

22. Section 35A.02, Penal Code (Medicaid fraud)
23. Section 36.06, Penal Code (obstruction or retaliation)
24. Section 42.09, Penal Code (cruelty to livestock animals); Section 42.092, Penal Code (cruelty to non-livestock animals)
25. A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are similar to the elements of an offense listed under items 1-13 above.

In addition, a person may not be employed before the fifth (5) year anniversary of the date the person is convicted of:

1. An offense under Section 22.01 , Penal Code (assault), that is punishable as a Class A Misdemeanor or as a felony
2. An offense under Section 30.02, Penal Code (burglary)
3. An offense under Chapter 31, Penal Code (theft), that is punishable as a felony]
4. An offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony
5. An offense under Section 32.46, Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony

Sharing information with other providers regarding criminal records is not allowed by law unless prior authorization has been obtained by the employee.

Receipt of Criminal History Record Check Policy

I, _____ certify that I have read and understand the Information provided to me. I further attest to the fact that I have not been convicted of any of the previously mentioned offenses, nor do I have any charges pending at this time. I authorize TCHH, to complete a criminal background history check at hire and if/as employed annually thereafter.

Applicant's Printed Name: _____

Applicant's Signature: _____

Birth Day: _____

Date: _____

REGISTRY CHECKS

Total Care Home Health Inc.

1. Employee Misconduct Registry/Nurse Aid Registry Checks:

TCHH Services, Inc. completes Employee Misconduct Registry/Nurse Aid Registry checks prior to hiring and annually thereafter, to determine if a person is listed on either registry due to a finding of abuse, neglect, mistreatment of a client/client/consumer, or misappropriation of a client/client/consumer's property. The purpose of the Registries is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and client/client/consumers are denied employment in DADS-regulated facilities and agencies, which includes TCHH Services, Inc. You may find regulatory support for this requirement in the rules at 40 TAC Ch. 93 and in the law at Texas Health and Safety Code Ch. 250 and 253.

2. List of Excluded Individuals/Entities Registries:

TCHH Services, Inc. completes Medicaid Fraud Registry checks, using the Texas HHSC database and United States HHS database, prior to hiring and monthly thereafter, to determine if a person is listed on either registry due to engaging in certain activities or having been convicted of certain crimes, thus making them unemployable. If a person is listed on either registry, TCHH Services, Inc. is obligated to report the finding to HHSC-OIG. You may find support for this requirement in the Social Security Act, various sections, including 1128, 1128A and 1156, 1903(I)(2), Code of Federal Regulations Title 42, section 1001.190 1 (b) as well as DADS Information letter 11-102.

I, _____ acknowledge that I have read
And understand the above information about the Employee Misconduct
Registry/Nurse Aide Registry/Medicaid Fraud Registries and verify that I
understand I am unemployable should I be listed on any registry described
above.

I _____ acknowledge that TCHH reserves the right to
work with a third party to obtain this information.

Signature

Date

Abuse and Neglect Policy and Procedures

TCHH Inc. policy is to prohibit abuse and/or neglect of all client/client/consumers enrolled in the HCS program. Examples of abuse include, but are not limited to:

1. Physical Abuse results in scratches, cuts, bruises, burns, broken bones, bedsores, confinement, rape or sexual misconduct
2. Verbal Abuse results when there is yelling with intent to threaten or control an individual, and/or psychological abuse which can result from emotional stress caused by intimidation or intentional conduct that results in extreme emotional distress.
3. Neglect results in starvation, dehydration, over- or under-medication, unsanitary living conditions, and lack of heat, running water, electricity, medical care, and personal hygiene.
4. Exploitation is misusing the resources of an elderly or disabled person for personal or monetary benefit. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

The law requires any person who believes that a child, or person 65 years or older, or an adult with disabilities is being abused, neglected, or exploited to report the circumstances to DFPS.

A person making a report is immune from civil or criminal liability provided they make the report in good faith, and the name of the person making the report is kept confidential.

Any person suspecting abuse and not reporting it can be held liable for a misdemeanor or state jail felony. Time frames for investigating reports are based on severity of allegations.

