

# Policy and Procedure Manual

October 2024



## Table of Contents

Governing Body and Legal Authority .....	1
Conflict of Interest and Conflict of Commitment Policy .....	3
President.....	6
Mission Statement.....	7
Company Goals.....	8
Compliance with Federal, State, and Local Laws .....	9
Reporting of Outcomes .....	10
Service Description .....	12
Patient Rights and Responsibilities.....	13
Patient Complaints and Concerns.....	16
Confidentiality of Protected Health Information.....	18
Advanced Care Directives .....	21
Unstable Health Conditions .....	23
Patient Abuse and Neglect.....	25
Standards of Conduct.....	28
Compliance Program.....	35
Budget Planning .....	39
Fiscal Management.....	41
Financial Record Retention.....	43
Reimbursement Disclosure.....	45
Personnel File Management Policy.....	46
Personnel Requirements and Management Background Screening .....	49
Personnel Credentials.....	53
Orientation Program .....	55
Competency Assessment .....	57
Continuing Education .....	59
Compliance and Required Training Requirements.....	62
Supervision .....	64
Performance Evaluation.....	65
Contracted and Purchased Services .....	66
Patient Record Documentation.....	68
Patient Record Management.....	70
Email Encryption.....	72
Data Breach .....	75
HIPAA: Notice of Privacy Practices.....	84
HIPAA: Using and Disclosing PHI for Marketing Purposes.....	85
Reasonable Safeguards for Privacy and Confidentiality or Protected Health Information .....	89

Social Media .....	93
PHI Shredding .....	96
Patient Referral and Eligibility Guidelines .....	99
Unmet Needs.....	100
Performance Improvement and Quality Plans.....	101
Infection Control.....	103
Infectious Disease Reporting .....	113
Safety Management .....	115
Emergency Preparedness .....	118
Utilities Management .....	125
Fire Safety .....	127
Biomedical/Biohazard and Hazardous Waste Management.....	130
Hazard Communication .....	132
Incident Reporting .....	136
Home Medical Equipment Scope of Services .....	139
Vendor and Product Review Process .....	141
After Hours Response.....	142
Communication Methods .....	144
Cultural Beliefs .....	145
Plan of Service .....	146
Patient Education .....	148
Patient Transfers and Discharge .....	150
Equipment Set-Up and Delivery .....	153
Home Safety Education .....	156
Equipment Maintenance and Repair.....	158
Equipment Tracking and Recall.....	161
Medical Device Act .....	164
Vehicle Infection Control.....	166
Manufacturer Manuals and Instructions.....	169
Vehicle.....	170
Vehicle Maintenance and Repairs.....	172
Office Inspection .....	174
No Hands .....	177
Complex Rehabilitative Scope of Services .....	178
Overpayment .....	180
Confidentiality of Internal Investigations and Limited Communications Policy .....	182
Paperwork Compliance Violations .....	185

Effective Date: 01/01/2012	Title: Governing Body and Legal Authority
Reviewed Date: 05/18/2023	Revision Date: 03/31/2015, 02/29/2016, 06/07/2018, 03/20/2020
Department: Executive	

## **PURPOSE**

Rehab Medical has the structure and functional mechanisms necessary to support and accomplish its stated mission.

## **POLICY STATEMENT**

Rehab Medical has the legal authority to operate and is in compliance with Local, state and federal regulations. The governance structure is defined in legal documents. The governing body assumes full legal authority, responsibility, and accountability for organizational performance; appoints a qualified administrator and designates advisory group membership as applicable. The governing body is made up of individuals with relevant expertise, business acumen, and professional relationships specific to the stated mission of the organization. Governing body members are oriented to the organization and are knowledgeable and responsive to key issues affecting the organization.

Governing Body Responsibilities Include:

1. Establishing policies consistent with organizational mission
2. Approving new and/or revised policies and procedures as indicated and necessary
3. Holding management accountable for the fiscal solvency of the organization and adequacy of financial resources
4. Approving budgets and capital expenditures
5. Selecting and evaluating the chief administrator
6. Evaluating organizational performance
7. Developing and approving strategic plan
8. Reviewing legal and business documents considering real or potential changes to the organization on a periodic basis at least every 36 months.
  - a. Articles of incorporation
  - b. Bylaws
  - c. Legal agreements

Annually, the members of the governing body and executive staff provide written disclosure of all professional or personal relationships or interests, direct or indirect that might present a conflict

of interest. For purposes of this policy, Executives are defined as Chief Executive Officer (CEO), President, Chief Financial Officer (CFO), Vice President of Operations and Vice President of Sales. Conflict of Interest Statements are on file in the corporate office.

Governing body retains accurate, complete, and signed minutes of all official meetings and are distributed in accordance with organizational policy and retained for five (5) years.

## **SCOPE**

Rehab Medical governing body

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: CI.2

Effective Date: 01/01/2012	Title: Conflict of Interest and Conflict of Commitment Policy
Reviewed Date: 05/26/2023	Revision Date: 05/15/2015, 01/13/2022, 10/28/2022
Department: Compliance	

## **PURPOSE**

The purpose of this policy is to provide guidance in identifying and handling potential and actual conflicts of interest involving Rehab Medical, LLC (Rehab). In most instances, conflicts of interest can be avoided simply by continuing to exercise good judgment and, indeed, Rehab relies on the sound judgment of our employees to prevent many such conflicting situations. Rehab remains committed to requiring the highest levels of integrity from all employees, leaders, and members of the Board of Directors.

## **POLICY STATEMENT**

Rehab maintains our most important asset is our positive and unquestionable reputation of Honesty, Integrity and Respect within the national Complex Rehabilitation Technology space. Our reputation is and must continually be based on the quality of care we provide to our patients, as well as the community's perception of transparency within our organization and all our employees.

Although certain conflicts of interest may be unavoidable, full disclosure will minimize the impact of a conflict of interest or an appearance of conflict of interest. Therefore, it is Rehab's policy that all executives, officers, directors, managers, hourly and administrative team members shall avoid, without prior approval, personal interests that conflict with the best interest of Rehab and the community we serve. Rehab employees must acknowledge and observe all laws and regulations governing business transactions, compete fairly with others, and use any Rehab Medical resources for ethical, legitimate, and business purposes only.

All Rehab employees shall make every attempt to avoid incurring any financial or personal obligations that may impair (or appear to impair) their judgment when acting on behalf of Rehab. Examples of potential conflicts of interest include:

- A significant investment in any company or individual that may do business with or compete with Rehab or an affiliate.
- Conducting any level of business on behalf of Rehab with a relative or company in which the employee or a relative has an interest.

- Self-benefit: using positions or relationships within Rehab to promote one's own interests or those of a family member, including using confidential or privileged information gained in the course of employment at Rehab for personal benefit or gain or for the personal gain or benefit of family members.
- Employment with any company that may do business or compete with Rehab or an affiliate.
- Accepting unfair and unreasonable gifts, entertainment, travel, or financial resources from any company that may do business with or compete with Rehab or an affiliate.

Rehab's Conflict of Interest Policy requires employees at the level of manager and above, together with every Sales Representative, Assistive Technology Professional (ATP), Complex Rehabilitation Technology Supplier (CRTS) and other designated each year by Compliance or deemed to have a Conflict of Interest or possible Conflict of Interest, to complete a questionnaire and disclosure annually. It also requires all employees who may have a potential conflict to complete and submit a disclosure questionnaire for review to the Compliance Committee for review and consideration.

### **Conflict of Interest Management Plans**

The existence of a potential or actual conflict of interest does not imply wrongdoing. Activities can often continue when conflicts are managed. If the Rehab Compliance Committee determines a potential conflict is capable of management, a written plan is implemented. The purpose of the plan is to:

- Accurately describe the potential conflicts in writing
- Create explicit agreements to protect against actual conflicts
- Facilitate oversight

A Plan Manager (member of leadership) is assigned to monitor the plan and ensure that safeguards are followed. Plan Managers review plans with employees annually in the spring to cover the upcoming fiscal year. Plans are updated as circumstances change, and the annual reviews continue until the conflict no longer exists.

### **Conflict of Commitment**

A Conflict of Commitment occurs when the time or effort an employee devotes to external activities interferes with an employee's fulfillment of assigned responsibilities, or when an employee makes unauthorized use of Rehab resources in the course of external activities. Conflicts of commitment are not allowed by any level of Rehab Medical employment.

Rehab's core values include a commitment to the following: energetic to achieve, hard work with balance and compassion. Accordingly, all employees have a clear obligation to make decisions and conduct the affairs of Rehab first and foremost, based upon the desire to promote the best interests of Rehab in a manner consistent with these values.

Questions related to the policy and potential conflicts of interest should be directed to the Compliance Department.

### **SCOPE**

This policy applies to all Rehab employees and the Board of Directors.

### **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
Code of Conduct

### **RESPONSIBILITY**

Rehab Medical, LLC Compliance Committee  
Rehab Medical Compliance Department

### **APPROVAL BODY**

Rehab Medical, LLC Compliance Committee



Effective Date: 01/01/2012	Title: President
Reviewed Date: 11/28/2023	Revision Date: 03/31/2015
Department: Executive	

## **PURPOSE**

The President's job description and qualifications will be clearly defined to ensure the individual is qualified to hold the authority and responsibility for overall administration and management.

## **POLICY STATEMENT**

The President of Rehab Medical will be responsible for overall operations and services of the Company. The President will operate the Company in accordance with all applicable federal, state, and local laws and regulations. The President will also adhere to Medicare Supplier Standards in the operation of the Company.

The President's job description will clearly define his or her authority, duties, responsibilities, and accountabilities. The President will be qualified for the position as outlined in the job description and any applicable federal or state laws. A copy of the President's application and/or resume will be placed in his or her personnel file as proof that he or she meets the minimum education and experience requirements for the position.

In the temporary absence of the President, the Chief Executive Officer will assume the duties of the President and will be responsible for the operation of Rehab Medical. All employees shall give the Chief Executive Officer their best cooperation in providing services to company patients.

## **SCOPE**

This policy applies to the President of Rehab Medical.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.1

Effective Date: 01/01/2012	Title: Mission Statement
Reviewed Date: 01/11/2023	Revision Date: 06/22/2016, 02/12/2021
Department: Executive	

## **PURPOSE**

Rehab Medical will establish a clearly defined mission statement to be communicated to patients, employees, and the public.

## **POLICY STATEMENT**

Rehab Medical's mission is to improve and positively impact the lives of our patient, partners and employees.

## **SCOPE**

All Rehab Medical employees are responsible for acting in accordance with the Mission Statement.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

None specified

Effective Date: 01/01/2012	Title: Company Goals
Reviewed Date: 01/11/2023	Revision Date: 02/29/2016, 02/23/2018
Department: Executive	

## **PURPOSE**

Rehab Medical has a vision, a mission and core values that are the building blocks used to guide the strategic planning process, which is then used to set Company Goals.

## **POLICY STATEMENT**

Rehab Medical develops strategies and objectives for the Company during its quarterly executive meetings. During these meetings, the Executive Team discusses the following key areas of the business:

- Sales
- Operations
- Compliance/Risk
- Customer Service
- Financial
- Human Resources

Strategic objectives are set for the next quarter that will align with the company's mission and vision and allow Rehab to achieve its long-term goals while maintaining a level of success in the short term as well. The objectives are prioritized, and action plans are set. Each item has an executive sponsor ultimately responsible to ensure the objective moves forward.

Every quarter, the Executive Team will review the objectives set from the previous quarter to ensure they have been completed. If not completed, a new deadline is set. The goal is to have a system of accountability in place where the company can set objectives, hold the company accountable for reaching the objectives and continue to meet Company goals.

## **SCOPE**

Members of the Executive Team will adhere to the policy to set Company Goals.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

None specified

Effective Date: 01/01/2012	Title: Compliance with Federal, State and Local Laws Policy
Reviewed Date: 08/26/2024	Revision Date: 02/24/2015, 11/30/2018, 05/26/2020
Department: Compliance	

## **PURPOSE**

To ensure the highest standards of legal and ethical conduct in all Rehab Medical operations.

## **POLICY STATEMENT**

Rehab Medical is committed to conducting its business lawfully and ethically. All Company employees must scrupulously comply with all federal, state, and local laws and government regulations.

