



# PALMER'S HOME CARE EMPLOYEE HANDBOOK

2024



## TABLE OF CONTENTS

I.	EMPLOYEE EXPECTATIONS.....	2
II.	CALL OFFS.....	4
III.	LEAVING YOUR INDIVIDUAL.....	4
IV.	RESPECTING YOUR ADMIN.....	5
V.	DOCUMENTATION.....	5
VI.	CLOCKING IN/OUT.....	6
VII.	EMERGENCIES.....	6
VIII.	CALL PROTOCOL.....	7
IX.	HIPAA.....	7
X.	OVERTIME.....	7
XI.	PRN.....	7
XII.	COMPANY RESOURCES.....	8
XIII.	BENEFITS.....	9
XIV.	EARNED TIME OFF.....	27
XV.	HOLIDAYS.....	28
XVI.	SERVICES.....	30
XVII.	EMPLOYEE POSITIONS.....	32

## **MISSION**

Our Mission at Palmer's Home Care is to equip, educate, and empower individuals with disabilities to live unique, healthy, and fulfilling lives in their homes and communities.

## **VISION**

At Palmer's Home Care, we believe that people with disabilities are no different from anyone else and they deserve and are entitled to the same human rights as their friends, family, and neighbors. The individuals we support have the same hopes, dreams, desires, and frustrations that all of us do. At Palmer's Home Care, we encourage and support our clients in pursuing healthy and fulfilling lives, meaningful relationships, a positive sense of purpose, and self-reliance. We will educate, advocate, and support individuals with disabilities as well as our community members to this end. We work to reduce stigma, increase awareness, compassion, cooperation, and to bring about positive societal changes for individuals with disabilities by educating our community.

## **PURPOSE**

Palmer's Home Care provides personalized support for the individuals that we serve. Our highly trained staff teach, model, encourage, support, advocate, and assist our individuals to be successful and live their most independent life.



## OVERVIEW

The Palmer's Home Care Employee Handbook (the "Handbook") has been developed to provide general guidelines about Palmer's policies and procedures for employees. It is a guide to assist you in becoming familiar with some of the privileges and obligations of your employment, including Palmer's policy of voluntary at-will employment. None of the policies or guidelines in the Handbook are intended to give rise to contractual rights or obligations, or to be construed as a guarantee of employment for any specific period of time, or any specific type of work. Additionally, with the exception of the voluntary at-will employment policy, these guidelines are subject to modification, amendment, or revocation by Palmer's at any time, without advance notice.

The personnel policies of Palmer's are established by the Chief Executive Officer (CEO), which has delegated authority and responsibility for their administration to the CEO. The CEO may, in turn, delegate authority for administering specific policies. Employees are encouraged to consult the CEO for additional information regarding the policies, procedures, and privileges described in this Handbook. Questions about personnel matters also may be reviewed with the CEO. Palmer's will provide each individual a copy of this Handbook upon employment. All employees are expected to abide by it. The highest standards of personal and professional ethics and behavior are expected of all Palmer's employees. Further, Palmer's expects each employee to display good judgment, diplomacy and courtesy in their professional relationships with members of Palmer's Executive team, committees, membership, staff, and the general public.

## WELCOME!

Welcome to Palmer's Home Care! We appreciate your decision to work with us in our mission to provide quality care to those with Intellectual/Developmental Disabilities.

At Palmer's Home Care, we want to give the best possible care to all our individuals in all our services. Our philosophy is that to provide the best services to each individual, we will provide a good environment, nice furnishings, and ample staffing and then encourage our staff so that they feel appreciated and cared for. Then staff will be in a better state to provide that quality care to the individual. We sincerely hope that you enjoy your time here and that it is a long and beneficial period with us.

## EMPLOYEE EXPECTATIONS

### Palmer's Home Care LLC Code of Conduct

At Palmer's Home Care LLC, we uphold the highest standards of professionalism, respect, and compassion in our interactions with individuals with intellectual and developmental disabilities. Our staff members are vital in creating a supportive and empowering environment. This Code of Conduct outlines the expectations and guidelines for interactions with both individuals and fellow staff members:

#### 1. Respect and Dignity:

- Treat every individual and staff member respectfully, recognizing their inherent worth and individuality.
- Interact in a courteous, considerate, and inclusive manner that promotes their dignity and autonomy.

#### 2. Active Listening:

- Listen attentively and patiently to each individual and staff member's needs, preferences, and concerns.
- Acknowledge their input and involve them in decisions affecting their care and well-being.

#### 3. Clear Communication:

- Use clear and understandable language when communicating with individuals, avoiding jargon or complex terms.
- Encourage open dialogue, allowing individuals to express themselves freely.
- Refrain from using offensive language with other staff members and individuals (any utterance that is commonly considered obscene, indecent, insulting, hurtful, disgusting, morally repugnant, offensive to others, or which breaches widely accepted standards of decent and proper speech)

#### 4. Empowerment and Choice:

- Support individuals in making informed decisions about their care, daily activities, and lifestyle.
- Offer choices whenever possible, respecting their preferences and autonomy.

#### 5. Maintaining Boundaries:

- Establish and maintain professional boundaries with individuals and other staff members, refraining from inappropriate relationships.
- Respect the personal space and emotional boundaries of staff and individuals.



6. Confidentiality:

- Safeguard the privacy and confidentiality of individuals' personal and medical information.
- Obtain proper consent before sharing any information with colleagues or external parties.
- Staff shall refrain from capturing photographs and videos of the individuals under our care unless explicit consent has been obtained from both the guardian and the individual being supported, with the approval of the appropriate supervisor.

7. Problem Resolution:

- Address concerns or conflicts promptly and respectfully, involving supervisors when necessary.
- Seek solutions that prioritize the individual's well-being and comfort.

