areas of audit and prepare and present a draft audit plan for auditing such prioritized areas to the Governing Authority (or a committee of the Governing Authority) for review and approval.

Upon approval by the Governing Authority, the CCO, in conjunction with the Compliance Committee, shall oversee the completion of audits in accordance with the approved audit plan. Audit methodology may include, among other things:

- Visits and interviews with patients;
- Analysis of patient records and supporting materials and documentation;
- Testing of billing staff regarding claims submission requirements and official coding guidelines;
- Assessment of existing relationships with physicians, hospitals and other potential referral sources;
- Examination of the Company's complaint logs;
- Reviewing the personnel records of individuals with past compliance reprimands and monitoring their current compliance performance;
- Interviews with Affected Individuals involved in management, operations, claims development and submission, patient care, and other related activities;
- Reviews of clinical documentation, financial records, and other source documents that support claims for reimbursement;
- Validation of credentials of physicians and clinicians who authorize services provided by the Company; and
- Review of employee files.

The design, implementation, and results of any internal or external audits will be documented, and the results shared with the Compliance Committee and Governing Authority.

The results of all internal or external audits, as well as audits conducted by State or Federal governmental agencies, will be reviewed by the CCO for potential corrective actions that are needed to prevent recurrence of any findings. Required corrective actions will be incorporated in the Company's compliance work plan and the CCO will oversee the prompt implementation of corrective action, such as through training, policy revisions, and/or disciplinary action to prevent recurrence. In addition, any Medicaid program overpayments that are identified as a result of routine audits will be reported, returned and explained in accordance with applicable OMIG Compliance Regulations and Company policy.

C. Annual Compliance Program Review.

The CCO and Compliance Committee will undertake a process for reviewing, at least annually, its compliance with applicable OMIG Compliance Regulations to determine whether its compliance policies and procedures are effective, current and complete, and are preventing fraud, waste and abuse in the Company's day-to-day operations. Whenever the policies and procedures are found to be ineffective or outdated, they will be revised as appropriate. The purpose of such reviews shall be to determine the effectiveness of the Compliance Program, and whether any revisions, additions, improvements or corrective actions are required.

These compliance program reviews may be carried out by the CCO, Compliance Committee, external auditors, or other staff designated by the CCO, provided, however, that such other staff have the necessary knowledge and expertise to evaluate the effectiveness of the components of the Compliance Plan they are reviewing and are independent from the functions being reviewed. The reviews may include on-site visits, interviews with Affected Individuals, review of records, surveys, or any other comparable method the CCO deems appropriate, provided that such method does not compromise the independence or integrity of the review.

The CCO will document the design, implementation and results of its compliance program review, and any corrective actions that are identified as a result. Implementation of such corrective actions shall be documented by the CCO. The results of the compliance program review, including any required corrective actions identified, will be shared with the chief executive, senior management, Compliance Committee and the Governing Authority.

VII. RESPONDING TO COMPLIANCE ISSUES AND DEVELOPING CORRECTIVE ACTION PLANS

The Company has established and will implement procedures and systems for: (a) promptly responding to compliance issues as they are raised; (b) investigating potential compliance problems as identified in the course of the internal auditing and monitoring conducted pursuant to the Company's auditing and monitoring program set forth in Section VI of this Compliance Plan; (c) correcting such problems promptly and thoroughly to reduce the potential for recurrence; and

(d) ensuring ongoing compliance with Federal and State laws, rules and regulations, and requirements of the Medicaid program.

Upon the detection of potential compliance risks and compliance issues, whether through reports received, or as a result of the auditing and monitoring activities conducted pursuant to the Company's auditing and monitoring program set forth in Section VI of this Compliance Plan, the CCO will take prompt action to investigate the conduct in question, make a determination as to whether any non-compliance occurred, and evaluate what, if any, corrective action is required. The CCO may retain outside experts, auditors, or counsel to assist with the investigation where appropriate.

The CCO will thoroughly document all compliance related investigations, including (a) documenting the nature of any alleged violation and a description of the investigative process used to investigate the alleged violation, and (b) written interview notes and other documents demonstrating the completion of a thorough investigation of the issue. For each compliance investigation, the CCO will promptly document his or her findings as to the following:

- Whether, in fact, there is noncompliance;
- What parties are responsible for such noncompliance;
- What corrective action plan is appropriate (e.g., re-training, disciplinary actions, the formulation of procedures to prevent future noncompliance and other actions to improve the Compliance Plan); and
- After consultation with legal counsel, whether a particular violation is reportable under applicable Federal or State law, and whether any overpayments exist that must be reported and returned in accordance with the Company's overpayment policy.

Corrective action will be designed to ensure not only that the specific problem is addressed, but also to ensure similar problems are not occurring in the same or other departments. If systemic violations are identified (such as several violations occurring in the same department by more than one individual), corrective action may require policy and procedure changes, additional training, disciplinary action, and follow up audits.

The CCO will be responsible for taking steps, as necessary, to ensure that any implemented corrective action is effective in preventing the recurrence of the compliance issue in question. The CCO will document any disciplinary action taken and any corrective action implemented.

If the Company identifies credible evidence of, or credibly believes that, a Federal or State law, rule or regulation has been violated, the Company will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The CCO will retain copies of any reports or information submitted to governmental authorities in connection with this requirement.

IX. ADOPTION BY GOVERNING AUTHORITY

This Compliance Plan and Policies has been adopted by the Governing Authority effective as of the of May, 2023. The Compliance Program will be reviewed, and as applicable, revised annually hereafter.

EXHIBIT A **STANDARDS OF CONDUCT**

PURPOSE:

The purpose of these Standards of Conduct is to foster and maintain the highest level of professional and ethical standards in the conduct of the business of White Glove Community Care, Inc. (the “**Company**”). The Company places the highest importance upon its reputation for honesty, integrity and high ethical standards. The Standards of Conduct contain standards of ethical behavior and practices for the Company and Affected Individuals (as defined below) that impact all dealings with colleagues, patients, the community and society as a whole, as well as standards governing personal behavior relating directly to the role and identity of the Company. The Standards of Conduct are intended to serve as notice to Affected Individuals, local, state and federal government officials, and the community at large, that the Company expects and requires all persons associated with the Company to abide by all applicable laws and regulations, prevent, to assist in the Company’s efforts to detect and deter fraud, waste and abuse, and to adhere to the standards set forth in these Standards of Conduct.

APPLICABILITY:

These standards can only be achieved and sustained through the actions and conduct of all persons whose job responsibilities impact or affect the Company’s Risk Areas (as defined in the Compliance Plan), including the Company’s employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, members of the Governing Authority and corporate officers (collectively, “**Affected Individuals**”). Every Affected Individual is obligated to conduct himself/herself in a manner to ensure maintenance of these standards. The actions and conduct of Affected Individuals and their compliance with these Standards of Conduct will be important factors in evaluating an Affected Individual’s judgment and competence, and an important component of all performance evaluations and contract renewal decisions.

POLICY:

Ethics and Compliance

The Company has an ethical responsibility to the patients and the community it serves, and fulfills this responsibility through ethical care, treatment, services and business practices. All Affected Individuals are expected to uphold the values, ethics and mission of the Company.

The mission of the Company, the Company’s policies and procedures, and the Company’s business practices, shall be consistent in the support and protection of the rights of patients in all aspects of care, treatment and services provided.

All Affected Individuals shall conduct all personal and professional activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect positively upon the Company and in the best interest of the patient population and community served.

Affected Individuals must be cognizant of and comply with all applicable federal and state laws and regulations that apply to and impact the Company in the provision of services, documentation, billing, and the day to day activities of the Company and its employees and agents. This includes requirements regarding confidentiality of personal health information.

Each Affected Individual who is materially involved in the provision of services, documentation, coding or billing has an obligation to familiarize himself or herself with all applicable laws and regulations, as well as the Company's internal policies and procedures related to such functions, and to adhere at all times to the requirements thereof. Where any question or uncertainty regarding these requirements exists, it is incumbent upon, and the obligation of, each Affected Individual to seek guidance from a knowledgeable officer of the Company, such as the Chief Compliance Officer.

It is the responsibility of every Affected Individual to be familiar with the requirements of applicable federal and state laws, rules and regulations, and to report any situations that may violate such requirements pursuant to the Compliance Program. Claims of ignorance, good intentions and bad advice are not acceptable as excuses for non-compliance or failing to report non-compliance.

Those in supervisory positions have the additional responsibility to verify that supervised personnel understand and comply with the standards of professional and business conduct set forth in these Standards of Conduct.

Patient Care and Company Practices Related to Provision of Services

All Affected Individuals shall maintain competency and proficiency in healthcare industry and general business standards, as applicable.

Contracted providers of healthcare services must meet and adhere to the quality and ethical standards of the Company, as well as the requirements of New York's Social Services Law § 363-d.

Marketing materials shall accurately represent the Company to the public as to the types or quality of care, treatment and services the Company can provide, directly or indirectly by contractual arrangement.

Should a patient require or request care, treatment or services not available or inconsistent with the Company's mission, an offer to refer/transfer the patient to an organization that can fulfill this need will be made and, if in agreement, the patient will be referred/transferred appropriately.

The Company shall not receive, accept or offer any remuneration for referrals or transfers of patients in violation of the Anti-Kickback Law.

Whenever possible, patients, families and legal guardians shall be included in decisions about patient care, treatment and services, including ethical issues, subject to all applicable privacy and confidentiality laws.

The effectiveness and safety of care, treatment and services provided by the Company shall be consistent for all patients and is not dependent on the patient's ability to pay.

The Company shall implement and maintain a process to evaluate the quality of care or services rendered.

Billing and Claims

The Company bills only for services that are actually ordered, coded accurately, verified, medically necessary, and adequately and accurately documented.

Billing practices of the Company shall adhere to and be compliant with federal, state and local regulations, and applicable program requirements, including all requirements under Medicaid and/or Office of the Medicaid Inspector General (OMIG) and Department of Health (DOH) directives.

The Company shall maintain all documentation required to support claims and payments for at least six years, or longer if required by applicable laws, rules or regulations, program requirements, or contractual requirements, or the Company's record keeping policies.

Unpaid accounts will be reviewed prior to referral to a collection agency. Should a patient continue to require home health assistance although he/she financially can no longer continue services, efforts will be made to assist the patient/family to obtain alternate financial resources.

Business Practices

Affected Individuals are prohibited from exploiting their professional relationships for personal gain, and shall maintain the confidentiality of the Company's business and financial information and practices.

Affected Individuals shall refrain from participating in any endorsement or publicity that demeans the credibility and dignity of the Company and the profession.

Affected Individuals shall not allow any outside financial interest or competing personal interest to influence their decisions or actions taken on behalf of the Company. Affected Individuals must avoid any situation where a conflict of interest exists or might appear to exist between their personal interests and those of the Company. All Affected Individuals must disclose any situation where a conflict of interest exists, or might appear to exist, between personal interests and those of the Company. Affected Individuals may not engage in activities in which an actual or potential conflict of interest may exist unless such actual or potential conflict of interest has been disclosed to and approved by the Chief Compliance Officer and/or the governing authority of the Company.

The Company shall strive to continuously improve business management processes, functions and services.

Practicing or facilitating discrimination in any form is strictly prohibited. The Company shall institute safeguards to prevent discriminatory practices. Affected Individuals shall adhere at all times to the prohibition against discrimination, and shall adhere at all times to policies and safeguards adopted by the Company to prevent discrimination.

Patient and Community Responsibilities

Healthcare services shall be provided consistent with available resources and a resource allocation process that considers ethical ramifications.

Competitive and cooperative activities shall be conducted in a way that improves community healthcare services.

The Company's business activities and service provision shall be carried out in a manner that respects the customs and practices of those served, consistent with the Company's philosophy.

Affected Individuals shall be truthful in all forms of communication, and avoid communications that would create unreasonable expectations.

The Company shall strive to enhance the dignity and image of the Company through marketing, public relations and education programs, without undermining the reputation of competitive businesses.

VIOLATIONS:

Affected Individuals who ignore or disregard the principles of these Standards of Conduct will be subject to appropriate disciplinary actions, up to and including restitution and employment termination (or contract termination, in the case of contractors).

CERTIFICATION:

I hereby certify that I have received a copy of the Company’s Standards of Conduct and have read, understand and agree to abide by the Standards of Conduct. I further agree to fulfill my obligations to assist the Company in ensuring its compliance with applicable laws, rules and regulations, and preventing, detecting and deterring fraud, waste and abuse.

