



CDPAP PROGRAM

WELCOME PACKAGE **FOR** **THE CONSUMER**

930 McDonald Ave
Brooklyn NY 11218
Tel: 718-705-5800
Email: CDPAP@edisonhhc.com
Edisonhhc.com

TABLE OF CONTENTS

EDISON HOME HEALTH CARE “CDPAP”	Error! Bookmark not defined.
Welcome Letter	3
What is EDISON HOME HEALTH CARE “CDPAP”?	4
Who is eligible to participate in CDPAP?	4
What are the benefits of CDPAP?	4
What are the consumer responsibilities?	4
What are the responsibilities of EDISON HOME HEALTH CARE “CDPAP”?	5
Using CDPAP while traveling: Your Rights and Obligations	5
Enrollment Process	6
General Work Rules	7
Recruitment and Advertising	8
Newspaper Advertisements	8
Local Newsletters	8
Colleges and Universities	8
Word Of Mouth	8
Bulletin Boards In High Traffic Areas	9
Contents of an Advertisement	9
Screening Applicants	10
The Initial Telephone Contact	10
Conducting the Interview	11
The Personal Interview	11
Sample Questions	12
Checking References	12
Background Search or Fingerprints	13
Hiring	13
Back-Up Assistants	13
Training Your Personal Assistant	14
Conflict Resolution And Termination	14
Personal Safety	15
Tips For Protecting Property And Personal Safety	16
PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO	17
Fraud Waste & Abuse, False Claims and HIPAA	18



EDISON HOME HEALTH CARE “CDPAP”

Welcome Letter

Welcome to EDISON HOME HEALTH CARE, Consumer Directed Personal Assistance Program (CDPAP). The Consumer Directed Personal Assistance Program is a Medicaid funded home care program in New York State. The program allows people with disabilities and/or personal care needs to have more control over their personal assistance services.

EDISON HOME HEALTH CARE “CDPAP”, enables individuals who are independent and non-independent, self-directing home care service consumers to directly affect their quality and continuity of home care services. The self-directed consumer is responsible for the recruiting, interviewing, hiring, training, scheduling, supervising and terminating Personal Assistant (s) of their choice.

EDISON HOME HEALTH CARE is readily available to assist you in becoming a consumer of the CDPAP. On the following pages enclosed in this packet, we provide literature describing some of the key components of our unique program. If you would like to know more about the program or receive a free consultation, please call our office at 718-705-5800.

We are located at 930 McDonald Avenue, Brooklyn NY 11218. The office is open Monday through Friday from 9:00 AM to 5:00 PM.

Edison Home Health Care “CDPAP” Is Often the Solutions When the Needs Are:

- Alternative to traditional Home Health Care Services
- Consumer Independence
- Assistance with Health Care Resources

EDISON HOME HEALTH CARE “CDPAP” is a self-directed approach to meeting the needs for home care services.

Office: (718) 705-5800

Fax: (718) 682-0055

Daniel Ellenberg Administrator

What is EDISON HOME HEALTH CARE “CDPAP”?

EDISON HOME HEALTH CARE “CDPAP” is a Consumer Directed Personal Assistance Program, a viable alternative to conventional home care services promotes consumer independence. The program enables self-directed consumers and/or advocates to recruit, interview, hire, train, schedule, supervise and dismiss Personal Assistant (s) of their choice. Self-directed consumers and/or advocates assess needs, determine how and by whom these needs should be met, and monitor the quality of services received. Individuals independently make all decisions and manage services directly.

Who is eligible to participate in CDPAP?

To participate in the Consumer Directed Personal Assistance Program, the consumer must be”

- Eligible for Medicaid
- Self-Directing or has an advocate willing to make decisions about the services being provided.
- Eligible for long-term home care, certified home health agency services, AIDS home care or personal care services.

What are the benefits of CDPAP?

The program enables independence and consumer empowerment by gaining more control over their personal care needs. A Consumer can:

- Independently or with the assistance of an advocate, recruit, interview, train, schedule, supervise and dismiss the Personal Assistant (s) or their choice.
- Hire as many Personal Assistants as many are deemed necessary to satisfy the consumer’s needs and as authorized by the Service Provider.
- Develop a direct working relationship with the Personal Assistant.

What are the consumer responsibilities?

Consumers must sign an agreement to fulfill the following responsibilities:

- Manage the services of the Personal Assistant employed.
- Notify the Service Coordinator of any changes in status, including, but not limited to, the consumer’s address, telephone number, and hospitalization.
- Notify the Service Coordinator of any changes of each Personal Assistant (s) name, address, phone number, employment status, and hours worked.
- Develop an emergency backup system in the event substitute employees are needed to replace permanent employees.

- Process in a timely manner the required paperwork such as time sheets, health assessment, vacation and time off requests and other required employment documentation.
- Schedule visits with a registered nurse once every six (6) months for the required nursing assessment.
- Sign a contractual agreement with the Program to fulfill these responsibilities.

What are the responsibilities of EDISON HOME HEALTH CARE “CDPAP”?

- Process the payroll for each Personal Assistant, payroll will be processed on a weekly basis provided that Community has received the weekly signed time sheets.
- Coordinate all matters that relate to the employment forms for each Personal Assistant.
- Act as the employer of record.
- Maintain a confidential personnel file on all hired Personal Assistants.
- Advise and encourage the consumers to provide equal employment opportunities to all prospective employees regardless of their race, creed, color national origin, sex, disability, marital status, orientation or sexual preference.
- Monitor the completion of annual employee medical forms and all required medical documentation.
- Monitor the completion of the required nursing assessment forms and the consumer agreement outlining obligations and responsibilities.
- Engage in on-going monitoring activities, which include periodic contact with the consumer and review of the sic (6) month nursing assessment.
- Provide appropriate notification pertaining to any intention to transfer or terminate the consumer from the Program.
- Sign a contractual agreement with the consumer to fulfill these program responsibilities.

Using CDPAP while traveling: Your Rights and Obligations

One of the many benefits of using CDPA is that your personal assistants can accompany you when you go out – whether it be to social functions, a trip to the store, business trips, or vacation. This is consistent with the notion that CDPA is premised on the notion of giving consumers the flexibility to live independently in their community. Travel is a key part of that flexibility.

Personal assistants may accompany consumers on trips to perform approved tasks on the consumer’s plan of care. However, it is important to note that while Medicaid will pay your workers wages, it will not pay for travel expenses incurred or extra work

outside of the plan of care. If you anticipate additional needs while you are traveling, you may ask your plan to temporarily modify your plan of care, although there is no guarantee that they will. It is also important for you to know that Medicaid will not reimburse for any services performed outside the United States or U.S. territories.

Before travel takes place, consumers must inform their managed care plan when they will be traveling out of state or service region. While a managed care plan cannot deny travel or tell consumers not to leave the state, it is very important to note that travel must not exceed 30 days, or the case will be disenrolled and services will be terminated. In the event of special circumstances or emergencies, i.e. an emergency while traveling, consumers should contact their managed care plan directly and inform them of the situation. Plans may extend authorizations for emergencies, but it is their decision.

Enrollment Process

To enroll in the Consumer Directed Personal Assistance Program, you must complete the enclosed application forms for both the Consumer and for the Personal Assistant.

In order to begin the process, please keep the following suggestions in mind:

Keep a copy of all required documents that explain regulations, rules, and responsibilities and provide information about the Program.