8. Cultural Sensitivity:

- Embrace diversity by respecting individuals' and staff's cultural, religious, and personal backgrounds.
- Avoid making assumptions and engage in culturally sensitive practices.

9. Collaboration:

- Collaborate with colleagues and supervisors to provide comprehensive and coordinated care.
- Share information and insights to ensure individuals' needs are met effectively.

10. Continuous Learning:

- Engage in ongoing education to enhance your understanding of intellectual and developmental disabilities.
- Stay up to date with best practices to provide the highest level of care.

11. Professional Appearance:

- Present yourself in a neat, clean, and professional manner that reflects the high standards of our organization.

12. Reporting and Documentation:

- Accurately document interactions, care provided, observations, and incidents promptly and thoroughly.
- Report any changes in individuals' conditions or concerns to supervisors promptly.

13. Compliance:

- Adhere to all federal, state, and local laws, regulations, and licensing requirements governing intellectual and developmental disabilities care.
- Adhere diligently to all the policies and procedures of Palmer's Home Care to the utmost extent of your capability.

#### 14. Visitors:

- Please ensure that only authorized individuals access Palmer's Home Care premises. However, in an emergency requiring staff to bring in a family member or external guest, kindly seek your supervisor's approval first. This approval will then be presented to the COO, CEO or Owner of Palmer's Home Care for the ultimate decision. If the COO, CEO or Owner does not provide a final endorsement, it's important to note that the request for a guest by the employee will be considered denied.

By adhering to this Code of Conduct, we are committed to promoting the well-being, dignity, and independence of individuals with intellectual and developmental disabilities. Failure to comply with this Code may result in disciplinary actions, including termination of employment.

#### - **Call Off Protocol**

If you are not going to be able to work your scheduled OR agreed upon shift, you will have to notify the house manager by phone, through a phone call. You cannot call off of your shift by text. You need to call and speak to your manager. You may leave a message, but you will have to call again in 10 minutes to speak to the manager. If you get the manager's voice mail again, then call the Degreed Professional Manager and then Chief Operating Officer until you speak to someone. This is done so we can start working on filling your shift and it is not left to the last minute.

You should also call off at least 2 hours before your shift is to begin. We do understand that this is not always possible, but if it is not 2 hours before, then corrective action will have to be handed out. Please refer to PHC-110, the Time and Attendance Policy.

#### - **No Call/No Show**

If you do not show up for your scheduled shift, and you have not notified your supervisor that you will not be there, that is considered a no call/no show, and is grounds for immediate termination. This does include training classes. In order to ensure that you are attending all classes and shifts, you must check your e-mail and GoCo system regularly.

#### - **Leaving Your Individual**

Palmer's Home Care has some individuals who do have alone time written into their plan. This gives the individual and us the opportunity to plan for time that the individual can be at home by themselves, or in the community by themselves, depending upon the plan. This time is not for the direct support staff to decide when it will be used, but will need to be a decision made by the House Manager, the DPM, and executive staff with the individual involved as well.

- At no time is it appropriate to leave the individual alone without them knowing they are being left. The individual can't be left for any amount of time without them knowing, even after they have gone to bed for the night.
- At no time is it appropriate for the Direct Support Staff to leave the individual without the house manager or DPM knowing and approving of the individual to be left alone.



- At no time can you leave your individual to just run to the gas station, to get food, etc. Not without alone time being in the plan and it being preapproved by the house manager, DPM, and the individual.

If you leave your individual alone without permission and without it being written into the individual's plan, you will be terminated.

#### - **Respecting Your Supervisor/Admin Staff**

Your job with Palmer's is difficult. Then, when unexpected things or errors occur, it makes things even tougher. Your frustration is understandable, but it should not be taken out on your supervisor or administrative staff. Their job is difficult as well. Mistakes happen and we will correct whatever mistakes where we can, but we have to follow our protocols and standards. Do not take out your frustrations on Palmer's staff. That will not be tolerated. Unprofessional behavior will result in corrective action up to and including termination.

#### - **Documentation**

As a direct support professional, you are responsible for providing "Adequate documentation" by writing a complete and detailed summary of each shift worked. Other terms that you may hear staff members use for documentation include: "notes, logs, etc." Another staff member should be able to read your documentation and quickly understand what took place during your assigned shift with the individual being served. Your documentation should include the following:

1. First, last name and middle initial, as well as date of birth of individual supported. If there is more than one individual being supported during your shift, you will create a shift log for each of them separately.
2. Accurate, complete, and legible description of each service provided.
3. Name, title, and signature of the provider of service.
4. Month, day, and year of service provided.
5. Begin and end time of service provided.
6. The setting in which the service was provided (home, community location(s), etc.).
7. The need for services provided in relation to the person's Individual Support Plan, particularly goals and objectives, including progress, or lack of progress on goals/objectives, and what provider is doing to support progress.
8. Supporting documentation including receipts, invoices, tickets, employee records,

etc.

It is recommended that you complete your documentation by the end of the shift worked.

However, the notes **MUST** be completed within 48 hours from the date the service was provided.

Failure to complete adequate documentation may result in a pay decrease to minimum wage for any hours submitted.

Your documentation is considered complete if they are 1. ACCURATE, 2. LEGIBLE, AND 3. COMPLETE.



1. ACCURATE - Provides a detailed description of the individual's activities and how the individual was supported in making progress or movement toward the outcomes listed in the individual's current ISP. The notes should include activities that are goal oriented or relevant. Restroom breaks, for example, would not be included unless the activities involved were part of the outcomes in the individual's ISP towards self-sufficiency.

2. LEGIBLE (readable) –

3. COMPLETE - Date of service, the actual starting time and ending time of the service, the individual's full name and either middle initial or date of birth, Description of the type of service provided for a given period matches the service definitions in DMH Home and Community Based Waiver Manual, and the note includes the printed name, signature and title of the staff person providing the service and authoring the note.