**REPORT ANY SUSPECTED ABUSE/NEGLECT TO THE HOTLINE within
ONE hour of suspicion or being notified of the event
1-800-647-7418**

Procedure for reporting and the actions required by company employees/contractors during and after the course of an investigation:

1. Any suspected act of abuse/neglect **MUST** be reported to the 1-800 hotlines immediately, but no later than one hour of having knowledge or suspicion, that a client/client/consumer has been or is abused, neglected or exploited. Making a false allegation to TDFPS is a criminal offense. When allegations are made TDFPS notifies the company of allegation, and the Administration makes the necessary notifications.
2. When the company suspects or has been notified of an allegation of abuse, the company will take necessary actions to secure the safety of the alleged victim including but not limited to:
 - a. Obtaining immediate medical or psychological services for the alleged victim as necessary

- b. An employee named as an alleged perpetrator will be removed from contact with the alleged victim or other client/client/consumers. Additional appropriate action may be taken pending the outcome of the investigation.
- c. Notifying as soon as possible but no later than 24 hours the alleged victim, alleged victim's LAR and the Service Coordinator of the allegation report and actions that have been or will be taken.
- d. All company personnel are to cooperate fully with the TDFPS investigation by providing complete access to company property, client/client/consumers, personnel, and records relevant to the investigation and preserving and protecting any evidence related to the investigation.

During the course of the investigation discussion of the investigation among employees involved is prohibited. Any attempts to interfere in an investigation or to give false information to an investigator, another employee or to Management will result in disciplinary action up to and including termination.

3. The company must report the company's response to the finding of all TDFPS investigation of abuse, neglect, exploitation to DADs within 14 calendar days of the company's receipt of the findings.
4. The company must promptly, but no later than 5 calendar days from the company receiving the findings notify the victim and the victim's LAR of the TDFPS findings, the corrective actions taken if TDFPS confirms abuse or makes recommendations or lists concerns, and all other information required by the RCS principles.
5. The company will provide information to the reporter, LAR, victim or Advocacy link regarding the process for appeal, requesting a copy of the report after de-identifying the reporter and/or any other client/client/consumers involved.
6. If abuse, neglect or exploitation are confirmed by the TDFPS investigation the company will take necessary action to prevent the reoccurrence of the offense including, when warranted, disciplinary action against or termination of the employment of the personnel confirmed by the TDFPS investigation.
7. If the TDFPS' findings are inconclusive or unfounded; TCHH reserves the right to impose disciplinary action including termination based on circumstances and/or violations of TCHH's Policies and Procedures.

I have received read and understand the above policy and procedures.

Printed Name

Signature

Date

CONFIDENTIALITY AGREEMENT

This is an agreement between TCHH Services, Inc. and _____
An employee, to ensure that all information contained in client/client/client/consumer files or any other client/client/client/consumer information remain confidential during the time of employment and after termination of employment with TCHH.

I, _____ an employee for TCHH do
Hereby agree to keep all client/client/client/consumer information confidential during my employment and after termination of employment or contract termination. I further agree that I will not mention the
name of any client/ client/client/consumer, any information which will identify a
client/client/client/consumer, or any information contained in any client/client/client/consumer's record to any person not employed or contracting with TCHH or any regulating agency.

Employee's Signature

Date

Company Representative

Date

TCHH Inc.
512-367-9049
Fax 512-727-9209

Employment Verification

I _____ give my permission to release employment verification.

Date: _____

The above person identified is being considered for employment with our agency. Please complete the Reference information, and return this form (by fax) as soon as possible. If you have any questions, we may be contacted at the number above. Thank you for your cooperation in this matter.

Sign: _____

Office use only

Company Name: _____
Company Address: _____ Zip Code: _____
Phone: _____ FAX: _____
Name of Applicant: _____
Dates of Employment (from) _____ (to) _____
Last Position Held: _____
Final Rate of Pay: _____ per _____
Major Job Duties: _____

Reason for Leaving: _____

Verified by: _____ Title: _____ Date: _____

Employer: If the information provided by the applicant is incorrect, please indicate the corrections below.

Correct Incorrect Name of Applicant _____
 Correct Incorrect Dates of Employment (from) (to) _____
 Correct Incorrect Last Position Held _____
 Correct Incorrect Final Rate of Pay _____ per _____
 Correct Incorrect Major Job Duties _____

Correct Incorrect Reason for Leaving _____

Would you re-hire this person? Yes No if no, why not: _____

Information Furnished By: Name: _____ Position: _____ Date: _____