Complete the following forms:

Consumer Application

CDPAP Agreement

Payroll Distribution Agreement

CDPAP Back-Up Agreement

Time and Attendance Procedures

Driving Waiver

Notice of Privacy Practices

The Personal Assistant needs to make an appointment to bring into the office the following forms of documentation:

Application

Original Documents showing employment eligibility (I-9 and W-4)

Current Physical no more than 7 months old

Current PPD no more than one year if negative. If positive, needs proof of Chest X-ray and PPD form given to office

Proof of immunity to Rubella and Rubeola titers, or proof of 2 MMR shots

Flu Shot during Flu Season

If you need any assistance, please call our office at 718-705-5800

General Work Rules

Consumers should encourage a safe and pleasant work atmosphere. This can happen when everyone cooperates and commits to appropriate standards of behavior.

The following is a list of behaviors that the consumer may consider unacceptable. Any employee found engaging in these behaviors may be subject to disciplinary action including reprimand, warning or dismissal:

1. Failure to be at work at the regular starting time
2. Willfully damaging, destroying, or stealing property belonging to the consumer
3. Engaging in disorderly conduct
4. Refusing or failing to carry out instructions of the consumer or their representative
5. Leaving your consumer unattended without permission
6. Ignoring work duties as dictated by consumer Plan of Care
7. Intentionally giving any false or misleading information to obtain employment
8. Using threatening or abusive language
9. Falsifying any record

10. Willfully or habitually violating safety or health regulations
11. Failing to wear clothing conforming to the standards set by the consumer
12. Possessing firearms, weapons. Alcohol or drugs on consumer property

Recruitment and Advertising

In recruiting a personal assistant, it is essential to determine what qualifies or training level you desire in a personal assistant and find someone who is able and willing to perform the job.

There are many methods of advertising and recruitment that a person can utilize when looking for a good, dependable personal assistant. Below are some suggestions for finding prospective employees:

Newspaper Advertisements

Neighborhood newspapers are cheaper than major citywide papers and are good to target potential assistants who live close to your home.

Local Newsletters

Sometimes disability and other community organizations will run short ads.

Colleges and Universities

Colleges can be an excellent source for finding personal assistants. Many students are looking for extra income to help them through college. It is often possible to find students who are interested in majors in the area of health and human services who need work experience in their chosen field. To advertise a position, contact the career placement office or the student housing office on campus.

Word Of Mouth

Don't forget to ask family, friends, and neighbors if they or someone they know would be interested in being employed as your personal assistant...

The only restrictions on hiring family members are that they **cannot** be your spouse or parent.

Bulletin Boards In High Traffic Areas

Hang flyers on bulletin boards in high traffic areas, such as Grocery stores, banks, apartment buildings, restaurants, community centers, churches, temples, Laundromats, daycare centers.

Contents of an Advertisement

The more complete the information, the more you can be sure that the prospective employees that contact you are truly interested, and potentially qualified for the job. It is a good idea to include:

1. Job title and a short description of the job
2. Days and hours of service
3. Compensation and benefits offered
4. Must be at least 18 years of age
5. Must supply proof of citizenship or ability to work in the US

The optional, but helpful information you may include:

1. Age group of consumers: Pediatric, Senior Citizen
2. Location (Town)
3. Is driving necessary
4. Smoker or non-smoker preferred

The following is a sample advertisement that can be a guide for your own publication:

Personal Assistant- Needed to assist with personal care, shopping, and light housekeeping. Part-Time, 4 days a week. Flexible schedule. Driver's license preferred. Ideal for a college student. Prime location near the school.

Screening Applicants

The Initial Telephone Contact

1. Give a brief description of the duties of the position, number of hours the job requires, and the amount and method of payment (Payment through payroll vendor).
2. If the job includes bowel/bladder care, medications, use of medical equipment.
3. If the applicant is interested, ask applicable questions and record the answers:
 - a. Will you give me your name, address, and phone number?
 - b. What days/hours are you available to work? Do you have any restraints on your schedule that I need to consider? Are there days you definitely cannot work?
 - c. Have you ever assisted or worked for a disabled or chronically ill person before? (If yes) tell me a little about the kinds of duties you performed.
 - d. Do you have reliable transportation?
 - e. Do you smoke?
 - f. Are you allergic to pets?
 - g. Are there personal hygiene tasks you object to performing?
 - h. Do you have medical restrictions that will prevent you from lifting, transferring, and positioning?
 - i. Do you cook and would you mind doing housework?
 - j. Do you object to me doing a criminal background check?
4. Tell the person you will call back to make an appointment for an interview (if you are interested in a face-to-face interview). Ask them to bring Identification appropriate for filling out the I-9 form from and W-4 form.
5. **You may consider meeting at a “neutral” location outside the home for personal safety.**
6. Even if the person is unsuitable for the job, always thank them for their interest. You may want to file their name and phone number to use in the future.

Conducting the Interview

The Personal Interview

Call all those applicants that appeared to be good prospects and schedule each for a face-to-face interview. Allow plenty of time between each interview. About one hour for each interview is usually good. The interview is important because this is the time when you let the applicant know about the job in detail and gather information about the person you may hire as an assistant.

When the prospective assistant arrives, there are a few suggestions that can make the interview successful. Some things may need to be repeated from the telephone contact for clarification purposes:

1. Help the person feel as comfortable as possible and get to know each other a little.
2. Tell the person about your needs or that of your family member.
3. Ask the applicant to fill out your application. Applications are useful because they are a good way to keep up with the prospective assistants that you have interviewed. They also simplify record keeping and are an easy way to have a quick reference to the information you will need to make a final decision. It will give you good background information to form your questions.
4. Give him/her a copy of your job description to read, if you have one and explain the duties and responsibilities of the job thoroughly. Ask if they can easily and safely perform the functions of the job. (I.e. lifting, transferring, positions, use of medical assistive devices) as checked on the application form.
5. Ask them to tell you about themselves. Be sure to question about past work history, reasons for leaving other employment, any past experience with personal assistance and why they are interested in this position. Ask about their career goals and why they are pursuing this type of work.
6. Describe the work schedule, pay method, benefits and your method of evaluating an assistant. Review Holiday Coverage.
7. Give the applicant an opportunity to ask you questions.
8. Tell the applicant you will call as soon as you make a decision. (Be sure to call the applicant even if you decide not to hire them)

Sample Questions

The following are a few questions you may choose to ask during the personal interview to help choose your assistant;

1. How far do you live from here? (Turnover seems to be higher among workers who commute long distances, especially in bad weather).
2. Have you had any experience giving personal care?
3. Do you smoke or drink?
4. Do you object if other people smoke or drink when you are present?
5. How would you handle multiple tasks at the same time and ensure that all are performed?
6. Are you comfortable performing personal care duties such as bathing and toileting?
7. What do you think will be the best and worst part of the job?
8. What are your strong and weak qualities?
9. Why are you interested in being a personal assistant?
10. Give me an example of how you have handled disagreements with your past employers.
11. Have you ever been convicted of or are you presently being charged or under indictment for a crime? (If answer is YES-ask for details).
12. Do you object to obtaining a criminal history check?

Checking References

If you are hiring a friend or relative known to you, you may choose not to check references. Before you make a decision about hiring a stranger as an assistant, check each person's references. Call former employers if possible, as listed on your application. Look carefully at how long they were employed at each place. Ask former employers if the applicant worked there and the dates worked. You may ask any and

all questions you like, but the previous employer is not legally required to provide you the information. If work references are not available, check personal references.