Name: _____

Date: _____

EXHIBIT B
DEFICIT REDUCTION ACT POLICY

PURPOSE:

The Deficit Reduction Act of 2005 instituted a requirement for health care entities which receive or make \$5.0 million or more in Medicaid payments during a federal fiscal year to establish written policies and procedures informing and educating their employees, contractors and agents about federal and state false claim acts and whistleblower protections. In addition, the OMIG Compliance Regulations require all Medicaid providers subject to the OMIG Compliance Regulations to comply with the Deficit Reduction Act. In compliance with this requirement, set forth below is a detailed description of the Federal False Claims Act, the Federal Program Fraud Civil Remedies Act, New York State civil and criminal laws pertaining to false claims, and the whistleblower protections afforded under such laws. In addition, this policy provides a description of the Company’s policies and procedures for detecting, preventing and deterring fraud, waste and abuse.

POLICY:

I. FEDERAL LAWS

1) Federal False Claims Act (31 USC §§3729-3733)

(a) Liability for certain acts.--

(1) In general.--Subject to paragraph (2), any person who--

(A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;

(B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;

(C) conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G);

(D) has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property;

(E) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;

(F) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge property; or

(G) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government,

is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 ([28 U.S.C. 2461](#) note; Public Law 104-410¹), plus 3 times the amount of damages which the Government sustains because of the act of that person.

(2) Reduced damages.--If the court finds that--

(A) the person committing the violation of this subsection furnished officials of the United States responsible for investigating false claims violations with all information known to such person about the violation within 30 days after the date on which the defendant first obtained the information;

(B) such person fully cooperated with any Government investigation of such violation; and

(C) at the time such person furnished the United States with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to such violation, and the person did not have actual knowledge of the existence of an investigation into such violation,

the court may assess not less than 2 times the amount of damages which the Government sustains because of the act of that person.

(3) Costs of civil actions.--A person violating this subsection shall also be liable to the United States Government for the costs of a civil action brought to recover any such penalty or damages.

(b) Definitions.--For purposes of this section--

(1) the terms “knowing” and “knowingly” --

(A) mean that a person, with respect to information--

(i) has actual knowledge of the information;

(ii) acts in deliberate ignorance of the truth or falsity of the information; or

(iii) acts in reckless disregard of the truth or falsity of the information; and

(B) require no proof of specific intent to defraud;

(2) the term “claim”--

(A) means any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that--

(i) is presented to an officer, employee, or agent of the United States; or

(ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest, and if the United States Government--

(I) provides or has provided any portion of the money or property requested or demanded; or

(II) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded; and

(B) does not include requests or demands for money or property that the Government has paid to an individual as compensation for Federal employment or as an income subsidy with no restrictions on that individual's use of the money or property;

(3) the term “obligation” means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment; and

(4) the term “material” means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

(c) Exemption from disclosure.--Any information furnished pursuant to subsection (a)(2) shall be exempt from disclosure under [section 552 of title 5](#).

(d) Exclusion.--This section does not apply to claims, records, or statements made under the Internal Revenue Code of 1986.

While the False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information, also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government, or submits a claim to entities administering government funds, that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital which obtains interim payments from Medicare or Medicaid throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare or Medicaid program.

A violation of the Federal False Claims Act results in a civil penalty for each false claim submitted, plus up to three times the amount of the damages sustained by the Government because of the violation. In addition, the United States Department of Health and Human Services (HHS) Office of the Inspector General (OIG) may exclude the violator from participation in Federal health care programs.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. 3730 (b). These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

3) Administrative Remedies for False Claims (31 USC Chapter 38. §§ 3801 – 3812)

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, the agency receiving the claim may impose a penalty of up to \$5,500 for each claim. The agency may also recover twice the amount of the claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted rather than when it is paid. Also unlike the False Claims Act, the determination of whether a claim is false, and the imposition of fines and penalties is made by the administrative agency, not by prosecution in the federal court system.

II. NEW YORK STATE LAWS

New York State False Claim Laws fall under the jurisdiction of both New York's civil and administrative laws as well as its criminal laws. Some apply to recipient false claims and some apply to provider false claims. The majority of these statutes are specific to healthcare or Medicaid. Yet some of the "common law" crimes apply to areas of interaction with the government and so are applicable to health care fraud and will be listed in this section.

A. CIVIL AND ADMINISTRATIVE LAWS

1) New York False Claims Act (State Finance Law §§187-194)

The New York False Claims Act is similar to the Federal False Claims Act. It imposes penalties and fines upon individuals and entities who knowingly file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. It also has a provision regarding reverse false claims similar to the federal FCA such that a person or entity will be liable in those instances in which the person obtains money from a state or local government to which he may not be entitled, and then uses false statements or records in order to retain the money.

The penalty for filing a false claim is six to twelve thousand dollars per claim (as adjusted to be equal to the civil penalties available under the federal false claims act) plus three times the amount of the damages which the state or local government sustains because of the act of that person. In addition, a person who violates this act is liable for costs, including attorneys' fees, of a civil action brought to recover any such penalty.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties, subject to various possible limitations imposed by the NYS Attorney General or a local government. If the suit eventually concludes with payments back to the government, the person who started the case can recover twenty-five to thirty percent of the proceeds if the government did not participate in the suit, or fifteen to twenty-five percent if the government did participate in the suit.

2) Social Services Law, Section 145-b - False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The state or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to ten thousand dollars per violation. If repeat violations occur within five years, a penalty of up to thirty thousand dollars per violation may be imposed if the repeat violations involve more serious violations of Medicaid rules, billing for services not rendered, or providing excessive services.

3) Social Services Law, Section 145-c - Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the needs of the individual or that

of his family shall not be taken into account for the purpose of determining his or her needs or that of his family for six months if a first offense, for twelve months if a second offense (or if benefits wrongfully received are at least one thousand dollars but not more than three thousand nine hundred dollars), for eighteen months if a third offense (or if benefits wrongfully received are in excess of three thousand nine hundred dollars), and five years for any subsequent occasion of any such offense.

B. CRIMINAL LAWS

1) Social Services Law, Section 145 - Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

2) Social Services Law, Section 366-b - Penalties for Fraudulent Practices.

a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a class A misdemeanor.

b. Any person who, with intent to defraud, presents for payment a false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation, or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a class A misdemeanor.

3) Penal Law Article 155 - Larceny

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This statute has been applied to Medicaid fraud cases.

a. Fourth degree grand larceny involves property valued over \$1,000. It is a class E felony.

b. Third degree grand larceny involves property valued over \$3,000. It is a class D felony.

c. Second degree grand larceny involves property valued over \$50,000. It is a class C felony.

d. First degree grand larceny involves property valued over \$1 million. It is a class B felony.

4) Penal Law Article 175 - False Written Statements

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

a. §175.05 - Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a class A misdemeanor.

b. §175.10 - Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a class E felony.

c. §175.30 - Offering a false instrument for filing in the second degree involves presenting a written instrument, including a claim for payment, to a public office knowing that it contains false information. It is a class A misdemeanor.

d. §175.35 - Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a class E felony.

5) Penal Law Article 176 - Insurance Fraud

This law applies to claims for insurance payments, including Medicaid or other health insurance, and contains six crimes

a. Insurance Fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a class A misdemeanor.

b. Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a class E felony.

c. Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a class D felony.

d. Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a class C felony.

e. Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a class B felony.

f. Aggravated insurance fraud is committing insurance fraud more than once. It is a class D felony.

6) Penal Law Article 177 - Health Care Fraud

This statute, enacted in 2006, applies to health care fraud crimes. It was designed to address the specific conduct by health care providers who defraud the system including any publicly or privately funded health insurance or managed care plan or contract, under which any health care item or service is provided. Medicaid is considered to be a single health plan under this statute.

This law primarily applies to claims by providers for insurance payment, including Medicaid payment, and it includes six crimes.

a. Health care fraud in the 5th degree – a person is guilty of this crime when, with intent to defraud a health plan, he or she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment from a health plan. This is a class A misdemeanor.

b. Health care fraud in the 4th degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receives more than three thousand dollars. This is a class E felony.

c. Health care fraud in the 3rd degree – a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over ten thousand dollars. This is a class D felony.

d. Health care fraud in the 2nd degree - a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over fifty thousand dollars. This is a class C felony.

e. Health care fraud in the 1st degree - a person is guilty of this crime upon filing such false claims on more than one occasion and annually receiving over one million dollars. This is a class B felony.

III. WHISTLEBLOWER PROTECTION

1) Federal False Claims Act (31 U.S.C. §3730(h))

The Federal False Claims Act provides protection to qui tam relators (individuals who commence a False Claims action) who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

2) New York State False Claim Act (State Finance Law §191)

The New York State False Claim Act also provides protection to qui tam relators (individuals who commence a False Claims action) who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

3) New York State Labor Law, Section 740

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the employer is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law §177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions). The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

4) New York State Labor Law, Section 741

A health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

POLICIES AND PROCEDURES FOR DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

The Company has put in place written policies and procedures that describe compliance expectations, as embodied in Standards of Conduct; describe the operation of its compliance program; provide guidance to employees and others on dealing with potential compliance issues; identify how to communicate compliance issues to appropriate personnel; and describe how potential compliance problems are investigated and resolved. These policies and procedures are set forth in the Company's Compliance Plan.

The Company has designated a Chief Compliance Officer who is responsible for the day-to-day operation and oversight of the compliance program. We encourage all personnel and others associated with us to communicate with us about compliance questions and issues as they arise by calling the Chief Compliance Officer, at 1-718-828-2666, ext. 4007, email the Chief Compliance Officer at complianceofficer@whiteglovecare.net.

We conduct training and education for employees and others associated with us on compliance issues, expectations and the compliance program operation and on subjects within the scope of their responsibilities. We require all persons associated with the Company to participate

in good faith in the compliance program, to report suspected compliance issues as they arise, and to assist in their resolution. We maintain disciplinary policies to encourage good faith participation in the compliance program, and we maintain a policy of non-intimidation and non-retaliation for such participation.

We have developed a system for the routine identification of compliance risk areas specific to the Company and for self-evaluating risk areas, through internal and, as appropriate, external audits and reviews. We conduct reference checks on prospective employees, criminal background checks (in accordance with state law requirements) on non-licensed prospective employees, and exclusion reviews, upon hire and on a monthly basis thereafter, on employees and others with whom we do business.

We respond to compliance issues as they arise by conducting investigations as needed, responding to compliance issues identified in the course of self-evaluations and audits, correcting compliance issues, including reporting and repayment where necessary, and implementing mechanisms to reduce the potential for recurrence. We provide education on Federal and state false claims acts and other federal and state civil and criminal laws on false claims, and the whistleblower protections afforded under such laws and on our policies and procedures for detecting and preventing fraud, waste, and abuse.

STOP SEXUAL HARASSMENT ACT FACTSHEET

All employers are required to provide written notice of employees' rights under the Human Rights Law both in the form of a displayed poster **and** as an information sheet distributed to individual employees at the time of hire. This document satisfies the information sheet requirement.

The NYC Human Rights Law

The NYC Human Rights Law, one of the strongest anti-discrimination laws in the nation, protects all individuals against discrimination based on gender, which includes sexual harassment in the workplace, in housing, and in public accommodations like stores and restaurants. Violators can be held accountable with civil penalties of up to \$250,000 in the case of a willful violation. The Commission can also assess emotional distress damages and other remedies to the victim, can require the violator to undergo training, and can mandate other remedies such as community service.

Sexual Harassment Under the Law

Sexual harassment, a form of gender-based discrimination, is unwelcome verbal or physical behavior based on a person's gender.

Some Examples of Sexual Harassment

- unwelcome or inappropriate touching of employees or customers
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors
- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak out against sexual harassment in the workplace. The NYC Human Rights Law prohibits employers from retaliating or discriminating "in any manner against any person" because that person opposed an unlawful discriminatory practice. Retaliation can manifest through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The NYC Human Rights Law protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

Report sexual harassment to the NYC Commission on Human Rights. Call 212-416-0197 or visit NYC.gov/HumanRights to learn how to file a complaint or report discrimination. You can file a complaint anonymously.

State and Federal Government Resources

Sexual harassment is also unlawful under state and federal law where statutes of limitations vary.

To file a complaint with the New York State Division of Human Rights, please visit the Division's website at **www.dhr.ny.gov**.

To file a charge with the U.S. Equal Employment Opportunity Commission (EEOC), please visit the EEOC's website at **www.eeoc.gov**.

Notice of Employee Rights: Safe and Sick Leave

If you work part time or full time at any size business or nonprofit in NYC or if you work in an NYC household as a domestic worker, you have the right to safe and sick leave to care for yourself or anyone you consider family. You have this right regardless of your immigration status. Your employer must give you this notice explaining your rights.

Amount of Safe and Sick Leave:

- All employers must provide up to **40 hours** of safe and sick leave each calendar year.

Beginning January 1, 2021:

- **Employers with 100 or more employees** must provide up to **56 hours** of safe and sick leave each calendar year.

