



**PERSONAL ASSISTANT
HANDBOOK**



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WELCOME

It is our privilege to welcome you to Horizon Home Care. We wish you much success in your new job, and we hope that you enjoy your work as a personal assistant. This Handbook was developed to describe some of the expectations we have for all of our personal assistants (PA) and what you can expect from us. We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

The Horizon Home Care Team

INTRODUCTION

This Personal Assistant Handbook is a compilation of personnel policies, practices, and procedures currently in effect at Horizon Home Care Services Inc., also referred to as the Company.

The Handbook is designed to introduce you to the Company, familiarize you with Company policies, provide general guidelines on work rules, benefits, and other issues, and help answer many of the questions that may arise.

The purpose of the Handbook is to provide you with a convenient explanation of current policies and practices at the Company. This Handbook is an overview or a guideline. It cannot cover every matter that might arise in the workplace. For this reason, specific questions regarding the applicability of a particular policy or practice should be addressed to the Human Resources Department.

This Personal Assistant Handbook is not a contract of employment and does not create a contract of employment. The personal assistant handbook and application is strictly for the purpose of fulfilling FI obligations and keeping records on file as per NYS 76.11. It is not intended for the purpose of offering employment. The only way a PA can work for Horizon Home Care is if its vulnerable or elderly consumer, who is enrolled with Horizon Home Care, hires the PA.

The Company reserves the right to modify any of its policies and procedures, including those covered in this Handbook, at any time. The Company will seek to notify the PA of such changes by email and other appropriate means. However, such a notice is not required for changes to be effective.



UNDERSTANDING CDPAP

Horizon Home Care Services Inc. is a Consumer Directed Personal Assistance agency. (CDPAP) that enables the vulnerable and elderly population to receive top-quality care in the comfort of their own home. The CDPA program allows these vulnerable and elderly consumers to direct their own care. Through the CDPAP, consumers can hire their family members and friends to provide for their care. According to the CDPAS guidelines, consumers are responsible for recruiting, hiring, training, disciplining, and, if needed, terminating personal assistants (PA).

Role of Horizon Home Care Inc.

As the Fiscal Intermediary, Horizon Home Care will keep a record of the PA's original application forms, annual health assessments, and the information needed for payroll processing benefit administration. The Company acts as an employer of record for insurance, unemployment and worker compensation benefits for each PA.

Role of Consumer

As a consumer through the CDPAP program, the consumer is responsible to screen, hire, train, discipline, and, if necessary, terminate the PA. If a PA is unable to come to work, it is the consumer's responsibility to ensure that they have a backup PA available. In addition, consumers are responsible to create a plan of care for the PA, train the PA how to complete the plan of care, and discipline if necessary. Furthermore, consumers are responsible to confirm the hours worked by the PA, when needed.

Role of the Personal Assistant

As a Personal Assistant, you are hired and employed by the consumer and/or designated representative to assist the consumer with their individual needs to live safely in their home within the approved hours authorized by NYS Medicaid/Managed Care. The consumer and/or the designated representative are responsible for creating your schedule. By accepting this position, you are agreeing to accept employment, training, and supervision at the direction of the consumer or their designated representative. It is your responsibility to speak to your consumer directly if you cannot report to work for any reason. You are responsible to complete the full application and submit the documents needed to work on the CDPAP before you start to work and receive a paycheck. You may not start working without an approval from the compliance officer at Horizon Home Care Services.

THE ONBOARDING PROCESS

Personal assistants (PAs) need to submit the following documents prior to working for their consumers.

MEDICALS

All PAs must release a physical completed by your medical provider within the past year that includes a TB skin test upon hire or chest x-ray (if you have a history of positive PPD). You will also need to provide Rubella and Rubeola lab report showing immunity or two MMR immunization records. In addition, you will need to submit your Covid immunization records. You may not start working without an approval from the compliance officer at Horizon Home Care Services.

IMMIGRATION LAW

The Company complies with the Immigration Reform and Control Act of 1986 by employing only U.S. citizens and non-citizens who are authorized to work in the United States. Prior to their first day of work, all PAs are asked to provide original, unexpired documents verifying their right to work in the United States and to sign a verification form required by federal law (Form I-9). If you cannot verify your right to work in the United States within three (3) days of hire, the Company is required by law to terminate your employment. Section 2 of the USCIS form I9 must be signed by the employer or notary public within three days of employment. Furthermore, all PAs are required to provide a copy of acceptable IDs by the Department of Homeland Security.