Staff will receive feedback regarding whether their documentation satisfies the requirements after agency management completes random audits of daily progress notes.

### - **Clocking In /Out**

As a direct support professional working at an hourly rate, please clock in and out as you are trained. Then any time you work, clock in and out. You are responsible for making sure your timecard is correct. If you have forgotten to clock in or out, you will need to notify your manager. It is best to have this done through the GoCo system, but it is ok to also text your house manager of the corrections needed. This should be completed on the same day as the error occurred. You should be checking your timecard each day you work to ensure accuracy.

Please refer to policies PHC-110 for our attendance policy and PHC-123 for our Time Keeping policy

### - **Emergency or Possible Emergency Situations**

Staff **MUST** be able to work independently and make decisions based on the Individual Support Plan for the supported individual, with the individual's health and safety in mind. In a situation where staff is unsure of best course of action, the Call Protocol should be used. Especially when it concerns the client's health and safety. Sound judgement should be used regarding what constitutes an event that requires immediate contact/action versus situations that can wait. If staff have any questions, discuss with your immediate supervisor or if there is question, contact using the Call Protocol.

In a true emergency (as defined by the first aide/CPR or Level 1 Med Aide class) **ALWAYS** call 911 first. Otherwise, all direct support staff will follow the Call protocol for ALL questions of health and safety.

Depending on the nature of the request/question, this is the order of calling. If there is no answer, direct support staff should wait 15 minutes for a return call, then try again. If there is no answer and no response after another 15 minutes, then call the next person on the list. If the client is in need of immediate answers or relief, then this protocol can be expedited.



## **CALL PROTOCOL**

1. House Manager/Live-In Staff/Host
2. Degreed Professional Manager assigned to the individual
3. COO
4. CEO
5. Owner

If/When the issue is of a medical nature, Community RN should be contacted by House Manager/Live-In Staff/Host, and/or Degreed Professional Manager, see the following for when to contact the Community RN. For direct support staff, if the house manager/administration fails to answer in the time defined above, or the condition of the client served worsens, follow the guidelines below.

See Policy PHC-207

### **- Harassment**

Harassment of any kind will not be tolerated. If you feel like you are being harassed, please contact your supervisor, or a member of the executive team immediately. Please refer to our policy PHC-106 for more information.

### **- HIPAA**

We do have access to the private health information of the individuals we serve. We cannot, at any time, put our individual's protected information into the public's knowledge. There can be NO social media posts with our individual's name, picture, voice, address or any other protected health information. We cannot have visitors at the individual's home without prior permission from the house manager, DPM, individual, and guardian if applicable.

Please ask your house manager or a member of the executive team if you have any questions, and refer to PHC-107 to read our policy.

### **- Overtime**

Overtime is considered any time over 40 hours per week, Sunday – Saturday, for hourly staff. All Overtime must be approved by the executive team prior to being accrued.

### **- PRN**

A PRN is a temporary staff person that has been hired and is on our PRN list. These PRN staff can be called, and when they agree, can be used in a home to cover a shift that is open. PRN's get paid \$20/hr. and should only be used when approved by the DPM, COO, and/or CEO. PRN's should be used for 19 hours or less in a week, but can be used for more hours when approved.

A House Manager may pick up hours at houses other than the one they manage at the standard PRN rate. However, they cannot use PRN's, other managers, or accrue overtime at their own homes during the same week. Also, house managers may not pick up more than 19 hours per week as a PRN staff, just like other PRN's.

## Company Resources

### **GoCo**

[www.goco.io](http://www.goco.io)

Palmer's Home Care is using a Human Resource Management System called GoCo. This matters to you as it is the website/phone app you will use to clock in and out on a daily basis. GoCo will be where you will find important announcements, your paystubs, and open shifts. Palmer's will also use it to post documents that you will need to sign for Department of Mental Health standards, policy updates, and even tax information.

If you are having issues with your GoCo login or app, please call GoCo directly at 512-580-4626.

### **Therap**

[www.therapservices.net](http://www.therapservices.net)

Therap is the electronic data system we use to keep track of our individual logs and Medication Administration Records (MAR). During orientation, you will be given your username and your password for Therap

**Logging:** When you work a shift with an individual or individuals, you will complete a record of what you and the individual did and/or accomplished during the shift. This is called a log and is an official document that is used to bill Medicaid and can be subpoenaed in a court of law.

**MAR's:** The MAR is the current list of all medications and doctor's ordered procedures that each individual has. During your shift, you will be required to pass medication according to the MAR and the medication label. You will also be required to document giving each medication on that individual's MAR. Other things will be documented on the MAR as well, like blood pressure readings, blood sugar levels, bowel movements, weights, etc. as per ordered by the Dr.



## BENEFITS

Legacy Advisors | Palmer's Home  
Care, LLC



# Benefit Guide



LEGACY ADVISORS

# 2024

# WELCOME TO YOUR BENEFITS



We recognize that our employees are our most valuable resources, and your benefits program is extremely important to Palmer's Home Care, LLC. It is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our success and position us well for the future. Thank you for your ongoing commitment. We are proud to include all of you as part of the Palmer's Home Care, LLC family.

Please take the time to review this entire packet and utilize our consultants to verify or reaffirm your elections.



