

# MOMMY'S LITTLE GIRL LLC

## *EMPLOYEE POLICIES AND PROCEDURES*

MOMMYS LITTLE GIRL LLC

John “Jack” Ewert

P.O. Box 582,

Hutchinson MN. 55350

*January 1, 2024*

EDIT 33

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582,  
Hutchinson MN. 55350  
Phone: 320-583-3799  
Fax: 612-568-9757  
Email: [jewert@hutchtel.net](mailto:jewert@hutchtel.net)  
Web Site: <http://www.mlgpca.com/>

*EMPLOYEE POLICIES AND PROCEDURES*

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MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
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## **HIRING AND TERMINATION POLICY**

All applicants must complete an employment application and pass a background investigation prior to becoming eligible for employment. The Agency may also require a resume' and letters of reference depending on the position being applied for. Following the Agency's review of all completed applications, the employer will begin interviewing the most qualified candidates.

The Agency may make conditional offers of employment to those candidates selected during the interview process. The conditional aspect of the job offer depends on the employee's agreeing to acknowledge company policies in writing, and consenting to and passing all necessary background and reference checks (if not already completed).

Following an acceptance of an offer of employment and completion of the background clearance, all new employees will be given a start date and location to report for work. Employees may only begin providing services after receiving the express permission of the Agency in writing. Recipients may not alter the decision of the Agency regarding any employee's start date. Authorization and acknowledgment forms and policies must be signed BEFORE actual work is performed.

All employees are classified as "at-will" employees. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between the Agency and you. You or the Agency may terminate the employment relationship at any time for any reason or no reason.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
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## **PCA TRAINING POLICY**

The Agency requires all employees to complete the mandated DHS training prior to your providing services to our clients. The DHS training covers but is not limited to the following topics:

1. Basic first aid;
2. Vulnerable adult/child maltreatment;
3. OSHA universal precautions;
4. Basic roles and responsibilities;
  - a. Lifting and transfers
  - b. Emergency preparedness
  - c. Positive behavioral practices
  - d. Fraud issues
  - e. Time sheets

We require you review the enclosed materials, which address but which are not limited to the following topics:

1. An orientation to home care requirements.
2. Basic infection control;
3. Maintenance of a clean, safe, and healthy environment;
4. Handling request to discontinue life sustaining treatments;
5. Fair and accurate billing;
6. Advanced directive notices; and
7. Workplace safety.

Finally, additional training shall be provided:

1. By a qualified professional on the unique needs of the recipient you are working with as identified in their 'care plan'; and

If you are working with a recipient who is ventilator dependent you will be required to complete ventilator training administered by respiratory therapist, nurse, or physician

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

### **PCA SUPERVISION POLICY**

In accordance with Minnesota Law, the Agency provides PCA supervision that includes but is not limited to:

- Development of the care plan;
- Orientation of the PCA to the cares and needs of the person;
- Training of the PCA to provide hands on assistance with special health-related functions;
- Day-to-day supervision and monitoring of the work and ability of the PCA to provide care; and
- Communication when the needs of the person change.

\*Health related functions performed by the PCA are required to be under the supervision of a qualified professional or the direction of a physician.

By following these policies, we can be sure that our services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

**POLICY REGARDING EMPLOYEE CONDUCT AND BEHAVIOR**  
**"EMPLOYEE MISCONDUCT POLICY"**

Orderly and efficient operation of the Agency requires that employees maintain proper standards of conduct and observe certain procedures. These guidelines are provided for informational purposes only and are not intended to be all-inclusive. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between the Company and you. The Company views the following as inappropriate behavior:

- Failure to fulfill and/or carry out one or more of the duties or responsibilities listed in the job description for that position.
- Failure to work scheduled hours.
- Falsification of timesheets.
- Tardiness.
- Failure to meet all conditions of employment.
- Drug and/or alcohol use.
- Consumer abuse (physical, verbal, sexual or emotional, financial/property).
- Gross negligence, including but not limited to any situations which did or may have resulted in endangering the health or safety of the consumers or staff.
- Deliberate noncompliance with policies, procedures and directions from their supervisor demonstrated by not following policies or direction.
- Any actions contraindicated by common sense or professional standards (i.e.: any actions that would violate certification, licensing, or what the average person would consider just common sense).