TRAININGS AND PAPERWORK

Personal assistants need to complete a Sexual Harassment, Electronic Visit Verification (EVV), and TB Education trainings upon hire. PAs also need to submit a completed application, payroll form, as well as the Acknowledgement of Receipt of Personal Assistant Handbook form.

ANNUAL REQUIREMENTS

Personal Assistants must submit the following requirements annually in order for you to be able to continue working for your consumers. A Horizon Home Care Services Annual health assessment completed by a medical provider; a TB screen questionnaire completed by a medical provider (chest x-ray if needed); and a habituation statement completed by the personal assistant. Caregivers will also need to complete the Sexual Harassment, Electronic Visit Verification (EVV), and TB Education trainings annually. Furthermore, personal assistants will need to submit an updated photo ID when it expires. Please note that in the event that documents are not submitted in a timely manner, the PA may not continue working for the consumer. In addition, Horizon Home Care will not be able to compensate for any times worked with expired medicals.

By signing the Acknowledgement of Receipt of Personal Assistant Handbook form, you certify that you are free from health impairments which may pose potential risk to consumers or personnel or which may interfere with the performance of your duties as a personal assistant, including habituation or addiction to drugs, alcohol, and other behavior-altering substances.

PAYROLL

Federal and state laws require Horizon Home Care to keep accurate records of time worked in order to calculate Personal Assistant pay and benefits. Time worked refers to the entire period of time actually spent on the job performing assigned duties within the authorized time. You are not permitted to work anywhere else at the same time you are working for your consumer.

Personal assistants cannot work for more hours than authorized. Confirmation of hours can be given by the agency only. According to the Medicaid program, HHC is not allowed to pay for any unauthorized hours. In the event that the PA worked for more hours than authorized, they will need to collect payment from the consumer. Personal Assistants cannot bill HHC for any unauthorized hours. Authorized hours can only be used for that week and cannot be rolled over to the next week. In general, the week begins Saturday and ends Friday. However, some vendors have different schedules. Please contact your coordinator for your weekly schedule.

Time slips and EVV records must reflect the exact hours worked and the hours worked for the consumer only. In addition, caregivers cannot work more than sixteen consecutive hours. HHC will not compensate a personal assistant for any hours worked above sixteen consecutive hours. Horizon Home Care monitors the number of hours PAs work per week for safety purposes. If HHC feels that the PA works too many hours per week, HHC may ask the PA to work fewer hours.

Payroll is processed on a weekly basis. Checks are mailed weekly to the consumer's home or to your home. This determination is made by the consumer. If you request a stop payment on your check, a fee of \$35 will be charged to you. Direct deposit and pay cards are also offered; please complete the required form in the application packet.

Personal Assistants in the wage parity areas will receive a wage parity benefits package in the mail from UHP after you start working. If you have any questions regarding your benefits, you can reach out to UHP for questions at 877-290-1112. In addition, PAs in the wage parity areas are eligible for PTO/Vacation pay. For every 30 hours worked you accrue 1 hour of PTO/Vacation pay. Your accrual balances will be uploaded and can be viewed on your pay stubs. These hours use 0.62 cents of your wage parity benefits. Benefits earned after you have accrued 56 hours will be applied to your wage parity package.

ELECTRONIC VISIT VERIFICATION (EVV)

As per the 21st Century Cures Act, all PAs are required to clock in/out. Please make sure to ask for your pin number and see attached instructions on how to use the Clock in/out System. Please reach out to our office if you are in need of the Mobile App or Fob EVV guide. It is prohibited to allow anyone else to use your pin number (including your consumer), and you may not share your pin number with anyone including your consumer. Personal Assistants must clock in and out for each shift that is worked. Failure to use the call-in system properly will cause a delay in your pay and can result in termination. If a situation arises in which the caregiver is unable to complete EVV, the consumer/DR must reach out to HHC to notify regarding the issue within 48 hours of the shift ending. Time sheets are to be used as EVV correction only and will require approval from Horizon Home Care. If a time correction is submitted past 75 days from the visit date, payment cannot be guaranteed. If a time sheet will be submitted with an electronic signature, it may require double verification.

POLICIES AND PROCEDURES

THE CORPORATE COMPLIANCE PURPOSE:

To ensure Horizon Home Care complies with applicable federal and state laws and regulations and to make a sincere effort to prevent, detect and correct any fraud, abuse, or waste in connection with federally funded health care programs and private health plans.