Background Search or Fingerprints

If you are hiring a friend or relative known to you, you may choose not to do a background check. Before you make a decision about hiring a stranger as your Personal Assistant, you may choose to run a background check on this person. A background check consists of requesting the person to go for fingerprinting, and/or Background Search, in an effort to find out if they have a criminal history. It is the consumers' choice to request and pay for this background check. A background check is not required but could be a smart decision to undertake before opening your house to a stranger. Once the results of the background check are received you will be able to make a more informed decision on whether or not this person would be the right one for you to hire.

Hiring

Once you narrow down your choices to the individual (s) you wish to hire, call them and offer them the position. Set up a time when you give them more details about the job, review the job requirements, arrange a time and day for them to start, and have them fill out a Contract Agreement if you desire to formalize the arrangement. You can hire the personal assistant on a trial basis (for example, three months probationary) then review continued employment based on your assessment of job performance.

Back-Up Assistants

Backup or substitute assistants are persons you can call in the event that your regular assistant cannot work. Substitutes can be used when your attendant is on vacation, is ill, or quits without notice. It is highly suggested to keep a list of four or five backup assistants to guarantee you get help when you need it. It is a good idea to advertise, screen and file applicants at the start of care on the program for backup positions.

You can find substitutes in several ways. Whichever method you choose, it helps to have a phone list of substitutes within reach in time of an emergency fill-in.

1. Perhaps the best method is to recruit and hire backups just as you would your "regular" assistant (s). Keep names and numbers of applicants as backups.
2. Friends, neighbors and certain family members can be on standby for emergency situations.

3. Requesting that your assistant find his/her own replacement when unable to work could be helpful as well.
4. Hiring two assistants on a split schedule has worked for many individuals. (I.E. one for weekdays, one for weekends and shared holidays)

Training Your Personal Assistant

The following is a list of suggestions that will help you in training your personal assistant:

1. Explain the nature of your disability or illness in as much detail as possible
2. Conduct training sessions with your new assistant every day, covering one topic a day
3. Review previously covered sessions regularly to ensure the assistant understands what you taught
4. At the beginning of each training session, present a brief overview of what you will teach
5. At the end of the session review what was taught in the session
6. Be sure to emphasize safety precautions and what to do in the case of an emergency
7. Explain the proper use of any life support, systems in detail
8. Fully describe all procedures, such as transferring in a step by step method
9. Explain and limit the use of technical words, ask for feedback to guarantee you are communicating effectively with your assistant. It may be helpful to have prewritten instructions to hand out to your assistants
10. Try to have a family member, former assistant or a friend demonstrate proper methods of performing procedures as you train your new assistant. Return demonstrations by your new assistant is an excellent way to judge understanding of procedures and any mistakes can be quickly corrected.

Conflict Resolution And Termination

As with any employment situation, there are bound to be some areas of conflict at times between **YOU** as the **EMPLOYER**, and **YOUR** personal assistant as the **Employee**. Sometimes conflict is due to poor job performance. Perhaps the training the assistant received did not answer all their questions about procedures and

techniques that you would like to or must have done. If you suspect this might be the case, re-train your employee on the aspects of the job that are causing them difficulty. Many times, this “refresher course” will solve what seem to be serious problems.

Punctuality is a frequent problem for some Personal Assistants. If a pattern begins, confront your assistant. Convey the importance of their timeliness to your life. Get them to agree to a timeframe. If they violate that timeframe, let him/her go.

There are other times when an assistant and the employer simply just do not get along due to personality differences. Perhaps the person you thought would be a perfect assistant turns out just the opposite. Before you give up completely on the relationship here are a few suggestions to try to solve the problem.

1. Keep the lines of communication open. When conflict arises, it's easy to shut down. Keep talking and try to find out the true reasons behind the conflict. The problem will not go away just by ignoring it.
2. Look to your written contract for resolution. A written contract helps prevent or clear up disagreements about duties. Salary, time off, and benefits. This is another good reason to have a complete, clearly written contract between you and the employee.
3. Bring in a third party to help settle the conflict. A friend, neighbor, clergy person who is objective can often find a resolution that both parties can live with.
4. In genuine differences of opinion, look for compromise.

If all else fails, then you must take the responsibility of terminating your employee. The exact method you use is up to you. A face-to-face exit interview or per phone call. You need to discover your comfort level in this situation. Make arrangements for employees to receive their final paycheck. A simple statement of “I won't need your services anymore” is sufficient. It is your choice as to whether or not you give the traditional two-week notice. Analyze what went wrong to avoid a similar situation in the future. It is recommended that you arrange a backup prior to terminating your employees.

Personal Safety

1. You have the right to receive personal assistance without being taken advantage of sexually, mentally, physically or financially. You have the right to terminate

exploitive or abusive relationships. If you feel that a behavior an assistant is displaying toward you is inappropriate, talk to someone you can trust about the situation. It can help to get a second opinion of the situation and how to handle it.

2. Remember that criminals often enter through unlocked doors and windows. Keep your doors locked-especially at night. If it is a friend at the door, he or she won't mind waiting for you or your assistant to open the door.
3. If you suspect someone is trying to get into your home, call 911. Even if you're not sure, it is best to call. If it is an assistant or someone you know, but they are acting suspiciously, call the police.
4. Most sexual abuse happens with someone known to the person. Remember you have the right to say NO to any unwanted touch, whether it is a personal assistant, a romantic partner or family member.
5. If you receive an unwanted sexual touch from a personal assistant, be aware that it is a violation of professional ethics, your rights, and the law. Report it as soon as you can to the police. For support, call your local rape crisis center and/or a personal counselor. Trust your instincts. If you feel unsafe, terminate the relationship with your personal assistant.
6. Have friends, neighbors, family handle things that you do not feel comfortable delegating to your assistant (i.e. assistance with financial matters) let your assistant know through casual conversation that your family and neighbors are watching out for your well-being.
7. In cases of child or elderly abuse call the police immediately. Call your local Hot-Line

Abuse # found in your area phone book. Call your vendor agency for further assistance.

Tips For Protecting Property And Personal Safety

1. Make an inventory. Give a copy of your inventory to your family or friend or insurance agent. If you have a loss, it will help establish proof of value for filing any claims.

2. Everything should have a place known to you and should be kept in that place
3. Make it evident that you are aware of your surroundings, what you have and where those items belong through casual conversation.
4. Keep an inventory of your consumables, also. Keeping a mental inventory can help to control purchasing.
5. Discuss phone use with your assistant at the time of hire. Detail phone use while working and responsibilities for long distance bills. Check your bill for charges that are not recognized as yours. Make phone use part of your employment contract in order to avoid conflict.
6. Use extreme caution when allowing your employee to use your ATM, card, credit card or access to bank accounts. You as the employer do this at your own risk. When terminating an assistant, change your PIN numbers. Ask your assistant for receipts for any purchases and regularly count your change.
7. Use caution when giving your assistant use of your car. It is your responsibility to check with your auto insurance carrier for specifics on liability

Upon termination of your employee make sure you get all keys back. If not, you may wish to change the locks on the doors to your house.

PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO:

PRIVACY AND SECURITY - to respect your property, personal privacy, and security during home care visits. You have a right to unlimited contact with visitors and others and to communicate privately with these persons;

CONFIDENTIALITY - to confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home;

HEALTH INFORMATION - to access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law;

RELEASE OF INFORMATION - to request us to release information written about you only as required by law or your written authorization.

Our Notice of Privacy Practices describes your rights in detail.