All rules, regulations, and laws that require posting by federal and state mandate will be posted for easy review by all personnel. All licenses, permits, and accreditation documents will be posted for easy review by the general public.

All employees are responsible for following applicable regulations. Any actual or perceived violation of a Federal, State or local law must immediately be reported to the Compliance Officer or to the Compliance Helpline/Site.

## **SCOPE**

This policy applies to all Covered Persons at Rehab Medical. Covered persons includes all owners, officers, directors, employees, contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of the Company.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: AM.2, AM.6

Effective Date: 01/01/2012	Title: Reporting of Outcomes Policy
Reviewed Date: 08//26/2024	Revision Date: 02/29/2016; 06/08/2018; 09/25/2020
Department: Compliance	

## **PURPOSE**

This policy establishes protocol for reporting outcomes that affect regulatory compliance or licensure for the company.

## **POLICY STATEMENT**

Key stakeholders, such as the Board of Directors and regulatory and accrediting entities, will be informed, as appropriate, of outcomes that affect regulatory compliance or licensure for the company.

## **SCOPE**

This policy applies to all Rehab Medical locations.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: AM.1

Reporting of Outcomes Procedure

Federal, State, and Local Regulations

Effective Date: 01/01/2012	Title: Reporting of Outcomes Procedure
Reviewed Date: 08/26/2024	Revision Date: 02/29/2016; 06/08/2018; 10/21/2020
Department: Compliance	

## PROCEDURE

The Board of Directors will be informed within a reasonable timeframe of any outcomes or official communication that could affect regulatory compliance or licensure for Rehab Medical. Additional communication will be provided to include investigation and resolution, as needed.

Regulatory agencies will be informed as required by statute of any outcomes or official communication that could affect regulatory compliance or licensure of the Company. Notification must be provided within the agency's time frame requirement, which may differ among agencies, and must be confirmed as soon as the need for notification is determined.

The company's accrediting body will receive a notice, as required, of the occurrence of any of the following, within a reasonable time to allow appropriate investigation, but no more than thirty (30) days:

1. Company license(s) suspension
2. Company license(s) probation
3. Conditions or restrictions placed on any company license(s)
4. Changes in company structure
5. Changes in company locations

## OTHER POLICIES & RESOURCES

This Procedure links with, and is to be read in conjunction with, the following:

CHAP: AM.1

Reporting of Outcomes Policy

Regulatory Agency for State of license affected

Effective Date: 01/01/2012	Title: Service Description
Reviewed Date: 08/29/2024	Revision Date: 04/08/2015, 02/21/2018, 11/19/2019, 05/16/2021
Department: Operations	

## **PURPOSE**

Rehab Medical offers a variety of services, all of which are geared toward making life better for our patients and our referral sources. We are committed to offering superior service in all aspects of the business.

## **POLICY STATEMENT**

Rehab Medical provides the following equipment:

- Accessories
- Back braces
- Bath aids
- Canes and crutches
- Gait Trainers
- Hospital beds
- Knee braces
- Manual wheelchairs
- Patient lifts
- Power wheelchairs
- Walkers
- Standing frames
- Safety beds

The company guides patients through the unique requirements of each insurance plan. The cost and patient responsibility portion are communicated to the patient in advance of supplying equipment.

## **SCOPE**

Rehab Medical Customer and Referral base

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

None

Effective Date: 01/01/2012	Title: Patient Rights and Responsibilities Policy
Reviewed Date: 07/01/2024	Revision Date: 02/29/2016, 11/30/2018, 04/14/2020, 06/08/2020
Department: Operations	

## **PURPOSE**

To educate and inform employees of our patients' rights and responsibilities.

## **POLICY STATEMENT**

Rehab Medical understands the importance of a cooperative relationship between patients, physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity for differences are important to quality patient care. At delivery, each patient receives a copy of Rehab Medical's Patient Bill of Rights and Responsibilities, which ensures a foundation of understanding and respect for the rights and responsibilities of our patients. The Patient Bill of Rights and Responsibilities shall be discussed with the patient and/or the patient's family and/or other responsible party, with documentation of receipt and understanding of the information. Copies of the Patient Bill of Rights and Responsibilities will be made available to anyone requesting a copy. Copies will be posted in each Medicare certified location.

### **Patient Bill of Rights:**

1. Receive reasonable coordination and continuity of services from the referring agency for home medical equipment services.
2. Get healthcare services in a language you understand and in a culturally sensitive way.
3. Receive a timely response from Rehab Medical when homecare services or care are needed or requested.
4. Be fully informed in advance about service or care to be provided, and any modifications to the Plan of Service or the Plan of Care.
5. Participate in the development and periodic revision of the Plan of Service or the Plan of Care.
6. Informed consent and refusal of services, care or treatment after the consequences of refusing services, care or treatment are fully presented.
7. Be informed in advance of the charges, including payment for service or care expected from third parties and any charges for which the patient will be responsible.
8. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
9. Be able to identify visiting staff members through proper identification
10. Voice grievances or complaints or recommend changes in policy, staff or service or care without restraint, interference, coercion, discrimination or reprisal.



11. Choose a health care provider.
12. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
13. Receive appropriate service or care without discrimination in accordance with physician orders.
14. Be informed of any financial benefits when referred to an organization.
15. Be fully informed of one's responsibilities.
16. Be informed of provider service or care limitations.
17. Be informed of patient rights under state law to formulate advance care directives.
18. Be informed of anticipated outcomes of service or care and of any barriers in outcome achievement.
19. Have your questions about Medicare answered.

### **Patient Responsibilities**

1. Client/patient agrees that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition.
2. Client/patient agrees to promptly report to Rehab Medical any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Client/patient agrees to provide Rehab Medical access to all rental equipment for repair/replacement, maintenance, and/or pick-up of the equipment
4. Client/patient agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription.
5. Client/patient agrees to keep the equipment in their possession and at the address to which it was delivered, unless otherwise authorized by Rehab Medical.
6. Client/patient agrees to notify Rehab Medical of any hospitalization, change in customer insurance, address, telephone number or physician, and when the medical need for the rental equipment no longer exists.
7. Client/patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits to be paid directly to Rehab Medical for any services furnished by Rehab Medical.
8. Client/patient agrees to accept all financial responsibility for home medical equipment furnished by Rehab Medical including damage from fire or floods.
9. Client/patient agrees to pay for the replacement cost of any equipment damaged, destroyed, or lost due to misuse, abuse or neglect.
10. Client/patient agrees not to modify the rental equipment without the prior consent of Rehab Medical.
11. Client/patient agrees that any authorized modification shall belong to the titleholder of the equipment unless equipment is purchased and paid for in full.
12. Client/patient agrees that title to the rental equipment and all parts shall remain with Rehab Medical at all times unless equipment is purchased and paid for in full.
13. Client/patient agrees that Rehab Medical shall not insure or be responsible to the client/patient for any personal injury or property damage related to any equipment, including that caused by use or improper functioning of the equipment, the act or omission of any other third party, or by any criminal act or activity, war, riot, insurrection, fire or act of God.

14. Client/patient understands that Rehab Medical retains the right to refuse delivery of service to any client/patient at any time.

Rehab Medical recognizes that cultural backgrounds and religious beliefs may impact a patient's lifestyle and his or her view of healthcare. Employees will conduct themselves with respect for each patient's cultural background and religious beliefs to the greatest degree that is practical and safe. With this in mind, employees will communicate with each patient in a language or form that the patient can understand. When a communication barrier exists, the Company will use its best efforts to employ special methods, devices, interpreters and other communication aids to ensure the patient's interaction with our employee is clear and concise.

When the patient is unable to make medical or other decisions, the family should be consulted for direction, while observing all applicable regulatory requirements. Rehab Medical will respect the patients' rights and responsibilities.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.

The patient and caregiver(s) will also receive a copy of the DMEPOS Supplier Standards, which is included in the Patient Handbook.

## **SCOPE**

All Rehab Medical patients.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: DMEPOS CC.1

CMS DMEPOS Supplier Standards

Effective Date: 01/01/2012	Title: Patient Complaints and Concerns Policy
Reviewed Date: 02/15/2024	Revision Date: 02/03/2016, 06/11/2018, 05/28/2020, 08/19/2021, 02/22/2023
Department: Operations	

## **PURPOSE**

This policy is designed to assist employees and patients through the patient complaint process. All Rehab Medical patients are important and deserve a forum to express their thoughts, issues and complaints.

## **POLICY STATEMENT**

Patients have the right to lodge a complaint/concern without concern for reprisal, discrimination, or unreasonable interruption of service.

Rehab Medical addresses patient concerns with expediency. Complaints are documented in Sales Pilot under Feedback and worked by the Customer Experience Specialist to resolution, with the assistance of the Director of Customer Experience and Compliance Team.

Patient Complaints fall into two categories:

- a. General Problems and Issues
- b. Compliance Issues (Safety, Legal or Official Complaint)

Rehab Medical addresses patient complaints by providing acknowledgement within five (5) days from receipt and a written response detailing the results of its investigation provided to the complainant within 14 days.

## **SCOPE**

This policy applies to any Rehab Medical employee who receives a complaint or concern from or on behalf of a current or previous patient.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Patient Complaints and Concerns Procedure  
CHAP DMEPOS CC.3, PI.2, PI.3

Effective Date: 01/01/2012	Title: Patient Complaints and Concerns Procedure
Reviewed Date: 02/15/2024	Revision Date: 02/03/2016, 06/11/2018, 05/28/2020, 08/21/2021, 02/22/2023
Department: Operations	

## PROCEDURE

1. The employee taking the patient call will document the call in the Patient Feedback section in Sales Pilot.
2. The Customer Experience Specialist will contact the patient within five (5) days from receipt to provide acknowledgement of the complaint.
3. If the patient's complaint is a General Problem or Issue, Customer Service will continue working the patient complaint to resolution.
4. If the patient's complaint is a Compliance Issue:
  - a. Customer Service will send an email to the VP of Compliance and any additional specified Compliance team members advising receipt of the complaint.
  - b. Customer Service will continue working the patient complaint.
  - c. Compliance will investigate the complaint.
  - d. Once a resolution has been determined for the complaint, Compliance will provide written notification to the patient with the results of the investigation and resolution of the complaint. If the resolution is contingent on factors beyond the control of Rehab Medical, such as industry supply shortages, the plan for resolution will be communicated. This notification will occur within 14 days of the receipt of the complaint.
  - e. Additionally, Customer Service will provide weekly updates (Wednesdays) on all outstanding Compliance Issues by email to [dgcompliance@rehabmedical.com](mailto:dgcompliance@rehabmedical.com).

Complaints regarding specific employees will also be reported to HR.

Additional complaints received after the resolution communication has been sent to the patient will go directly to the VP of Compliance and another Patient Feedback will be started following the response protocol.

## OTHER POLICIES & RESOURCES

This Procedure links with, and is to be read in conjunction with, the following:

Patient Complaints and Concerns Policy  
CHAP DMEPOS CC.3, PI.2, PI.3

Effective Date: 01/01/2012	Title: Confidentiality of Protected Health Information Policy
Reviewed Date: 08/26/2024	Revision Date: 01/27/2015; 10/21/2020
Department: Compliance	

## PURPOSE

The confidentiality of protected health information is the responsibility of all healthcare providers. Rehab Medical abides by the federal law that requires a patient ability to rely on the safe keeping of their information to be used only as appropriate for the treatment being rendered, or as required by law, is safeguarded.

This policy provides Rehab Medical's standard for Protected Health Information (PHI) Privacy, Security and Enforcement as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## POLICY STATEMENT

Rehab Medical, as a covered entity, maintains patient information in a confidential manner as prescribed by the Health Insurance Portability and Accountability Act. Permitted disclosures of Patient PHI for treatment and for health care operations are:

- Conducting quality assessment and improvement activities;
- Conducting patient safety activities as defined in applicable regulations;
- Developing protocols;
- Conducting training programs or credentialing activities;
- Supporting fraud and abuse detection and compliance programs;
- Treatment Activities, such as the provision, coordination, or management of health care and related services by one or more providers including a provider with a third party;
- The referral of a patient for care from one provider to another; or
- Other activities required for treatment or health care operations.