## HR CONTACT

Tina Miller – (573)777-1459 ext. 608  
tmiller@phc.com

## CONTACT LEGACY ADVISORS – (573)554-5975

Aaron Everly, [aeverly@legacyadvisorsgroup.com](mailto:aeverly@legacyadvisorsgroup.com)  
Amy Wulff, [awulff@legacyadvisorsgroup.com](mailto:awulff@legacyadvisorsgroup.com)

*This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of the terms and conditions of coverage. Legacy Advisors has made every attempt to ensure the accuracy of the information presented in this packet. If there is a discrepancy. Between this packet and the carrier's SBC or coverage certificate, the carrier's information will rule.*



Legacy Advisors | Palmer's Home Care, LLC

# PALMER'S HOME CARE, LLC ELIGIBILITY



If you are regularly scheduled to work at least:

- 30 hours per week, you are eligible for Palmer's Home Care, LLC Medical, Dental, Vision and Voluntary Life.

For newly hired individuals, your benefits are effective the 1<sup>st</sup> of the month following your date of full-time employment.

You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26, who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

## BENEFITS END



Your benefits end the last day of the month in which your employment ends. Please note that you must have a qualifying event to add or drop coverage outside of open enrollment.

# MEDICAL



Palmer's Home Care, LLC medical coverage, through United Healthcare, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

## HOW MEDICAL COVERAGE WORKS



When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care –like physical exams, flu shots and screenings – is generally covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:



**Deductibles:** The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.



**Copays:** A fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.

**Coinsurances:** Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.

**Out-of-Pocket Maximums:** The most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

# MEDICAL

---

## BEFORE YOU ENROLL

1. Think about the premium cost and out-of-pocket expenses you will incur and your possible future medical expenses.
2. Want to stay with your doctor? Ensure they are in the plan's network by;
  - Visiting the medical carrier's website: [myuhc.com](http://myuhc.com)
  - Selecting – Sign in or Find a Provider
  - Searching as a member will require you to enter your member information & login
  - Selecting – Medical Directory
  - Selecting – Employer and Individual Plans
  - Selecting - Core
  - Select - 2024
  - Select continue and search as needed, based on the search icon criteria
    - If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of service and prescription drugs you expect to receive during the year.





<b>United Healthcare</b>	<b>PPO \$2,500 2500/80%/6250</b>
Network	Core
	In-Network Benefits (Out of network providers will result in a higher member expense)
Deductible - Individual	\$2,500
Deductible - Family	\$5,000
Out of pocket maximum (Includes deductible)	
Individual	\$6,250
Family	\$12,500
Preventive Care	No charge
Coinsurance (Plan Pays)	80%
Primary Care Physician	\$35
Specialist	Designated Providers - \$45 All Other In-Network Providers - \$90
UHC Online Telemedicine	\$0
Chiropractic Care	50% Coinsurance
Urgent Care	\$50
Emergency Care	Deductible; Coinsurance
Lab, X-ray & Preferred Lab	Designated Providers – Deductible; Coinsurance All Other In-Network Providers – Deductible; 50% Coinsurance
Hospitalization	Deductible; Coinsurance
Diagnostic Imaging (MRI/CT)	Designated Providers - \$400 All Other In-Network Providers - \$500; Deductible; 50% Coinsurance
Pharmacy – Retail Rx (up to 30 day supply)	
Tier 1	\$15
Tier 2	\$40
Tier 3	\$75
Tier 4	\$200
Mail Order Rx (90-day supply)	\$37.50/\$100/\$187.50/\$500
Premiums	Bi-Weekly
Employee Only	\$101.94
Employee + Spouse	\$601.46
Employee + Child(ren)	\$360.20
Family	\$914.00



# Visit with a doctor 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video<sup>1</sup> through **myuhc.com**<sup>®</sup> or the UnitedHealthcare<sup>®</sup> app.



## A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,<sup>2</sup> if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$0.<sup>3</sup>**

### Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

**\$0** cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000<sup>4</sup> cost down to \$0.

## Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call 1-855-615-8335  
Download the UnitedHealthcare app

**United  
Healthcare**

<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

<sup>3</sup> The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

<sup>4</sup> Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of \$180 and Virtual Visit cost of \$0. \$2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

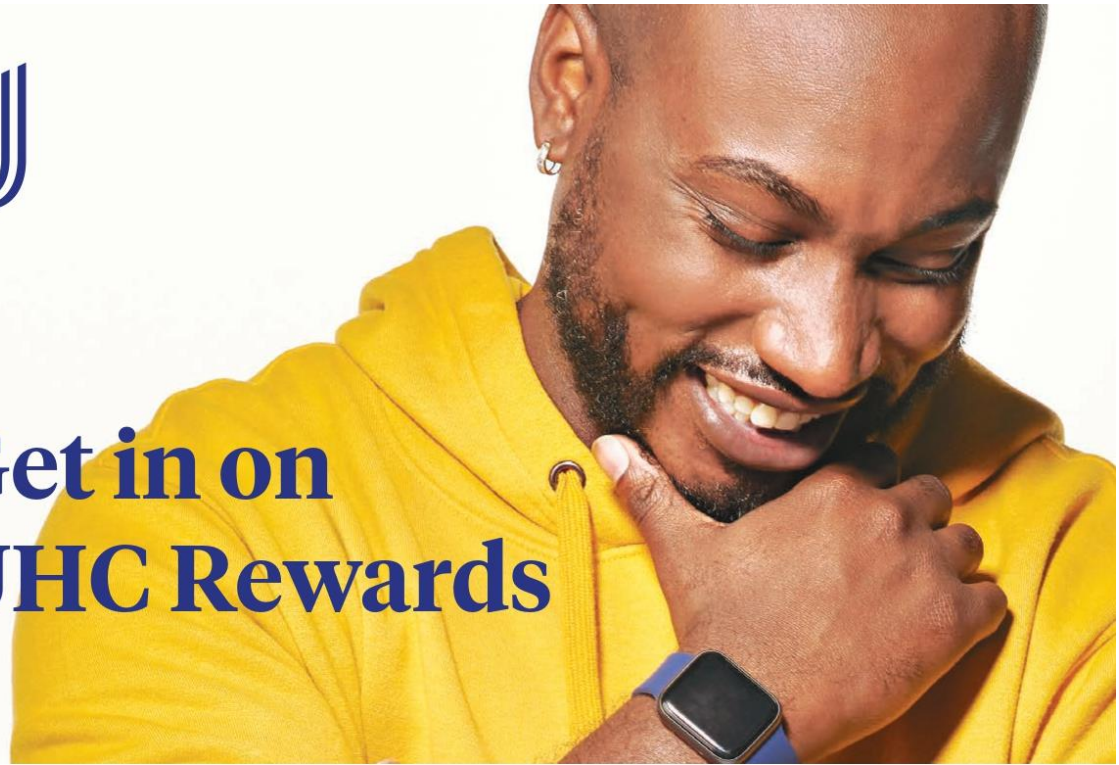
The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.