FINANCIAL INFORMATION: YOU HAVE THE RIGHT TO:

INSURANCE INFORMATION - to be informed of the extent to which payment may be expected from Medicare, Medicaid or any other payer known to us before any care is delivered;

KNOW OF CHARGES NOT COVERED - to be informed verbally and in writing at the time of admission, the approximate maximum dollar amount, if any, of care or services to be borne by the patient;

RECEIVE INFORMATION WITHIN 30 DAYS - to receive this information verbally and in writing, before care is initiated and within 30 calendar days of the date the home care provider becomes aware of any changes in charges; and

HAVE ACCESS TO ALL BILLS - to have access, upon request to all bills for services you have received regardless of whether the bills are paid out of pocket or another party.

QUALITY OF CARE - YOU HAVE THE RIGHT TO:

PAIN MANAGEMENT - to education about you and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;

BE ADMITTED ONLY IF WE CAN PROVIDE THE CARE YOU NEED - A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative; and

RECEIVE EMERGENCY INSTRUCTIONS - to be told what to do in case of an emergency.

COMPLIANCE PROGRAM CODE OF CONDUCT FRAUD WASTE & ABUSE

A. Introduction

Edison Home Health Care (“Edison”) adopted a new compliance program which is more fully described and contained in the Edison Compliance Program Manual (“Compliance Manual”), which is available for review in the office of the Administrator or Compliance Officer.

Edison adopted the Compliance Program in order to embody its commitment to conducting its business in compliance with all applicable laws, rules, regulations, and other directives of the federal, state and local governments and agencies. An expression of this commitment is the code of conduct (“Code of Conduct”) described herein which is applicable to all individuals, including Edison’s managers, members, officers, directors, employees, consumer’s and personal assistants within the CDPAP program, volunteers, and independent contractors working for or providing services to Edison (“Affected Individuals”).

The Code of Conduct is intended to provide general guidelines to all Affected Individuals to understand the manner in which Edison wishes to conduct business. Although the Code of Conduct can neither cover every situation in the daily conduct of our many varied activities nor substitute for common sense, individual judgment or personal integrity, it is the duty of every Affected Individual to adhere, without exception, to the principles set forth herein.

The Code of Conduct shall be distributed annually, and periodically as necessary, to all Affected Individuals who shall be responsible for ensuring that their behavior and activity is consistent with the standards embodied in this Code of Conduct.

B. Compliance with Laws and Regulations

It is the duty of Edison and all Affected Individuals to uphold all applicable federal, state and local laws, rules, regulations, and standards (“laws and regulations”). Each individual must be aware of the legal requirements and restrictions applicable to his or her respective position and duties.

While the duty remains the responsibility of each individual, Edison shall implement programs necessary to foster further awareness of applicable laws and regulations and to monitor and promote compliance of such laws and regulations. Any questions about the legality or propriety of any actions undertaken by on behalf of Edison should be referred immediately to an individual’s supervisor, the Administrator or the Compliance Officer.

C. Fraud and Abuse

Edison expects Affected Individuals to refrain from any conduct which may violate applicable federal and state laws and regulations, with emphasis on those related to fraud and/or abuse.

These laws generally prohibit (1) the transfer of anything of value in order to induce the referral of patients or any government program business (i.e., Medicare, Medicaid and other federal or state health care programs); and (2) the making of false representations or the submission of false, fraudulent or misleading claims to any government entity or third party payer, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements.

More specific guidance with respect to laws and regulations applicable to fraud and abuse can be found in Edison’s Compliance Manual. You will also receive a summary of various federal and state laws applicable to the fraud and abuse area.

D. Professional and Ethical Standards

As professionals, all Affected Individuals have a duty to support Edison's goals to provide nursing and other home care services of the highest quality that respond to the needs of our patients and consumers as well as Fiscal Intermediary services. The services provided must be reasonable and necessary for the care of each patient, and such care must be provided by properly qualified individuals. All such care must be properly documented as required by law and regulation, payer requirements, professional standards and the policies and procedures of Edison.

Edison and all Affected Individuals shall conduct all activities in accordance with the highest ethical standards of their respective professions at all times and in a manner, which shall uphold Edison's reputation and standing in the community it serves.

E. Confidentiality

Edison and all Affected Individuals are in possession of, or have access to, a wide variety of confidential and sensitive information.

It is the duty of Edison and all Affected Individuals to protect the privacy rights of the patients and consumers. Edison and all Affected Individuals shall maintain the confidentiality of patient and consumer medical records and information, as well as proprietary information, by actively protecting and safeguarding such information in a manner designed to prevent the unauthorized disclosure of such information.

If there are any questions or concerns concerning the disclosure of information, the question or concern should be referred to an individual's supervisor, the Administrator, the Compliance Officer, or the Privacy Officer.

F. Business Practices

Edison's business practices must be conducted with honesty and integrity and in a manner, that upholds Edison's reputation with patients, consumers, payers, vendors, competitors, and the community. Edison expects all Affected Individuals to be loyal to Edison's interests. Affected Individuals should not use their positions to profit personally or assist others in profiting in any way at the expense of Edison. Affected Individuals must refrain from activities which create conflicts of interest with Edison or the appearance of impropriety.

Affected Individuals involved in business transactions on behalf of Edison shall not offer or pay, or solicit or receive any gifts, favors or other improper inducements in exchange for influence over Edison in a transaction or the referral of business. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, the doubt or concern should be referred immediately to an individual's supervisor, the Administrator, or the Compliance Officer.

When Edison decides to enter into an agreement or arrangement with another healthcare entity or practitioner to provide services, that decision must be free of any improper influence. Thus, if you or any immediate family member is already an employee, consultant, owner, contractor or even a passive investor of an entity that (i) engages in any business or maintains any relationship with Edison Home Health Care, (ii) provides to, or receives from Edison any patient referrals, or (iii) competes with Edison Home Health Care, you must complete a "Conflict of Interest Disclosure Statement Form" and submit it to the Compliance Officer. If you or your

family member intends to become such an employee, consultant, owner, contractor or an investor, you must first obtain certain permission from the Administrator or Compliance Officer by completing a "Conflict of Interest Disclosure Statement Form." In this way, Edison can be assured that our business relationships are free from improper influences.

G. Employment Practices

Edison is committed to providing equal employment opportunities for all persons, without regard to race, color, creed, religion, sexual orientation, national origin, age, sex, marital status, handicap, or disability. Edison is committed to providing patient care and a workplace environment which emphasizes the dignity and respect of every individual. In that regard, harassment and/or other types of prohibited discrimination in any form or context will not be tolerated.

Violence in the workplace will not be tolerated and such behavior will result in immediate disciplinary action, which may include termination.

Edison is committed to providing a healthy and safe workplace. Edison and all Affected Individuals will comply with federal, state, and local laws and regulations that promote the protection of health and safety. Affected Individuals are expected to report workplace injuries or any situation presenting a danger of injury.

H. Reimbursement

Edison and all Affected Individuals have a duty to create and keep records and documentation which conform to legal, professional and ethical standards. Such individuals shall ensure that billings for reimbursement for care are reasonable, necessary, and appropriate, that services are provided by properly qualified persons, and that services are billed correctly and supported by adequate documentation.

All claims for reimbursement to government and to private insurance payers must be true and accurate and conform to all applicable laws and regulations. Edison and all Affected Individuals are prohibited from knowingly presenting or causing to be presented claims for payment or approval which are false, fictitious, fraudulent, or otherwise not in compliance with applicable laws and regulations.