FALSE CLAIMS POLICY

FEDERAL FALSE CLAIMS LAWS

The Federal False Claims Act and other federal and state laws prohibit submission of knowingly false or fraudulent claim for payment to the United States or state government. These laws also prohibit knowingly making or using a false statement to get a claim paid or approved. A violation of these laws can be subjected to significant civil monetary penalties and possible exclusion of the person or Company from any form of participation in federal or state health programs, including Medicaid or Medicare. Criminal penalties also are possible.

The federal laws referenced are section 3729 through 3733 of title 31, United States Code (the Federal False Claims Act), and Chapter 38 of title 31 (administrative remedies for false claims and statements). Each state may have its own separate False Claims Act, as well.

The federal false Claims Act and similar state laws include a “whistleblower” provision that provides protection for an employee who reports or investigates an allegedly false claim or assists with testimony or otherwise. In a false claim prosecution, these laws entitle whistleblowers to protection against workplace retaliation including employment reinstatement and back pay. A whistleblower is also permitted to file a lawsuit on behalf of the government to enforce the False Claims Act and may potentially have a share in any amount recovered.

NEW YORK FALSE CLAIMS ACT

The NYC False Claims Act closely tracks the Federal False Claims Act. It imposes penalties and fines to individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care plans such as Medicaid. The penalty for filing a false claim is 6,000-12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. Horizon Home Care, maintains detailed policies and procedures for preventing, detecting, and eliminating fraud, waste, and abuse.

These policies include compliance education, auditing, monitoring, enforcement of compliance standards, and a process for employee reporting of suspected non-compliant or false claim related activity.

By signing the Acknowledgement of Receipt of Personal Assistant Handbook form, you acknowledge that you have received a copy of the False Claims Policy from Horizon Home Care Services Inc.

HORIZON HOME CARE POLICIES AND PROCEDURES TO PREVENT FRAUD AND ABUSE

Horizon Home Care Services regularly check signature verification cards and compares them to timesheet signatures to ensure timesheets are signed by Consumers. In addition, Horizon Home Care completes monthly phone calls to our consumers to ensure that personal assistants are working and that EVV confirmations reflect the actual times services are completed. Failure to accurately complete the time slip/ EVV may be constructed as fraudulent and may result in disciplinary action.

Horizon Home Care has a 24-hour Corporate Compliance hotline that can be used when fraud is suspected. It is the PAs responsibility to report any act of fraud or abuse. Whistleblower laws protect employees against retaliation for reporting. If you are aware of any fraudulent activity and do not report it, you could be prosecuted. If you suspect fraud or abuse, please call 518-203- 3271 EXT. 101. Also, Horizon Home care reserves the right to complete unannounced home visits when fraud and abuse is suspected. In the event fraud is suspected and the consumer fails to confirm hours worked by the PA, the PA will not be paid. Horizon Home Care has a no tolerance policy to OMIG fraud. Therefore, in the event that fraud is suspected, HHC reserves to right to terminate the PA without prior notice. Personal Assistants that appear on an exclusion list are prohibited from working for consumers through Horizon Home Care. In addition, no payments will be processed for PAs that appear on an exclusion report.

By signing the Acknowledgement of Receipt of Personal Assistant Handbook form, you acknowledge that you have received and will abide by Horizon Home Care's Policies and procedures. To view the full policies please visit: <https://horizoncares.com/en/policies-and-procedures/> . You may also reach out to our office to request a paper copy.

HIPAA

The HIPAA law protects an individual's PHI-private health information. You understand that under HIPAA law you may not share any personal information that you have come in contact with while working for your consumer.

You understand that you will be held responsible for any direct or consequential damages resulting from any violation of this law. The obligation should remain in effect even after your employment with the consumer ended.

NEW YORK HERO ACT POLICY

On May 5, 2021, Governor Andrew Cuomo signed the New York Health and Essential Rights Act (NY HERO Act) into law. The law mandates extensive new workplace health and safety protections in response to the COVID-19 pandemic. The purpose of the NY HERO Act is to protect employees against exposure and disease during a future airborne infectious disease outbreak. Please note the following regarding the NY Hero Act. Consumers are required to adopt a policy and provide a copy to the PAs. Horizon Home Care's Suggested Policy can be found on our website under the policies and procedures tab. For a paper copy, please reach out to our office. Airborne infectious diseases may trigger the plan. The plan will be implemented when a designation is put into effect by the DOH.