# Get in on UHC Rewards



Good news—your health plan comes with a new way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.



## There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

### Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

### Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to  
**\$300**

**United  
Healthcare**

continued



## There are 2 ways to get started



### On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

### On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



### Your health

Get in on an experience that's designed to help inspire healthier habits

### Your goals

Personalize how you earn by choosing the activities that are right for you

### Your rewards

Earn up to \$300 and use it however you want

## Questions?

Call customer service at **1-866-230-2505**

# United Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable. This program is not available in Hawaii, Kansas, Vermont and Puerto Rico. Components subject to change.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

B2C\_EI221796991.2 1/23 © 2023 United HealthCare Services, Inc. All Rights Reserved. 23-2037105-A

Reliance Standard MEC	MEC Plan
	Dollar Amounts Listed are Paid to the Member
<b>Inpatient Benefits</b>	
Room & Board	\$500 per Day – Limit of 90 Days per Year
Cancer	\$4,000 – 1 Payout per Year
Heart Attack	\$3,000 – 1 Payout per Year
Accidental Injury	\$2,000 – 1 Payout per Year
Stroke	\$1,500 – 1 Payout per Year
Childbirth	\$1,500 – 1 Payout per Year
<b>Preventive Care</b>	Covered 100%
<b>Outpatient Benefits</b>	
New Patient Office Visit	\$100 – 1 Payout per Year
Established Patient Office Visit	\$70 – 5 Payouts per Year
ER Treatment of Injury	\$500 – 2 Payouts per Year
Chiropractic Care	\$40 – 26 Payouts per Year
<b>Diagnostic Services</b>	
Labs	\$40 – 5 Payouts per Year
MRI	\$175 – 1 Payout per Year
CT Scan	\$75 – 1 Payout per Year
All Other Radiology	\$40 – 5 Payouts per Year
<b>Surgery Benefit</b>	Maximum Benefit is \$1,000 / \$200 for Anesthesia
<b>Pharmacy</b>	
Generic	\$25 – 18 Payouts per Year
Brand	\$50 – 2 Payouts per Year
<b>Premiums</b>	Bi-Weekly
Employee Only	\$27.02
Employee + Spouse	\$87.00
Employee + 1 Child	\$54.04
Employee + Children	\$109.70
Family	\$154.55



# DENTAL



## BEFORE YOU ENROLL

Consider this: Most in-network preventive cleanings and exams are covered at 100%. You may receive dental care in-network or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates. There may be frequency or age limitations for certain benefits.

DENTAL PLAN: DELTA DENTAL			
	PPO Network	Premier Network	Out of Network
Calendar Year Deductible			
Individual	\$50	\$100	\$100
Family	\$150	\$300	\$300
Calendar Year Allowance			
Per Individual	\$1,000 Per Individual (Preventive, Basic & Major Services Combined)		
Preventive Care			
Exams, Cleaning, X-Rays, Fluoride Treatments, Sealants, Space Maintainers, Periodontal Maintenance	100%	100%	100%
Basic Services			
Fillings, Simple Extractions	90%	80%	80%
Major Services			
Crowns, Inlays/Outlays, Dentures & Bridgework, Endodontics, Surgical Extractions, Surgical and Non-Surgical Periodontics, Oral Surgery, General Anesthesia	60%	50%	50%
Orthodontia – Children under age 19	50% Benefit Up to \$1,000 per Person per Lifetime		
Premiums	Bi-Weekly		
Employee Only	\$12.60		
Employee + Spouse	\$25.78		
Employee + Child(ren)	\$29.53		
Family	\$46.06		

# VISION



VISION PLAN: GUARDIAN VSP NETWORK		
Cost	In-Network	Out-of-Network
Exam	\$10	Up To \$59
Materials	\$25	See Below
Covered Services (Lenses)		
Single Lenses	\$25	Up To \$30
Bifocals	\$25	Up To \$50
Trifocals	\$25	Up To \$65
Frames	Covered Up To \$130 20% Discount on amount over \$130	Up To \$100
Covered Services (Contacts In Lieu of Lenses)		
Contacts (Medically Necessary)	Covered In Full After \$25 Copay	Up To \$210
Contacts (Elective)	Covered Up To \$130	Up To \$120
Benefit Frequency		
Exams	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 24 Months	
Contacts	Once Every 12 Months	
Premiums <span style="float: right;">Bi-Weekly</span>		
Employee Only	\$3.74	
Employee + Spouse	\$7.50	
Employee + Child(ren)	\$4.76	
Family	\$12.00	



Legacy Advisors | Palmer's Home Care, LLC



## BASIC LIFE, VOLUNTARY LIFE, ACCIDENTAL DEATH & DISMEMBERMENT

VOLUNTARY LIFE & AD&D INSURANCE				
No medical questions up to guarantee issue amount for newly hired employees. Rates provided in Benefit Administration Portal				
Insurance Schedules	Increments	Maximum Amount	Guaranteed Issue	Benefit Reduction
Employee	\$10,000	\$250,000	\$150,000	35% at age 65 60% at age 70 75% at age 75 85% at age 80
Spouse	\$5,000	\$250,000 Not To Exceed 50% Of Employee Election	\$25,000	
Child(ren)	\$1,000	\$10,000 Not To Exceed 50% Of Employee Election	\$10,000	Coverage Terminates At 26 Years Old