It is the policy of the Company to regard discipline as an instrument for developing total job performance rather than as punishment. Corrective action is one tool the Company may select to enhance job performance. The Company is not required to take any disciplinary action before making an adverse employment decision, including discharge. Corrective action may be in the form of a written or oral reprimand, notice(s) of inadequate job performance, suspension, discharge or in any combination of the above, if the Company so elects. The Company reserves its prerogative to discipline, and the manner and form of discipline, at its sole discretion.

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P.O. Box 582  
Hutchinson MN. 55350

## **POLICY AND PROCEDURE FOR PREVENTION, CONTROL, AND INVESTIGATION OF INFECTIONS AND COMMUNICABLE DISEASES**

### ***Infection Control Precautions***

Infection control precautions are a set of standard recommendations designed to reduce the risk of transmission of infectious agents from body fluids or environmental surfaces that contain infectious agents. These precautions include the use of personal protective equipment that serve as barriers to protect against contact with infectious materials.

### ***Standard Precautions***

**Standard Precautions.** Standard precautions are the basic level of infection control that should be used in the care of all patients in all settings to reduce the risk of transmission of organisms that are both recognized and unrecognized. Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time.

- Use standard precautions in the care of all patients to reduce the risk of transmission of microorganisms from both recognized and non-recognized sources of infection.
- Applies to blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.
- Personal protective equipment (PPE) to carry out standard precautions includes gowns, masks, or eye protection.

#### **Standard precautions include:**

- **Hand hygiene** - always - following any patient contact
  - Wash hands for 20 seconds with soap and warm water – especially if visibly soiled. Clean hands with alcohol-based hand rub if not visibly soiled.
- **Gloves**
  - Clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions or excretions.
  - Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions.
  - Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient.
  - Wash hands immediately after removing gloves.
- **Gowns**
  - Fluid resistant, non-sterile.  
Protect soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions and excretions

Apply gown prior to performing such activities.

- **Mask, face shield, eye protection**
  - Protect eyes, nose, mouth and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions and excretions.
  - Apply appropriate protection prior to performing such activities.
- **Patient Care Equipment**
  - Avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments.
  - Clean, disinfect or reprocess non-disposable equipment before reuse with another patient.
  - Discard single-use items properly.

### ***Suspected Transmission***

Personnel who are exposed to a communicable disease to which they are susceptible (during work or away from work) must contact the Agency Administrators immediately. Personnel who suspect a consumer has been exposed to a communicable disease (at home or away from home) must contact the Agency immediately.



MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
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## **POLICY REGARDING REQUEST TO DISCONTINUE LIFE SUSTAINING TREATMENT**

### **[EMPLOYEE/ VOLUNTEER DUTIES]**

In accordance with Minnesota Law, the Agency requires the following procedures regarding requests to discontinue life-sustaining treatment.

If a client, family member, or other caregiver of the client request that an employee or other agent of Agency discontinue a life sustaining treatment, the employee or other agent who receives the request:

- ✓ Shall take no action to discontinue the treatment; and
- ✓ Shall promptly inform the person's supervisor.

By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

If you receive a request to discontinue the life sustaining treatment of a client, promptly notify management at the phone number, email or address above.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
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## **ADVANCE DIRECTIVE NOTICE**

### Questions and Answers About Health Care Directives

#### Minnesota Law

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows talks about health care directives and how to prepare them. It does not give every detail of the law.

#### What is a Health Care Directive?

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

#### Why Have a Health Care Directive?

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

#### Must I Have a Health Care Directive? What Happens if I Don't Have One?

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed.

You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

#### How Do I Make a Health Care Directive?

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

### I Prepared My Directive in Another State. Is It Still Good?

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

### What Can I Put in a Health Care Directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

### Are There Any Limits to What I Can Put in My Health Care Directive?

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

### How Long Does a Health Care Directive Last? Can I Change It?

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

## What If My Health Care Provider Refuses to Follow My Health Care Directive?

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

## What If I've Already Prepared a Health Care Document? Is It Still Good?

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations.