## SCOPE

PHI is defined as personal information that identifies or could be used to identify an individual. PHI includes but is not limited to:

- Patient Demographics
  - Name
  - Address
  - Telephone
- Date of Birth
- Social Security Number

- Insurance Information
  - ID Number
  - Group Number
  - Insurance Name
- Health Records
  - Chart Notes
  - Evaluations
  - Clinical Notes
  - Diagnosis information
  - Lab Reports or any other health related information
- Any partial combination of the above

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Confidentiality of Protected Health Information Procedure  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
45 CFR 160 and subparts A and E of 164  
CHAP DMEPOS AM.12, AM.13

Effective Date: 01/01/2012	Title: Confidentiality of Protected Health Information Procedure
Reviewed Date: 08/26/2024	Revision Date: 09/25/2020, 11/16/2021
Department: Compliance	

## PROCEDURE

Prior to handling or processing patient information and annually:

- Each employee receives training in confidentiality of patient information.
  - Documents confirming confidentiality of Protected Health Information (PHI) are kept on file for each employee:
    - HIPAA acknowledgment form
    - Confidentiality and Non-Solicitation agreement (for non-sales personnel)

All new patients are provided with a patient handbook containing:

- The Patient Rights and Responsibilities
- Notice of Privacy Practices

PHI is shared based on the Minimum Necessary standard where the only information released is necessary to affect the desired outcome:

- Determining qualification for equipment
- Determining eligibility for payment
- Delivery
- Authorization
- Payment

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

Confidentiality of Protected Health Information Policy  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
45 CFR 160 and subparts A and E of 164  
CHAP DMEPOS AM.12, AM.13

Effective Date: 01/01/2012	Title: Advanced Care Directives Policy
Reviewed Date: 08/29/2024	Revision Date: 01/25/2015, 11/30/2018
Department: Operations	

## **PURPOSE**

The patient has the right to be informed of his/her right under state law to formulate advanced care directives.

## **POLICY STATEMENT**

The patient has the right to accept or refuse medical services and the right to formulate advanced care directives. Patient service or care is not prohibited based on whether or not the individual has an advanced care directive.

Upon delivery of equipment, patients are provided a handbook with information on the Patient Bill of Rights and Responsibilities, which includes information on Advance Directives, as part of his or her initial set-up paperwork.

## **SCOPE**

All patients of Rehab Medical will have their rights respected and their advanced directive placed on file if provided by the patient or their family.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Advances Care Directives Procedure  
Medicare Client Rights



Effective Date: 01/01/2012	Title: Advanced Care Directives Procedure
Reviewed Date: 08/29/2024	Revision Date: 01/25/2015, 11/30/2018
Department: Operations	

## **PROCEDURE**

Upon Delivery patients are provided a patient handbook with information on the Patient Bill of Rights and Responsibilities, which includes information on Advance Directives, as part of his or her initial set-up paperwork.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

Medicare Client Rights  
Advanced Care Directives Policy

Effective Date: 08/13/2018	Title: Unstable Health Conditions Policy
Reviewed Date: 08/19/2024	Revision Date:
Department: Operations	

## **PURPOSE**

Rehab Medical distinctly defines our services as a durable medical equipment provider to ensure any display or concern regarding a patient's medical instability is reported to the appropriate family members and medical staff.

## **POLICY STATEMENT**

Upon discovering that a client's medical condition has become unstable or unpredictable, our agency will notify the following:

1. Emergency personnel (911)
2. Direct Supervisor
3. Compliance Department

An employee who witnesses the client's unstable or unpredictable medical condition will remain with the patient until help arrives.

## **SCOPE**

All employees who are in direct contact with a client are responsible for being aware and understanding their role in ensuring client safety.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: CI.5  
Unstable Health Conditions Procedure

Effective Date: 08/13/2018	Title: Unstable Health Conditions Procedure
Reviewed Date: 08/29/2024	Revision Date:
Department: Operations	

## **PROCEDURE**

1. Upon notice of any unusual behavior, unresponsiveness, loss of consciousness, severe agitation, severe injury, severe bleeding, our staff will contact emergency personnel for assistance.
2. Staff will contact their Direct Supervisor to notify them of the situation.
3. Rehab Medical personnel will remain with patient until help arrives.
4. Upon receiving a report of unstable health condition, the Direct Supervisor will immediately contact the patient's family, including caregiver, of these observations.
5. The Direct Supervisor will contact Compliance to notify them of the situation.
6. The witnessing staff and Direct Supervisor will complete an incident report of these events and submit to HR.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: CI.5

Unstable Health Conditions Policy

Incident Reporting Policy and Procedure

Effective Date: 01/01/2012	Title: Patient Abuse or Neglect Policy
Reviewed Date: 02/15/2024	Revision Date: 02/29/2016, 11/30/2018, 05/28/2020
Department: Compliance	

## **PURPOSE**

It is an individual's duty to report a case if there is reason to believe a patient is subject to abuse or neglect. The purpose of this policy is to provide guidance to Rehab employees regarding reporting of patient abuse or suspected abuse.

## **POLICY STATEMENT**

It is the policy of Rehab Medical to report suspected abuse, neglect, exploitation, or death due to maltreatment of any patient receiving our services.

Any abuse or suspected abuse to a patient must be reported by a Rehab employee, in writing, within one (1) business day to the Compliance Department. The Compliance Officer is required to review the report of suspected abuse or neglect and determine the validity of the report and if it is necessary to contact regulatory agencies or other individuals.

Abuse and/or neglect include, but are not limited to, the following:

- Malnutrition
- Bruises, welts, abrasions
- Puncture wound
- Laceration
- Burn
- Dislocation, fracture
- Hitting and slapping
- Sexual abuse, assault, exploitation
- Verbal assault, humiliation, threat
- Money misuse and/or theft
- Property misuse and/or theft
- Failure to provide physical, emotional, or medical care
- Unacceptable environment
- Inadequate supervision

## **SCOPE**

This policy is applicable to all Rehab Medical staff that interact with patients.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.4, PI.2

IC 31-33-5

Incident Reporting Policy

Effective Date: 01/01/2012	Title: Patient Abuse or Neglect Procedure
Reviewed Date: 02/15/2024	Revision Date: 02/29/2016, 11/30/2018, 05/28/2020
Department: Compliance	

## PROCEDURE

Any abuse or suspected abuse to a patient must be reported within one (1) business day to the Compliance Officer.

Abuse and/or neglect include, but are not limited to, the following:

- Malnutrition
- Bruises, welts, abrasions
- Puncture wound
- Laceration
- Burn
- Dislocation, fracture
- Hitting and slapping
- Sexual abuse, assault, exploitation
- Verbal assault, humiliation, threat
- Money misuse and/or theft
- Property misuse and/or theft
- Failure to provide physical, emotional, or medical care
- Unacceptable environment
- Inadequate supervision

## OTHER POLICIES & RESOURCES

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.4, PI.2

IC 31-33-5

Patient Abuse or Neglect Policy

Incident Reporting Policy

Effective Date: 01/01/2012	Title: Standards of Conduct
Reviewed Date: 07/01/2024	Revision Date: 08/17/2021
Department: Compliance	

**I. PURPOSE**

The purpose of the Standards of Conduct, or Code of Conduct, is to establish principles of behavior and related monitoring and enforcement processes for all employees of Rehab Medical to use in conducting Rehab Medical business.

**II. SCOPE**

All Rehab Medical employees, contracted personnel, and other agents are covered by this policy.

**III. EXCEPTIONS**

Any exception to this policy requires the advance approval of the President, Human Resources, and the Compliance Officer.

**IV. DEFINITIONS**

None

**V. POLICY STATEMENTS**

**A. Compliance with Laws, Rules, Accreditation Standards and Agreements**

1. Rehab Medical will transact its business in compliance with the laws, including Medicare, Medicaid, and other federal healthcare program regulations, of the jurisdictions in which it does business. These include local, state, and federal jurisdictions. Applicable laws include, but are not limited to, anti-kickback statutes, labor laws, tax code and regulations, antitrust laws, copyright laws, patient rights laws, and environmental laws.
  - a. Rehab Medical employees are expected to know and comply with laws applicable to their Rehab Medical responsibilities.
  - b. Questions about the interpretation or application of laws should be referred to the President, Human Resources, or the Compliance Officer.
2. Rehab Medical employees will be aware of and abide by relevant Community Health Accreditation Partner (CHAP) standards, as applicable.

## **B. Compliance with Standards of Integrity, Quality and Respect**

1. Rehab Medical recognizes that, to earn and maintain a reputation for integrity, it must strive for and achieve more than compliance with laws, regulations, and contractual obligations. Even the appearance of misconduct or impropriety can be damaging to this reputation.
2. Rehab Medical employees will exercise the utmost honesty, accuracy, fairness, and respect for others when acting on behalf of Rehab Medical, even if contrary practices are “customary” or would serve worthy goals.
3. Rehab Medical employees will abide by the standards of the professions to which they belong, including those made available by commonly recognized organizations.
4. Rehab Medical employees will understand and abide by the company’s policies, including, but not limited to, those published and related to Human Resources and Infection Control and specific to an employee’s job duties.
5. Rehab Medical employees treat the company’s patients with utmost respect; this responsibility includes, but is not limited to, complying with their rights as described in law and Rehab Medical’s Patient Rights policy.
6. Rehab Medical employees will not present information about the company’s services, accreditations, competencies, and/or licenses in a deceitful or misleading way; all Rehab Medical marketing materials will comply with “truth in advertising” laws.

## **C. Financial Reporting**

1. Rehab Medical leadership will prescribe and place in operation internal controls to adequately mitigate significant operational, financial and compliance risks to the company, including those of asset misappropriation, fraud, and other wrongful acts; Rehab Medical employees will comply with the prescribed internal control structure.
2. Rehab Medical employees will maintain financial records in accordance with applicable laws and accounting standards and follow all Rehab Medical prescribed accounting and reporting procedures.
3. Rehab Medical employees will use Rehab Medical property, including facilities, equipment, software, supplies, and work time, only for Rehab Medical business and will dispose, sell, or otherwise remove Rehab Medical property only in accordance with the company’s policies.
4. Rehab Medical employees will cooperate fully with Compliance and Human Resources personnel and other authorized persons reviewing the adequacy and effectiveness of the internal control structure implemented by leadership.
5. Rehab Medical employees will maintain the confidentiality of the company’s financial, operational, legal, employment and other data, including all information about other Rehab Medical personnel maintained by Rehab Medical.

## **D. Gratuities and “Kickbacks” and Referrals**

1. Rehab Medical employees will not give, offer, pay, solicit, or promise anything of value to any government official, accreditation official, or other entity for the



purpose of improperly obtaining or receiving favorable treatment for themselves or for Rehab Medical; nor will any Rehab Medical employee solicit or accept, directly or indirectly, anything of value from any contractor or other entity doing business on behalf of Rehab Medical.

2. Rehab Medical employees will comply with the federal and States Anti-Kickback Acts, which prohibit:
  - a. knowingly and willfully soliciting or receiving remuneration "in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made . . . under" or "in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made . . . under" a Federal Healthcare Program.
  - b. knowingly and willfully offering or paying remuneration to induce any person "to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made . . . under" or "to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made . . . under" a Federal Healthcare Program.
3. Rehab Medical employees will not solicit or receive, or offer to pay or pay, any remuneration of any kind (including rebates, kickbacks, or bribes), in exchange for referring or recommending the referral of any individual to another person, hospital or medical facility for services or in return for the purchase of goods or services to be paid for by Medicare or Medicaid.
4. Rehab Medical employees will not offer or grant any benefit to a referring physician or other referral source on the condition that such physician or referral source refer or agree to refer any patients to a person or medical facility.
5. Rehab Medical will not bill for services rendered as a result of an inappropriate referral.

#### **E. Conflict of Interest**

1. Rehab Medical employees will avoid any direct or indirect conflict or appearance of conflict between personal interests and the best interests of Rehab Medical in accordance with the Conflict of Interest policy.
2. A potential conflict of interest exists whenever an objective observer might perceive that an individual's actions are not in the best interest of Rehab Medical.
3. Although certain conflicts of interest are unavoidable, full disclosure will minimize the impact of a conflict of interest or an appearance of a conflict of interest.
4. It is not possible to define all circumstances in which a conflict of interest does or does not occur. Acting within the letter and spirit of this policy and the Conflict of Interest policy is the responsibility of each employee.