VOLUNTARY SHORT-TERM DISABILITY - Rates provided in Benefit Administration Portal	
Weekly Benefit	\$100 - \$1,500 not to exceed 60% of weekly earnings
Elimination Period	8 Days – Due To Injury Or Illness
Maximum Benefit Duration	13 Weeks



## Employee Assistance Program

We all need a little support  
every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

### How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services



### How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



**Visit**

[worklife.uprisehealth.com](http://worklife.uprisehealth.com)



**Access Code**

worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week<sup>1</sup>.



VOLUNTARY ACCIDENT	
Accident Coverage	On and Off the Job
Accident Burn	Up to \$15,000
Coma	\$12,500
Concussion	\$150
Accidental Dental Injury	Up to \$400
Dislocation	Schedule up to \$4,000
Eye Injury / Surgery	\$300
Fracture	Schedule up to \$4,000
Emergency Room	\$200
Hospital Admission	\$1,000
Office Visit/Urgent Care	\$100
Wellness Benefit	\$75 once per calendar year
Premiums	
	Bi-Weekly
Employee Only	\$6.06
Employee + Spouse	\$9.95
Employee + Child(ren)	\$10.05
Family	\$13.94

**VOLUNTARY CRITICAL ILLNESS – Rates provided in Benefit Administration Portal**

Critical Illness coverage pays a fixed benefit, from \$5,000 to \$20,000 for employees, \$2,500 to \$10,000 for covered spouses 25% of your benefit amount for dependent children upon initial diagnosis of a covered critical illness/invasive cancer. Coverage is guaranteed issue with no health questions for initial offering for employees up to \$20,000, spouses up to \$10,000 and dependents. To add or increase after your initial enrollment health questions may be required. Covered illnesses include: Heart Attack, Stroke, Alzheimer's Disease, Invasive Cancer, Major Organ Failure, Parkinson's Disease, Benign Brain Tumor and Multiple Sclerosis among others.

**VOLUNTARY HOSPITAL INDEMNITY – Rates provided in Benefit Administration Portal**

Hospital Indemnity coverage pays a fixed benefit should you be admitted to the hospital. Hospital/ICU Admission benefit is \$500 or \$1,000 depending on which plan you choose. Limited to 1 admission per insured and 3 per family per year. Hospital/ICU Confinement benefit amount is \$100 per day. Limited to 15 days per year.

## GLOSSARY

### ALLOWED AMOUNT

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense" "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

### ANNUAL MAXIMUM BENEFIT

A cap on the benefits your insurance company will pay in a year while you're enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

### BALANCE BILLING

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balances bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

### COINSURANCE

The percentage of costs of a covered health care service you can pay (20%, for example) after you've paid your deductible.

### COPAYMENT

A fixed amount (\$20, for example) you pay for a covered health care service after you've paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

### DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Your deductible starts over each plan year.

### GUARANTEE ISSUE AMOUNT *(Life & Disability Only)*

The amount of coverage you can be automatically approved for. If you apply for more coverage than the guaranteed issue amount, you will have to complete an Evidence of insurability form, and, approved for your coverage amount. Usually only available at your first enrollment opportunity.

### IN-NETWORK

Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

### OUT-OF-NETWORK

Providers who don't contract, with your insurance carrier. Out-of-network coinsurance and copayments usually cost you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

### OUT-OF-POCKET MAXIMUM

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

### PRESCRIPTION DRUG FORMULARY

A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

### PRIOR AUTHORIZATION

Approval from a health plan that may be required before you get a service or fill a prescription for the service or prescription to be covered by your plan.

### PREVENTIVE CARE

Routine health care that includes screenings, check-ups, and patient counseling to prevent illness, disease, or other health problems.



## RIGHTS & DISCLOSURES

### SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your other dependents coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Legacy Advisors at 573-594-5975.

### WOMEN'S HEALTH & CANCER RIGHTS ACT (WHCRA) ANNUAL NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Legacy Advisors at 573-594-5975 for more information.

### COBRA RIGHTS IN THE EVENT YOU LOSE YOUR HEALTH (MEDICAL/DENTAL/FLEX) COVERAGE

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee—eligible for up to 18 months of continuation coverage.
- Death of the covered employee—eligible for up to 36 months of continuation coverage.
- Covered employee becomes entitled to Medicare-eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement.

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation-eligible for up to 36 months of continuation coverage.
- A child's loss of dependent status under the Plan-eligible for up to 36 months of continuation coverage.

### DISABILITY EXTENSION

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

### SECOND QUALIFYING EVENT

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

### OTHER COVERAGE OPTIONS BESIDES COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at.

## RIGHTS & DISCLOSURES

### LIFETIME LIMIT

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Legacy Advisors at 573-594-5975.

### QUESTIONS

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa) (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### KEEP US INFORMED OF STATUS CHANGES

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

### PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employers, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid CHIP office or dial 1.877.KIDS.NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored program.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1.866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. You should contact your state for further information on eligibility.