Your employer's calendar year is: January to December
First month Last month

You earn safe and sick leave at a rate of **1 hour for every 30 hours worked**.

You have a right to **PAID** safe and sick leave if:

- Your employer has 5 or more employees.
- Your employer has fewer than 5 employees but a net income of \$1 million or more. (effective January 1, 2021)
- You work in someone's home as a domestic worker; for example, babysitter, housekeeper, or companionship worker.
Note: The law covers 1 or more domestic workers working in a household.

You have a right to **UNPAID** safe and sick leave if:

- Your employer has fewer than 5 employees and a net income of less than \$1 million.

You can carry over unused safe and sick leave to the next calendar year.

Use of Safe and Sick Leave:

- Use it for your health, including to get medical care or to recover from illness or injury.
- Use it to care for a family member who is sick or has a medical appointment.
- Use it when your job or your child's school closes due to a public health emergency.
- Use it for your safety or for a family member's safety because of domestic violence, unwanted sexual contact, stalking, or human trafficking.

Your employer can require you to give advance notice of a planned use of safe and sick leave; for example, to attend a scheduled doctor's appointment or court hearing. You do not have to give advance notice of an unexpected use of safe and sick leave; for example, a sudden illness or medical emergency.

You have a right to privacy. You do not have to give your employer details about why you used safe or sick leave.

If you use more than three workdays in a row of safe and sick leave, your employer can require documentation. Your employer must reimburse you for any fees you pay for required documentation. Documentation should *not* include the details of your private medical or personal situation.

Required Written Disclosures about Safe and Sick Leave:

Your employer must:

- Give you a written safe and sick leave policy that explains how to use your benefits.
- Tell you how much safe and sick leave you have used and have left each pay period.

No Retaliation:

It is illegal to punish or fire employees for requesting or using safe and sick leave or for reporting violations.



Contact Consumer and Worker Protection to learn more or to file a complaint.

Visit nyc.gov/workers | Call 311 and ask for "Paid Safe and Sick Leave"

You can also make an ANONYMOUS tip.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



WE ARE YOUR DOL



Department
of Labor

POLICY ON THE RIGHTS OF EMPLOYEES TO EXPRESS BREAST MILK

in the Workplace

INTRODUCTION AND PURPOSE

New York State Labor Law Section 206-c gives all employees in New York the right to express breast milk in the workplace. This law applies to all public and private employers in New York State, regardless of size or the nature of their business.

The New York State Department of Labor has developed the official policy on breast milk expression in the workplace as required by the law, ensuring that all employees know their rights and all employers understand their responsibilities. This policy is the minimum required standard, but employers are encouraged to include additional accommodations tailored to their workplace.

With the information provided below, employees will learn how much time they are allowed for breast milk expression, the kind of space employers are required to provide for breast milk expression, how to notify employers about the need to express breast milk in the workplace, and how to notify the Department of Labor if these rights are not honored.

Employers are required to provide this policy in writing to all employees when they are hired and again every year after. Employers are also required to provide the policy to employees as soon as they return to work following the birth of a child.

USING BREAK TIME FOR BREAST MILK EXPRESSION

Employers must provide thirty (30) minutes of paid break time for their employees to express breast milk when the employee has a reasonable need to express breast milk. Employees must be permitted to use existing paid break or meal time if they need additional time for breast milk expression beyond the paid 30 minutes. This time must be provided for up to three years following childbirth. Employers must provide paid break time as often as an employee reasonably needs to express breast milk. The number of paid breaks an employee will need to express breast milk is unique to each employee and employers must provide reasonable break times based on the individual. Employers are prohibited from discriminating in any way against an employee who chooses to express breast milk in the workplace.

An employer is prohibited from requiring an employee to work before or after their normal shift to make up for any time used as paid break time to express breast milk.

All employers must continue to follow existing federal and state laws, regulations, and guidance regarding mealtimes and paid break time regardless of whether the employee uses such time to express breast milk. For additional information regarding what constitutes a meal period or a break period under state and federal law, please see the following resources:

- NY Department of Labor Website on Day of Rest, Break Time, and Meal Periods:
dol.ny.gov/day-rest-and-meal-periods
- NY Department of Labor FAQs on Meal and Rest Periods:
dol.ny.gov/system/files/documents/2021/03/meal-and-rest-periods-frequently-asked-questions.pdf
- U.S. Department of Labor FLSA FAQ on Meal and Rest Periods:
dol.gov/agencies/whd/fact-sheets/22-flsa-hours-worked
- U.S. Department of Labor FLSA Fact Sheet on Compensation for Break Time to Pump Breast Milk:
dol.gov/agencies/whd/fact-sheets/73-flsa-break-time-nursing-mothers

While an employer cannot require that an employee works while expressing breast milk, Labor Law 206-c does not otherwise prevent an employee from voluntarily choosing to do so if they want to.

Paid breaks provided for the expression of breast milk must be 30 minutes. An employee must be allowed to use regular break or meal time to take a longer paid break if needed. Employees may also opt to take shorter paid breaks.

Employees who work remotely have the same rights to paid time off for the purpose of expressing breast milk, as all other employees who perform their work in-person.

MAKING A REQUEST TO EXPRESS BREAST MILK AT WORK

If an employee wants to express breast milk at work, they must give the employer reasonable advance notice, generally before returning to the workplace if the employee is on leave. This advance notice is to allow the employer time to find an appropriate location and adjust schedules if needed.

Employees wishing to request a room or other location to express breast milk in the workplace should do so by submitting a written request to their direct supervisor or individual designated by their employer for processing requests. Employers must respond to this request for a room or other location to express breast milk in writing within five days.

Employers must notify all employees in writing through email or printed memo when a room or other location has been designated for breast milk expression.

LACTATION ROOM REQUIREMENTS

In addition to providing the necessary time during the workday, employers must provide a private room or alternative location for the purpose of breast milk expression. **The space provided for breast milk expression cannot be a restroom or toilet stall.**

The room or other location must:

- Be close to an employee's work area
- Provide good natural or artificial light
- Be private – both shielded from view and free from intrusion
- Have accessible, clean running water nearby
- Have an electrical outlet (if the workplace is supplied with electricity)
- Include a chair
- Provide a desk, small table, desk, counter or other flat surface

There does not need to be a separate space for every nursing employee. An employer may dedicate a single room or other location for breast milk expression. Should there be more than one employee at a time needing access to a lactation room, an employer may dedicate a centralized location to be used by all employees.

Any space provided for breast milk expression must be close to the work area of the employee(s) using the space. The space must be in walking distance, and the distance to the location should not significantly extend an employee's needed break time.

Employers located in shared work areas, such as office buildings, malls and similar spaces may work together to establish and maintain a dedicated lactation room, as long as such space(s) are a reasonable distance from the employees using the room. Each employer utilizing this common space is individually responsible for making sure the room meets the needs of their employees.

If there is not a separate room or space available for lactation, an employer may use a vacant office or other available room on a temporary basis. This room must not be accessible to the public or other employees while an employee is using it for breast milk expression.

As a last resort, an available cubicle may be used for breast milk expression. A cubicle can only be used if it is fully enclosed with a partition and is not otherwise accessible to the public or other employees while being used for breast milk expression. The cubicle walls must be at least seven feet tall to insure the employee's privacy.

To ensure privacy, if the lactation room has a window, it must be covered with a curtain, blind or other covering.

In addition, the lactation space should have a door equipped with a functional lock. If this is not possible (such as in the case of a fully enclosed cubicle), as a last resort, an employer must utilize a sign advising the space is in use and not accessible to other employees or the public.

If the workplace has a refrigerator, employers must allow employees to use it to store breast milk. However, employers are not responsible for ensuring the safekeeping of expressed milk stored in any refrigerator in the workplace.

Employees are required to store all expressed milk in closed containers and bring milk home each evening.

The space designated for expressing breast milk must be maintained and clean at all times.

If an employer can demonstrate undue hardship in providing a space with the above requirements, the employer must still provide a room or other location - other than a restroom or toilet stall - that is in close proximity to the work area where an employee can express breast milk in privacy, that meets as many of the requirements as possible.

Undue hardship is defined in the statute as "causing significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business." **However, an employer may not deny an employee the right to express breast milk in the workplace due to difficulty in finding a location.**

NEW YORK STATE DEPARTMENT OF LABOR RESOURCES

If an employee believes that they are experiencing retaliation for expressing breast milk in the workplace, or that their employer is in violation of this policy, they should contact the New York State Department of Labor's Division of Labor Standards. Call us at **1-888-52-LABOR**, email us at LSAsk@labor.ny.gov, or visit our website at dol.ny.gov/breast-milk-expression-workplace to file a complaint.

A list of our offices is available at dol.ny.gov/location/contact-division-labor-standards.

Complaints are confidential.

FEDERAL RESOURCES

The federal PUMP Act went into effect in 2023, expanding protections for almost all employees expressing breast milk at work. Under the PUMP Act, any covered workers not provided with breaks and adequate space for up to a year after the birth of a child are able to file a complaint with the U.S. Department of Labor or file a lawsuit against their employers. For more information, please visit dol.gov/agencies/whd/pump-at-work.

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STATEMENT OF PURPOSE:

- The Occupational Safety and Health Administration ("OSHA") has made a determination that personnel face a significant health risk, as the result of occupational exposure to blood and other potentially infectious materials, because they may contain bloodborne pathogens, including hepatitis B virus and hepatitis C virus which are serious liver diseases, and human immunodeficiency virus (HIV), the causative agent of AIDS.
- The HIV and hepatitis B and C viruses have similar modes of transmission, sexually and by contact with the blood of the positive person to the non-infected person. The hepatitis B and C viruses are by far more communicable than the HIV.
- The main risk to workers is from sharps injuries resulting when a sharp object contaminated with blood or body fluids from an infectious individual penetrates the tissues. Blood and/or body fluids from a positive source can also be a risk when it enters the body via open wounds, cuts and by splashes to the face, eyes and mouth and other mucous membranes.
- Because the infectious status of patients is often unknown, healthcare workers are to observe Standard Precautions when dealing with all patient body materials at all times. Most important is the avoidance of blood or body fluid contaminated penetrating injuries from sharp needles and knives, etc. The use of Standard Precautions is therefore to be practiced in all circumstances. All sharps must be equipped with an engineered safety device if one is commercially available. To ensure effectiveness of the devices selected for use by the Agency, consideration will be given to relevant evidence in addition to FDA approval, for all devices designed to prevent exposure to bloodborne pathogens.
- The Purpose of the Plan is to:
 - Eliminate or minimize employee exposure to bloodborne pathogens.
 - Establish individual responsibilities to minimize the risk for healthcare workers of acquiring bloodborne disease due to occupational exposure.

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- Comply with the OSHA Occupational Exposure to Bloodborne Pathogens; Final Rule 29 CFR Part 1910.1030 and other applicable laws, regulations, standards and guidelines.

DEFINITIONS:

- **Standard Precautions:** The routine and consistent use of appropriate barrier protection to prevent skin and mucous membrane transmission of microorganisms resulting from contact with blood and body fluids, and as part of the practice of general hygiene. All human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.
- **Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans.
 - These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- **Blood:** Human blood, human blood components and products made from human blood.
- Other potentially infectious materials include:
 - Amniotic fluid
 - Body tissues
 - Cerebrospinal fluid
 - Organs from a human
 - Pericardial fluid
 - Peritoneal fluid
 - Pleural fluid
 - Saliva (in dental procedures)
 - Semen
 - Synovial fluid
 - Vaginal secretions
 - Any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. HIV -

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containing cell or tissue cultures, organ cultures and HIV, HCV or HBV containing culture medium or other solutions.

- Contaminated: The presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.
- Contaminated Laundry: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, hard plastic items, i.e., vaginal speculum, and exposed ends of dental wires.
- Decontamination: The physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- Engineering Controls: Controls (i.e., sharps disposal containers, needle safety devices) that lessen or remove the bloodborne pathogens hazard from the workplace. These controls include, but are not limited to, sharps and biohazardous containers, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems.
- Exposure Incident: a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials, that results from the performance of a staff member's duties.
- Needleless Systems: A device that does not use needles for: the collection of bodily fluids or withdrawal of bodily fluids after initial venous or arterial access is established; the administration of medications or fluids; or any other procedure involving potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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- Occupational Exposure: Reasonable anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a staff member's duties.
- Parenteral: Piercing mucous membrane or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.
- Pathogen: Any agent (usually living) capable of producing disease.
- Personal Protective Equipment: Specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infected materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes, containing blood or other potentially infectious waste materials.
- Sharps with Engineered Sharps Injury Protections: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident. This includes, but is not limited to, the following devices: syringes with a sliding sheath that shields the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters used to access the blood stream for intravenous administration of medication or fluids; and intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in protective covering.
- Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel.