#### **F. Proprietary Information**

1. Rehab Medical will comply with federal and state antitrust laws to promote free and fair competition.
2. Rehab Medical employees should direct questions about the application of antitrust laws to a specific situation to the Rehab Medical President or Compliance Officer.
3. Rehab Medical and employees will strictly limit its business relationships with competitors and will not enter into any understanding or agreement (including any agreement implied from a course of conduct) with any competitor to fix prices or related cost.

#### **G. Fraudulent and Wrongful Acts**

1. Rehab Medical employees will not commit fraudulent or other wrongful acts and will actively participate in Rehab Medical's efforts to prevent and detect such acts.
2. Some examples of fraudulent or wrongful acts are:
  - a. authorization of a patient charge for which no service was rendered, or item supplied.
  - b. falsification, unauthorized alteration or removal, or destruction of a medical record information or other Rehab Medical documents.
  - c. misappropriation of Rehab Medical supplies, or other assets.
  - d. authorization or receipt of compensation for hours not worked.
  - e. improper management or reporting of financial transactions.
  - f. misuse of Rehab Medical's proprietary information; and
  - g. any other act involving dishonesty or violation of Rehab Medical policies or applicable laws, regardless of if not specifically addressed in these standards or not.
3. Rehab Medical employees will report suspected fraudulent or other wrongful acts to the Compliance Officer or to the confidential Compliance Helpline at (317) 813-4207.
  - a. Employees not authorized, either explicitly by instruction or implicitly by general job duties, by Rehab Medical to investigate allegations of fraud or other wrongful acts will not initiate investigations or confront potential wrongdoers.
  - b. Only authorized and qualified Rehab Medical employees will conduct prompt, competent and timely investigations of alleged fraudulent or other wrongful acts, always respecting the legal rights of the accused.
  - c. Rehab Medical employees will cooperate fully with authorized personnel investigating allegations of fraud or other wrongful acts.
  - d. Neither Rehab Medical nor any Rehab Medical employees will retaliate against any person who, in good faith, reports suspected fraudulent or wrongful acts or who cooperates with an investigation of allegations of such.
  - e. Any member of Rehab Medical who commits fraudulent or wrongful acts is subject to disciplinary action, up to and including termination of employment or other relationships with Rehab Medical.

#### **H. Consequences of Violation of Rehab Medical Policies**

1. Each employee is responsible for ensuring that his/her own conduct and the conduct of anyone reporting to him/her fully complies with the requirements of each section of this policy and with all Rehab Medical policies.
2. Rehab Medical employees violating the requirements or intent of each section of this policy will be subject to corrective action in accordance with Human Resources guidelines.
3. Rehab Medical employees who supervise other Rehab Medical employees are responsible for ensuring that persons who report to them abide by this policy.
4. Conduct which would subject Rehab Medical employees to corrective action includes, but is not limited to, failing to report conduct that a reasonable person should know violates this policy (including violations of law and Rehab Medical policy), willfully or negligently providing false information to Rehab Medical or others with a lawful right to the information and intentionally making a false report of a violation of this policy.

### **VI. PROCEDURE**

#### **A. Compliance Program**

1. Rehab Medical will maintain a compliance program in accordance with the criteria outlined in the United States Sentencing Guidelines and the Department of Health and Human Services Office of Inspector General's Supplemental Compliance Program Guidance for Durable Medical Equipment, Prosthetics, Orthotics and Supply Industry.
2. Rehab Medical will publish, appropriately, policies and procedures addressing specific legal issues and other compliance concerns.
3. Rehab Medical will vest responsibility for the operation of the compliance program with the Compliance Officer.
  - a. The Compliance department will implement the compliance program under the direction of and in periodic consultation with the Compliance Officer and the President.
  - b. The Board of Directors will assist the Compliance Officer in monitoring and overseeing compliance.
  - c. The Compliance Officer will meet periodically with the Rehab Medical Board of Directors to report significant compliance issues and regulatory developments and obtain direction with respect to compliance activities.
4. The Compliance Officer, in conjunction with Rehab Medical Executive Leadership, will maintain a formal program risk assessment and compliance monitoring to prevent occurrences of non-compliance through implementation of appropriate internal controls and detect occurrences of non-compliance for mitigation and resolution.
5. Rehab Medical will conduct criminal history investigations of potential new employees in accordance with Human Resources policy on Background Checks and will avoid engaging individuals and entities excluded from participation in federal

healthcare programs in accordance with the policy for the Identification of Excluded Individuals and Entities.

**B. Employee Handbook**

1. Rehab Medical will make available an employee handbook outlining the requirements of this and other Rehab Medical policies and including appropriate disclosures as required by law.

**C. Training/Education**

1. Rehab Medical will maintain a comprehensive program of general compliance training to ensure that employees of the Rehab Medical are aware of their legal, moral, and ethical responsibilities and Rehab Medical's commitment to compliance with this policy and knowledgeable about Rehab Medical's procedures for ensuring compliance, reporting violations, and responding to issues.
  - a. Rehab Medical employees will complete general compliance training upon hire and annually thereafter; Compliance will prepare and periodically update the training content and maintain records of training completion.
  - b. If necessary, contracted Rehab Medical employees will complete general compliance training as prescribed by the Compliance Department.
  - c. Other communication and training mechanisms (e.g., brochures or newsletters, micro learning, engagement activities) will be implemented at the discretion of the Compliance Officer.

**D. Open Communication**

1. Rehab Medical will maintain open communication to encourage Rehab Medical employees to report and/or seek guidance regarding potential or actual criminal conduct or other compliance issues without fear of retaliation.
  - a. Rehab Medical will operate a confidential reporting helpline, which Rehab Medical employees and others can use to report or seek guidance regarding potential or actual criminal conduct and other compliance issues without fear of retaliation.
  - b. Rehab Medical employees may consult with their immediate supervisor, Rehab Medical executive leadership, Compliance Officer, or Human Resources if they have concerns or questions about potential or actual criminal conduct and other compliance issues.
  - c. Rehab Medical employees will not retaliate against any person making a good faith report of criminal conduct or another compliance issue.

**E. Conflict of Interest**

1. Rehab Medical employees will abide by the Conflict of Interest policy, when evaluating, mitigating, and disclosing conflicts of interest.

**F. Management**

1. Rehab Medical leaders/managers will implement procedures to ensure compliance with this policy within their areas of responsibility.

**VII. CROSS REFERENCES**

Rehab Medical Policies:

- A. Conflict of Interest
- B. Identification of Excluded Individuals and Entities
- C. Corrective Action
- D. Background Checks
- E. CHAP DMEPOS AM.7, AM.11

**VIII. REFERENCES/CITATIONS**

United States Sentencing Guidelines

Compliance Program Guidance for Durable Medical Equipment, Prosthetics, Orthotics and Supply Industry

**IX. FORMS/APPENDICES**

None

**X. RESPONSIBILITY**

Compliance Officer

**XI. APPROVAL BODY**

Executive Leadership

Effective Date: 01/01/2012	Title: Compliance Program
Reviewed Date: 08/26/2024	Revision Date: 09/24/2015, 02/27/2018, 07/25/2019, 06/01/2021, 07/06/2023
Department: Compliance	

## **PURPOSE**

Rehab Medical, LLC is committed to creating and fostering an effective compliance program and culture to prevent fraud, waste and abuse as a durable medical equipment supplier.

## **POLICY STATEMENT**

Rehab Medical believes we can mitigate and reduce organizational risk related to fraud, waste, and abuse through an effective compliance program. We further acknowledge, compliance programs are not “one size fits all” and there is no “gold standard.” As a company we are committed to creating and fostering a compliance program and culture that reflects our unique needs. We also believe the foundation of our compliance program is rooted in the fundamental Seven (7) Elements of an Effective Compliance Program.

- 1. Implement written policies, procedures & standards of conduct.**
- 2. Designate a compliance officer & a compliance committee.**
- 3. Conduct effective training & education.**
- 4. Develop effective lines of communication.**
- 5. Enforcing standards through well-publicized disciplinary guidelines**
- 6. Conduct internal monitoring & auditing.**
- 7. Respond promptly to detected offenses & undertake corrective actions.**

### **1. Implement written policies, procedures & standards of conduct.**

As an accredited durable medical equipment (DME) company, Rehab Medical shall create, disseminate, and educate on policies, procedures, and standards of conduct that meet regulatory and accreditation standards. Additionally, these policies, procedures, and standards of conduct shall promote Rehab Medical’s commitment to compliance and address specific areas of risk. All new hires shall be presented with these policies at orientation, and they should be available for review at any time. Rehab Medical employees shall sign off on these policies, procedures, and standards of conduct on an annual basis.

### **2. Designate a compliance officer & a compliance committee.**

- A. Rehab Medical shall designate a Compliance Officer and a Compliance Committee.

- B. The committee meets at least quarterly to review compliance activities and the results of any audits or findings that may have occurred during the previous reporting period.
- C. The Compliance Officer is responsible for ensuring compliance knowledge and promoting compliant behavior throughout the company (employees, contractors, and agents).
- D. The Compliance Officer, in conjunction with the Compliance Committee, will maintain a formal compliance program to prevent occurrences of non-compliance through implementation of appropriate internal controls and detect occurrences of non-compliance for mitigation and resolution. Members of the Compliance Committee shall include:
  - i. Sales
  - ii. Operations
  - iii. Technology
  - iv. Human Resources
  - v. Insurance
  - vi. Finance
  - vii. Revenue Cycle

## **2. Conduct effective training & education.**

- A. It is imperative that all employees receive education and training on fraud and abuse, regulatory requirements, accreditation standards, and the compliance program upon orientation and education on the relevant factors annually. Rehab Medical will maintain a comprehensive program of general compliance training to ensure that employees of the Rehab Medical are aware of their legal, moral, and ethical responsibilities, and Rehab Medical's commitment to compliance with this policy and knowledgeable about Rehab Medical's procedures for ensuring compliance, reporting violations, and responding to issues.
  - i. Rehab Medical employees will complete general compliance training upon hire (within 90 days of their appointment), and annually thereafter; the Compliance Department will prepare and periodically update training content and maintain records of training completion.
  - ii. If necessary, contracted Rehab Medical employees will complete general compliance training as prescribed by the Compliance Department.
  - iii. Other communication and training mechanisms (e.g., brochures or newsletters, micro learning, engagement activities) will be implemented at the discretion of the Compliance Officer.

## **4. Develop effective lines of communication.**

Effective and open communication is a true reflection of organizational culture and internal mechanisms for reporting instances of misconduct and potential fraud and abuse.

- A. Rehab Medical will maintain open and effective lines of communication and encourage Rehab Medical employees to report and/or seek guidance regarding potential or actual criminal conduct or other compliance related issues without fear of retaliation or retribution.

- i. Rehab Medical will operate a confidential reporting helpline Rehab Medical employees and others can use to report compliance concerns or seek guidance regarding potential or actual criminal conduct and other compliance issues without fear of retaliation.
- ii. Rehab Medical employees may consult with their immediate supervisor, Rehab Medical executive leadership, Compliance Officer, or Human Resources if they have concerns or questions about potential or actual criminal conduct and other compliance issues.
- iii. Rehab Medical employees and leaders will not retaliate against any person making a good faith report of criminal conduct or another compliance issues.
- iv. All employees must feel comfortable reporting internally and there should be multiple reporting avenues, such as the Compliance Officer and an anonymous helpline.
- v. All reports must be taken seriously, and the Compliance Officer will conduct a follow-up with employees, when applicable.

## **5. Enforcing standards through well-publicized disciplinary guidelines**

Rehab Medical's Standards of Conduct outline the company's rules, responsibilities, proper conduct, and expectations of employees. Compliance will work with Human Resources to ensure that the standards and consequences for violations are strictly and consistently enforced.