I. Administration and Application of this Code of Conduct

Edison expects that the Code of Conduct will be a part of the daily activities of all Affected Individuals. The Code of Conduct is in addition to, and does not limit, specific policies and procedures of Edison. Affected Individuals must perform their duties in accordance with all such policies and procedures.

It is the duty of every manager, member, officer, director, employee, independent contractor, volunteer and agent to uphold the standards set forth in the Code of Conduct and to report violations by following the reporting procedures outlined in the Compliance Manual. Alleged violations of the Code of Conduct or other policies and procedures of Edison will be investigated by persons designated by, and pursuant to procedures established by Edison. Edison will make efforts to maintain the confidentiality of the identity of any individual who reports perceived or actual violations. However, confidentiality of identity cannot be guaranteed.

It shall be a violation of the Code of Conduct to take any action in reprisal against anyone who reports suspected violations of the Code of Conduct or other Edison policies and procedures, in the investigation of a compliance issue or Edison with remedial actions in good faith.

Failure to abide by the Code of Conduct or the guidelines for behavior which the Code of Conduct represents may lead to disciplinary action. Disciplinary action will be determined on a case-by-case basis and may, in Edison's discretion, range from a warning to termination. If Edison determines that a violation may have included criminal violations of law or regulation, Edison will seek the advice of counsel and cooperate with law enforcement authorities in connection with the investigation and prosecution of the offender.

J. Employee Compliance Verification

Edison verifies personal assistant compliance as follows and as applicable to those positions:

- Social security numbers are verified with E-Verify.
- All must complete an application.
- All must have a physical exam with a toxicology screen, Rubeola and Rubella titers and a PPD before beginning work.
- All must have an annual health assessment and TB screener.
- All must provide a photo ID.

How to Report a Violation of the Code

Affected Individuals should report any violation of the Code of Conduct to your immediate supervisor, the Administrator, Edison's Compliance Officer and/or via the Compliance Hotline. The Hotline is particularly helpful if you prefer not to report such matter to your supervisor, or the Administrator, because you believe they may be involved in the actual or perceived violation, if you otherwise have a legitimate reason to be concerned about a reprisal, or if your previous reports have not been acted upon, but you may use it for any reason. The number of Edison's **Compliance Hotline is 718-475-1910 or compliance@edisonhhc.com**. Hotline calls may be made anonymously. However, supplying your name may assist in the investigation of your report but you are under no obligation to do so. Please note that it is an explicit violation of Edison's policy to retaliate in any way against its Affected Individuals who, in good faith, report an actual or potential violation of applicable laws, rules, regulations, or the Code of Conduct.

Please note that nothing in this Code of Conduct is intended to nor shall be construed as providing any additional employment or contract right to Affected Individuals or other persons.

Edison will generally attempt to communicate changes to the Code of Conduct prior to the implementation of such changes. However, Edison reserves the right to modify, amend or alter the Code of Conduct and its policies and procedures without prior notice to any person.

FEDERAL AND NEW YORK FALSE CLAIMS ACTS AND NEW YORK HEALTH CARE FRAUD LAWS FRAUD AND ABUSE INFORMATIONAL HANDOUT

The enclosed informational handout contains a discussion of the Federal False Claims Act, New York False Claims Act and State Laws pertaining to civil and criminal penalties for false claims and statements, the rights of employees to be protected as whistleblowers, and the agency's policies and procedures for detecting and preventing fraud, waste, and abuse.

This handout will be provided to all Affected Individuals.

Further, the agency must provide a copy of this handout to any contractor (including independent contractors), subcontractor or agent, (current and future), which or who: (i) on behalf of the agency, furnishes or otherwise authorizes the furnishing of Medicaid health care items or services; (ii) performs billing or coding functions; or (iii) is involved in monitoring of health care provided by the agency. This handout should also be provided to existing and new members, managers, officers, and directors.

Federal and New York False Claims Act and New York Health Care Fraud Laws Summary of Laws and Applicable Policies **

Edison Home Health Care expects all Affected Individuals to refrain from conduct which may violate federal and state laws, rules, and regulations relating to the provision of and payment for health care items and services. It is our ethical and legal obligation to continuously strive to ensure that all billings and claims reimbursement activities are based on materially complete information and that we only receive payment and reimbursement for that which we are entitled. Our conduct must at all times be consistent with accepted and sound fiscal, business and medical practices. Clinical and medical personnel must provide services that meet professional recognized standards of care

and all personnel involved in coding, billing and claims submission must maintain high ethical standards and must become familiar with all rules and laws applicable to such activities.

The following is a summary of certain applicable federal and state laws prepared by the New York State Office and the Medicaid Inspector General.

FEDERAL & NEW YORK STATUTES RELATING TO FILING FALSE CLAIMS

1. FEDERAL LAWS

False Claims Act (31 USC §§3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, that:

- a) Any person who:
 - 1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;
 - 2) Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
 - 3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease and 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, plus 3 times the amount of damages which the Government sustains because of the act of that person.
- b) For purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

31 U.S.C. § 3729. 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 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) is 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 that obtains interim payments from Medicare 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 program.

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 realtors," 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

qui tam realtor, 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 realtor

substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the realtor shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

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, then the agency receiving the claim may impose a penalty of up to \$5,000 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, not 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's false claims laws fall into two categories: civil and administrative; and criminal laws. Some apply to recipient false claims and some apply to provider false claims, and while most are specific to healthcare or Medicaid, some of the "common law" crimes apply to areas of interaction with the government.

A. CIVIL AND ADMINISTRATIVE LAWS

NY False Claims Act (State Finance Law, §§187-194)

The NY False Claims Act closely tracks the federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit and 15-25% if the government did participate in the suit.

Social Services Law § 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 \$2,000 per violation. If repeat violations occur within 5 years, a penalty up to \$7,500 per violation may be imposed if they involve more serious violations or Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law §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 person's and/or the person's family's needs are not taken into account for 6 months if a first offense, 12 months if a second (or once if benefits received are over \$3,9000 offense and live years if for 4 or more offenses.

B. CRIMINAL LAWS**Social Services Law § 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.

Social Services Law §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.

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. It 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.

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 include 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.

Penal Law Article 176, Insurance Fraud.

Applies to claims for insurance payment, 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.

Applies to claims for health insurance payment, including Medicaid, and contains five crimes:

- a. Health care fraud in the 5th degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
- b. Health care fraud in the 4th degree is filing false claims and annually receiving over \$3,000 in the aggregate. It is a Class E felony.
- c. Health care fraud in the 3rd degree is filing false claims and annually receiving over \$10,000 in the aggregate. It is a Class D felony.
- d. Health care fraud in the 2nd degree is filing false claims and annually receiving over \$50,000 in the aggregate. It is a Class C felony.

Penal Law Article 177, Health Care Fraud.

- e. Health care fraud in the 1st degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

III. WISTLEBLOWER PROTECTION

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

The FCA provides protection to qui tam realtors 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 realtor 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.

NY False Claims Act (State Finance Law §191)

The False Claims Act also provides protection to qui tam realtors 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 realtor 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.

New York Labor Law §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 care 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.

New York Labor Law §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 actions of the employer 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 care 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.