<b>Kansas – Medicaid</b>
<a href="http://www.kdheks.gov/hcf">www.kdheks.gov/hcf</a> 1.800.967.4660
<b>Arkansas – Medicaid</b>
<a href="http://www.myarhipp.com">www.myarhipp.com</a> 1.855.MyARHIPP   855.692.7447
<b>Oklahoma – Medicaid &amp; CHIP</b>
<a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a> 888.465.3742
<b>Missouri – Medicaid &amp; CHIP</b>
<a href="http://www.dss.mo.gov/mbd/participants/pages/hipp.htm">www.dss.mo.gov/mbd/participants/pages/hipp.htm</a> 573.751.2005



## Earned Time Off (ETO)

Palmer's Home Care offers earned time off for all Full-Time Employees. A full-time employee is any employee who works 30 or more hours per week. Palmer's Home Care employs a diverse work force in a variety of different environments and stations. Due to this, there are differing levels of Earned Time Off accrual for the staff in different positions.

### **Full-Time Direct Support Staff**

Any staff that have completed their 90-day probationary period, will start to accrue Earned Time Off at a rate = 2.5 hours for every 80 hours worked. The total amount of time accrued can be no more than 40 hours in a calendar year. This can change for direct support staff that have worked for the company for 5 years or more on an increasing scale. Total time accrued will be reset at the beginning of the calendar year. There is no ETO carryover.

For the policy, see PHC-100b.

### **House Managers/Program Coordinators**

All House Managers/Program Coordinators will receive 80 hours of ETO per calendar year. House Managers/Program Coordinators who start during the calendar year will have this time prorated for the first year. Total time accrued will be reset at the beginning of the calendar year. There is no ETO carryover.

If the House Manager/Program Coordinator has been promoted from a direct support position, then an additional 40 hours will be added onto the ETO bank the staff person has accrued up to 80 hours of ETO total. The Manager shall not have more than 80 hours in a calendar year.

For the policy, see PHC-100a

### **Senior Administration**

All Senior Level Administration Staff will receive 120 hours of ETO per calendar year. Senior Level Admin staff who start the position during the calendar year will have this time be prorated for the first year. Total time accrued will be reset at the beginning of the calendar year. There is no ETO carryover.

For the policy, see PHC-100a.

Palmer's Home Care will also provide paid time off for Bereavement Leave, Jury Duty, and National Guard service. Please see our policies PHC-113 and 114.

## Holidays

Due to the differing and all-encompassing services offered to our individuals, Palmer's Home Care provides 24-hour a day care, 365 days a year. Since some of our staff will have to work Holidays, and some of our staff will not have the opportunity to work Holidays, we have policies in place for each service we provide.

### **Residential Staff policy for Holidays**

Our residential staff will still have to work on observed holidays in which they are scheduled. Our individuals live in their own homes, and we provide the staffing to support them. So as some of the residential staff will have to work on our observed holidays, those staff who work will be paid at time and a half of the hourly rate of pay. So, if you work at \$18/hr., then on a holiday, you will be paid \$27/hr. This is called Holiday Worked.

### **Day Program Staff policy for Holidays**

Day programs run Monday through Friday, and most of them are 8am to 4pm, with the exception of the Discovery Program. On observed Holidays that occur Monday – Friday, and Palmer's closes for that Holiday, then the staff at the Day Programs will receive 8 hours of Holiday pay at their regular hourly rate, called Holiday Pay.

If Palmer's does not close the Day Program on an observed Holiday, then the day program staff working that day will receive Holiday Worked pay at time and a half of their hourly rate on the hours they work. If the Day Program staff opts to take the day off, they will have to use ETO if they have accrued enough to cover the day. If they do not have ETO to use, then they will not be paid for that day.

Day program staff **cannot** receive both Holiday Pay and also Holiday Worked pay. If the Day Program is closed on a day that is an observed Holiday, Monday -Friday, and Day Program staff is to be paid Holiday Pay, but that Staff chooses to pick up a shift at a residential home to earn the Holiday Worked pay at time and a half, then that staff will forego the Holiday Pay.

### **Senior Administrative Staff policy for Holidays**

Admin staff will receive 8 hours of paid time for those observed holidays that occur Mon-Fri.

House Managers do have the option of working as PRN staff at the PRN in homes that they do not supervise. When a house manager works as a PRN staff on a Holiday, the House Manager cannot receive both Holiday Pay and also Holiday Worked pay. If the House manager picks up a shift at a residential home (not the homes they supervise) to earn the Holiday Worked pay at time and a half, then that staff will forego the Holiday Pay at 8 hours of regular pay. The House manager would receive the hours they worked at a rate of time and half of the PRN rate.



Palmer's Home Care observed Holidays are:

- |   |                  |
|---|------------------|
| New Year's Day  | Memorial Day.    |
| Juneteenth  | Independence Day |
| Labor Day   | Thanksgiving Day |
| Christmas Day – Will be recognized the day prior to the holiday (if needed) |                  |

## POLICIES AND PROCEDURES

All Palmer's Home Care Policies and Procedures are found on our website at <https://www.palmershomecarellc.com/policies-procedures> and can be viewed at any time.