- A. Rehab Medical will make available an employee handbook outlining the requirements of this and other Rehab Medical policies and including appropriate disclosures as required by law.
- B. Ensure all potential violations of the Standards of Conduct will be thoroughly and promptly investigated by a qualified individual(s).
- C. The development of compliance related Corrective Action Plans (CAPs) will consider the root causes of each potential violation.

## **6. Conduct internal monitoring & auditing.**

- A. Internal monitoring & auditing involves an ongoing process of evaluation and assessment to identify and deter inappropriate behavior and ensure the effectiveness of education and corrective action(s). The compliance program shall also monitor compliance with HIPAA Privacy, participate in HIPAA Security assessments, and provide a risk assessment of potential and related issues.
  - i. Rehab Medical will maintain an audit plan and a proactive audit program that reviews operational processes, as well as pre- and post- billed claims.
  - ii. Rehab Medical will re-evaluate, on an annual basis, internal monitoring & auditing programs to determine if it addressed the correct areas of concern, such as findings from previous years' audits and the Risk Assessment.



- iii. Rehab Medical will determine if the audit plan includes an assessment of billing systems and claims accuracy to identify the root cause of billing errors.

**7. Respond promptly to detected offenses & undertake corrective actions.**

Rehab Medical will ensure that any detected offenses discovered are immediately addressed and the appropriate actions begin immediately to correct the deficiency and ensure it no longer occurs. Rehab Medical is committed to ensuring timely and effective remediation for offenses that can potentially create additional exposure for the company.

**SCOPE**

This policy applies to the Compliance Program of Rehab Medical.

**OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Standards of Conduct

Effective Date: 01/01/2012	Title: Budget Planning Policy
Reviewed Date: 05/22/2024	Revision Date: 03/26/2015, 11/30/2018, 01/06/2020, 04/22/2021
Department: Executive	

## **PURPOSE**

Rehab Medical prepares an annual budget to manage and monitor day to day operations and to assist in making decisions which provide the greatest opportunity for financial success.

## **POLICY STATEMENT**

The, Chief Executive Office, Chief Financial Officer and President develop the budget and monitor the budgetary process.

## **SCOPE**

Rehab Medical Operations

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.8, AM.9  
Budget Planning Procedure

Effective Date: 01/01/2012	Title: Budget Planning Procedure
Reviewed Date: 05/22/2024	Revision Date: 03/26/2015, 11/30/2018, 01/06/2020, 04/22/2021
Department: Executive	

## **PROCEDURE**

Rehab Medical prepares an annual budget of revenue, expenses, and costs of goods sold.

Revenue projections are based on historical data and growth plans:

- Changes in staff, reimbursement level by payer, and population demographics served, all contribute to the projected revenue.

Cost of Goods sold is based on historical data by location:

- Changes in sales, product make-up and product demand all contribute to the projected cost of goods sold.

Expense projections are based on historical data and growth plans.:

Financial results are compared to budget numbers monthly and on a cumulative year-to-date basis:

- Material variances are investigated and explained.
- Analysis of budget vs. actual monthly/YTD provides a basis for development of succeeding year's budgets.
- Budget to actual analysis are presented to the Board of Directors by the Chief Financial Officer at quarterly board meetings.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.8, AM.9  
Budget Planning Policy

Effective Date: 01/01/2012	Title: Fiscal Management
Reviewed Date: 07/01/2024	Revision Date: 03/26/2015, 11/30/2018, 08/23/2021
Department: Accounting	

## **PURPOSE**

Rehab Medical provides fiscal management using sound business practices and the use of standard accounting procedures.

## **POLICY STATEMENT**

A financial management information system is used to document and monitor all financial components and provide appropriate and timely reports to levels within the organization.

### **Revenue**

All patient services, equipment and/or supplies billed are verified by signed invoice and/or delivery tickets to validate delivery of services/equipment. HME billing software is utilized to perform all billing of patients and transmission to third-party payers.

All revenues received are posted to the patient's account and deposited into the company checking account.

Accounts are reconciled using standard accounting procedures.

Rehab Medical evaluates each account individually to determine financial hardships and any write-offs.

Rehab Medical does not extend credit to patients. Patients are billed monthly for any insurance co-payments, insurance deductibles, spend-downs and/or insurance denials. Payment is expected upon receipt of the bill. After 90 days, the company may turn over patient accounts to a collection agency for nonpayment and partial payment of patient accounts.

### **Expenses**

The President, the Chief Financial Officer, and the Controller meet bi-weekly to review all expenses scheduled for weekly check run.

Representatives from the executive, financial, and operating team meet bi-weekly to review major cost of goods sold and inventory levels.

**Overall:**

The CEO, CFO, and President meet monthly to review fiscal operating results.

**SCOPE**

This policy applies to Rehab Medical's Accounting Department.

**OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.8, AM.9

Effective Date: 01/01/2012	Title: Financial Record Retention Policy
Reviewed Date: 02/15/2024	Revision Date: 04/06/2015
Department: Accounting	

## **PURPOSE**

Rehab Medical retains financial records in a safe, secure, and accessible manner, in accordance with IRS guidelines.

## **POLICY STATEMENT**

Rehab Medical retains financial records, in accordance with the IRS guidelines for document retention policies at its corporate office and utilizes a secured offsite storage service. Documents and financial files that are not listed in the IRS guidelines or that are essential to keeping the company operating in an emergency – but are substantially similar to those listed in the schedule – will be retained for the required length of time.

Rehab Medical's governing body will review financial records each quarter.

The CFO is responsible for the ongoing process of identifying records which have met the required retention period, and overseeing their destruction, pursuant to company policy. Destruction of financial documents will be shredded in accordance with existing Rehab policy. Destruction will be suspended immediately upon notification of an official investigation or of a lawsuit filed or reasonably expected by the company.

## **SCOPE**

This policy applies to Rehab's financial records and to all company policies. The CFO shall be responsible for the proper administration of this policy.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

IRM 1.15.2  
Financial Record Retention Procedure

Effective Date: 01/01/2012	Title: Financial Record Retention Procedure
Reviewed Date: 02/15/2024	Revision Date: 04/06/2015, 05/27/2020
Department: Accounting	

## **PROCEDURE**

Rehab Medical's governing body will review financial records each quarter.

The company follows IRS guidelines for document retention. Documents that are not listed but are substantially similar to those listed in the schedule will be retained for the appropriate length of time.

Records are stored in a safe, secure, and accessible manner. Documents and financial files that are essential to keeping the organization operating in an emergency will be duplicated or backed up at least every week and maintained off-site.

The CFO is responsible for the ongoing process of identifying its records, which have met the required retention period, and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding. Destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

IRM 1.15.2  
Financial Record Retention Policy

Effective Date: 01/01/2012	Title: Reimbursement Disclosure Policy
Reviewed Date: 02/15/2024	Revision Date: 03/26/2015, 2/21/2018, 10/16/2019, 05/28/2020
Department: Finance	

## **PURPOSE**

Rehab Medical develops and conveys charges associated with the products and services provided to patients. The purpose of this policy is to detail the information provided to the Company's customers.

## **POLICY STATEMENT**

A list of estimated charges for services will be available to all Customer Service and Billing Staff and will be made available to any prospective patient, any person or organization, and any regulatory or accrediting body upon request.

Prior to receipt of services or upon delivery of services or care, patients will be provided with the following information:

1. Product and/or service provided
2. Available reimbursement sources, including amounts expected from each source based on percentage and estimated patient responsibility
3. Phone number to call with billing questions

## **SCOPE**

This policy applies to all Company employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

None specified



Effective Date: 01/01/2012	Title: Personnel File Management Policy
Reviewed Date: 02/15/2024	Revision Date: 02/29/2016, 11/30/2018, 05/28/2020
Department: Human Resources	

## **PURPOSE**

The Human Resources Department has sole access to personnel files. Personnel files are stored electronically on the server and current Human Resources Management System. Medical files are stored in a separate electronic folder on the server only.

## **POLICY STATEMENT**

At a minimum, Rehab Medical requires the following items in an employee's personnel file:

- Resume or application
  - Performance Evaluation(s)
  - Disciplinary Action(s) (if applicable)
  - Job Description
  - Education/training credentials (if applicable)
  - Reference checks (2)
  - Criminal background screening
- Exclusion Screening check
  - TB Test results (if applicable)
  - Payroll documentation
  - EEO- a Voluntary Self Identification
  - Credit Card Agreement (if applicable)
  - Hepatitis B Vaccination or signed declination (if applicable)
  - Non-Compete (as applicable)
  - Signed offer letter
  - Corporate Integrity Agreement (as applicable)
  - HIPPA Acknowledgement

## **SCOPE**

An employee's personnel file contains specific documentation pertaining to their job role, as well as information in accordance with accreditation standards and regulatory guidelines. Employees are granted the option to review their personnel file by making a formal request to the Human Resources Department. The company also has retention requirements for personnel records and is discussed further in the procedure.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11

Personnel File Management Procedure

Effective Date: 01/01/2012	Title: Personnel File Management Procedure
Reviewed Date: 02/15/2024	Revision Date: 02/29/2016, 11/30/2018, 05/28/2020
Department: Human Resources	

## **PROCEDURE**

Employees who wish to review their personnel file must make a formal request to the Human Resources Department.

Retention requirements for Confidential Personnel Records:

- Personnel Files: 7 years
- Payroll Files: 7 years
- Medical Files (excluding Workers Compensation): 7 years
- Occupational exposure records are retained for the duration of employment plus 30 years
- Annual Training records are retained for a minimum of 3 years

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11  
Personnel File Management Policy

Effective Date: 01/01/2012	Title: Personnel Requirements and Management; Background Screening Policy
Reviewed Date: 05/16/2024	Revision Date: 02/29/2016, 11/30/2018, 05/28/2020; 05/15/2022; 11/09/2023; 09/16/2024
Department: Human Resources	

## **PURPOSE**

The Human Resources Department has sole access to personnel files. Personnel records are stored electronically on the Rehab Medical server and in the current Human Resources Management System. Medical files are stored in a separate electronic folder on the server only.

## **POLICY STATEMENT**

At a minimum, Rehab Medical expects the following items to be included in an employee's personnel file, and remain subject to audit by Rehab Medicals Compliance Department prior to hire date

Resume to include education/training credentials (if applicable)

- Pre-employment Exclusion Screening check
- Pre-employment criminal background screening
- For specific locations, Fingerprint Based Criminal Investigations Background Check
- Signed offer letter
- Non-Compete Agreement (as applicable)
- Performance Evaluation(s)
- Disciplinary Action(s) (if applicable)

Employees of Rehab Medical who provide patient care, and in some cases where being patient facing is not required, must have the following prior to being hired:

- TB Screening Testing (and any additional TB testing as required)
- Hepatitis B vaccination or signed declination
- Valid Driver's License (DL)
- Motor Vehicle Record (MVR) check, if driving a company-owned vehicle or a personal vehicle for company business

## **SCOPE**

An employee's personnel file typically contains documentation pertaining to the job role, as well as information required by accreditation standards and regulatory guidelines. Employees who

provide patient care must provide certain documentation before conducting patient-related activities. Employees are granted the option to review their personnel file by making a formal request to the Human Resources Department consistent with applicable state and local laws.

## **Background Screening Policy**

### **Summary:**

Rehab Medical conducts identity and criminal history check prior to the start of employment and routine screenings on State and Federal databases for new employees, current employees, and vendors with the intent of avoiding civil monetary penalties that are associated with an excluded individual and entity.

### **Policy:**

The company conducts a background check on an applicant once a conditional offer of employment has been made. All employment offers are made contingent upon the completion and satisfaction of the background check process. In addition to new hire checks, monthly screenings are conducted for current employees and vendors to ensure no employee has been excluded from the State and Federal funded health care programs.

New Employees:

Rehab Medical obtains the following checks on each employee prior to the date of employment:

- Criminal Background Check
- Office of Inspector General Exclusion List Check
- System for Award Management Database Check
- State Maintained Healthcare Program Exclusion Databases
- State required Fingerprint Based Criminal Background Checks

Additional Databases to Review Prior to Criminal Background Checks

Before a criminal Background Check is initiated, Rehab Medical will review certain additional databases as required by state-specific laws and regulations:

- OH, Department of Developmental Disabilities Online Abuser Registry Verification
- OH, Bureau of Criminal Investigations
- Sex Offender and/or Child-Victim Offender Database
- Offenders currently incarcerated, under supervision or judicially released
- Nurse Aide Registry

Additional database checks will be completed before the individual is hired.