The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

## What Should I Do with My Health Care Directive After I Have Signed It?

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

## What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or toll-free at 1-800-369-7994.

## What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or toll-free at 1-800-657-3793.

## How to Obtain Additional Information

If you want more information about health care directives, please contact your health care provider, your attorney, or:

Minnesota Board on Aging's Senior LinkAge Line®

1-800-333-2433.

A suggested health care directive form is available on the internet at: <http://www.mnaging.org/>.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

## **CRIMINAL BACKGROUND CHECK POLICY**

In accordance with Minnesota Law, the Agency requires criminal background checks for all individuals who have direct contact with clients in their homes or in the community, including managerial officials, supervisors, direct caregivers and volunteers. Having and maintaining a clear background is an essential requirement for employment by the Agency and if you fail now or later to meet that requirement your employment with the Agency shall terminate immediately.

Additionally:

- ✓ Criminal background checks are required before any individual may begin work;
- ✓ No employee or volunteer may work prior to receiving a completed background study notice stating the individual PCA or qualified professional is not disqualified or has had a disqualification set aside;
- ✓ No employee or volunteer may work if their name appears on the OIG exclusion list regardless of their background study disqualification status;
- ✓ Your criminal background check results will be kept on file during the period you work with the Agency, and may be updated; and
- ✓ If you are later terminated from DHS, are later disqualified, or appear on the OIG exclusion list your employment with the Agency shall terminate the date the disqualification is effective or the date of your appearance on the OIG list.

By applying for employment with the Agency, you agree to be subject to these policies. By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

## **WORKPLACE SAFETY POLICY**

**The safety of our employees and customers is a core value of the Agency. No other business objective has higher priority.**

This Safety Policy is to guide all employees in pursuing their responsibility, shared with the Company, to safeguard the health and well-being of everyone involved with the Agency.

The Agency recognizes that safety is beneficial to the employee, the family, the community, the customer and the Company. On-the-job accidents and injuries can cause pain and suffering; they affect our ability to provide the continued quality of care and services that our consumers need and deserve. We are therefore committed to providing a safe and healthy work environment for all employees and require that safety should not be compromised for any other business priority.

It is the responsibility of each employee to work safely for the benefit of the individual as well as co-workers and clients. This responsibility includes following appropriate safety measures and planning each work activity using good judgment, along with a sincere dedication to work safely.

Employees should not start work until they understand what work is to be done and how to do it safely as outlined in the recipient's care plan. Employees should bring any issues involving safety concerns to management's attention promptly. All employees in leadership positions are responsible for advocating safe work habits and for reporting any unsafe working conditions.

All of us, through our leadership, commitment and engagement must accept the challenge to work safely. Our employees, community and customers will all benefit. The Agency encourages all employees to carry these health and safety values beyond the workplace to all of their activities.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

### PCA Evaluation Form

|       |                 |
|-------|-----------------|
| Date: | PCA's name:     |
| Time: | Recipient name: |

Use the following rating scale from (poor 1 thru 5 excellent) to rate the employee listed above:

| <b>Attendance</b> ( <i>check one</i> ) | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Follows work schedule                  |   |   |   |   |   |
| Reports to work on time                |   |   |   |   |   |
| No excessive absences                  |   |   |   |   |   |
| Gives appropriate notice for absences  |   |   |   |   |   |

| <b>Performance</b> ( <i>check one</i> ) | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Knowledge, skill, or ability            |   |   |   |   |   |
| Ability to follow instructions          |   |   |   |   |   |
| Ability to work with little supervision |   |   |   |   |   |
| Overall job performance                 |   |   |   |   |   |

| <b>Behavior</b> ( <i>check one</i> )  | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------|---|---|---|---|---|
| Follows work schedule                 |   |   |   |   |   |
| Reports to work on time               |   |   |   |   |   |
| No excessive absences                 |   |   |   |   |   |
| Gives appropriate notice for absences |   |   |   |   |   |

List additional training needed:

List changes needed to be made in attendance, performance, or behavior:

List comments of PCA:

|       |                                   |
|-------|-----------------------------------|
| Date: | Qualified Professional signature: |
| Time: | PCA signature:                    |

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

**PERSONAL CARE PROVIDER ORGANIZATIONS  
BACKGROUND STUDY PRIVACY NOTICE**

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

**1. Purpose and intended use of the information:** Minnesota Statutes, section 256B.0627, requires the Minnesota Department of Human Services (DHS) to conduct background studies on all managerial officials and owners with 5% interest or more in a personal care provider organization, and all personal care assistants and other employees providing direct contact services for non-licensed personal care provider organizations. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

**2. Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

**3. Known consequences that may arise from supplying the information:** Individuals who are found to have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Disqualification of owners and managerial officials will result in denial or termination of enrollment in the Medical Assistance program, unless the disqualification is set aside as provided in Minnesota Statutes, chapter 245C. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not found have disqualifying characteristics will not be disqualified.

**4. Known consequences that will arise from refusing to supply the requested information:** Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

**5. Identification of other agencies or entities authorized to receive this information:** The information you provide form will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent



Mommy's Little Girl LLC  
**FAIR AND ACCURATE BILLING POLICY**

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1. Employee shall not work more than **40** (forty) hours in a week without written permission from Jack. If a PCA is working for more than one MLG client he/she must count hours for all MLG clients. Employees may not work more than 12 hours per day or more than 12 continuous hours in any 24 hour span. After 12 hours they must take 8 hours off. Employees may not work more than 310 hours per month counting the time with a MLG client and including the time with another Agency's client. The employee shall not be paid for the extra hours if they exceed the 16 hours per day or more than 16 hours in any 24 hour span or 310 hours per month. If doing over night the Employee shall not be paid when sleeping unless approved by the MLG. MLG's pay period is from Sunday to Saturday. MLG does not pay Holiday Pay.
2. Employees may only submit time cards that reflect hours actually worked and use time cards provided by the Agency;
3. Employees will only be paid for time cards that are signed by the recipient or responsible party;
4. No employee shall be paid for time where the recipient is in a hospital, nursing home, or other out of home placement, all PCA time must be in the recipient home or where normal activities in the community. A PCA may not do home maintenance or chore services. A PCA may go with the parent(s) when taking a recipient under 18 to medical appointments. PCA is not allowed to care for other adults or children while doing PCA time. Recipients under 18 do not get IADL's unless in the PHN assessment.
5. Any payments made to an employee for time submitted while a recipient is in a hospital, nursing home, or other out of home placement facility shall be treated as overpayments and shall be recovered from the employee per State and/or Federal law.
6. Any payments made to an employee where it is later determined that the employee submitted time in excess of 16 hours per day or 310 hours per month shall be treated as overpayments and shall be recovered from the employee in per State and/or Federal law.
7. The Agency shall notify recipient/responsible party when there is a gap in a recipient's health insurance. Recipient/responsible party must inform pca of the gap and be responsible for payment to pca.
8. No employee shall be paid for time where there is a gap in a recipient's health insurance coverage without the written permission of the Agency.
9. Any payments made to an employee for time submitted after a recipient has exhausted his or her PCA approved units shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
10. Employees may only begin providing services after receiving the express permission of the Agency in writing. Recipients may not alter the decision of the Agency regarding any employee's start date. No employee shall be paid for services provided without the express written permission of the Agency.
11. Employees may not work more hours per day than a recipient is authorized to receive without the express written permission of the recipient or the Agency.
12. The Agency shall notify employees when a recipient has exhausted their PCA approved units.
13. No employee shall be paid for time where the recipient has exhausted his or her PCA approved units.
14. Any payments made to an employee for time submitted after a recipient has exhausted his or her PCA approved units shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
15. Time sheets should be mailed by the following Monday. Checks will be mailed every other Wednesday, for those picking up checks they will be put in the mail box by 4:00 P.M.
16. There will be a charge of \$5.00 for reprint of paystubs with a minimum charge of \$20.00.
17. Failure to follow DHS rules with the scheduled RN supervision visits to write a new Care Plan within 7 days of start of new service agreement will **result in NO PCA working until the Care Plan visit is completed.**
18. Failure to turn in time sheets on time, return phone calls, text messages, emails or letters in a timely fashion will result in a pay reduction to the PCA.