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- **Sterilize:** The use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial spores.
- **Universal Precautions:** An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
- **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by a two [2] handed technique).

EXPOSURE DETERMINATION:

- A component of the Exposure Control Plan is a listing of all job classifications in which personnel may have occupational exposure.
- This exposure determination shall be made without regard to the use of personal protective equipment:

Category I: Jobs with tasks that routinely involve exposure or potential exposure to blood, body fluids or tissues.

- Nurses, Therapists, Home Health Aides
- Respiratory Therapy personnel

Category II: Jobs with tasks that do not routinely involve exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment.

- Pharmacy personnel
- Physical Therapists
- Occupational Therapists

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- Clinical Supervisors

Category III:

Jobs with tasks that do not routinely involve exposure to blood, body fluids or tissues (persons in this category are not called upon to perform or assist in emergency medical aid or to be potentially exposed in any other way as a condition of employment.)

- Agency Administrative Staff
- Office Staff
- Delivery Personnel

Tasks and Procedures in Which Occupational Exposure May Occur:

- Handling of blood, blood products or body fluids or objects contaminated thereof
- Invasive procedures
- Care of newborns, infants and children
- Phlebotomy or vascular access procedures and the care thereof
- Contact with laboratory or pathological specimens
- Wound care
- Contact with mucous membranes or nonintact skin
- Handling or disposal of medical waste
- Cleaning or processing of contaminated equipment
- Suctioning for sputum induction
- CPR and intubation

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- Handling of soiled linen
- Cleaning or decontamination of environmental surfaces

SCOPE:

This policy applies to all persons who are directly or indirectly involved in providing patient care, treatment and/or services and are or may be responsible administratively to a department, including, but not limited to: Nursing, Respiratory Therapy, Physical Therapy or any other patient care service.

RESPONSIBILITIES:

- White Glove Community Care shall provide appropriate types and supplies of protective equipment (that is, gloves, goggles, masks, gowns) for personnel involved in providing patient care, treatment and/or services. Protective equipment includes ventilation devices for CPR. Agency personnel are evaluated in the patient's place of residence to ensure appropriate use of personal protective equipment.
- White Glove Community Care shall ensure that personnel and volunteers affiliated with the Agency receive education and training in Standard Precautions and infection control policies and procedures that are specific to their responsibilities prior to assuming these responsibilities and on an annual basis. Training will include, but is not limited to:
 - A copy and explanation of the standard
 - Complete explanation of the Agency's Exposure Control Plan and how to obtain a copy of same
 - Explanation of methods to recognize tasks and other activities that may involve exposure to blood and body fluids, including what constitutes an exposure incident
 - Explanation of the use and limitations of engineering controls, work practices and personal protective equipment
 - Explanation of the types, uses, location, removal, handling, decontamination and disposal of personal protective equipment

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- Explanation of the basis for personal protective equipment
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or body fluid contamination
- Explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made as written in this plan
- Information on the post exposure evaluation and follow-up that White Glove Community Care is required to provide for the staff following an exposure incident
- Explanation of the signs and labels and/or color coding required by the standard and used at this Agency
- An opportunity for interactive questions and answers with the person conducting the training session
- The Exposure Control Plan and training materials for this Agency are located in White Glove Community Care which is open and available to staff at all times
- White Glove Community Care shall ensure that personnel perform hand hygiene immediately, or as soon as feasible, after removal of gloves or other personal protective equipment by evaluating performance, preferably in the patient setting, but evaluation may also occur in a simulated setting.
- White Glove Community Care shall ensure that personnel perform appropriate hand hygiene and any other skin cleansing, or flush mucous membranes with water immediately or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials by evaluating performance in a simulated setting.
- White Glove Community Care shall monitor and document individual compliance with the

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practice of Standard Precautions and infection control policies and procedures in a fair and equitable manner.

- White Glove Community Care shall include compliance with Standard Precautions and infection control policies and procedures as part of each staff member's performance evaluation.
- White Glove Community Care shall provide appropriate retraining and progressive discipline, if necessary, for individuals who fail to comply with department procedures for Standard Precautions and infection control.
- The Clinical Supervisor/DPS shall submit a report of Personnel Occupational Accident/Injury, following all incidents of actual exposure to blood or body fluids.
- The Clinical Supervisor/DPS or any individual shall submit an incident report for all instances where an individual's technique is not consistent with Standard Precautions and infection control policies and procedures.
- White Glove Community Care shall ensure that a copy of the Exposure Control Plan is accessible to personnel and to the healthcare professional evaluating a staff member after an exposure incident.
- Each Individual Shall:
 - Understand the principles of Standard Precautions and infection control policies and procedures, with specific knowledge of the tasks that they may assume, including those tasks that may have occupational exposure.
 - Routinely apply the practices of Standard Precautions and infection control policies and procedures to each task they perform. This includes the appropriate use of personal protective equipment.
 - Report incidents to their supervisor and primary physician of actual exposure to blood or body fluids after performing hand hygiene or skin cleansing or mucous membrane flushing with water or removing contaminated garment or applying clean cover to exposed body area after washing/flushing and/or all the above immediately

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following actual exposure.

- Report incidents to their supervisor, when other individuals are non-compliant with Standard Precautions and infection control practices.
- Attend the blood-borne pathogens educational sessions annually and as needed.

METHODS OF COMPLIANCE:

- General - Standard Precautions are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- Engineering and Work Practice Controls - used to eliminate or minimize staff member exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering/work practice controls are used:
 - Handwashing facilities - (or alcohol-based hand cleansers and towels or antiseptic towelettes), which are readily accessible to all staff members who have potential for exposure.
 - Organizational use of a Needleless IV System.
 - Containers for contaminated sharps, which are puncture-resistant, labeled with a biohazard warning and leak-proof on sides and bottom.
 - Specimen containers and secondary containers that are leak-proof, labeled with a biohazard warning and puncture-resistant, when necessary. Plastic bags should be available for transport of all specimens.
 - Hand hygiene, as per White Glove Community Care policy.
 - Contaminated needles or sharps are not bent, sheared, broken, recapped or removed. If recapping or needle removal is necessary, it is accomplished through the use of an engineered safety device.

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- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink is not kept in refrigerators, freezers, on counter tops or in other storage areas when blood or potentially infectious fluids are present.
- Mouth pipetting/suctioning of blood or other infectious materials is strictly prohibited.
- All procedures involving blood or other infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these materials.
- Following any contact of body areas with blood or any other infectious materials, staff members are to perform the following immediately after accidental exposure or as soon as possible:
 - Wash their hands or any other exposed skin area with soap and water
 - Flush mucous membrane with water
 - Remove exposed clothing and wash to decontaminate the body area of strike through
 - Squeeze out blood from a needle or sharps punctured wound while performing hand hygiene washing and cover exposed area with a clean dressing
 - Report incident to their primary physician and supervisor
 - Call 911 as deemed appropriate
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and

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storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well. All specimen containers used for transport will have biohazard-warning labels attached).

- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary, with an approved germicide.
- An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
- Information regarding the remaining contamination is conveyed to all affected personnel, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.
- Contaminated instruments shall be bagged before being returned for sterilization.

PERSONAL PROTECTIVE EQUIPMENT:

- Personal protective equipment is the "last line of defense" against blood-borne pathogens. Because of this, White Glove Community Care provides (at no cost to personnel) the personal protective equipment that they need to protect themselves against such exposure. When selecting personal protective equipment, consideration will be given to relevant evidence in addition to FDA approval to ensure effectiveness of equipment designed to prevent exposure to blood-borne pathogens. This equipment includes, but is not limited to:
 - CPR masks
 - Face shields/masks
 - Gloves (latex or vinyl), in all sizes and hypoallergenic
 - Goggles
 - Non-permeable disposable gowns
 - Aprons
 - Hoods

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- Mouthpieces
- Resuscitation bags
- Safety glasses
- Hypoallergenic gloves and similar alternatives are available to personnel, who are allergic to the gloves normally used.
- Any garments penetrated by blood or other infectious materials are removed immediately or as soon as feasible.
- All personal protective equipment is removed prior to leaving the patient care area.
- Gloves are worn in the following circumstances:
 - Whenever staff members anticipate contact with potentially infectious materials
 - When performing vascular access procedures
 - When handling or touching contaminated items or surfaces
- Disposable gloves are replaced, as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- Masks and eye protection (such as goggles, face shields) are used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.

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- Surgical caps/hoods and/or boots are used in any instances where "gross contamination" is anticipated.

HOUSEKEEPING:

- Contaminated laundry should be handled as little as possible, with minimal agitation.
- Soiled linen shall be placed in impervious plastic bags and sealed prior to removal.
- Bio-hazardous waste (as described in the Bio-hazardous Waste Policy) will be placed in bio-hazardous waste bags and placed in the infectious waste collecting barrels.
- Blood or body fluids may be emptied into the sanitary sewer, using precautions to avoid splashing or spattering.
- All pails, bins, cans and other receptacles intended for use are routinely inspected, cleaned and decontaminated as soon as possible, if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps).
- Equipment and working surfaces will be cleaned and disinfected after contact with blood or other potentially infectious materials. The schedule for cleaning and decontamination of the various areas is followed.
- Personal protective equipment should be worn when handling and/or sorting contaminated laundry and when cleaning contaminated surfaces.

HEPATITIS B VACCINATION. POST EXPOSURE EVALUATION AND FOLLOW-UP:

- Vaccination Program:

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- White Glove Community Care has implemented a Hepatitis B Vaccination Program which is available at no cost to all personnel who have occupational exposure to the blood-borne pathogens (job classification in Categories I and II).
- The vaccination program consists of a series of three (3) inoculations over a six (6) month period. Personnel receive information regarding hepatitis B vaccination, including its safety and effectiveness, as part of their blood-borne pathogens training.
- Vaccinations are performed under the supervision of a licensed healthcare professional.
- Personnel who decline the vaccine are asked to sign a declination statement.
- Post Exposure Evaluation and Follow-Up:
 - Every exposure incident is investigated within 24 hours after the incident occurs. After this information is gathered, it is evaluated; a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future.
 - The White Glove Community Care DPS/Administrator will review the circumstances surrounding all exposure incidents to determine personnel and organizational compliance with the following:
 - Engineering controls in use at the time of incident
 - Work practices followed, as per Agency policy and this plan
 - A complete description of the device being used at the time of the incident
 - Protective equipment or clothing that was in use at the time of the exposure incident (gloves, eye shields, etc.)
 - Location of the incident

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- Procedure being performed when the incident occurred
- Employee's training
- The exposed staff member is provided with the following confidential information:
 - Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
 - Identification of the source individual and the results of testing for HBV, HCV and HIV of the source individual's blood, whenever feasible.
 - The staff member is informed of the laws and regulations concerning the confidentiality of the identity and infectious status of a source individual.
 - The exposed staff member may be tested for HBV, HCV and/or HIV status.
 - The exposed staff member is seen by a qualified healthcare professional to discuss the exposed staff member's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.
 - The healthcare professional will receive a description of the exposure incident and the results of the source individual's blood testing, if available. The exposed staff member's relevant medical records and any other pertinent information.
 - The healthcare professional will provide a written opinion evaluating the exposed staff member's situation. The staff member will receive a copy of this opinion. The written opinion will contain only the following information:
 - ◆ Whether hepatitis B vaccine is indicated for the staff member, if the employee has not received the hepatitis B vaccine
 - ◆ Confirmation that the staff member has been informed of the results of the evaluation

SUBJECT: EXPOSURE CONTROL PLAN	REFERENCE #4013
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WHITE GLOVE COMMUNITY CARE, INC.	EFFECTIVE:
APPROVED BY:	REVISED: 2/27/13 REVIEWED: 10/22/17, 10/15/18, 10/5/19; 5/5/20; 6/1/22; 8/8/23

- ◆ Confirmation that the staff member has been told about any medical conditions resulting from the exposure incident, which require further evaluation and treatment
 - All other findings or diagnoses will remain confidential and will not be included in the written report.
- Medical Record Keeping: Medical records of personnel are confidential and information is not disclosed or reported to anyone without the staff member's written consent (except as required by law).
 - The medical records include:
 - Name of the staff member
 - Social Security number of the staff member
 - A copy of the staff member's hepatitis vaccination status
 - Copies of the results of examinations, medical testing and follow-up procedures, which took place as a result of exposure to blood-borne pathogens
 - A copy of the information provided to the healthcare professional, as a result of any exposure to blood-borne pathogens
 - Employee medical records shall be maintained for at least the duration of employment, plus 30 years.