Current Employees and Vendors:

Rehab Medical obtains the following monthly checks on current employees and vendors:

- Office of Inspector General Exclusion List Check
- System for Award Management Database Check
- State Maintained Healthcare Program Exclusion Databases

All employees who are required to operate a motor vehicle in the course of their duties are required to have a valid state driver's license appropriate to the type of vehicle being operated, in compliance with state laws. Employees who drive their own vehicles on Company business are required to maintain appropriate vehicle insurance. A copy of the driver's license and current vehicle insurance declaration page will be in the employee's personnel file. Each employee who is required to operate a motor vehicle in the course of their duties will sign a release to allow the Company to obtain a copy of his or her MVR prior to employment, at Rehab Medical's discretion, or no more than every three (3) years thereafter. Human Resources will determine what motor vehicle violations may result in the retraction of an offer of employment or the termination of an employee. Human Resources will maintain a record of employees required to have a driver's license with license expiration dates. Human resources will complete an annual audit of all driver's licenses. An employee who fails to provide a copy of the renewed driver's license will not be permitted to perform any activities which require driving; an unpaid leave of absence may result. Failure to obtain the driver's license within two (2) weeks of the expiration date of the license may result in termination of the employee.

Each employee who provides patient care is required to provide written consent authorizing the Company to obtain a background check prior to the date of hire and at additional dates during future employment as required by regulatory agencies. Human Resources will determine what criminal background may result in the retraction of an offer of employment or termination of an employee.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP AM.11

Personnel Requirements and Management; Background Screening Procedure

Effective Date: 01/01/2012	Title: Personnel Requirements and Management; Background Screening Procedure
Reviewed Date: 07/01/2024	Revision Date: 02/29/2016, 11/30/2018, 05/28/2020, 05/15/2022, 11/09/2023
Department: Human Resources	

## PROCEDURE

Rehab Medical contracts with a third-party vendor that provides a comprehensive exclusion screening system that utilizes state and federal health care databases including the Office of Inspector General Exclusion List Check, System for Award Management Database Check, and State Maintained Healthcare Program Exclusion Databases. New Employees:

Human Resources performs exclusion screenings for new employees prior to their employment. Evidence of the initial screening is retained in the personnel file. Thereafter, the results of all previous and current screenings are held within the system.

### **Current Employees:**

Human Resources performs monthly exclusion screening verifications for all current employees by submitting a monthly active employee roster to the exclusion screening vendor. The screening results are retained within the system. The report is checked to ensure no registered sanctions exist.

### **Resolving Issues:**

If there is a flag on an individual or entity further confirmation must occur to corroborate the finding. This can be done by verifying that other information specific to the individual or entity (e.g., date of birth, address, social security number, tax identification number, National Provider Identifier, employment identification number).

### **Excluded Individuals:**

If a candidate for employment is excluded, then the offer of employment will be retracted. If a current employee is excluded, then he or she must be removed from work, specifically work related to the Federal Health Care Programs.

The following steps occur for current employees:

- Human Resources notifies Compliance of the excluded individual or entity.
- Compliance notifies Finance (Revenue Cycle and Accounting) of the excluded individual or entity.

- Revenue Cycle identifies claims currently in process that the individual worked and stops those immediately. Revenue Cycle investigates and identifies previous claims worked by this excluded individual and informs Accounting to initiate the refund process.
- Accounting identifies potential overpayments and ensures all are repaid within sixty (60) days of identification.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.10, AM.11

Personnel Requirements and Management; Background Screening Policy



Effective Date: 1/1/2012	Title: Personnel Credentials Policy
Reviewed Date: 02/15/2024	Revision Date: 03/31/2015; 11/30/2019; 08/05/2020, 05/13/2022
Department: Human Resources	

## **PURPOSE**

Rehab Medical employs and assigns personnel commensurate with their education and experience.

## **POLICY STATEMENT**

New hires will have two reference checks performed prior to time of hire. Any licensed, registered, or certified applicant must provide a copy of his/her credentials prior to time of hire if the certification is required for his/her initial position.

## **SCOPE**

All positions

## **OTHER POLICIES & RESOURCE**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.10, AM.11  
Personnel Credentials Procedure

Effective Date: 1/1/2012	Title: Personnel Credentials Procedure
Reviewed Date: 07/01/2024	Revision Date: 03/31/2015; 11/30/2019; 08/05/2020, 05/13/2022
Department: Human Resources	

## **PROCEDURE**

Pre-employment reference checks will request, position held, dates of employment and eligibility for rehire. In the case of an applicant with no previous work experience, educational or personal references may be accepted.

Existing employees whose certification/license are required to hold their position are required to provide proof of renewal of all mandated licenses, certifications, or registrations.

- Credentials should be renewed in sufficient time to be active prior to the expiration date
- A credentialed employee will not be allowed to work in the area of certification with an expired or lapsed credential.
- Failure to provide a copy of the renewed credential will result in the employee being placed on unpaid administrative leave until the renewal is obtained if her/his only work responsibility is in the area of certification.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.10, AM.11  
Personnel Credentials Policy

Effective Date: 01/01/2012	Title: Orientation Program Policy
Reviewed Date: 02/15/2024	Revision Date: 03/24/2015, 11/30/2018, 02/14/2022
Department: Human Resources	

## **PURPOSE**

Rehab Medical's Orientation Program details training provided to new personnel including Governing Body members, and personnel assigned to a new job classification, as needed. Components of the Orientation Program may include mission and purpose of the organization, table of organization, lines of authority and responsibility, hours of work, job-related responsibilities, and personnel policies.

## **POLICY STATEMENT**

Rehab Medical provides a formal orientation program to ensure that newly hired employees understand the policies and procedures of the company, as well as the specific policies of the duties to which they are assigned.

Orientation is a critical role in the company's onboarding process. New employees are introduced to facets of the company during this time, including but not limited to, the company's culture, overview of internal operations, employee handbook, and compliance program. The company's Orientation Program allows new employees to get acclimated to the company in a more expedient and effective manner.

## **SCOPE**

This policy applies to all Company employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11  
Orientation Program Procedure

Effective Date: 01/01/2012	Title: Orientation Program Procedure
Reviewed Date: 02/15/2024	Revision Date: 03/24/2015, 11/30/2018, 02/14/2022, 01/25/2023
Department: Human Resources	

## PROCEDURE

Orientation will take place during the employee's first 30 days of employment.

New employees will receive instruction on the following:

1. Employee Handbook
2. Mission Statement of Rehab Medical
3. Confidentiality and Privacy of Protected Health Information (PHI)
4. Conflict of Interest and Conflict of Commitment
5. Reverse Quality
6. Compliance Program, which includes annual training for:
  - Fraud, Waste and Abuse
  - HIPAA
  - Infection Control

Additional Onboarding topics include:

1. Review of the individual's job description, duties to be performed, and their role in the organization
2. Organizational chart and the chain of supervision
3. Patient Bill of Rights and Responsibilities
4. Written procedures – job specific
5. Training specific to job requirements

An in-depth orientation is completed by all office and sales personnel. A sample training schedule is provided below:

Day 1 – Company Overview, Information Technology, Compliance, Marketing, Insurance and Human Resources

Day 2 – Product Training

Day 3 – Specialized job-specific training

Day 4 – Additional job-specific training

## OTHER POLICIES & RESOURCES

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11

Orientation Program Policy

Effective Date: 01/01/2012	Title: Competency Assessment Policy
Reviewed Date: 08/29/2024	Revision Date: 02/26/2015, 11/30/2018
Department: Human Resources	

## **PURPOSE**

Rehab Medical, LLC will have periodic competency assessments of employees to ensure a level of competence that is consistent with Job Description specifications.

## **POLICY STATEMENT**

Rehab Medical maintains a competent staff trained in the specific disciplines for which they provide service to Rehab Medical patients.

All patient-facing employees will receive a Competency Evaluation, which is an ongoing process, based on the primary service or care provided. The Competency Evaluation will be conducted at least annually or as required. Validation of skills will be specific to the employee's role and job responsibilities. Competency Evaluations for non-patient-facing employees will be documented during the Performance Evaluation.

## **SCOPE**

This policy applies to all Rehab Medical employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: AM.11  
Competency Assessment Procedure

Effective Date: 01/01/2012	Title: Competency Assessment Procedure
Reviewed Date: 08/29/2024	Revision Date: 02/26/2015, 11/30/2018
Department: Human Resources	

## PROCEDURE

Competency Evaluations will be accomplished through observation, skills lab review, supervisory visits, and/or knowledge-based tests. The evaluation is comprised of the following elements listed below.

- The Competency Evaluations will be performed by the employee's supervisor or a qualified designee.
- Evaluations shall be conducted during a service visit to a patient's home during which the employee's supervisor will observe the employee's competency and job performance.
- Any unsatisfactory performance noted in the Competency Evaluation will require further instruction in unsatisfactory areas and a follow-up supervisory visit.
- Remedial in-service education, outside continuing education or refresher courses may be mandated, if an employee does not meet competency requirements.
- The employee will be reassessed after completion of additional education or training.
- Employees who continue to be unable to meet competency requirements may be removed from their position.

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: AM.11  
Competency Assessment Policy

Effective Date: 01/01/2012	Title: Continuing Education Policy
Reviewed Date: 02/14/2023	Revision Date: 03/01/2015, 11/26/2018, 04/26/2019
Department: Human Resources	

## **PURPOSE**

Rehab Medical will provide in-services and continuing education for all employees on an ongoing basis.

## **POLICY STATEMENT**

In-service education will be provided on an ongoing basis when there is evidence of initiation of new service or introduction of new equipment and is required to maintain accreditation and compliance program requirements. In-services topics will be determined on an as needed basis. Courses that may be completed are:

1. Patient Rights and Responsibilities
2. Workplace, Employee, Patient Safety
3. Sexual Harassment
4. Infection Control
5. Ethics
6. Compliance Program Guidelines
7. Emergency Preparedness
8. Patient Complaints
9. Cultural Diversity and Communication Barriers
10. Driver Safety (OM's and Drivers only)
11. Incident Reporting

## **SCOPE**

Rehab Medical Employees

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
CHAP DMEPOS AM.11  
Continuing Education Procedure

Effective Date: 01/01/2012	Title: Continuing Education Procedure
Reviewed Date: 02/14/2023	Revision Date: 03/01/2015, 11/26/2018, 04/26/2019
Department: Human Resources	

## **PROCEDURE**

A schedule of mandatory training will be completed for the upcoming calendar year. The Compliance Officer will add topics to the schedule as needed, to include new equipment and supplies, changes in policies and procedures, review of quality improvement findings, and other topics as needed. Employees may also suggest topics they wish to be added to the schedule.

In-Service requirements may also be met via various means, but not limited to, lectures, videos, and self-instruction. In-service education is to be documented on the In-Service Documentation Form, History report from on-line course system, testing documents, and/or PayCor acknowledgement of training, as applicable. In-Service logs and signed testing should be forwarded to the Compliance Officer and sent to HR for recording in the employee personnel file.

The In-Service Documentation Form will include the following:

1. The date and time of in-service
2. Topics presented/Key announcements
3. Employee's Signature

Employees who do not complete their education requirements, including the acknowledgement forms in our HR System, will be restricted from working until training is completed. Area Managers and Supervisors will be held responsible for their staff's training completion and may be subject to progressive discipline if their direct reports are repeatedly non-compliant.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
CHAP DMEPOS AM.11  
Continuing Education Policy



Effective Date: 7/25/2019	Title: Compliance and Required Training Requirements Policy
Reviewed Date: 05/16/2023	Revision Date: 05/06/2024
Department: Compliance	

## **PURPOSE**

Mandatory training is a requirement of all positions of Rehab Medical. Maintaining an educated and updated workforce is a high priority for excellence in performance.

## **POLICY STATEMENT**

The most important purpose of monthly compliance training is to stay on the right side of the law and related regulations. As healthcare and workplace laws and regulations are constantly evolving, it is even more important to keep up to date with ongoing mandatory training. Rehab Medical employees will participate and cooperate with all training requirements as a condition of their employment.