In addition, as an agency that contracts with Medicaid providers, it is understood that the agency will comply with certain federal and state laws, and regulations. Specifically, the agency has the following duties and responsibilities:

- a) to prepare and to maintain a contemporaneous record demonstrating the agency's right to receive payment and to maintain for the appropriate period of time all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the agency.
- b) not to illegally discriminate on the basis of handicap, race, color, religion, national origin, sex, or age.
- c) to submit claims for payment only for services actually furnished and which were medically necessary.
- d) provide information in relation to any claim for payment that is true, accurate and complete.

The agency will not engage in conduct that includes:

(1) False claims. (i) Submitting, or causing to be submitted, a claim or claims for:

- (a) unfurnished medical care, services or supplies;
 - (b) an amount in excess of established rates or fees; or
 - (c) medical care, services or supplies provided at a frequency or in an amount not medically necessary.
- (ii) Including, or seeking to induce, any person to submit a false claim.

(2) False statements. (i) Making, or causing to be made any false, fictitious, or fraudulent statement or misrepresentation of material fact on claiming payment, or for use in determining the right to payment.

(ii) Including or seeking to induce the making of any false, fictitious or fraudulent statement or a misrepresentation of material fact.

(3) Failure to disclose. Having knowledge of any event affecting the right to payment of any person and concealing or failing to disclose the event with the intention that a payment be made when not authorized or in a greater amount than due.

(4) Conversion. Converting a medical Edison payment, or any part of such payment, to a use or benefit other than for the use and benefit intended by the medical Edison program.

(5) Bribes and kickbacks. Unless the discount or reduction in price is disclosed to the client and the department and reflected in a claim, or the payment is made pursuant to a valid employer-employee relationship, the following activities are unacceptable practices:

(i) soliciting or receiving either directly or indirectly any payment (including any kickback, bribe, referral fee, rebate or discount), whether in cash or in kind, in return for referring a client to a person for any medical care, services or supplies for which payment is claimed under the program;

(ii) soliciting or receiving either directly or indirectly any payment (including any kickback, bribe, referral fee, rebate or discount), whether in cash or in kind, in return for purchasing, leasing, ordering or recommending any medical care, services or supplies for which payment is claimed under the Medicaid program;

(iii) offering or paying either directly or indirectly any payment (including any kickback, bribe, referral fee, rebate or discount), whether in cash or in kind, in return for referring a client to a person for any medical care, services or supplies for which payment is claimed under the Medicaid program; or

(iv) offering or paying either directly or indirectly any payment (including any kickback, bribe, referral fee, rebate or discount), whether in cash or in kind, in return for purchasing, leasing, ordering or recommending any medical care, services or supplies for which payment is claimed under the Medicaid program.

(6) Unacceptable recordkeeping. Failing to maintain records necessary to fully disclose the medical necessity for and the nature and extent of the medical care, services or supplies furnished.

(7) Employment of sanctioned persons. Submitting claims or accepting payment for medical care, services or supplies furnished by a person suspended, disqualified or otherwise terminated from participation in the Medicaid program or furnished in violation of any condition of participation in the Medicaid program.

(8) Client deception. Deceiving, misleading or threatening a client, or charging or agreeing to charge or collect any fee in excess of the maximum fee, rate or schedule amount from a client.

(9) Conspiracy. Making any agreement, combination or conspiracy to defraud the program by obtaining, or aiding anyone to obtain, payment of any false, fictitious or fraudulent claim.

(10) Excessive services. Furnishing or ordering medical care, services or supplies that are substantially in excess of the client's needs.

(11) Failure to meet recognized standards. Furnishing medical care, services or supplies that fail to meet professionally recognized standards for health care or which are beyond the scope of the person's professional qualifications or licensure.

(12) Unlawful discrimination. Illegally discriminating in the furnishing of medical care, services or supplies based upon the client's race, color, national origin, religion, sex, age or handicapping condition.

(13) Solicitation of clients. Offering or providing any premium or inducement to a client in return for the client's patronage of the provider or other person to receive care, services or supplies under the Medicaid program.

Billing and Claims Activities That May Violate the Law:

The following are examples of improper billing and claims activities, but are not meant to be exhaustive:

- Billing for services or supplies that were not provided.
- Submitting a claim containing known false information or omitting material information.
- Filing a claim for services not medically necessary, or, if medically necessary, not to the extent rendered.
- Altering claim forms to increase payments.
- Arranging to get paid twice for the same service by billing two payers (duplicated billing).
- Revising a claim for a service that is not covered so it will be covered.
- Misrepresenting the services performed, the fee for the services, the date of the services, or the identity of the patient.
- Falsifying records to appear to meet conditions of participation or conditions of coverage.
- Omitting material information when making a claim or when submitting a written statement in support of such claim.
- Scheming with another person to manipulate claims and increase payments (e.g., upcoding).
- Using the adjustment payment process to generate fraudulent payments.
- Billing services over a period of days when all treatment occurred over one visit.
- Billing for services while a patient is in the care of a third party (e.g., hospitalized)
- Improperly completing or obtaining certificates of medical necessity (CMN).
- Providing incomplete, false, or misleading information about ownership of an agency.
- Repeatedly charging patients more than the permitted amounts or repeatedly violating a participation agreement or assignment agreement.
- Excessive charges for services or supplies.
- Improper billing practices, including submission of bills to Medicare instead of third-party payers which are primary insurers for Medicare beneficiaries.
- Increasing charges to Medicare beneficiaries but not to other patients.
- False or misleading documentation regarding services provided.
- Billing for home health services without meeting the program requirements.

Reporting:

All Affected Individuals are required to promptly report all known or suspected violations of Edison's billing and claims submission policies to the Administrator, Compliance Officer, immediate supervisor or other designated party, in writing or through the anonymous telephone hotline at 718-475-1910 or compliance@edisonhhc.com. **There will be no retaliatory action taken against any person who reports in good faith to the agency or any government official or agency. Retaliation or any form of reprisal based upon a person's good faith reporting of potential fraudulent claims activity is strictly prohibited and will not be permitted or tolerated by Edison.** Further, the Federal False Claims Act, New York False Claims Act, and New York State Labor Law §740 specifically prohibit and provide remedies for

Such retaliatory action. Improper retaliation includes actual or threatened discharge demotion, suspension, harassment, discrimination or other adverse employment action. Activities protected against retaliation by federal and New York State law and regulation include: disclosing or reporting (or threatening to disclose or report) to a supervisor, the agency or to a governmental official or agency an activity, policy, or practice that is in violation of the law; testifying or providing information for a hearing, investigation or inquiry; initiating or assisting in any action or investigation; and/or objecting to or refusing to participate in any such illegal activity. All Affected Individuals are expected to report any possible instances of retaliatory action immediately to the Administrator and/or Compliance Officer or other designated party.

Detecting and Preventing Fraud, Waste and Abuse:

In accordance with the requirements of relevant false claims laws, and to further ensure the accuracy and appropriateness of claims submitted, Edison has adopted the following rules that all Affected Individuals must strictly follow:

- Detect and prevent the filing of claims for services not rendered. All documentation must be reviewed and checked for accuracy by clinical staff prior to submission. Furthermore, billing staff must review the completeness and check for inconsistencies in the documentation supporting the bill prior to submitting a claim. Diagnosis and procedure codes reported on claims must be based on the medical record and other documentation and must comply with appropriate coding guidelines. Coding must accurately describe the services that was ordered by the physician and performed by the agency.
- Detect and prevent the filing of claims and services rendered that were not medically necessary. Documentation submitted by the staff must record the activity leading to the record entry, the identity of the individual providing the service, and any information needed to support medical necessity and other reimbursement coverage criteria. All clinical and billing staff shall communicate effectively to ensure that documentation is consistent.
- Detect and prevent the submission of any claim which contains false information. All claim forms must be reviewed for accuracy prior to presentation for payment.
- Detect and prevent any claim for inadequate or substandard services. Clinicians must review services rendered and supporting documentation to determine that the level of services provided is adequate to support a claim for payment.