BIOHAZARD LABELS:

- The following are labeled with bio-hazardous labels:
 - Containers of regulated waste
 - Refrigerators/freezers containing blood or potentially infectious materials

SUBJECT: EXPOSURE CONTROL PLAN	REFERENCE #4013
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- Sharps disposal containers
- Containers used to store, transport or ship blood or other infectious materials
- Contaminated equipment

EMPLOYEE TRAINING:

- All Agency employees who have occupational exposure to blood-borne pathogens will receive training during orientation and at least annually thereafter.
- Training will include at least the following information:
 - The epidemiology, symptoms and modes of transmission of blood-borne pathogen diseases
 - An explanation of the OSHA standard
 - An explanation of the exposure control plan and where employees can obtain a copy
 - An explanation of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident
 - A review of the use and limitations of engineering controls, work practices and personal protective equipment
 - An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
 - An explanation of the criteria for PPE selection
 - Information about the hepatitis B vaccine series, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge

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- Information on the appropriate actions to take and persons to contact if an exposure incident involving blood or other potentially infectious materials occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used by this Agency
- An opportunity for interactive questions and answers with the person conducting the training session
- Training records are completed for each employee upon completion of training. Training documents containing the following information:
 - Dates and times of the training sessions
 - Contents or a summary of the training sessions
 - Names and qualifications of persons conducting the training
 - Names, signatures and job titles of all persons attending the training sessions
- The original records are maintained in a secure file cabinet in the Director of Education's office. Copies of documents verifying attendance at the training sessions become part of each employee's personnel records.
- Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.
- Training records are available upon request to the employee, the employee's authorized representative, those within the Agency with access to medical records, to the Assistant

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Secretary of Labor for OSHA or designated representative or the Director of NIOSH or designated representative and as otherwise required/stipulated by law and regulation.

GENERAL RECORD KEEPING:

- Training records include, but are not limited to, information documenting:
 - Training session dates
 - Training session contents or summary
 - Names and qualifications of persons conducting the training
 - Names and job titles of all persons attending training sessions
- Training records of staff are provided upon request to the requesting staff member or the staff member’s authorized representative within 15 working days. Requests for staff member’s own training record will be directed to the Exposure Control Plan Administrator.
- Reports and records documenting exposure incidents will be evaluated by the Exposure Control Plan Administrator to assure that all documentation meets with OSHA compliance as set forth in the CFR (29 CFR 1904). The Exposure Control Plan Administrator has the responsibility to maintain all records regarding all aspects of the Exposure Control Plan, including reports of exposure incidents, post exposure evaluation and follow-up and other documentation as outlined in this plan.

ANNUAL EXPOSURE CONTROL PLAN EVALUATION:

- An annual review of the Exposure Control Plan will be conducted by the organizational Safety Committee and the Infection Control Committee. Evaluation of the effectiveness of the plan will be performed, with emphasis placed upon, but not limited to, the following elements:
 - Effectiveness of training and educational programs, including accessibility to interactive exposure control education

SUBJECT: EXPOSURE CONTROL PLAN	REFERENCE #4013
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- Use of safer medical devices and assessment of continuous improvement in readily-available technology in the organizational safety and health programs
- Reduction in needle-sticks and other sharps injuries to determine effectiveness of safer medical devices implemented or currently in use
- Compliance with basic work practices
- Use of personal protective equipment as outlined in this plan
- Effectiveness of administrative controls
- Evaluation of ongoing organizational inspection, surveillance and efforts to reduce exposure incidents
- Effectiveness of Exposure Control Plan Administrator in maintaining an effective program and providing oversight

কর্মক্ষেত্রে আপনার অধিকার সম্পর্কিত জানুন
Conozca sus derechos en el trabajo
了解您的职场权利
瞭解您的職場權利
Know your rights at work
Connaître ses droits au travail
Konn dwa w nan travay la
귀하의 직장 권리 알기
کام پر اپنے حقوق کو جانیں
Poznaj swoje prawa pracownicze
اعرف حقوقك في العمل
Знайте свои трудовые права

Please visit www.nyc.gov/site/dca/workers/workersrights/know-your-worker-rights.page or scan the QR code below for the full version



White Glove Community Care, Inc. Patients Bill of Rights and Responsibilities [POLICY # 1002]

As a patient of White Glove Community Care, Inc. you have the right to:

- Be informed of your rights and responsibilities both, orally and in writing, before care initiated.
- Receive quality service appropriate to your needs without regard to age, race, color, creed, sex, national origin, sexual orientation, diagnosis, or disability.
- Be treated with consideration, respect and full recognition of your dignity and individuality.
- Have your property protected and treated with respect.
- Be informed of all services available and their related costs.
- Be informed of all services to be provided, the frequency of services to be provided, and receive the name and function of any person of affiliated agency providing care/services.
- Be informed, before care is initiated, of the extent permitted by law, to which payment for services maybe expected from any third-party payer and the extent to which payment maybe required from you.
- Be advised of any changes in information provided regarding payment, within 30 calendar days from the date the agency becomes aware of the change.
- Participate in the planning of your care from admission to discharge and be advised in advance of any changes to the plan of care.
- Be informed and educated about your care and any potential outcomes.
- Refuse care and treatment, to the extent permitted by law, after being fully informed of and understanding the consequences of such action. If you refuse services against your care plan and authorized hours/days of service, the agency and its staff will not be responsible for the consequences to your health and safety.
- Be informed in a reasonable time of anticipated discharge and/or transfer of service.
- Privacy, including confidential treatment of your records. (For details, refer to Notice of Privacy Practices)
- Be informed of the agencies policies and procedures for disclosure of your records.
- Refused the release of your records to any individual outside the agency, except in the case of your transfer to a health care facility, or as required by law or third- party payment contract.
- Be informed in writing of your rights to execute advance directives and to be informed of the agencies policies and procedures for implementing and withholding advance directives. The agency shall comply with all applicable laws regarding patient health care decision making.
- Receiving care and not be discriminated based on whether or not you have an advance directive.
- Be referred to other organizations, if needed, and to be informed of any financial benefit to the referring home care agency.
- Be informed what to do in case of an emergency and/or disaster.
- Have access to agency staff 24 hours a day, 7 days a week, for service related issues and communications.
- Receive reasonable continuity of care.
- Receive care in recognition and appropriate to your home care assistance needs.
- Expect that all staff providing care and/or service are qualified and have been carefully screened and trained to perform the duties they are assigned to.
- Receive information in a manner that you can reasonably be expected to understand.
- Appoint a back-up caregiver or health proxy and if patient lacks capacity to exercise his/her rights, these rights may be exercised by the patient's family member, guardian, or an individual legally authorized to represent the patient.

Complaints

- Recommend changes to agency staff regarding policies or services or make a complaint directly to the agency or to the NYS DOH, or to the Joint Commission or agency's compliance officer or any outside representative of your choice, free from reprisal, discrimination, coercion, or interference.
- Voice complaints or send complaints in writing directly to the agency coordinator/supervisor assigned to your care, or to the team manager or clinical case manager. If your complaint is not resolved to your satisfaction, you have the right to escalate your complaint to the agency's compliance officer or director of patient services.
- Contact information as follows:
 - WGCC agency 24/7 main line: 718 828-2666>listen to the voice prompts and press the appropriate number or extension for your assigned coordinator/supervisor, team manager, clinical case manager and director of patient services.
 - The agency will investigate, respond to, and resolve all complaints.
 - WGCC Compliance Officer: (718) 828-2666 x 4007
 - or email complianceofficer@whiteglovecare.net
 - or fax: (718) 782-1538 attn. Compliance Officer
 - or mail to:
White Glove Community Care, Inc.
89 Bartlett Ave., Brooklyn, NY 11206
 - The Joint Commission: Tel: 630-792-5800; Fax: 630-792-5005
 - Or mail to: 1 Renaissance Blvd., Oakbrook Terrace, IL 60181
 - New York State Department of Health: Tel: 212-417-5888; 800-628-5972
 - Or mail to: 90 Church St., 4th Flr., New York, NY 10007
 - “The department will routinely investigate only serious patients care complaints that involve allegations of abuse or neglect, and actual or potential harm to patients. Non-serious patient care, administrative or other complaints will be forwarded to the agency involve in the complaint for its own formal investigation, resolution and report to the Department.”

As a patient of White Glove Community Care, Inc. you have the responsibility to:

- Provide complete and accurate health information concerning past illnesses, past hospital stays, medication, vitamins, herbals, allergies, other agencies providing health services such as Adult Day Care, Dialysis, Rehab, any other matters pertaining to your health and home environment such as pets, other individuals sharing your home, backup caregiver/s, emergency disaster plan, safety issues impacting your health and well being and other pertinent items and, if necessary, financial information.
- Inform the agency of any change in address, phone, insurance/payment information, or any changes made to our advance directives.
- Assist in developing and maintaining a safe environment for yourself, your primary and backup caregiver, and agency staff.
- Cancel scheduled visits in advance if you are unable to keep the appointment.
- Participate in the development and update of the care plan, adhere to the plan of care and transfer/discharge plan.
- Allow agency staff access to your plan of care at all times during service hours.



- Allow agency staff access to a phone connected to you or your address for State mandated clocking in and clocking out for attendance.
- Timely report to agency and your medical provider any health issues or changes including incidents and accidents as they happen.
- Request additional information or clarification of services and service related information as needed.
- Discuss concerns and problems with agency staff as they arise.
- Adhere to agreed upon financial arrangements as specified in your Service Agreement.
- Review and sign receipt of this Bill of right to signify receipt of this Bill, understanding and acceptance of service relationship
- Keep a copy of the Bill in a place accessible to all agency staff or any auditing entity.
- Notify the agency if you receive home care from another agency or source.
- Secure medical care initially and at intervals as scheduled by your medical provider or clinic and as requested by agency and staff.
- Treat all agency staff with courtesy, respect and consideration; refrain from discriminating, verbal abuse, physical abuse, any form of sexual harassment against any agency staff.
- Allow clinical assessment in home visits during service hours by an agency RN supervisor initially and ongoing every 90 or 180 days of service as mandated by the State.
- Allow in home supervision visits by an agency RN supervisor to supervise the aide during service hours initially upon assignment to your case and every 90 days ongoing as mandated by the State.
- Inform agency when changes occur in your insurance coverage or if you opted to dis-enroll from your current insurance provider and enrolling with another insurance provider.
- If your health services are covered under Medicaid, it is your responsibility to ensure your timely recertification with Medicaid.
- Assist the agency with billing and/or payment issues to help in processing third party payment.

JOB DESCRIPTION
HOME HEALTH AIDE/PERSONAL CARE AIDE

POSITION DESCRIPTION:

- Home Health Aide (HHA)/Personal Care Aide (PCA) assists in a client's care by providing, assisting, and performing health related and other supportive tasks:
 - To maintain, strengthen, improve and safeguard the wellbeing of an individual patient within her/his own environment.
 - The aide will help patient maintain independence and patient functioning at highest level.
- Performs all activities based on the NYS State matrix of HHA and PCA scope of tasks allowed under direction and supervision of a WGCC Registered Nurse and in accordance with White Glove Community Care Code of Conduct.
- Must have a valid Home Health Aide/Personal Care Aide training certification by a training program approved by the New York State Department of Health and verifiable through the Home Care Registry.
- Must pass entire agency's staff selection and credentialing policy, including, exclusion checks, criminal background check, health assessment and all other Human resource related documentation before actual assignment.
- Must be able to perform the following tasks:
 - safely ambulate and transfer patients with or without assistance, on a frequent basis
 - push or pull patient's wheelchair while patient is on it
 - stoop, bend, lift, climb stairs, reach above or below shoulder height
 - travel by car or public transportation
 - understand verbal and written communication

RESPONSIBILITIES: THE HOME HEALTH AIDE (HHA)/ PERSONAL CARE AIDE (PCA) MUST:

1. Provide care in accordance with HHA scope of service practice for providing and/or assisting with personal care to include:
 - a. Bathing & Hygiene
 - b. Grooming & Dressing
 - c. Toileting
2. Provide assistance with activities of daily living (ADL)
3. Assist with ambulating, transfers, active range of motion exercises.
 - a. Active range of motion exercises are motions such as extension and flexion of fingers, wrist, elbow, shoulder, toes, ankle, knee, hip and back done by the patient herself/himself without any physical contact with aide. Aide is only allowed to count for patient, remind patient and demonstrate action without touching the patient.
4. Prepare meals following dietary instructions on the Plan of Care and assist with feeding as appropriate.
5. Perform simple health tasks as written on the Plan of Care such as:
 - a. Measuring and recording intake and output. (HHA and PCA)
 - b. Taking and recording temperature, pulse and respiration. (HHA only)
 - c. Reminding and assisting self directing patients to self-administer prescribed medications (HHA and PCA)
6. Perform light household and housekeeping tasks such as marketing, cleaning the client's immediate areas of activity, washing patient's dishes after each meal, washing toilet bowl and tub or shower after patient's use and laundry of patient's dirty clothes, towels and bed sheets.
7. Maintain a clean, dry and safe environment for assigned clients.
8. Receive assignments and responsible to report back by calling White Glove Community Care as soon as case ends for another assignment.
9. Report on tasks completed according to the plan of care needing changes.
10. Report unusual occurrences, incidents or changes in the patient's condition to the assigned Home Care Team Coordinator, Home Care Team Manager, Home Care Case Manager Nurse or Home Care Field Nurse Supervisor.
11. Perform other supportive tasks in accordance with the care plan for the client as outlined by the Home Care Nurse.
12. Complete accurate documentation of care tasks completed, service hours performed into the electronic verification system HHA Exchange. Clocking in, clocking out and entering tasks completed into HHA Exchange is the rule. All shift with missing clock in or missing clock out or missing tasks entered telephony into HHA Exchange will not generate any payroll payment for that shift. Paper duty sheet is only allowed under certain circumstances such as patient not having a phone and must have verbal approval from White Glove Home Care Case Coordinator. Submitting paper duty sheets when patient has a phone and WGCC did not give verbal approval to use paper duty sheet Is not acceptable.
 - a. If paper duty sheet is approved by Home Care Case Coordinator, Aide must complete the paper duty sheet completely, legibly and accurately with patient and aide signatures and corresponding dates.
 - b. Paper duty sheets are required to be submitted to White Glove within 24-48 hours of shift ending.
13. Participate in State Mandated & White Glove Community Care Quality Improvement program activities:
 - a. Annual 12 hours of in-service classes

- b. Phone conference and face to face meeting in person with Home Care Coordinator or Nurse Supervisor for Performance Improvement activities including disciplinary.
 - c. Onsite supervision by Home Care Field Nurse Supervisor at every first assignment and then every 90 days thereafter.
 - d. Reminds patient to get her/his flu vaccination yearly every flu season.
 - e. Fall prevention
 - f. Calls White Glove the moment patient's health or mental state changes for medical provider coordination and follow up by Home Care Nurse to avoid un-necessary Emergency Room or Hospital utilization.
 - g. Provides communication stimulation to patient to decrease patient's loneliness or distress and report to White Glove any observed depression or suicidal ideation.
 - h. Reminds and assists patient to toilet every 2 hours to decrease bladder over fill and to decrease dribbling and incontinence.
 - i. Allows patient frequent rest periods during activities of daily living to decrease incidence of shortness of breath and report to White Glove any incidence of shortness of breath at rest or during minimal exertion activities and any observed swelling of arms, legs and/or feet.
 - j. Reminds and assist patient to self administer pain medication and report to White Glove any complaints of pain no matter the intensity.
 - k. Allows patient to participate in her personal care and care decisions.
 - l. Arrives for work on time and does not abandon patient during the shift.
 - m. Reports to White Glove any concerns about any tasks on the care plan and/or any need for skills improvement in performing such task/s.
14. Submit medical evaluations (physicals) completed by a physician to include physical exam, PPD, immunity titers, drug screen initially upon employment and then yearly ongoing on a timely basis before expiration date of previous medical evaluations on file.
15. Comply with work dress code:
- a. Scrubs recommended.
 - b. Professional clean look, no denim jeans, no open toes foot wear.
 - c. Wear WGCC ID at all times while at work.
 - d. Nails are ¼ inch or shorter, no chipped polish, no fake nails
 - e. No loud/chunky jewelry that can pose safety hazard to staff and client.
 - f. No perfumes or body odor
16. Agrees to a criminal background check as defined by law and White Glove policy.
17. Comply with infection control practices such as hand washing using the WHO hand washing technique and use of personal protective equipment such as:
- a. Disposable gloves when exposure to blood and body fluids is expected.
 - b. Regular rubber household gloves when exposure to dishwashing, laundry or cleaning detergents is anticipated.
 - c. Face mask if allergic to dust, pet fur, pet dander or smoke. Face mask wearing during the entire flu season every is a State mandate if you did not get your yearly flu vaccination for the current year's flu season.
 - d. Disposable apron if wet splatter is anticipated while assisting patient with personal care.
 - e. Tips:
 - i. An infection Control packet can be picked up from WGCC's front office weekly. WGCC field nurse supervisors can also provide you with some to tide you over if you ran out of infection control supply while at work. You can also purchase infection control supplies such as liquid hand soap, hand sanitizer, paper towel, mask, plastic apron, regular reusable household rubber gloves or disposable gloves and submit your receipt to your supervisor for reimbursement.
 - ii. Always carry an infection control packet with you when going to work. Some patient may have furry pets that agency does not know about or patient who smokes inside their house that WGCC is also not aware of.
 - iii. Always bring a pair of rubber soled footwear for indoor use only. Some patients do not let street shoes inside their home and WGCC is not aware.
 - iv. Patients who use diapers, catheters, blood sugar testers or have ostomies or wounds will be supplied by a supplies company that is approved by their insurance. Patients with these special needs will have gloves in the home for caregivers to use when changing diapers or emptying the urine bag or when assisting patient changing her/his colostomy, dress her/his wound or assisting with blood sugar monitor/insulin use after care. Aide to call WGCC or patient's insurance company to arrange for ordering and delivery when patient's own infection control supplies are running low and not wait until patient actually run out of supplies



BENEFITS 2025

HHA, PCA, PA working in Rockland, Orange, Dutchess, Ulster, Sullivan

Hourly Rate!

The hourly rate is \$18.55

Paid Vacation Time or Cash Back:

Employees earn paid vacation time at a rate of 1 hour for every 50 hours worked. After 600 hours, with prior approval, the employee can use accrued vacation time. Any unused vacation time will be paid out at the end of each year.

Paid Time Off for Sick, Safe, and Bereavement

Employees start accruing sick/safe leave from their first day of employment at a rate of one paid hour for every 30 hours worked. Employees can use up to 56 hours of sick/safe leave per year, and any unused sick time up to 56 hours will be carried over to the following year. Any additional accumulated time will be paid out at the end of the year.

Legal Holidays

Employees receive time-and-a-half pay for working on the six major legal holidays: New Year, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

Optional Health Benefits

Employees can contact our benefits specialist to learn about our optional health insurance plan.

Reach out to us with any questions!

WHITE GLOVE COMMUNITY CARE



Guide to Clocking In/Out Using the Patient's Phone

Clock in

1. Dial 844-871-0172
2. Press **(1)** to clock in
3. Enter assignment ID
If entered correctly, press (1)
If entered incorrectly, press (0)

Once completed, the system will say "Successfully registered, goodbye"

Clock out

1. Dial 844-871-0172
2. Press **(2)** to clock out
3. Enter assignment ID
If entered correctly, press (1)
If entered incorrectly, press (0)
4. Enter Duty ID (Tasks)
Press (#) after each duty ID
5. Dial (000#) to end and register the call

<u>Duty Code</u>	<u>Category</u>	<u>Duty Name</u>
10#	Personal Care	Tub Bath
11#	Personal Care	Shower
12#	Personal Care	Bed Bath
13#	Personal Care	Mouth Care
14#	Personal Care	Denture Care

WHITE GLOVE COMMUNITY CARE

15#	Personal Care	Hair Care- Comb
16#	Personal Care	Hair Care- Shampoo
17#	Personal Care	Grooming- Shave
18#	Personal Care	Grooming- Nail Care
19#	Personal Care	Grooming- Dressing
20#	Personal Care	Grooming- Skin Care
21#	Personal Care	Grooming- Foot Care
22#	Personal Care	Toileting- Change Diaper
23#	Personal Care	Toileting- Commode
24#	Personal Care	Toileting Care- Commode
25#	Personal Care	Toileting- Urinal
26#	Personal Care	Toileting- Toilet
27#	Nutrition	Diet regular/ Prescribed
28#	Nutrition	Prepare Breakfast
29#	Nutrition	Prepare Lunch
30#	Nutrition	Prepare Dinner
31#	Nutrition	Prepare Snack
32#	Nutrition	Assist with Feeding
33#	Patient Support Activity	Assist with Transfer
34#	Patient Support Activity	Hoyer Lift
35#	Patient Support Activity	Assist with Walking
36#	Patient Support Activity	Cane
37#	Patient Support Activity	Walker
38#	Patient Support Activity	Wheelchair
39#	Patient Support Activity	Crutches
40#	Patient Support Activity	Assist with Home Exercise
41#	Patient Support Activity	ROM Therapist Exercise Program
42#	Patient Support Activity	Turn and Position (at least Q2)
43#	Treatment/Special Needs	Oral Temperature
44#	Treatment/Special Needs	Rectal Temperature
45#	Treatment/Special Needs	Axillary Temperature
46#	Treatment/Special Needs	Pulse

WHITE GLOVE COMMUNITY CARE

47#	Treatment/Special Needs	Blood Pressure
48#	Treatment/Special Needs	Weight
49#	Treatment/Special Needs	Record BM
50#	Treatment/Special Needs	Assist with Catheter Care
51#	Treatment/Special Needs	Empty Foley Bag
52#	Treatment/Special Needs	Ostomy Care
53#	Treatment/Special Needs	Medications- Assist/Remind
54#	Treatment/Special Needs	Assist with Treatment
55#	Patient Support Activites	Change Bed Linens
56#	Patient Support Activites	Laundry
57#	Patient Support Activites	Clean Dining/ Living area/ Bedroom
58#	Patient Support Activites	Clean Kitchen
59#	Patient Support Activites	Clean Bathroom
60#	Patient Support Activites	Clean Patient Equipment
61#	Patient Support Activites	Grocery Shopping
62#	Patient Support Activites	Errands
63#	Patient Support Activites	Accompany to Doctor
64#	Activities	Socialization and Converation (Reading/Talking)
65#	Activities	Monitoring Safety
66#	Treatment/Special Needs	Respiration

****Have the duty codes completed during your visit
ready BEFORE clocking out to ensure all tasks are
registered****



WHITE GLOVE COMMUNITY CARE

ELECTRONIC VISIT VERIFICATION/TIMESHEET/DUTY SHEET

Directions: Using the scenario listed below, complete the following timesheet/duty sheet to record activities completed.

You came to Mr. Brown and his sister has already prepared breakfast and left. You only have to make his tea and serve his breakfast. You sit at the table with Mr. Brown while he eats. His fork fell and you bring him a new fork. You remind Mr. Brown to take his medications, you assist him with opening the box and talk to him about pain. Mr. Brown says he wants to shower after breakfast. You assist by helping him out of the chair and unfolding his walker. You bring him a washcloth and a towel. He is able to shower himself and needs help with drying between his toes and getting in and out of the shower. Mr. Brown watches television after showering and you discuss the shows with him while you dust the living room. You make him a sandwich for lunch as requested and then you both sit on the front porch for a while. Mr. Brown then decides to take a nap. During his nap, you clean the kitchen and bathroom. When Mr. Brown wakes up, you warm up the dinner his sister left in the refrigerator. After you serve dinner and wash the dishes, Mr. Brown's sister gets home, and your shift ends. You have to fill out a timesheet because Mr. Brown has no phone.

Directions: Using either sample plan of care 1 or sample plan of care 2 and the PIN listed below, complete full Electronic Visit Verification clock in and out via telephone.