## **SCOPE**

Training requirements apply to all Rehab Medical employees.

## **OTHER POLICIES & RESOURCE**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11

Training Requirements Procedure

Effective Date: 07/25/2019	Title: Compliance and Required Training Requirements Procedure
Reviewed Date: 05/16/2023	Revision Date: 05/23/2022, 09/13/2022, 05/06/2024
Department: Compliance	

## **PROCEDURE**

1. Mandatory monthly Compliance assignments will be sent out to all employees on the first business day of each month assigned.
2. Employees must complete assigned required courses before the deadline of the 15<sup>th</sup> of each month.
3. Compliance will notify a manager if any of their employees fail to complete the course on time.
4. Compliance will provide Human Resources with documentation (carbon copy (CC) of email sent to the manager or a summary of the verbal conversation) addressing the failure to complete training.
5. Employees who repeatedly fail to complete assigned courses within the designated timeframe (15<sup>th</sup> of each month) will be subject to progressive discipline, up to and including termination as warranted.
6. Managers will not be permitted to utilize the employee until training is completed.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11  
Training Requirements Policy

Effective Date: 01/01/2012	Title: Supervision Policy
Reviewed Date: 11/28/2023	Revision Date: 03/31/2015, 11/27/2018, 04/01/2020, 09/07/2021
Department: Human Resources	

## **PURPOSE**

Management staff at Rehab Medical will direct, observe and evaluate the job performance of new and experienced personnel.

## **POLICY STATEMENT**

Supervisory and clinical/service staff demonstrate knowledge of organizational policy and procedure for ensuring delivery of care, services and products to clients.

Supervision of employees may be accomplished through

- Direct one-on-one observation
- Daily handling of job-related issues
- Conducting reviews
- Review of work assignments and metrics

Supervision of new personnel may include closer monitoring and more frequent supervision of performance than more experienced employees.

Supervisors will make themselves available to answer employee questions and to resolve any staff concerns.

## **SCOPE**

This policy applies to all employees with direct reports.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
None specified

Effective Date: 01/01/2012	Title: Performance Evaluation
Reviewed Date: 02/15/2024	Revision Date: 02/26/2015, 02/21/2018
Department: Human Resources	

## **PURPOSE**

Rehab Medical formally evaluates performance annually for the previous January - December period, as well as perform a 30-day review for all new hires.

## **POLICY STATEMENT**

Each employee receives a formal evaluation and meeting with their immediate supervisor. Performance evaluations are based on the employee's job description and compliance with the company's policies and procedures.

A copy of the performance evaluation shall be reviewed by each individual and acknowledged by both the supervisor and the employee. The performance evaluation will be shared with the employee during a face-to-face conference when possible.

## **SCOPE**

Annual performance evaluations provide participation from both the employee and supervisor to determine ongoing development and goal setting for the employee to further improve and advance in their career. Validation of performance evaluation completion must be present in accordance with accreditation standards. This policy applies to all Rehab Medical employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PI.1, AM.11

Effective Date: 01/01/2012	Title: Contracted and Purchased Services
Reviewed Date: 11/28/2023	Revision Date: 02/29/2016; 02/23/2018; 10/21/2020
Department: Operations	

## **PURPOSE**

Services that are either purchased from Rehab Medical or sold to another entity, resulting in shared responsibility, will be governed by a written contract.

## **POLICY STATEMENT**

Written contracts for applicable service arrangements shall be on file at the corporate office. All contracts shall comply with best business practices and regulations where applicable.

All Contracts should address, at a minimum, the following:

1. Name of the contractor
2. Type of services to be provided
3. Duration of the contract
4. Responsibilities of each organization
5. The manner in which services will be controlled, coordinated and evaluated by the primary organization
6. The procedures for payment for services furnished under contract
7. The amount of payment for services provided
8. Compliance with all Rehab Medical's policies and procedures
9. Copies of liability insurance certificates, if applicable. If Rehab Medical is responsible for providing liability insurance for a contracted individual, this must be noted in the contract.

## **SCOPE**

The following services require a written contract between Rehab Medical and the contracted entity:

1. Contract employees (i.e., any person or organization that is paid by the job or patient visit instead of hourly or salary wages)
2. Personnel firms
3. Joint venture contracts

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.1

Effective Date: 01/01/2012	Title: Patient Record Documentation Policy
Reviewed Date: 07/01/2024	Revision Date: 01/26/2015, 11/26/2018
Department: Operations	

## **PURPOSE**

Rehab Medical maintains files for patients who receive equipment, supplies and/or services from the Company.

## **POLICY STATEMENT**

Rehab Medical stores patient data electronically in Salespilot and Brightree billing system. The records are assigned a specific category according to their position in the process. The statuses include: New, In Process, Ready To Deliver, Setup, and Cancelled. Along with the status, demographic information, payor source, products, and notes regarding the patient are recorded in the system as well.

Records contain the indicated items for equipment sold or rented. Client records document fulfillment of identified delivery personnel responsibilities.

## **SCOPE**

Rehab Medical employees that handle or process patient records.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.3, AM.12, AM.13, WC.3  
Patient Record Documentation Procedure

Effective Date: 01/01/2012	Title: Patient Record Documentation Procedure
Reviewed Date: 07/01/2024	Revision Date: 01/26/2015, 11/26/2018
Department: Sales	

## PROCEDURE

Patient records are received via fax from the referral source and once reviewed and accepted are electronically saved in the patient record in Salespilot.

Each patient has their own file in Salespilot and is required to have the following content:

1. Identification and demographic data
2. Names of family/legal guardian and emergency contact
3. Referral source information
4. Insurance information
5. Diagnosis
6. Physician's orders and clinical documentation
7. ATP Evaluation (Rehab Equipment)
8. Delivery paperwork (See Delivery Paperwork Policy)
9. Home assessment

Additional documentation such as insurance payments, explanation of benefits, denials, archived records as well as delivery information may be stored in the Brightree billing system.

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.3, AM.12, AM.13, WC.3  
Patient Record Documentation Policy



Effective Date: 01/01/2012	Title: Patient Record Management
Reviewed Date: 07/01/2024	Revision Date: 04/08/2015, 11/26/2018, 04/14/2020
Department: Operations	

## PURPOSE

Records maintained for each patient are utilized as a confidential tool for coordination of care and are safeguarded against loss or unauthorized use in accordance with policy and local, state, or federal regulations.

## POLICY STATEMENT

Patient records are stored electronically in Sales Pilot and Brightree as a designated record set.

A designated records set is defined as a group of records maintained by or for a covered entity that is used, in whole or in part, by or for the covered entity to make decisions about individuals, also referred to as patient chart, patient records, medical records.

Employees involved with the patient's order, service, financial claims and management staff have access to patient records. No employee may have access to the patient's record for purposes outside the company's business.

- All protected health information or patient records, hardcopy or automated are kept confidential and safeguarded against loss or unauthorized use
- Patients have access to their records and are informed of the process to obtain records
- Patient record documentation provides patient information specific to care and services/products provided
- Entries to the patient record documentation are made only by authorized staff and in accordance with organizational policy and procedure

Electronic patient records are stored in a secure manner to maintain the integrity of the patient data. Each record is backed up to redundant systems nightly at a minimum.

All electronic transmissions must include the following confidentiality statement prohibiting the disclosure of the contents to anyone except the person to whom it was sent:

*"This communication and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you are not the intended addressee, or the person responsible for delivering it to them, you may not copy, forward,*

*disclose or otherwise use it or any part of it in any way. To do so may be unlawful. If you received this communication by mistake, please advise the sender immediately and destroy all copies of the original message."*

Patient records are maintained for the current year plus seven (7) years following the year services were provided. Records for minors will be retained at least seven (7) years past the age of majority. In the event the company ceases to exist, the President will hold the records.

Conditions for release of information are found in the HIPAA/Privacy Policy.

## **SCOPE**

Rehab Medical employees and leadership

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11, AM.12, AM.13, WC.3

Effective Date: 07/06/2020	Title: Email Encryption Policy
Reviewed Date: 07/01/2024	Revision Date:
Department: Information Technology	

## PURPOSE

This Policy shall serve to set forth the guidelines on the use of encryption to secure Proprietary Information ("PI") related to the Company and/or Protected Health Information ("PHI"), when sending such information via email. Further, this Policy shall serve to prohibit Company employees from sending PI or PHI "to" or "from" an email established and/or maintained for personal use and/or an email account not issued, approved and supported by the Company (e.g. Gmail). Violation of this Policy and/or Procedure is grounds for disciplinary action up to, and including, termination.

## Definitions

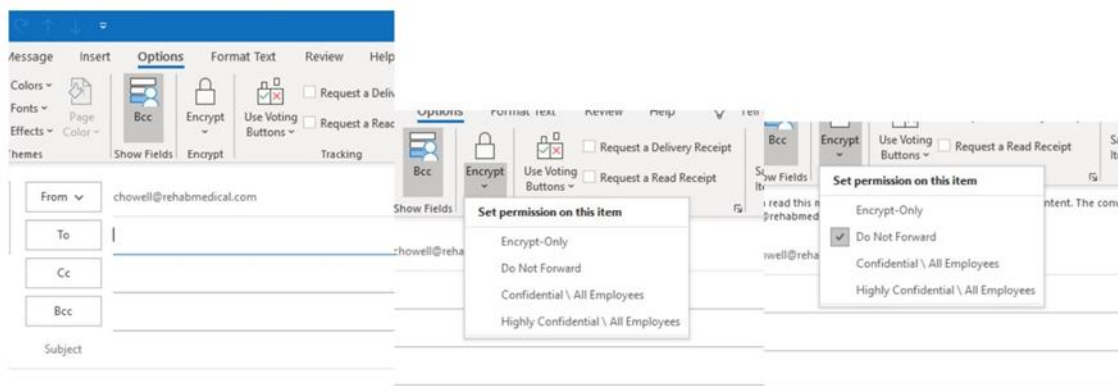
1. Company is defined as Rehab Medical and is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. Proprietary Information (PI) is defined as confidential and sensitive information maintained and protected by the Company which is not public knowledge. Some examples of this type of information include trade secrets and/or financial information.
3. Protected Health Information (PHI) is defined as individually identifiable health information, including demographic information, related to the past, present, or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for such healthcare, which is received or created by the Company. PHI may be oral or recorded in any other medium including electronic or paper format. PHI does not include individually identifiable health information contained in education records or employment records of Company employees.

## POLICY STATEMENT

1. **Prohibited Activity** - Company employees are prohibited from sending or receiving PI or PHI "to" or "from" an email account established and/or maintained for personal use and/or an email account not issued, approved and supported by the Company (e.g. Gmail).
2. **Sending Secured Email**
  - a. When sending PI or PHI via email to a domain address other than "rehabmedical.com." you must use the encryption feature described in **Section 2.c** below. All emails sent between users within the domain rehabmedical.com are kept within our Company network and are therefore secure.

- b. When an email message contains PI or PHI and is being sent to an email address outside of the rehabmedical.com domain, it must be secured through encryption. (You may also use this feature when sending any other type of information which you would like to remain secure.)
- c. If you have been granted the proper license by the Company, you are authorized to send PI or PHI outside the network via Company email. If you have the license, clicking the "Encrypt" button is all that is required to send the secure email. The end recipient will receive an email advising that they have been sent a secure message and giving instructions on how they are to retrieve that secure message.
  - i. If you do not have the "Encrypt" button, then you are not authorized to send any email with PI or PHI.

It is under the options tab. I selected Do not forward.



## The individual receiving the email will see the following.

Christopher Howell ([chowell@rehabmedical.com](mailto:chowell@rehabmedical.com)) has sent you a protected message.



[Read the message](#)

[Learn about messages protected by Office 365 Message Encryption.](#)

[Privacy Statement](#)

Email encryption powered by Office 365. [Learn More](#)  
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

Here is your one-time passcode

**06418311**

To view your message, enter the code in the web page where you requested it.

NOTE: This one-time passcode expires 15 minutes after it was requested.