By signing the Acknowledgement of Receipt of Personal Assistant Handbook form, You are acknowledging the receipt of the NY Hero Act Policy.

SICK LEAVE POLICY

Horizon Home Care Services, Inc. (“Horizon” or the “Company”) provides sick leave for its employees who work in New York. This leave is provided for purposes set forth by the New York Paid Sick Leave Law (NY PSL), and, for New York City employees, the Earned Sick and Safe Time (ESSTA), as stated herein.

A. Definitions

The following definitions shall apply for purposes of this policy only:

- “Calendar year” is defined as the 12 month period between January 1st and December 31st.
- Family member is defined as the employee’s spouse or domestic partner and the children (including biological children, adopted children, foster children, legal wards, or children for whom the employee stands “in loco parentis,”) dependents, parents (including biological parents, foster parents, step-parents, adoptive parents, legal guardians, or an individuals who stood “in loco parentis” to the employee as a minor child), siblings, grandparents or grandchildren of the employee, the employee’s spouse or domestic partner, the child or parent of an employee’s spouse or domestic partner, any other individual related by blood to the employee, or any individual whose close association with the employee is the equivalent of a family relationship;
- “Family offense matter” is defined as an act or threat of an act that may constitute disorderly conduct, harassment, aggravated harassment, sexual misconduct, forcible touching, sexual abuse, stalking, criminal mischief, menacing, reckless endangerment, strangulation, criminal obstruction of breathing or blood circulation, assault, an attempted assault, certain thefts (identity theft, grand larceny and coercion) when the thefts occur between certain individuals (spouses and former spouses; parent and child; or members of the same family or household).
**An employee who has committed domestic violence, a family or sexual offense, stalking, or human trafficking is not eligible for leave under this policy, nor may this leave be used on behalf of an employee’s family member who has engaged in any of the above. **
- “New York City” is defined as including the Bronx, Staten Island, Brooklyn, Queens, and Manhattan.

ACCRUALS

Employees accrue 1 hour of paid sick leave for every 30 hours worked, not to exceed 56 hours in a year. Employees in New York but not in NYC will accrue sick leave hours starting on the later of their hire date or 9/30/2020, but cannot use their accrued time prior to January 1, 2021. NYC employees may use time already accrued, up to 40 hours, prior to 2021, and any time over 40 hours starting on January 1, 2021.

Reasons for Use of Leave Set forth by NY PSL and NYC ESSTA

Covered employees may use up to 56 hours paid sick leave in a year for any of the following reasons:

- The employee’s own mental or physical illness, injury, or health condition;
- To receive care or treatment for the employee’s own mental or physical illness, injury or health condition, regardless of whether such illness, injury, or health condition has been diagnosed or requires medical care at the time that such employee requests such leave, as well as the diagnosis, care or treatment of the same, and including care or treatment for diagnosis and/or preventative medical care;

- To care for a family member who has a mental or physical illness, injury, or health condition, regardless of whether such illness, injury, or health condition has been diagnosed or requires medical treatment at the time that the employee requests leave, and including the care or treatment of the family member for diagnosis and/or preventative medical care; public health emergency;
- When either the employee or his/her family member is a victim of stalking, a sexual offense, human trafficking or other family offense matter, and needs to use leave for one or more of the following: (a) to obtain services from a domestic violence shelter, rape crisis center, or other shelter or services program; (b) to participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or employee's family members; (c) to meet with an attorney or social service provider to obtain information, advice and/or prepare for a civil or criminal proceeding relating to a family offense matter, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing or consumer credit; (d) to file a complaint or domestic incident report with law enforcement; (e) to meet with a district attorney's office; (f) to enroll children in a new school; or (g) to take other actions necessary to maintain, improve, or restore the physical, psychological, or economic health or safety of the employee or the employee's family member, or to protect those who associate or work with the employee.

Covered employees may only use paid sick time in increments of four (4) or more hours. An employee's use of sick time is not conditioned upon searching for or finding a replacement worker.

Regardless of the amount of leave accrued, employees may not use more than 56 hours of sick leave in a calendar year.

Carryover

All accrued, unused sick time may be carried over from year to year, up to maximum of 56 hours.