19. Mommy's Little Girl allows the PCA to work for any recipient or any agency once they leave as a PCA for Mommy's Little Girl. Mommy's Little Girl will not take any action preventing the PCA from doing this regardless of any prior agreements.
20. If a Client's status becomes **ineligible, or inactive** per the DHS web site; MLG shall notify the Client/Responsible Party. Generally, the status will become ineligible or inactive due to Client/Responsible Party not turning in paperwork in a timely fashion. MLG will **NOT** be responsible for paying the PCA but it will be the responsibility of the Client and or Responsible Party to pay the PCA. It is importance for the Client/Responsible Party to stay current with their paperwork. Generally, the status will go retroactive to the first of the month if the paperwork is completed and then MLG can pay the PCA
21. By signing the time sheet as a Responsible Party for the Recipient you agree to the following responsibilities;
- 1 Attend assessments for PCA services for the recipient to help the recipient make informed choices.
  - 2 Determine if the recipient's health and safety are assured with the current PCA services.
  - 3 Help develop the PCA care plan with the qualified professional.
  - 4 Actively participate in planning and direction of PCA services.
  - 5 Sign the PCA time sheets after services are provided to verify the services.
  - 6 Monitor the PCA weekly to ensure the care plan is followed and the care outcomes are met as describe below.
  - 7 Be assessable to the recipient and PCA when services are provided as described below.

A Responsible Party must be (1) at least 18 years of age, (2) not the owner or manager of the PCA provider agency, (3) not a personal care assistant for this recipient, (4) not the qualified professional for this receipt, (5) not a staff member of the PCA provider agency or I am related to this receipt by blood, marriage or adoption.

22. I have read, signed and initialed the 11 activities that the DHS **DOES NOT** allow a PCA to do.

23. TRANSPORTATION OF RECIPIENTS; MLG's company policy regarding transportation is that PCAs should not transport clients in personal vehicles for insurance liability reasons. PCAs should contact their personal insurance agent. MLG is not liable for any loss, damage, costs or expenses incurred by clients or PCAs due to MLG PCAs transporting clients or by PCAs traveling in client vehicles. Alternative transportation should be taken. Some options are Trailblazer Transit, Public Transportation, Private Taxi Service

24. MLG has the Department of Labor Sick and Safe Time (ESST) on our Web Site. The PCA should read the Policy to know what is expected of MLG and the PCA.

25. MLG requires the PCA to use the EVV time sheets with the Care Tap system.

**Note: It is a federal crime to provide false information on PCA billings for Medical Assistance Payment. Providing false information on PCA billings may also result in your termination.**

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Mommy's Little Girl LLC  
FAIR AND ACCURATE BILLING POLICY - Addendum  
January 1, 2024  
PCA Services Not Allowed by the DHS

The DHS **DOES NOT ALLOW** a PCA to do the following; Please **initial next to each one and sign and date below**.

- \_\_\_\_\_1: No PCA time may be done when the recipient is in a hospital, nursing home, or other out of home placement.
- \_\_\_\_\_2: A PCA may not do home maintenance or chore services.
- \_\_\_\_\_3: A PCA may accompany parent(s) and recipient under 18 to medical appointments.
- \_\_\_\_\_4: PCA is not allowed to care for other adults or children while doing PCA time.
- \_\_\_\_\_5: Recipients under 18 do not get IADL's unless in the PHN assessment.
- \_\_\_\_\_6: A PCA cannot do services that are not in the Assessment or Care Plan.
- \_\_\_\_\_7: A PCA may not provide services if they are a legal guardian, responsible party, person's Spouse, or a parent of a minor child.
- \_\_\_\_\_8: A PCA cannot use restraints with a client.
- \_\_\_\_\_9: A PCA cannot perform sterile procedures or administer medications.
- \_\_\_\_\_10: A PCA cannot do Injections of fluid and medications into veins, muscles or skin.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
P.O. Box 582  
Hutchinson MN. 55350

## The who, what and where of mandated reporting

- Hopefully, all people who witness or suspect maltreatment will report the abuse. However, mandated reporters are a special group required to report suspected maltreatment.

