

## Voluntary Self Identification Information

**Integrity Quality Care** is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

## Criminal Background & OIG Check Authorization

Here is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from Integrity Quality Care.

In connection with my service with Integrity Quality Care, I hereby authorize Integrity Quality Care to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to serve as an employee/contractor with Integrity Quality Care is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will result in the revocation of any position offered to me or accepted by me.



I acknowledge that the criminal background and National Sex Offender Public Registry checks may be shared with the Site Supervisor, the Governor's Office of Community Service or the Corporation for National and Community Service if necessary. The member is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination from **Integrity Quality Care**.

## **CONFIDENTIALITY OF CLIENT INFORMATION**

### **AGENCY POLICY:**

By accepting employment with **Integrity Quality Care**, you have obligated yourself to carefully refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so. Do not pass on medical information to clients and visitors unless you have been instructed to do so by your supervisor. In addition, all information seen or heard regarding clients, directly or indirectly, is completely confidential and not to be discussed even with your family.

Your job as a Integrity Quality Care employee requires that you govern yourself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of this agency's policies but can also involve an employee in legal proceedings. Information about clients or the agency is not to be given to media. This is essential for protection of both the client and the agency. Very strict laws regarding the release of information concerning clients bind agencies.



## **PAYROLL & TIME SHEET POLICY**

- All time sheets must be turned in to our office by 12 p.m. no later than the **THURSDAY** after the pay period end date.

**(If timesheets are not turned in by the deadline, checks will not be issued until the next pay period) NO EXCEPTIONS).**

- No reminder calls will be made. It is your responsibility to make sure timesheets are in the office by the date due. Late timesheets will be processed for the next pay period.

**(Pay period schedule with time sheet due dates, available upon request)**

- Timesheets can be dropped off to our office, mailed to our office, fax to **612-489-6042** or emailed to **fgadid@gmail.com**

- We do not guarantee mail services. Direct Deposit is available to all employees

- **No White Out**

- **Blue/Black Ink Only**

**Always make sure you have the following thing filled out correctly and complete on your timesheets:**

- Dates/ Location of Recipient stay in hospital/Care Facility /Incarceration box:

If client stay in hospital/care facility /incarcerated dates must be filled out (admit date to discharge date)

## Leave blank if does not apply

- The 'Recipient Name' box is filled in completely
- The 'Individual PCA Provider Name' box is filled in completely
- The Dates are filled in m/d/y in chronological order
- The Activities performed each day are documented with your Initials (checkmarks or X's not accepted)
- Any Activities boxes left blank (not performed) must have a line through it
- Any Columns left blank must also have a line all the way down the page
- Ratio Staff to Participant Box: Always circle 1:1 (one staff to one recipient)
- Any Visit One or Visit Two boxes left blank must have an 'X' to indicate you did not work that day/ shift
- Visit Two Row is for employees that work twice in the same day. (If you did not work 2x on any given day place an X in the box to indicate that)
- Daily Total Box must be filled in with the total# of hours worked each day
- Time Sheet Total Box must be filled in with the total# of hours worked that week
- Signature Boxes: Recipient Name and MA# or DOB must be filled in completely
- PCA Name and PCA Provider Number must be filled in completely
- The Signatures must be original and dated (mm/dd/yy) by both the PCA and the Recipient or Responsible Party
- Use of white out is not allowed
- Time Sheets must be legible and neat

**Blank timesheets can be mailed or e-mailed to you upon request. If you have any questions/concerns please Contact our office at 763-439-8892**

## **MEDICAID FRAUD POLICY**

Medicaid fraud is committed when an employer or employee is untruthful regarding services rendered to Medicaid Participant Directed Attendant Care Program recipients in order to obtain improper payment. The Medicaid Fraud and Residential Abuse Unit of the Minnesota Attorney General's Office investigate

and prosecute people who commit fraud against the Medicaid program. Medicaid fraud is a felony and conviction can lead to substantial penalties (including but not limited to: imprisonment up to ten years, or a fine up to \$1,000 or an amount equal to twice the amount of the assistance or benefits wrongfully obtained, or both).

Additionally, individuals convicted of Medicaid Fraud will be excluded for a minimum of five years from any employment with a program or facility receiving Medicaid funding.

### **Medicaid Fraud may result from not following these rules:**

- Recipients/responsible parties must sign PCA time sheets
- Do not sign blank time cards
- Only sign timecards for time that PCAs have worked
- PCAs/Support workers cannot be paid when they are traveling to and from your house or if they are "on call" by phone or pager
- PCAs cannot not get paid for time they are not with you



Suspected cases of fraud will be referred to local police authorities and the Attorney General's Medicaid Fraud Control Unit for further investigation and possible prosecution.

I certify that I have read and understand what constitutes Medicaid Fraud and agree to not commit fraud as described above on time cards.

By signing below, I agree to the policy and procedure. I agree to comply and failure to do so may result in termination of client contract (services) and/or termination of employment with the Company.



# EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

## IT'S IMPORTANT TO KNOW:

While the Company believes wholeheartedly in the policies and procedures described here, they are not conditions of employment. The Company reserves the right to apply or not apply, and to modify, revoke, suspend, terminate or change any and all plans, policies, or procedures described, in whole or in part, at any time without notice.

The language used in this handbook is not intended to create, nor is it to be construed to constitute a contract between the Company and any one of its employees. I further understand that employment may be terminated by the Company at any time without prior notice. I also understand that the policies and procedures in this handbook may be changed at any time at the sole discretion of the Company with or without prior notice.

All parties are responsible for complying with all rules and regulations related to the Personal Care Assistance (PCA/WAIVER) program. This includes, but is not limited to: State Vulnerable Adults Act, Data Privacy, PCA/WAIVER regulations, including medication administration, and Department of Labor laws governing overtime, etc.

It is a **federal crime to provide false information on timecards and/or electronic time documentation** for PCA/WAIVER billings for medical assistance. Your signature (or telephone input when using the Dial number Documents) verifies the time and services are accurate and that the services were performed as specified in the PCA/WAIVER Care Plan/CSSP.



## **EMPLOYEE HANDBOOK ACKNOWLEDGEMENT**

In the event that a client of our Company is admitted to a hospital, care facility or incarcerated for any period of time, the Company must be notified upon admittance. It is the responsibility of both the client and the PCA to notify the Company immediately if a client is taken to the hospital, care facility, or incarcerated at any time.

Under no circumstance can staff provide PCA services for a recipient while admitted into any such facility. The Company may not bill or submit hours for medical assistance payment while the client is admitted. The Company may also request that discharge paperwork be sent to the office to be kept in clients' confidential file.

### **Fax or Mail discharge paperwork to:-**

**Company Address to:- 355 Oerndorff Way Ne  
Columbia Heights, MN 55421**

**Telephone: 763-439-8892**

**Fax: 612-489-6042**