Notice and Documentation

Employees must provide notice to Human Resources prior to using sick leave. Employees must notify human resources on the day they will take their sick leave before hours are utilized. Human Resources contact information is 518-203-3271 EXT 4 or email humanresources@horizoncares.com. Failure to provide notice may lead to the inability to use sick leave, or to discipline under the Company's attendance policy.

Employees must provide medical documentation for absences of more than three consecutive days, within 7 days from the date he or she returns to work.

Interaction with Other Benefits

Paid sick leave will be fully integrated with other benefits available to you. Paid sick leave will run concurrently with Paid Family Leave, disability leave, and workers' compensation leave when applicable. However, employees shall not be paid more than 100% of their regular wages when using combined leaves.

Separation from Employment

Covered employees who separate from employment for any reason and have unused paid sick leave as of his/her last date of employment shall forfeit such paid leave time and shall not be entitled to any payment from the Company for such unused time.

Interference and Retaliation Prohibited

This policy will be administered in accordance with ESSTA and NY PSL. The Company will not interfere with a covered employee's attempt to exercise any of his/her rights under the either of these laws, nor will the Company take, or threaten to take, any adverse employment action against an employee for exercising his/her rights under ESSTA or NY PSL.

- If you have concerns or need further clarification, please don't hesitate to direct any questions to Human Resources. Our Human Resources department can be reached at t 518-203-3271 Ext 4 or humanresources@horizoncares.com.

By signing the Acknowledgement of Receipt of Personal Assistant Handbook form, I acknowledge receipt of the Company's updated Sick Leave Accrual Policy. I agree to read the Sick Leave Accrual Policy set forth in them along with the other policies and procedures of the Company.

The policy and notice are for informational purposes only and is not intended to create a contract, nor is it a contract of employment or continuing employment between myself and Company. Employment remains at will.

RESIDENTIAL LIVE-IN CAREGIVER AGREEMENT

Pursuant to 29 C.F.R. 785.22 and 12 N.Y.C.R.R. 142-2.1, a residential live-in caregiver and employer may agree to exclude certain hours from working hours during which a caregiver is required to be at a client's home for a period of 24 hours.

The parties agree that out of a 24-hour period, eight (8) hours of sleeping time shall be excluded from working hours provided the caregiver receives five (5) hours of uninterrupted sleep. The parties agree that out of a 24-hour period, three (3) hours meals and down time shall be excluded from working hours.

The parties agree that a residential live-in caregiver, the caregiver will be paid at least for 13 hours each 24-hour period of active work. The caregiver understands and agrees that the caregiver is "subject to call" during the caregiver's times of sleep, meals, and downtime should the client need assistance.

The parties agree, and the caregiver specifically acknowledges that it is the caregiver's responsibility to regularly and accurately keep records of actual hours worked, including, but not limited to, any time worked as a result of interruptions of the caregiver's times of sleep, meals, and downtime. And to notify the agency of such occurrence.

If at any time the caregiver believes that the caregiver is actively working more than 13 hours per day and such constitutes a significant deviation from this agreement, the caregiver shall immediately contact his or her coordinator/supervisor, and the client will be advised to hire an additional caregiver to split the daily shift.

GUIDE TO THE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM

As a PA, you have chosen to participate in the CDPAS program. Personal assistants that participate in the CDPAS program must have a valid social security number and be at least 18 years of age. Personal assistants cannot be the spouse of the consumer or the designated representative of the consumer. In addition, PA cannot be the parent/legal guardian of the consumer when that consumer is under 21 years of age.

Personal assistants cannot work for a consumer who is out of state, unless permission is granted. In addition, PAs must report when their consumer is hospitalized and cannot be paid if the consumer is in the hospital/nursing facility or in any other facility other than home.

Two PAs cannot work for one consumer at the same time and one PA may not work for two consumers at the same time. If this occurs, the PA may not receive payment.

If a PA is injured at the site of their job they must call the agency at 518-203-3271 before they leave the site to report the injury. As per HHC's policy, PAs will be inactivated after one year of not working for any consumer. If the PA prefers to work for another consumer after that, they will need to go through the hiring process again.

Employment as a CDPAS personal assistant with Horizon Home Care Services as the fiscal intermediary is only on the basis that the consumer hires the PA. Horizon Home Care with the guidelines of NYS DOH cannot offer employment to a PA. Consumers must choose their own PA and Horizon Home Care does not provide offers of employment.