The clinical and billing staff, in coordination with the Compliance Officer or other designated party, will conduct periodic reviews to determine the accuracy of documentation utilized to support claims for reimbursement. The agency will maintain a process for pre-and post-submission review of claims to ensure that claims submitted for reimbursement accurately reflect medically necessary services actually provided, are supported by sufficient documentation, and are in conformity with any applicable coverage criteria for reimbursement.

Edison has adopted Policies and Procedures for preventing and detecting fraud, waste and abuse of the federal health care programs, including Medicare and Medicaid. All Affected Individuals must strictly follow these policies. These policies and procedures are available for review upon request. To review these policies and procedures, contact the Compliance Officer.

The following represents a summary of relevant policies and procedures:

Designation and Responsibilities of the Compliance Officer

It is the policy of Edison to ensure that it conducts itself in compliance with all applicable laws, rules, regulations and other directives of the federal, state and local governments, departments and agencies. In this regard, and in furtherance of this policy, Edison shall at all times have an individual designated as a Compliance Officer to oversee and monitor its Compliance Program.

Coordination and communication are the key functions of the Compliance Officer with regard to planning, implementing, and monitoring Edison's Compliance Program. The Compliance Officer shall develop and assist the agency in putting appropriate compliance processes in place to implement the Compliance Program. Examples of these activities and processes include, but are not limited to, the following:

- Serve as a trusted source of guidance for employees, contractors and others associated with the agency with regard to compliance related matters.
- Test the billing and claims reimbursement staff on their knowledge of applicable program requirements and claims and billing criteria.
- Conduct or oversee unannounced audits of claims and billing information.
- Assess contractual relationships with contractors, consultants, and potential referral sources.
- Determine whether individuals who previously have been reprimanded for compliance issues are now

conforming to policies.

- Develop, coordinate and participate in compliance educational and training programs; and
- Coordinate internal and external compliance review and monitoring activities, including annual periodic reviews and oversee any resulting corrective action.

Retention of Records

It is the policy of Edison that all employees, contracted health professionals, agents and others associated with the agency maintain and preserve all documents, including compliance, business and medical records, and secure them against loss, destruction, unauthorized access, unauthorized reproduction, corruption or damage. Edison will also comply with regulations concerning document retention periods.

The primary components of Edison's record maintenance, access and retention policies and procedures include, but are not limited to, the following:

- Records will only be accessible by authorized personnel on a need-to-know basis or legally authorized individuals, and in strict conformance with applicable federal, state, and local laws and regulations, including those relating to privacy and confidentiality. Patient medical records may only be accessed by authorized individuals and personnel. Questions as to whether medical records should be released and/or distributed should be directed to the agency's Privacy Officer and/or Compliance Officer when appropriate.
- Records will be stored in a systemized manner that preserves confidentiality and takes into consideration environmental elements.
- Security of electronic records shall be in compliance with HIPAA regulations.

Individuals Excluded from Federal and State Health Care Benefits Programs

It is the policy of Edison not to enter into employment, contractual or business arrangements, in any capacity, with individuals or entities that are barred or excluded from participating in federal or state health care benefit programs. This shall be accomplished through screening programs, which include reviewing the U.S. Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), the Office of Medicaid Inspector General's Providers Not Allowed to Bill list and other applicable sources of such information prior to hiring, engaging or otherwise transacting business with any person or entity, and by conducting such review periodically after employing, contracting with or otherwise engaging any individual or entity.

Conflicts of Interest

It is the policy of Edison that all Affected Individuals avoid any and all activities that conflict with their responsibilities and obligations to Edison and its Patients and consumers.

The policies and procedures relating to conflicts of interest include, but are not limited to, the following:

- Affected Individuals must not have an interest in or serve as director, officer, manager, or member of any entity in competition with Edison Home Health Care, without permission.
- Any Affected Individual who performs work or renders services for any competitor of Edison or for any organization which does business with or seeks to do business with Edison outside of the normal course of his or her employment or other engagement with Edison shall notify the Corporate Compliance Officer or Administrator.
- Business with any Edison vendor, supplier, contractor, or agency, or any of their officers or employees that is not conducted on behalf of Edison prohibited, unless previously authorized by the Compliance Officer or Administrator.
- Affected Individuals shall not permit their names to be used in any fashion that would tend to indicate a business connection with any organization which does business with or seeks to do business with Edison without the prior approval of the Compliance Officer or Administrator.
- Edison shall not be represented by an Affected Individuals in any transaction in which he or she or an immediate

family member has a personal financial interest.

- Affected Individuals should not discuss any confidential information with anyone outside of Edison. This confidential information includes, but is not limited to, personnel data, patient or consumer lists, clinical information, financial data, research data, techniques, computer software, and information with a copyright, financial results or business dealings.
- Affected Individuals shall not accept any gifts, including discounts, from prospective or current suppliers and/or contractors.
- Affected Individuals shall not engage in any activities or outside interests that influence their ability to make objective decisions in the course of their job responsibilities.
- Affected Individuals expected to disclose potential conflicts of interest involving themselves or their immediate family members (spouse, parents, brothers, sister, and children) to the Compliance Officer or Administrator using the agency's "Conflict of Interest Disclosure Statement" form.

Billing and Claims Reimbursement

It is the policy of Edison to comply with all relevant billing and claim reimbursement requirements. All personnel involved in coding, billing and claims submissions must maintain high ethical standards and must know and adhere to all requirements for the health care industry, including all rules and regulations pertaining to coding, billing, claims submission and reimbursement, including, among others, Medicare and Medicaid regulations. All billing personnel are expected to attend training and education sessions. Billing personnel will be regulatory monitored to ensure that they are not engaging in any activity which may be fraudulent or abusive under the Medicare and Medicaid regulations. Compensation for billing department personnel and billing consultants will not offer any financial incentive to submit claims regardless of whether they meet applicable coverage criteria for reimbursement or accurately represent the services rendered.

All Affected Individuals are required to promptly report all known or suspected violations of Edison billing policies to their immediate supervisor, Compliance Officer or Administrator, or other designated party, in accordance with the agency's Policy and Procedures entitled "Internal Reporting of Compliance Related Matters."

Employee and Other Association with the Agency Screening

It is the policy of Edison to ensure that all Affected are properly screened in accordance with agency procedures, and in compliance with applicable laws and regulations, prior to employment or engagement with Edison, and periodically during their tenure with Edison. Offers of employment or engagement, as well as continued employment and engagement, shall be contingent upon satisfactory screening.

Monitoring and Auditing

It is the policy of Edison to ensure that the agency, and all Affected Individuals conduct business and activities in compliance with all applicable laws, rules, regulations and other directives of the federal, state and local governments, departments and agencies. In this regard, and in furtherance of this policy, Edison shall conduct periodic audits designed to address relevant compliance issues. Audits may be conducted by internal or external auditors and will be overseen by the Compliance Officer.

Internal Reporting of Compliance Related Matters

It is the policy of Edison to maintain an internal reporting mechanism for all Affected Individuals to report actual or perceived violations of Edison's Code of Conduct, Compliance Program, policies and procedures and applicable laws and regulations.