Dial (844) 871-0172 for English

Dial (844) 871-0173 for Spanish

PIN: 121843



SAMPLE # 1

HOMEMAKER-HOME HEALTH AIDE
PLAN OF CARE/SERVICE

89 Bartlett St. 2nd Floor
Brooklyn, NY 11206
Phone: (718) 828-2666
Fax: (718) 782-1538
www.whiteglovehomecare.com

SOC _____ CERTIFICATION PERIOD _____ LEVEL OF CARE HHA /PCA/ HMKR

CLIENT NAME John Doe DOB 01/01/1961

ADDRESS 123 Smith Street Bklyn, NY 10012 PHONE# (123) 456-9999

EMERGENCY/ BACKUP CAREGIVER NOTIFICATION (Name/relationship) Jane Doe (wife)

CLIENT CONSIDERATIONS: Functional Limitations Transfers

Nutritional Requirements Low Sodium Allergies N/A

Special Needs Fall precautions, Patient safety Pets None

HOME CARE GOALS TO BE ACHIEVED Client will remain safe and stable in current home environment with assistance

PLAN OF CARE/SERVICES

FREQUENCY AND DURATION OF HOME VISITS 4 hrs / day x 3 days / week

PERSONAL CARE	NUTRITON	MOBILITY	MONITORING	PROCEDURES
<u>BATHING</u> Tub <input checked="" type="checkbox"/> Shower Bed	<u>MEAL PREP</u> <input checked="" type="checkbox"/> Assist Feed	<u>AMBULATION</u> Assist Cane Walker	<u>VITAL SIGNS</u> TPR BP WEIGHT	<u>Elastic Stockings</u> Urine Testing Catheter Care
Oral Hygiene Shampoo Shave Nail Care (No Cutting, File Only)	<u>FLUIDS</u> Encourage Restrict	<u>TRANSFERS</u> <input checked="" type="checkbox"/> Bed/Chair Wheelchair	<u>SAFETY</u> <input checked="" type="checkbox"/> Fire exit <input checked="" type="checkbox"/> Alarm function	<u>ASSIST with</u> Oxygen use Nebulizer Trach Care Ostomy Care
Foot Care Skin Care	<u>I & O Meas.</u> Daily Weighing	<u>Transfer Belt</u> Lift	<input checked="" type="checkbox"/> Env Hazards <input checked="" type="checkbox"/> Fall Precautions (Special Instructions)	<u>ENVIRONMENT</u> Vacuum Dust Clean Kitchen Bathroom Bedroom Laundry
<u>TOILETING</u> <input checked="" type="checkbox"/> Bathroom Commode Bed Pan	<u>Medication</u> Assist Client Monitor Client <input checked="" type="checkbox"/> Remind Clint	<u>Range of Motion</u> Upper Ext Lower Ext per PT order		<u>OTHER(List)</u>
Foley Colostomy Incontinent Care	<u>Shopping</u> (Cash Only. No EBT/Credit Cards Allowed)	<u>Bed Rest</u> Positioning		
<u>GROOMING</u> <input checked="" type="checkbox"/> Dressing Assist				

ADDITIONAL INSTRUCTIONS/SERVICES TO BE PROVIDED: Call 911 and Agency for all fall incidents, report sudden severe onset pain, fever, bleeding, and bruising

NOTIFY RN OF: (Signs and symptoms to report) Pain, fever, bruising, bleeding, changes in physical, mental, and behavioral status.

RN Signature _____

10/11/2017
Date Completed

Print Name _____
Review Dates/RN Initials: _____

Vendor: White Glove Community Care, Inc

Office: White Glove Community

Office Phone No : 7188282666

POC Frequency : 5/Week x 26 Week(s) for 4 HOURS PER DAY

Admission ID: ██████████

POC ID: 5115037

Shift: All

Start Date: 07/05/2024

Stop Date: 12/31/2024

Patient Name: ██████████

Patient DOB (Age): 05/28/1941 (83)

Address: ██████████

Patient Phone #: ██████████

Advanced Directives:

Allergies: NKDA

Emergency Contact: ██████████

Emergency Contact Phone #: ██████████

Physician: ██████████

Physician Phone #: ██████████

Nurse: BIEN AIME GEDEON Ext.4048 MARLY CCM

Contract Name: Healthfirst (WGC)

Mental Status: Oriented,Other (AOX3, SELF-DIRECTING.)

Nutritional Requirements: 2 Gm Sodium,Heart Healthy,Low Cholesterol,Low Fat,Other (DENTURES UPPER/LOWER)

Safety Measures: Clear Pathways,Fall Precautions,Infection Control Measures,Other (FREQUENT HAND WASHING, PPE),PERS,Proper Labeling Of Meds,Proper Waste Disposal,Skin Care,Standard Precautions,Walker/Cane

DME & Supplies: Cane,Non Sterile Gloves,Other (SHOWER CHAIR, RAB BARS),Shower Rails,Walker

Functional Limitations: Ambulation,Endurance,Other (URGENCY, UNSTEADY GAIT; LOW ENDURANCE; POOR BALANCE.)

Activities Permitted: Cane,Up as tolerated

Category	Task Number	Description	Min.	Instruction	As Requested	Times a Week	S	S	M	T	W	T	F
Personal Care	11	Shower		AIDE TO FULLY ASSIST DAILY AIDE TO CALL AGENCY AND REPORT IF PATIENT DOES NOT SHOWER 3 DAYS IN A ROW. AIDE TO CALL AGENCY AND REPORT IF PATIENT IS UNSTEADY AND SHOWER CHAIR IS MISSING OR BROKEN.	No	5-5							
Personal Care	13	Mouth Care		REMIND/ENCOURAGE/ASSIST PATIENT TO BRUSH TEETH AT LEAST ONCE IN MORNING AND ONCE IN EVENING TO PRESERVE MOUTH HEALTH AS WELL AS NEEDED/AFTER MEALS.	No	5-5							
Personal Care	14	Denture Care		AIDE TO REPORT MISSING DENTURES, CLEAN AND STORE DAILY. ENSURE DENTURES ARE IN PLACE DURING MEALS TIMES.	No	5-5							

Category	Task Number	Description	Min.	Instruction	As Requested	Times a Week	S	S	M	T	W	T	F
Personal Care	15	Hair Care - Comb		ASSIST TO COMB/BRUSH HAIR.AIDES ARE NOT ALLOWED TO CUT OR COLOR ANY PATIENT'S HAIR.	No	5-5							
Personal Care	16	Hair Care - Shampoo		ASSIST AS NEEDED/REQUESTED TO SHAMPOO, DRY HAIR. AIDE NOT ALLOWED TO CUT OR COLOR/PERM ANY PATIENT'S HAIR.	No	5-5							
Personal Care	17	Grooming - Shave		ASSIST UPON REQUEST/AS NEEDED-AIDE IS NOT ALLOWED TO USE RAZORS BLADES, ELECTRIC RAZOR ONLY.	No	5-5							
Personal Care	18	Grooming - Nail Care		REMIND/ASSIST PATIENT TO WASH HANDS BEFORE AND AFTER MEALS, AFTER TOILETING, AND UPON COMING HOME FROM BEING OUTDOORS. AIDE IS NOT ALLOWED TO CUT ANY PTS NAILS-ONLY GENTLY CLEAN AND FILE AS NEEDED.	No	5-5							
Personal Care	19	Grooming - Dressing		PROVIDE SUPERVISION/ASSIST PATIENT TO CHANGE INTO CLEAN WEATHER APPROPRIATE CLOTHES DAILY AND IF WET/SOILED.	No	5-5							
Personal Care	20	Grooming - Skin Care		REMIND/ASSIST PATIENT DAILY TO CLEAN AND APPLY LOTION/VASELINE AS NEEDED. AIDE TO CALL AGENCY AND REPORT SKIN CUTS, BRUISES, SWELLING OR DISCOLORATIONS.	No	5-5							
Personal Care	21	Grooming - Foot Care		AIDE TO ASSIST PATIENT TO KEEP FEET CLEAN AND DRY. AIDE IS NOT TO CUT TOENAILS. AIDE TO CALL AGENCY AND REPORT LONG OR SHARP TOENAILS AS WELL AS SKIN CUTS, REDNESS, BRUISES OR DISCOLORATIONS.	No	5-5							
Personal Care	26	Toileting - Toilet		ASSIST PATIENT AS NEEDED/ AS TOLERATED WHEN OUT OF BED TO STRENGTHEN BLADDER AND PREVENT LEAKS.	No	5-5							
Nutrition	27	Diet Regular/Prescribed		LOW SALT, LOW CHOLESTEROL, FRESH FRUITS AND VEGETABLES. NO ADDED SUGARS, 6-8 GLASSES OF WATER DAILY. AIDE TO CALL AGENCY AND REPORT IF PATIENT IS NOT EATING OR HAS NO APPETITE.	No	5-5							
Nutrition	28	Prepare Breakfast		ASSIST TO PREPARE, COOK AND SERVE AS NEEDED/REQUESTED.	No	5-5							

Category	Task Number	Description	Min.	Instruction	As Requested	Times a Week	S	S	M	T	W	T	F
Nutrition	29	Prepare lunch		ASSIST TO PREPARE, COOK AND SERVE AS NEEDED/REQUESTED. ASSIST TO PREPARE SIMPLE DINNER EASY AND ACCESSIBLE FOR REHEATING.	No	5-5							
Nutrition	30	Prepare Dinner		ASSIST TO PREPARE, COOK AND SERVE SIMPLE DINNER EASY AND ACCESSIBLE FOR REHEATING	No	5-5							
Nutrition	31	Prepare Snack		PREPARE AND SERVE AS REQUESTED.	No	5-5							
Nutrition	32	Assist with feeding		ASSIST DURING MEAL TIMES TO PREPARE TRAY, SERVE AND BRING BEVERAGES. ASSIST AFTER MEALS TO CLEAN TRAY, DISHES AND UTENSILS USED BY PATIENT.	No	5-5							
Patient Support Activities	33	Assist with transfer		ENCOURAGE PATIENT TO STAND OR SIT SLOWLY/GRADUALLY TO PREVENT ACCIDENTS/FALLS.	No	5-5							
Patient Support Activities	35	Assist with walking		ENCOURAGE/REMIND/ASSIST PATIENT TO USE ASSISTIVE DEVICE. KEEP WITHIN EASY REACH. REPORT IF ASSISTIVE DEVICE IS MISSING OR BROKEN. REMOVE CLUTTER/OBSTACLES FROM PATHWAYS.	No	5-5							
Patient Support Activities	36	Cane		AIDE TO CALL AGENCY AND REPORT IF PATIENT REFUSE TO USE CANE WHEN WALKING.	No	5-5							
Patient Support Activities	37	Walker		AIDE TO CALL AGENCY AND REPORT IF PATIENT REFUSE TO USE WALKER WHEN WALKING.	No	5-5							
Treatment / Special Needs	49	Record BM		AIDE TO CALL AGENCY AND REPORT IF PATIENT HAS NO BM IN 3 DAYS OR HAS DIARRHEA.	No	5-5							
Treatment / Special Needs	53	Medications- Assist/Remind		AIDES DO NOT ADMINISTER MEDICATIONS; REMIND ONLY! BRING WATER.	No	5-5							
Treatment / Special Needs	54	Assist with treatment		AIDES MAY ASSIST IN GATHERING SUPPLIES AND HELP WITH CLEANING AFTERWARDS.	No	5-5							
Patient Support Activities	55	Change bed Linen		AS NEEDED/ WHEN WET OR SOILED.	No	5-5							
Patient Support Activities	56	Laundry		WASHING MACHINE ONLY WASH DIRTY PATIENT'S CLOTHES AND USED TOWELS. NO HEAVY BLANKETS, RUGS, LINENS OR DELICATE FABRICS.	No	5-5							

Category	Task Number	Description	Min.	Instruction	As Requested	Times a Week	S	S	M	T	W	T	F
Patient Support Activities	57	Clean Dining/Living area/Bedroom		LIGHT HOUSE KEEPING IN AREAS THAT PATIENT USE. REMOVE CLUTTER IN WALKWAYS, HALLWAYS TO PREVENT ACCIDENTAL FALLS.	No	5-5							
Patient Support Activities	58	Clean Kitchen		LIGHT KITCHEN CLEANING AFTER PATIENT'S USE AND AFTER MEAL PREPARATION FOR PATIENT. KEEP FLOOR DRY. REMOVE NON STICKY BACK MATS.	No	5-5							
Patient Support Activities	59	Clean Bathroom		LIGHT BATHROOM CLEANING AFTER PATIENT'S USE. KEEP FLOOR DRY. REMOVE NON STICKY BACK MATS.	No	5-5							
Patient Support Activities	60	Clean patient Equipment		CLEAN CANE/WALKER WITH DISINFECTANT WIPE OR SOAPY DAMP PAPER TOWEL IN MORNING BEFORE USE.	No	5-5							
Patient Support Activities	61	Grocery Shopping		FOOD NEEDS. AIDE CANNOT USE BANK/CREDIT/EBT CARDS UNLESS PATIENT PERMITS. CASH ONLY PREFERRED. AIDE TO BRING BACK RECEIPTS AND EXACT CHANGE. AIDE NOT ALLOWED TO DRIVE PATIENT ANYWHERE AT ALL.	No	3-5							
Patient Support Activities	62	Errands		FOOD, PHARMACY NEEDS, AND LOCAL TASKS WITHIN CLOSE DISTANCE. AIDE CANNOT USE BANK CARDS OR EBT CARDS, UNLESS PATIENT PERMITS. CASH ONLY PREFERRED. AIDE TO BRING BACK RECEIPTS AND EXACT CHANGE. AIDE MAY ESCORT PT TO BANK, BUT ONLY BANK ASSOCIATES CAN ASSIST WITH TRANSACTIONS. AIDE NOT ALLOWED TO DRIVE PATIENT TO ANYWHERE AT ALL.	No	3-5							
Patient Support Activities	63	Accompany to Doctor		AS NEEDED WHEN MD APPOINTMENT IS WITHIN SERVICE HOURS. AIDE TO CALL AGENCY AND REPORT MD APPOINTMENTS AT LEAST ONE WEEK IN ADVANCE. AIDE NOT ALLOWED TO DRIVE PATIENT TO ANYWHERE AT ALL.	No	5-5							