This application is only intended for the purpose of working for a consumer who has chosen you as their PA. It does not guarantee employment in the event that the consumer chooses to terminate your employment with him/her or the consumer is hospitalized for any amount of time, and cannot receive Home Care Services or the consumer dies, or is no longer in need of Horizon Home Care Services.

Application is strictly for the purpose of fulfilling FI obligations and keeping records on file as per NYS 76.11. It is not intended for the purpose of offering employment. The only way a PA can work for Horizon Home Care is if a given consumer hires you, and the consumer is enrolled with Horizon Home Care.



ACKNOWLEDGMENT OF RECEIPT OF HORIZON HOME CARE PERSONAL ASSISTANT HANDBOOK

I acknowledge that I have received a copy of the Horizon Home Care Personal Assistant Handbook. I understand that I am responsible for reading and abiding by all policies and procedures in this Handbook, as well as all other policies and procedures of the Company.

I also understand that the purpose of this Handbook is to inform me of the Company’s policies and procedures and that it is not a contract of employment. Nothing in this Handbook provides any entitlement to me or to any Company employee, nor is it intended to create contractual obligations of any kind. I understand that the Company has the right to change any provision of this Handbook at any time and that I will be bound by any such changes.

By signing the Acknowledgment of Receipt of Personal Assistant Handbook form, I certify that I am free from health impairments including Tuberculosis which may pose potential risk to consumers or personnel, or which may interfere with the performance of my duties as a personal assistant, including habituation or addiction to drugs, alcohol, and other behavior-altering substances.

By signing the Acknowledgment of Receipt of Personal Assistant Handbook form, I acknowledge that I have received a copy of the False Claims Policy from Horizon Home Care Services Inc.

By signing the Acknowledgment of Receipt of Personal Assistant Handbook form, I acknowledge that I have received and will abide by Horizon Home Care’s policies and procedures.

By signing the Acknowledgment of Receipt of Personal Assistant Handbook form, I am acknowledging the receipt of the NY Hero Act Policy.

Signature

Date

Full Name (please print)

Please sign and date one copy of this acknowledgment and return it to Human Resources. Retain a second copy for your reference.



If you have a problem:

Clock In and Out Instructions

1. Re-read this instruction manual and attempt to re-enter your Clock In or Out
2. If that does not work, do not give up. **YOU WILL NOT BE CLOCKED IN/OUT.**
3. Contact your manager at the agency. Write their contact information below for reference.



Coordinator Name:

Coordinator Phone Number:

Horizon Home Care Services Inc

Horizon Home Care Services

518-203-3271

Dial:

English : 866-988-8072
 Spanish : 866-991-7456
 Russian : 866-991-7458

Please note! If you will be using the Mobile App or Fob to perform EVV, please reach out to our office for your EVV Guide.

TO CLOCK IN

1. From the patient's home phone, dial the number on the cover of this guide.
2. Press 1 to Clock In.
3. Enter your Assignment ID.
4. Confirm the entry.
 - If you enter your number **INCORRECTLY**, you will be asked to retype your Assignment ID. If you fail to enter a valid Assignment ID after multiple attempts, you will not be able to Clock In. Contact your Agency for further instruction.
 - If you enter your number **CORRECTLY** you will hear:
5. Your call has been successfully registered.

Write your Assignment ID below for reference.

TO CLOCK OUT

1. From the patient's home phone, dial the number on the cover of this guide.
2. Press 2 to Clock Out.
3. Enter your Assignment ID.
4. Confirm the entry.
 - If you enter your number **INCORRECTLY**, you will be asked to retype your Assignment ID. If you fail to enter a valid Assignment ID after multiple attempts, you will not be able to Clock In. Contact your Agency for further instruction.
5. If you are asked for your duty ID please enter 000.

SPECIAL SCENARIOS

If you are Clocking In or Out for a Mutual case (two Patients at once):

1. Follow the calling instructions on the left.
2. You will Clock In **ONCE** at the beginning of the visit, and clock out **ONCE** at the end of the visit.

If you are Clocking In or Out for a Live-In Case:

1. Follow the calling instructions on the left.
2. You will clock **IN** when you first arrive with the Patient.
3. Each day after, you will clock **OUT** the same time as you first clocked in. Immediately after you clocked **OUT** you will clock in again.