Anyone with knowledge of an event, occurrence or activity that appears to violate applicable laws and regulations, Edison's Code of Conduct or any of its policies or procedures should promptly communicate the actual or perceived violation to their immediate supervisor, the Administrator the Compliance officer or other designated party.

If the individual reporting prefers not to report the matter to a supervisor the Administrator, Compliance Officer or other designated party he/she should call Edison's Compliance Hotline at 718-475-1910 or compliance@edisonhhc.com. Callers to the hotline will remain anonymous.

As explained above, there will be no retaliatory action taken against individuals who report in good faith to the agency or any governmental official or agency. Retaliation or any form of reprisal based upon an individual's good faith reporting of potential fraudulent claims activity is strictly prohibited and will not be permitted or tolerated by Edison all Affected Individuals are expected to report any possible instances of retaliatory action immediately to the Administrator the Compliance Officer or other designated party.

Investigations of Compliance Reports

It is the policy of Edison to make reasonable inquiry into any report concerning activity which may be contrary to applicable laws and/or regulations. Upon receipt of a report which suggests that improper conduct has occurred, and investigation either under the direction and control of legal counsel or the Compliance Officer may be commenced. The investigative techniques used shall be implemented in order to facilitate the correction of any practices not in compliance with applicable laws and/or regulations and to promote, where necessary, the development and implementation of policies and procedures to ensure future compliance.

HIPAA

INTRODUCTION: The Health Insurance Portability and Accountability Act, HIPAA, provides standards for protecting the privacy of health information of individuals receiving health care services and regulates how health care agencies use and disclose certain individually identifiable health information, called protected health information (PHI). This policy was developed by Edison Home Health Care to provide guidance to Consumers of procedures put in place by Edison to ensure compliance with the privacy rules and to provide the Personal Assistant with training on HIPAA, which protects the privacy and confidentiality of PHI whenever it is used by company representatives. The private and confidential use of such information will be the responsibility of all individuals with job duties requiring access to PHI in the course of their jobs.

HIPAA

HIPAA is a Federal Law that mandates that health care providers take steps to protect the protected health care information of patients. This law applies to all forms of consumer information written or oral.

Protected Health Information

PHI refers to individually identifiable health information that is transmitted or maintained by a covered entity in any form or medium.

Examples of PHI: Name, Social Security Number, Address, Date of Birth, Telephone Number, Diagnosis, Test Results, treatments, services, or procedures, A patient's HIV status, in general, any information that is part of a person's clinical record is considered PHI.

Protecting A Consumer's Phi

Methods which can be utilized to help safeguard PHI:

- Keep your voice as low as possible an effort to keep information to a minimum.
- Do not leave any documents where they may be found by anyone who does not have a right to see it. This may include anything from a prescription receipt to medical records. When you are finished writing down medical information promptly put it away. Keep your information with you or store it in a safe place when not needed.
- Do not answer any medical questions without first knowing who is asking.
- Don't discuss medical information in front of others unless you are okay with them hearing what is being said.
- When and if mistakes occur, make sure you take the proper corrective measures.

The HIPAA Privacy Officer

Edison Home Health Care has designated an administrative employee to act as the agency's Privacy Officer. The Privacy Officer has the responsibility of creating and retaining documentation required under HIPAA as well as being a reference to agency employees in the use and disclosure of PHI. Any questions or issues regarding PHI should be presented to the HCO for resolution.

Consumer Privacy Rights

Edison Home Health Care implements policies and procedures to accommodate consumer privacy rights as required by and specified in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996.

Notice Of Privacy Practices

The Notice of the agency's Privacy Practices is given to each consumer on or before the first encounter with the consumer and included in the agency's admission packet. Copies are available and provided to consumers upon request. The Notice contains information as to the ways in which Edison will use and disclose the consumer's personal health information it collects if any, the consumer's rights under HIPAA and the agency's responsibilities under HIPAA.

Personal Representative

In accordance with HIPAA Rules and Regulations and Edison Home Health Care policies, procedures and forms, an individual with the authority to act on behalf of the consumer is considered a designated representative. The consumer's designated representative shall "stand in the shoes" of the consumer and is treated as the individual i.e. a designated representative may sign an acknowledgement or request consumer information. The designated representative of a deceased consumer may exercise the deceased person's rights with respect to protected health information.

Authorizations

Edison Home Health Care requires written authorizations for the use of and disclosure of protected health information for purposes other than treatment, payment and health care operations of the agency. An Authorization form is to be completed when a consumer requests that his/her PHI be used or disclosed, to request the consumer's consent to use his/her PHI for agency purposes and when the agency requests permission to request their protected health information from other health care agencies.

An individual can revoke an authorization in writing at any time. If the agency has already used or disclosed information in reliance upon the authorization, it will not be held accountable for disclosures made prior to the revocation. For additional information regarding authorizations contact the Edison privacy officer.

Requests For Disclosures

All requests for uses and disclosures set forth in this policy should be referred to the Privacy Officer to determine whether the use or disclosure should be made. When a disclosure is made for any of the reasons set forth in this policy, it should be documented.

Disclosures To Health Plans

Edison Home Health Care may provide Information to third party payers (*e.g., Medicaid, and commercial insurers*) as required by contracts and/or subscriber agreements with the payer. The agency can rely upon a health plan's representations regarding the information that is needed for a claim, including representations that are contained in a policy, an agency agreement, or in a health plan newsletter or bulletin.

At times, Edison Home Health Care may need to determine what information should be submitted to support a claim

or defend an audit and will determine what information is minimally necessary to achieve the results for which the information is being requested. Information beyond that which is minimally necessary should not be disclosed i.e. Excerpts from the date of service in question, as well as information from previous or subsequent visits that support medical necessity, plan of care, etc.

Although the entire medical record should not be routinely submitted, it may be where necessary.

Minimum Necessary Need To Know

Except for uses and disclosures related to treatment of the consumer and other exceptions such as when the disclosure is made to a agency for the purpose of treatment, the consumer requests his or her own information, when the consumer signs an authorization for the disclosure or when a disclosure is made because it is required by law, including those disclosures required by the HIPAA regulations, Edison Home Health Care must make reasonable efforts to limit the amount of consumer information used within the organization or disclosed to others to that which is minimally necessary to accomplish the intended purpose of the use or disclosure.

For uses of information within the agency, the agency must identify all agency staff by category that need access to protected health information and identify the type of protected health information to which each category of employee needs access. Edison Home Health Care staff involved in care, service or the treatment of the individual will be given access to the entire medical record on a need to know basis. Access to consumer information by non-treatment agencies will be determined based upon the employee's job position.

For requests for disclosures to Third Parties that do not occur on a routine basis must be reviewed individually to determine the minimum amount of information that must be disclosed to achieve the stated purpose of the disclosure.

HIPAA requires the agency to restrict requests for information to the minimum necessary to achieve the intended purpose of the requested disclosure. Requests for protected health information should be made subject to the following criteria:

- Requests should be as specific as possible with respect to the amount of information needed.
- Requests should not be for entire medical records unless absolutely necessary.
- If the information is being requested for treatment purposes, the entire medical record may be requested.
- Agency staff should be prepared to provide justification for the scope of the request.

Records Retention

Personnel records and disclosures of PHI will be maintained for a period of six years as required by federal law unless a state law requires a longer retention period. Records that have been maintained for the maximum interval will be destroyed in a manner to ensure that such data are not compromised in the future in accordance with the company record destruction policy.