- Mandated reporters are professionals identified by law who **MUST** make a report if they have reason to believe that the abuse, neglect, or financial exploitation of a vulnerable adult has occurred. "Mandated reporter" means a professional or professional's delegate while engaged in:

- Social services
- Law enforcement
- Education
- Direct care (this includes all PCAs and Homemakers)
- Licensed health and human services professionals (MS 214.01, subdivision 2)
- Employment in a licensed facility
- Medical examiner or coroner activities

### Common Entry Point

- The Common Entry Point (CEP) is a designated unit at the local level that is responsible for receiving reports of suspected maltreatment. The CEP is available 24 hours per day to take calls from mandated and voluntary reporters of suspected maltreatment of vulnerable adults. The CEP will immediately report to a law enforcement agency any incident in which there is reason to believe a crime has been committed.

- To report abuse or neglect of a vulnerable adult in Minnesota, contact the local [Common Entry Point \(CEP\)](#) office in the county where the vulnerable adult lives or where the maltreatment occurred.

- The right phone number for each client will be included in their care plan.

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## Definition of maltreatment

**Maltreatment** means abuse, neglect, or financial exploitation as defined below:

- **Abuse** is physical, emotional, or sexual ([MS 656.5572, subd. 2](#))
- **Neglect** is the failure to provide for food, clothing, shelter, medical care and/or supervision ([MS 626.5572, subd. 17](#))
- **Financial Exploitation** is the misuse of a funds, assets or property or the failure to use the vulnerable adult's financial resources to care for the vulnerable adult, which results in or is likely to result in detriment to the vulnerable adult ([MS 626.5572, subd. 9](#))

### Definition of Abuse

- Abuse means an act against a vulnerable adult/minors that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of these statutes:
- Assault in the first through fifth degrees ([MS 609.221](#) to [609.224](#))
- The use of drugs to injure or facilitate crime ([MS 609.235](#))
- The solicitation, inducement, and promotion of prostitution ([MS 609.322](#))
- Criminal sexual conduct in the first through fifth degrees ([MS 609.342](#) to [609.3451](#))

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# Reporting of maltreatment

A **REPORT** means a statement concerning all the circumstances known to the reporter at the time the statement is made surrounding the alleged or suspected maltreatment of a vulnerable adult.

- It starts with a phone call to Mommy's Little Girl LLC or to CEP
- A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately (as soon as possible, but within 24 hours) make an oral report of the information to the Common Entry Point and Mommy's Little Girl LLC.
- Note: Reports from individuals who are deaf, deaf blind or hard of hearing may come through a telecommunications device or through the Minnesota Relay Service and will be considered oral reports.

MOMMYS LITTLE GIRL LLC  
John "Jack" Ewert  
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**ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS  
EMPLOYEE POLICY BOOK  
December 31, 2021**

I acknowledge that I have received and reviewed the following materials, and agree to be bound by the policies and procedures enclosed herein:

1. Employee hiring and termination policy;
2. Orientation to home care requirements;
3. Training policy;
4. PCA supervision policy;
5. Employee misconduct policy;
6. Infection control policy;
7. Procedure regarding requests to discontinue life sustaining treatment;
8. Advance directive notice;
9. Criminal Background Check Policy;
10. Workplace Safety policy;
11. PCA Evaluation Form
12. PCPO Background Study Privacy Notice (from DHS background study);
13. Fair and accurate billing policy; EDIT 33, January 1, 2024
14. Fair and accurate billing policy Addendum for PCA Services Not Allowed; January 1, 2024
15. The who, what and where of mandated reporting
16. Definition of maltreatment
17. Reporting of maltreatment

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

NOTE: IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA OR QUALIFIED PROFESSIONAL BILLINGS MAY ALSO RESULT IN YOUR TERMINATION