Placing EVV using the FOB

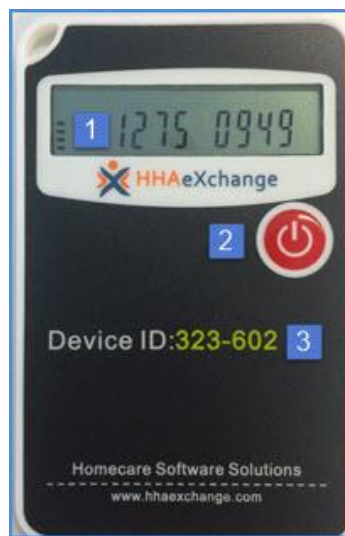
The FOB Device

A FOB, or Fixed Object, device is used to place secure, accurate EVV. When you press the power button, the FOB will display a number. This number is an encrypted 8-digit passcode which reflects the current date and time. At the Start and End of the visit, press the Power Button to receive the passcode for your Clock In and Clock Out.

Using the FOB

The figure below displays the FOB Device, highlighting 3 areas:

1. The 8-Digit Passcode
2. The Power Button
3. The 6-Digit Device ID



To Clock In and/or Out using the FOB, call your Agency's HHAeXchange phone number from ANY phone and follow the steps below:

Clock In Steps

1. Press 3 to indicate "FOB Device" confirmation.
2. Press 1 to indicate "FOB Clock In"
3. Enter your *Assignment ID*
4. Enter the 6-Digit *Device ID*
5. Enter the 8-Digit *Passcode* from the start of the Visit.

Clock Out Steps

1. Press 3 to indicate "FOB Device" confirmation.
2. Press 2 to indicate "FOB Clock Out"
3. Enter your *Assignment ID*
4. Enter the 6-Digit *Device ID*
5. Enter the 8-Digit *Passcode* from the end of the Visit.
6. Enter any duties performed (one at a time).
7. Complete duty entry and call (00 or 000).

Clock In and Out Steps

1. Press 3 to indicate "FOB Device" confirmation.
2. Press 3 to indicate "FOB Clock In and Clock Out."
3. Enter your *Assignment ID*
4. Enter the 6-Digit *Device ID*
5. Enter the 8-Digit *Clock In Passcode*.
6. Enter the 8-Digit *Clock Out Passcode*.
7. Enter any duties performed (one at a time).
8. Complete duty entry and call (00 or 000).



PAY CARD INFORMATION

NEW YORK

You can view available in network ATMs by using the ATM locators at: www.rapidfs.com, by downloading the rapid! Access mobile application¹ or at www.allpointnetwork.com and www.moneypass.com.

The following transactions will be free:

- Domestic POS Purchase with Signature or PIN
- Domestic POS Decline / NSF
- Domestic Allpoint® or MoneyPass® ATM Withdrawal or Balance Inquiry
- Inactivity Fee
- Teller Assisted Cash Withdrawal
- Printed & Mailed Statement Fee

FOR CUSTOMER SERVICE, PLEASE CALL 888-727-4314

1. While rapid! PayCard does not charge for this feature and service, standard text messaging, data and cellular rates may apply. Please check with your cell phone carrier and inquire about fees your carrier may associate with these services.

The rapid! PayCard® Mastercard® Payroll Card is issued by Green Dot Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Prepaid card can be used wherever Debit Mastercard is accepted. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated.

The rapid! PayCard® Visa® Payroll Card is issued by Green Dot Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. This card can be used everywhere Visa debit cards are accepted.