• <b>PHC-100 ISL/HOUSE MGR/ADMINISTRATIVE ETO</b>	• <b>PHC-200 ABUSE &amp; NEGLECT REPORTING &amp; PREVENTION</b>
• <b>PHC-100b Hourly ETO</b>	• <b>PHC-201 ADEQUATE DOCUMENTATION</b>
• <b>PHC-101 CONFLICT OF INTEREST</b>	• <b>PHC-202 DIET NUTRITION EDUCATION &amp; SPECIALIZED DIETS</b>
• <b>PHC-102 CORRECTIVE ACTION</b>	• <b>PHC-203 DRESS CODE POLICY</b>
• <b>PHC-103 DRUG FREE WORKPLACE</b>	• <b>PHC-204 EMERGENCY PREPAREDNESS</b>
• <b>PHC-104 EQUAL OPPORTUNITY EMPLOYER</b>	• <b>PHC-205 EVENT REPORTING</b>
• <b>PHC-105 FAMILY CARE &amp; SAFETY REGISTRY</b>	• <b>PHC-206 FREEDOM OF MOVEMENT</b>
• <b>PHC-106 HARRASSMENT</b>	• <b>PHC-207 HELP PROTOCOL &amp; COMMUNITY RN EMERGENCY NOTIFICATION</b>
• <b>PHC-107 HIPAA</b>	• <b>PHC-208 INDIVIDUAL SAFETY &amp; HOME ENVIRONMENT OVERSITE</b>
• <b>PHC 108 NEW EMPLOYEE PROBATION &amp; TRAINING EXPECTATIONS</b>	• <b>PHC-209 INDIVIDUAL GRIEVANCE</b>
• <b>PHC-109 PERSONNEL RECORDS</b>	• <b>PHC-210 INFECTION CONTROL &amp; PREVENTION</b>
• <b>PHC-110 TIME &amp; ATTENDANCE</b>	• <b>PHC-211 MEDICAL CARE &amp; INFORMED CONSENT</b>
• <b>PHC-111 VARIANCE REPORTS</b>	• <b>PHC-212 MEDICATION ADMINISTRATION &amp; DOCUMENTATION &amp; DISPOSAL</b>
• <b>PHC-112 FMLA</b>	• <b>PHC-213 ADVOCATING &amp; PROTECTING</b>
• <b>PHC-113 JURY DUTY</b>	• <b>PHC-214 PERSON CENTERED PLANNING</b>
• <b>PHC-114 FUNERAL LEAVE</b>	• <b>PHC-215 PROFESSIONALISM</b>
• <b>PHC-115 EMPLOYMENT OF RELATIVES</b>	• <b>PHC-216 DUE PROCESS &amp; RIGHT RESTRICTIONS</b>
• <b>PHC-116 OVERTIME &amp; HOLIDAY PAY</b>	• <b>PHC-217 MEDICAL MARIJUANA</b>
• <b>PHC-117 DEATH OF AN INDIVIDUAL</b>	• <b>PHC-218 COVID 19 POLICY</b>
• <b>PHC-118 ISP IMPLEMENTATION STRATEGIES AND PLANNING</b>	• <b>PHC-219 WATER SUPPLY</b>
• <b>PHC-119 FALSE CLAIMS ACT</b>	• <b>PHC-220 BEHAVIOR SUPPORT POLICY</b>
• <b>PHC-120 EMPLOYEE TRAVEL DURING COVID-19</b>	• <b>PHC-221 ADMISSION DISCHARGE</b>
• <b>PHC-121 INTERNAL APPLICATION</b>	• <b>PHC-300 EMPLOYMENT POLICY</b>
• <b>PHC-122 IMPAIRMENT POLICY</b>	• <b>PHC-301 OUT OF HOME RESPITE</b>
• <b>PHC-122 IMPAIRMENT POLICY</b>	



## SERVICES OFFERED BY PALMER'S HOME CARE

### **Residential Services**

#### **Individual Supported Living (ISL)**

The purpose of our ISL's is to provide our individuals with the services they need to enable them to live in their own beautiful home. At Palmer's Home Care, we assist each individual in living a safe and secure home in a good neighborhood in the community.

Our highly trained staff teach, model, encourage, assist, advocate, equip, and support our individuals to live their most independent life possible. Everyone has the right to be a member of their community and Palmer's Home Care will encourage meaningful and valued relationships within that community.

#### **Host Home/Shared Living**

Our Shared Living/Host Homes allow an individual to live in a family setting while receiving needed support and learning life skills necessary for independence. The individual will have their own room and be able to accompany the family on trips and other daily activities, just like any other family member. Each host home is selected after careful screening and approval from the Missouri Department of Mental Health.

#### **Respite**

Respite offers families of individuals with developmental/intellectual disabilities that may still live at home, relief or respite staff provided by Palmer's Home Care to provide our services to the individual. We offer 2 different types of respite care:

**In Home Respite:** This is where we can provide services in the individual's home, and the family can then go out shopping/attend appointments, or whatever it is that they may need to do.

**Out of Home Respite:** With this service, an individual can receive services in an approved setting that is not the individual's home. An example may be an approved ISL or Host Home that does not have an individual currently residing there.

### **Day Services**

#### **Day Programs**

Palmer's Home Care provides day program services to individuals with disabilities in Columbia and Moberly as well as the surrounding areas. Day program services are provided in structured and supervised environments and based in modern buildings that are clean, well maintained. Day program activities and programs are developed with the individuals' needs and desires in mind. Day Program services include but are not limited to; skill acquisition and enhancement in the areas of social and interpersonal skills,



decision making, cooking, home management, money handling, recreation/leisure, self-care and safety in and out of the home.

### **Community Networking (CN)**

This service provides support for participation in community activities that the individual wants to do. CN services are designed to increase an individual's connection to and engagement in their community. Services are designed to develop flexible, sustainable, and supportive community resources and relationships. Individuals are introduced to community resources and supports that are available in their area and supported to develop skills that will facilitate integration into their community.

### **Individual Skill Development (ISD)**

ISD services are individualized supports, delivered in a personalized manner, to support individuals who live in their own or family homes with acquiring, building, or maintaining complex skills necessary to maximize their personal independence. Teaching methods are individualized to what the participant wants to accomplish, learn and/or change based on the identified skill as developed in the person-centered planning process and provided in accordance with the ISP to achieve identified outcomes. Complex skills development includes but is not limited to domestic and home maintenance, budgeting and money management and using public transportation.

## **Employment Services**

We offer Customized Employment services. Customized Employment is a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. It is based on an individualized match between the strengths, conditions, and interests of a job candidate and the identified business needs of an employer.

## EMPLOYEE POSITIONS

Palmer's Home Care have full-time, part-time, and independent contractors. All staff are expected to hold themselves in a professional manner while representing Palmer's Home Care or advocating for or assisting the individuals served.