Category	Task Number	Description	Min.	Instruction	As Requested	Times a Week	S	S	M	T	W	T	F
Activities	64	Socialization&Con nversation (Reading and talking)		AIDE TO PROVIDE PLEASANT, FRIENDLY, ACTIVE CONVERSATIONS WITH PATIENT WITHOUT GETTING PERSONALLY INVOLVED. AIDE TO CALL AGENCY AND REPORT IF PATIENT INCREASED WEEPING EPISODES. AIDE TO CALL AGENCY PROMPTLY AND REPORT IF PATIENT EXPRESS DESIRE FOR SUICIDE OR HURTING OTHERS. IF PT REPORTS FEELING OR APPEARS LONELY, ENCOURAGE PT TO UTILIZE FRIENDSHIP LINE @ 800- 971-0016 (24/7). UTILIZE NYC WELL 888-692-9355 24/7.	No	5-5							
Activity	65	Safety Others		MAINTAIN SAFETY-PRACTICE UNIVERSAL/STANDARD PRECAUTION; SHARPS PRECAUTIONS, FIRE SAFETY CAUTION, FALL PRECAUTIONS (KEEP FLOORS DRY, KEEP HALLWAYS CLEAR, USE SHOES WHILE WALKING, USE NIGHT LIGHT, REMOVE CLUTTER FROM WALKWAYS AND HALLWAYS). AIDE TO CALL AGENCY AND REPORT ALL FALL INCIDENTS IMMEDIATELY.	No	5-5							
Treatment / Special Needs	66	Respiration		AIDE TO OBSERVE PATIENTS BREATHING PATTERN. AIDE TO CALL AGENCY AND REPORT IF PATIENT HAS DIFFICULTY BREATHING. AIDE TO CALL 911 IF PATIENT LOST CONSCIOUSNESS, DIFFICULTY BREATHING, STOPPED BREATHING, PROFUSELY BLEEDING OR THERE IS AGGRESSION OR VIOLENCE. AIDE TO CALL AGENCY AND REPORT ALL OF THE ABOVE AS THEY HAPPEN. REPORT TO WHITE GLOVE NURSE ASSIGNED AS INDICATED ON POC.	No	5-5							

When entering the Task Number via the Phone System, press the POUND KEY (#) after each entry to speed up the task-entry process.

POC Note: AIDE HOURS AND FREQUENCY: 4 HOURS X 5 DAYS X 26 WEEKS. AIDE TO PROVIDE ASSISTANCE WITH PERSONAL CARE AND HYGIENE; TOILETING/INCONTINENCE CARE; ADLS; IADLSS; REMIND MEDS; MEAL PREP/NUTRITION; LIGHT HOUSEKEEPING; ESCORTING TO MEDICAL APPOINTMENTS; SAFETY SUPERVISION, OBSERVE AND REPORT CHANGES IN PHYSICAL, MENTAL AND/OR BEHAVIORAL STATUS. AIDE TO CALL WHITE GLOVE AGENCY AT 718 828 2666 AND REPORT ALL FALL INCIDENTS, SUDDEN PAIN, FEVER, SHORTNESS OF BREATH, BRUISING, BLEEDING, SWELLING ON ANY PARTS OF THE BODY, SEIZURE, VOMITING, REFUSAL TO EAT OR TO TAKE OWN MEDS, AND ANY ABNORMALITY OBSERVED THAT WAS NOT THERE BEFORE. AIDE TO CALL 911 IF PATIENT LOST CONSCIOUSNESS, STOPPED BREATHING, PROFUSELY BLEEDING, THERE IS AGGRESSION OR VIOLENCE, AND IN ANY OTHER LIFE-THREATENING EMERGENCIES. AIDE TO CALL AGENCY AND REPORT EACH OF THE ABOVE IF THEY HAPPEN.

CALL 911 FOR MEDICAL EMERGENCIES OR FALLS AND THEN NOTIFY THE HOME CARE AGENCY AT THE OFFICE PHONE

LISTED ABOVE



New York State License Number 9839L001
 195 Park Ave, Brooklyn, NY 11205
 Phone: (718) 828-2666
 Fax: (718) 963-0369 www.whiteglovecare.com

WHITE GLOVE COMMUNITY CARE, INC.

Professional Profile Update

_____, _____
 Last Name First Name Middle Name Social Security #

_____, _____
 Home Address Apt. # City State Zip Code

(____) _____ - _____
 Home Phone #

(____) _____ - _____
 Cell Phone #

 E-Mail Address

____/____/____
 Date of Birth

In case of emergency notify:

_____, _____, _____
 Name Relationship Phone #

- Which shift would you like to work?
- Morning Afternoon Night

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Which location would you like to work?

- Brooklyn Queens Bronx Staten Island
 Manhattan Suffern/Rockland/Dutchess/Orange Westchester Nassau

KINDLY CONTACT YOUR STAFFER REGARDING AVAILABLE CASES

English: Ext 241

Spanish: Ext 242

Signature _____

Date ____/____/____



195 Park Ave., Brooklyn, NY 11205 Phone:
(718) 828-2666
Fax: (718)-963-0369
www.whiteglovecare.com

Flu Vaccination Declination (Waiver) Form

I have read the Centers for Disease Control and Prevention (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents and I fully understand the information.

Influenza Declination

I have been given the opportunity to receive the flu vaccine; however, I've chosen to decline it at this time.

I am aware of the following facts:

- Influenza is a serious respiratory disease that is contagious.
- Influenza virus changes often, making annual vaccination necessary
- I understand that flu vaccine cannot transmit influenza and does not, prevent all diseases.
- I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.
- I understand that due to my occupational exposure, I may be at risk of acquiring infection. In addition, I may spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.
- I understand that if unvaccinated I will be required to wear a mask in patient care areas per facilities requirements.
- I have received education about the effectiveness of the influenza vaccination as well as the adverse events. However, I decline influenza vaccination at this time.
- I understand that by declining this vaccine, I continue to be at risk of acquiring influenza, potentially resulting in transmission to my patients.

Knowing these facts, I decline the vaccine for the following reasons.

Please check all that apply.

- My religious beliefs prohibit vaccination.
- I have a medical contraindication to receiving the vaccine.
- I am allergic to eggs or vaccine components
- Other reason (*please document*) _____

Employee Name: _____

Signature _____ Date _____

Health Care Professional:

Signature: _____ Date _____
(MD, NP, PA, RN, Other)

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu.





89 Bartlett St. , 2nd Flr, Brooklyn, NY 11206
Phone: (718) 828-2666
Fax: (718) 782-1538
www.whiteglovehomecare.com

Policy # 7019 Emergency/Disaster Contact List

24/7 Emergency/Disaster Contact Listing and Communications Plan

Chief Executive Officer

Nadia Neranjan

Telephone 646-945-0601

Email: Nneranjan@whiteglovecare.net

HHA/Homecare Managers/Coordinators

Director of Patient Services

Joan Kardos (RN, BSN, CCRN)

Telephone: (845) 587-7179

Email: jkardos@whiteglovecare.net

Clinical Administrator

Beverly Moore (LPN)

Telephone: (917) 370-3377

Email: bmoore@whiteglovecare.net

Private Duty Nursing (PDN) Manager

Rena Glick

Telephone: (646) 941-9182

Email: rglick@whiteglovecare.net

Director of Intake

Givette Gonzalez

Telephone: 917-376-7322

Email: givette@whiteglovecare.net

On-Call

Manushak Gevorgyan.....

Telephone 347-730-1068

Email: manushak@whiteglovecare.net

Wanda Gonzalez.....

Telephone 917 392-0497/917 864-2644

Email: wanda@whiteglovecare.net



Each person listed above has a list of all staff with their home and cell phone numbers, a list of contracted companies with contact person and phone number (s), and patients. Patient listing includes information on demographics, emergency back-up people, service classification/level codes, transportation assistance level codes, flood zone codes and electricity dependent durable medical equipment patient uses.

In the event of an Emergency/Disaster WGCC DPS activates the Emergency/Disaster Plan and send out communications downstream through email and phone to all Managers who in turn will inform their staff to commence actions required.

Before the emergency:

To expedite and facilitate telephone contact to all current patients, their back up caregivers, field staff (Aides and Nurses) on schedule covering the date/s of the emergency to inform them that WGCC is in Emergency/Disaster Activation mode. Program Managers will initiate the following activities:

1. Contact assigned Coordinator(s) accordingly. Designate her to contact all cases and field staff on her caseload according to priority codes in descending order starting from Level 1.
2. On call Manager to call and designate On Call Coordinators to assist in calling and alerting current patients and field staff on schedule regarding emergency plan activation.
3. Phone pyramid according to patient priority level listing will be divided accordingly to expedite process of call down.
4. Expeditiously implement telephone contact to notify all patients, their backup caregivers and assigned field staff about the emergency plan activation in order of priority: Priority Level 1's first, Level 2 second and Level 3 last. Staffing coverage will follow same order of priority.

Assignment updates and issues will be reported back by Coordinator(s) to the Program Managers who will try and resolve them. Program Managers will forward report of any issue unresolved to the Director of Patient Services for further follow up and resolution.

PDN coordinator(s) will call all PDN patients to make sure they can be serviced and back-up family members are aware of their role in an emergency. If adequate care cannot be provided at home, we will assist the families with alternative plans including but not limited to 911/EMS transfer to a medical facility. PDN coordinator(s) will report back to DPS with identified issues.



Specific reminders and preparation information based on the plan and the State's directive is verbally discussed with Managers, Coordinators and Patients and/or Patient families/Backup Caregiver.

During the emergency:

In the event of problems with phone service, all employees will be given the WGCC hotline number/cell phone number where up to date messages and information will be left for them.

The hotline number will also be emailed to everyone before the anticipated emergency and if that fails then it will be posted on the WINS Radio News Station at 1010 on the AM dial.

All "above listed personnel" will handle, monitor, answer all calls, text messages, faxed communications or emails in coming; resolve issues and forward all issues pending resolution regarding service or patient care to Program Managers and to DPS through telephone, text and/or email depending on degree of urgency.

Staffing and services will follow order of priority levels. Office hours, closures and alternate site for operations central command will be determined by administration during the emergency taking into consideration overall staff safety and well being.

***WGCC will NOT accept any patient surges during the emergency outside its available resources and capacities.

After the emergency:

All "above listed personnel" will report numbers for the following statistics on staff and patients directly impacted by the emergency to the Program Managers and DPS.

Specific Number of:

- Patients who evacuated before the emergency
- Patients who evacuated during the emergency
- Aides and nurses who accompanied patients to evacuation center before the emergency.
- Aides and nurses who accompanied patients to evacuation center during the emergency.
- Patients who are now back home



- Patients who are still not home and their current location
- Patients not serviced due to staff absenteeism.
- Patients not serviced due to inaccessible streets.
- Patients not serviced due to public transportation issues.
- Patients not serviced due to county utilities interruptions.
- 911 calls made by patients or staff for medical care that were reported to agency.
- Day Coordinators who made it to work during the emergency.
- On Call Coordinators who made the emergency preparation phone calls to patients and staff before the emergency.
- On Call Coordinators and volunteers who worked during the emergency.
- Phone calls that came in during the emergency from patients and staff

Other specifics:

- Time WGCC office was opened during the emergency.
- Time WGCC office was closed during the emergency.
- Specific issues reported by patients and staff before, during and after the emergency

This WGCC Emergency/Disaster plan will:

- Be taught at all staff orientation initially upon hire and at least annually and each time there is a change or revision to the plan.
- Be reviewed by PAC and Admin annually at a minimum and as needed for revisions and/or modifications.

Other activities:

- Hard copies of the following will be printed out by QI and given to everyone listed above in person or via fax:
 - Current list of all patients according to priority levels, TALs level, Life sustaining DME, Flood zones.
 - Active employees list
- A copy of this plan is on file electronically under file: Policies and Procedures and a hard copy in the Emergency Preparedness binder, which is kept in the DPS office.
- Each person on the 'above listed personnel' list will maintain accuracy of their contact information and is responsible to keep their Emergency/Disaster folders with them before, during and after the emergency including after hours, holidays and weekends.



- Systems backups and off site storage is the responsibility of COO, IT department and Administrative Assistant.
- An emergency power backup system is onsite auto triggered by a power failure.
- A battery operated radio, flashlight, extra batteries and first aid kit are available during office hours in the DPS office.
- Staff orientation to this plan is done upon hire and in service yearly thereafter at a minimum.

Rev: 12/21/15.; 12/6/16; 10/27/17; 12/18/18; 12/15/20; 11/20/21; 10/10/22; 11/1/23; 10/1/24; 11/1/2024, 02/04/2025