List of All Fees for the rapid! PayCard® Visa® or Mastercard® Payroll Card

All fees	Amount	Details
Add money		
Cash reload	\$5.95	Fees of up to \$5.95 may be collected by our reload agents when reloading your Card at their locations. This fee can be lower depending on how and where you reload your Card. This fee is charged by the reload agent and is subject to change. This fee is not deducted from your Account and will not be reflected in any transaction histories. Reload locations may be found at https://www.attheregister.com .
Mobile check load	5% of the value of the check, \$5.00 minimum	Per check load. Percentage taken of total check amount. Fee deducted from check total prior to loading your Account. This is a third-party fee and is subject to change. This fee is not deducted from your Account and will not be reflected in any transaction histories. Standard text message or data rates may apply.
Spend money		
Point-of-sale decline	\$0.50	This is our fee. It is assessed when you attempt a point-of-sale transaction, but the transaction is declined due to insufficient funds in your Account.
Get cash		
ATM withdrawal (in-network)	\$0	“In-network” refers to all ATMs in our network that are surcharge-free. In-network ATMs can be found at https://www.rapidfs.com .
ATM withdrawal (out-of-network)	\$2.99	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM withdrawal decline (in-network)	\$0.75	This is our fee. It is assessed when you attempt an ATM withdrawal, but the withdrawal is declined due to insufficient funds in your Account. “In-network” refers to all ATMs in our network that are surcharge-free. In-network ATMs can be found at https://www.rapidfs.com .
ATM withdrawal decline (out-of-network)	\$0.75	This is our fee. It is assessed when you attempt an ATM cash withdrawal, but the withdrawal is declined due to insufficient funds in your Account. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Information		
ATM balance inquiry (out-of-network)	\$0.75	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Paper statement one-time order	\$1.50	Not assessed unless written transaction history is requested more than once a month.
Using your card outside the U.S.		
International purchase transaction – PIN or signature	3%	This is our fee. This fee is based on the U.S. dollar amount of the transaction. This fee will be assessed when the transaction posts to your Account.
Point-of-sale decline - international	\$0.50	This is our fee. Assessed when you attempt a point-of-sale transaction, but the transaction is declined due to insufficient funds in your Account.
ATM withdrawal (in-network) - international	\$0	“In-network” refers to all ATMs in our network that are surcharge-free. In-network ATMs can be found at https://www.rapidfs.com .
ATM withdrawal (out-of-network) - international	3% plus \$2.99	This is our fee. 3% of the U.S. dollar amount of the transaction plus \$2.99 will be assessed each time your Card is used for an international ATM withdrawal. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM withdrawal decline (in-network) - international	\$0.75	This is our fee. It is assessed when you attempt an ATM withdrawal, but the withdrawal is declined due to insufficient funds in your Account. “In-network” refers to all ATMs in our network that are surcharge-free. In-network ATMs can be found at https://www.rapidfs.com .

ATM withdrawal decline (out-of-network) - international	\$0.75	This is our fee. It is assessed when you attempt an international ATM cash withdrawal, but the withdrawal is declined due to insufficient funds in your Account. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM balance inquiry (out-of-network) - international	\$0.75	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Other		
Money Transfer Debit AFT Advice	\$1.00	This is our fee. This fee is charged when you make a funding transaction involving an external account.
Money Transfer Debit AFT (PIN)	\$1.00	This is our fee. This fee is charged when you make a funding transaction involving an external account.
Inactivity	\$4.95	You will be charged this fee each month after you have not completed any purchases, successful ATM withdrawals, or ATM balance inquiries using your Card for 6 consecutive months, except to the extent prohibited by applicable law.
Stop payment order	\$25.00	Per each stop payment order for a bill payment or check. This is a third-party fee and is subject to change.
Paper checks (expedited delivery)	\$35.00	Expedited orders will generally be completed within 2-3 business days. This is a third-party fee and is subject to change.
Copy of ChekToday Convenience Check	\$10.00	Fee for mailing a copy of a previously cashed check. This is a third-party fee and is subject to change.
ChekToday Special Handling	\$25.00	Fee is assessed if a check is returned or reported lost or stolen. This is a third-party fee and is subject to change.
Card Replacement - Standard Production with Overnight Delivery	\$25.00	Per lost, stolen, or damaged Card replaced on a standard basis with overnight delivery (generally within 3 business days; no weekend delivery).
Card Replacement - Rush Production with Overnight Delivery	\$35.00	Per lost, stolen, or damaged Card replaced on an expedited basis with overnight delivery (generally within 2 business days; no weekend delivery).
Card Replacement - Rush Production with Saturday Delivery	\$55.00	Per lost, stolen, or damaged Card replaced on an expedited basis with Saturday delivery (generally within 2 business days, with Saturday delivery).
<p>Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to Green Dot Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Green Dot Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details. Green Dot Bank operates under the following registered trade names: GO2bank, GoBank, and Bonneville Bank. All of these registered trade names are used by, and refer to, a single FDIC-insured bank, Green Dot Bank. Deposits under any of these trade names are deposits with Green Dot Bank and are aggregated for deposit insurance coverage.</p> <p>No overdraft/credit feature.</p> <p>Contact Customer Service by calling (888) 727-4314, by mail at P.O. Box 42212, Cincinnati, OH 45242, or visit https://www.rapidfs.com.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.</p>		



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