---

## **SCOPE**

This policy is applicable to all company personnel handling PI or PHI. If there is a business need to transmit or receive information by use of email, then the proper protocol is required to follow as set forth in the policy.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: DMEPOS AM.13  
45 C.F.R. Part 164, Subpart C

Effective Date: 01/01/2012	Title: Data Breach Policy
Reviewed Date: 07/01/2024	Revision Date: 01/23/2013, 10/21/2020, 06/28/2021
Department: Information Technology	

## **PURPOSE**

Data breaches are increasingly common occurrences whether caused through human error or malicious intent. Rehab operations rely on the proper use of Confidential Information and Personally Identifiable Information (PII) daily. Managing risk and responding in an organized way to Incidents and Breaches is key to operations and required by law.

Rehab Medical must have a robust and systematic process for responding to reported data security Incidents and Breaches. This policy is designed to standardize the Rehab-wide response to any reported Breach or Incident and ensure that they are appropriately logged and managed in accordance with best practice guidelines. Standardized processes and procedures help to ensure the Rehab can act responsibly, respond effectively, and protect its information assets to the extent possible.

## **POLICY STATEMENT**

A “Data Security Incident” or “Incident” shall mean an accidental or deliberate event that results in or constitutes an imminent threat of the unauthorized access, loss, disclosure, modification, disruption, or destruction of communication or information resources of Rehab.

Common examples of data security Incidents include, but are not limited to, any of the following:

- Successful attempts to gain unauthorized access to a Rehab system or regardless of where such information is located.
- Unwanted disruption or denial of service
- The unauthorized use of a Rehab system for the processing or storage of Confidential Information or PII
- Changes to Rehab system hardware, firmware, or software characteristics without Rehab’s knowledge, instruction, or consent
- Loss or theft of equipment where Confidential Information or PII is stored
- Unforeseen circumstances such as a fire or flood that could lead to the loss or misuse of Confidential Information or PII
- Human error involving the loss or mistaken transmission of Confidential Information or PII
- Hacking, social engineering, phishing, or other subversive attacks where information is obtained by deceitful practice.
- Accessing company data on an unauthorized computer.

A “Data Security Breach” or “Breach” is any incident where Rehab cannot put in place controls or act to reasonably prevent the misuse of Confidential Information or PII. A Breach is also an incident where data has been misused.

Adopting a standardized and consistent approach to Incident management shall ensure that:

- Incidents are reported in a timely manner and can be properly investigated.
- Incidents are handled by appropriately authorized and skilled personnel.
- Appropriate levels of management are involved in response management.
- Incidents are recorded and documented.
- Organizational impacts are understood, and action is taken to prevent further damage.
- Evidence is gathered, recorded, and maintained in a form that will withstand internal and external scrutiny.
- External agencies, customers, and data users are informed as required.
- Incidents are dealt with in a timely manner and normal operations are restored.
- Incidents are reviewed to identify improvements in policies and procedures.

Incidents can occur locally, in the cloud, or through third-party service providers. Reporting and management of Incidents shall occur similarly. Third party providers shall also be governed by contract terms and liability as defined in their operational agreements.

## **SCOPE**

All Rehab Medical staff

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS EM.1  
Data Breach Procedure

Effective Date: 01/01/2012	Title: Data Breach Procedure
Reviewed Date: 07/01/2024	Revision Date: 01/23/2013, 06/20/2021
Department: Information Technology	

## PROCEDURE

### Incident Reporting

The following process shall be followed when responding to a suspected Incident:

- Confirmed or suspected Incidents shall be reported promptly to the Compliance Officer and Chief Technology Officer. A formal report shall be filed that includes full and accurate details of the Incident including who is reporting the Incident and what classification of data is involved.
- Once an Incident is reported, the Compliance Officer and Chief Technology Officer shall conduct an assessment to establish the severity of the Incident, next steps in response, and potential remedies and solutions. Based on this assessment, the Compliance Officer shall determine if this Incident remains an Incident or if it needs to be categorized as a Breach.
- All Incidents and Breaches will be centrally logged and documented to ensure appropriate documentation, oversight, and consistency in response, management, and reporting.

### Classification

Data Breaches or Incidents shall be classified as follows:

Critical/Major Breach or Incident – Incidents or Breaches in this category deal with Confidential Information or PII and are on a large scale, impacting all Rehab Medical facilities. All Incidents or Breaches involving patient's PII will be classified as Critical or Major. They typically have the following attributes:

- Any Incident that has been determined to be a Breach.
- Significant Confidential Information or PII loss, potential for lack of business continuity, Rehab exposure, or irreversible consequences are imminent.
- Negative media coverage is likely, and exposure is high.
- Legal or contractual remedies may be required.
- Requires significant reporting beyond normal operating procedures.

Moderately Critical/Serious Incident – Breaches or Incidents in this category typically deal with Confidential Information and are on a medium scale (e.g., <100 users on the internal network, application or database related, limited exposure). Incidents in this category typically have the following attributes:



- Risk to the Rehab is moderate
- Third party service provider and the Chief Technology Officer may be involved.
- Data loss is possible but localized/compartimentalized, potential for limited business continuity losses, and minimized Rehab exposure.
- Significant user inconvenience is likely.
- Service outages are likely while the breach is addressed.
- Negative media coverage is possible, but exposure is limited.

Low Criticality/Minor Incident – Incidents in this category typically deal with personal or internal data and are on a small or individualized scale (e.g., <10 users on the internal network, personal or mobile device related). Incidents in this category typically have the following attributes:

- Risk to the Rehab is low
- User inconvenience is likely but not damaging to Rehab.
- Internal data released but data is not patient, employee, or confidential in nature.
- Loss of data is totally contained on encrypted hardware.
- Incident can be addressed through normal support channels.

## Incident Response

Management response to any reported Incident shall involve the following activities:

**Assess, Contain and Recover Data** - All security Incidents shall have immediate analysis of the Incident and an Incident report completed by the CIO and Compliance Officer or their designee. This analysis shall include a determination of whether this Incident should be characterized as a Breach. This analysis shall be documented and shared with the President, CEO, the affected parties, and any other relevant stakeholders. At a minimum, the Chief Technology Officer and Compliance Officer shall:

Step	Action	Notes
A	Containment and Recovery:	Contain the breach, limit further organizational damage, seek to recover/restore data.
1	Breach Determination	Determine if the Incident needs to be classified as a Breach.
2	Ascertain the severity of the Incident or Breach and determine the level of data involved.	See Incident Classification
3	Investigate the Breach or Incident and forward a copy of the Incident report to the Compliance Officer	Ensure investigator has appropriate resources including sufficient time and authority. If PII or confidential data has been breached, also contact the Chief Technology Officer and Compliance Officer. If the Incident or Breach is severe, Rehab's executive management, and the Board shall be contacted.

4	Identify the cause of the Incident or breach and whether the situation has been contained. Ensure that any possibility of further data loss is removed or mitigated as far as possible. If this loss cannot be mitigated, any Incident will be characterized as a Breach.	Compartmentalize and eliminate exposure. Establish what steps can or need to be taken to contain the threat from further data loss. Contact all relevant departments who may be able to assist in this process. This may involve actions such as taking systems offline or restricting access to systems to a very small number of staff until more is known about the Incident.
5	Determine depth and breadth of losses and limit exposure/damages.	Can data be physically recovered if damaged through use of backups, restoration, or other means?
6	Notify authorities as appropriate	For criminal activities where property was stolen or fraudulent activity occurred, contact the appropriate authorities and general counsel.
7	Ensure all actions and decisions are logged and recorded as part of incident documentation and reporting.	Complete Incident Report and file with Chief Technology Officer and Compliance Officer.

**Assess Risk and Incident Scope** – All Incidents or Breaches shall have a risk and scope analysis completed by the Chief Technology Officer and Compliance Officer or their designee. This analysis shall be documented and shared with the President, CEO, the affected parties, and any other relevant stakeholders. At a minimum, the Chief Technology Officer and Compliance Officer shall:

B	Risk Assessment	Identify and assess ongoing risks that may be associated with the Incident or Breach.
1	Determine the type and breadth of the Incident or Breach	Classify Incident or Breach type, data compromised, and extent of breach
2	Review data sensitivity	Determine the confidentiality, scope and extent of the Incident or Breach.
3	Understand the status of the compromised data	If data has been stolen, could it be used for purposes that harm the individuals whose identity has been compromised; If identity theft is involved, this poses a different type and level of risk.
4	Document risk limiting processes or technology components that contain and manage the Incident	Does encryption of data/device help to limit risk of exposure?
5	Determine what technologies or processes will mitigate the loss and restore service	Are there backups of the compromised data? Can they be restored to a ready state?

6	Identify and document the scope, number of users affected, and depth of Incident or Breach	How many individuals' personally identifiable information affected?
7	Define individuals and roles whose data was compromised	Identify all patients, employees, facilities, customers, or vendors involved in the Incident or Breach
8	If exploited, what will the compromised data tell a third party about the individual? Could it be misused?	Confidential Information or PII could mean very little to an opportunistic laptop thief while the loss of apparently trivial snippets of information could help a criminal build up a detailed picture associated with identity theft or fraud.
9	Determine actual or potential harm that could come to any individuals	Identify risks to individuals: <ul style="list-style-type: none"> <li>• Physical Safety ·</li> <li>• Emotional Wellbeing ·</li> <li>• Personal or Business Reputation ·</li> <li>• Financial Implications ·</li> <li>• Identity Concerns</li> <li>• A combination of these and other private aspects of their life</li> </ul>
10	Are there wider consequences to consider?	Is there risk to another entity, the state, or loss of public confidence?
11	Are there others who might provide support or advise on risks/courses of action?	Contact all local education providers, agencies, or companies impacted by the breached data, notify them about the Incident, and ask for assistance in limiting the scope of the Incident.

**Notification and Incident Communications** - Each security Incident or Breach determined to be "moderately critical" or "critical" shall have communication plans documented by the Compliance officer, Chief Technology Officer, senior leadership, and their designees to appropriately manage the Incident and communicate progress on its resolution to all effected stakeholders. At a minimum, the Compliance Officer and Chief Technology Officer shall:

C	Notification and Communications	Notification enables affected stakeholders to take precautionary steps and allow regulatory bodies to act on the Incident or Breach.
1	Are there legal, contractual, or regulatory notification requirements associated with the Incident or Breach?	Review vendor contracts and compliance terms, assure state and federal reporting and notifications are understood. Contact President or Legal Counsel as necessary to begin contractual adherence.
2	Notify impacted individuals of Incident or Breach remedies.	Provide individuals involved in the Incident or Breach with mitigation strategies to re-secure data (e.g. change user id and/or passwords etc.)

3	Determine Internal Communication Plans	Work with senior leadership and provide regular internal updates on status of Incident or Breach, remedies underway, and current exposure and containment strategies. This messaging should be provided to all internal state stakeholders and management. Messaging shall be coordinated through the Compliance Department.
4	Determine Public Messaging	Prepare and execute a communication and follow-up plan with Chief Technology Officer and Compliance Officer and senior leadership. Communication strategies need to define audience(s), frequency, messaging, and content.
5	Execute Messaging Plan	<p>Working through Chief Technology Officer and Compliance Officer and appropriate leadership, execute the public and internal communication plans. Minimally notifications should include:</p> <ul style="list-style-type: none"> <li>• A description of the Incident or Breach (how and when it occurred)</li> <li>• What data was involved and whose data was compromised ·</li> <li>• Details of what has been done to respond to the Incident or Breach and any associated risks posed ·</li> <li>• Next-steps for stakeholders · Rehab contacts for the Incident or Breach, any follow-, and other pertinent information ·</li> <li>• When notifying individuals, provide specific and clear advice on the steps they can take to protect themselves and what Rehab and/or third-party vendor will do to help minimize their exposure ·</li> <li>• Provide a way in which they can contact Rehab for further information or to ask questions about what has occurred (e.g. a contact name, helpline number or a web page)</li> </ul>

**Postmortem Evaluation and Response** – Each Incident or Breach determined to be “moderately critical” or “critical” shall have a postmortem analysis completed by the Compliance Officer, Chief Technology Officer and their designees to appropriately document, analyze, and make recommendations on ways to limit risk and exposure in the future. At a minimum, the Compliance Officer and Chief Technology Officer shall:

D	Evaluation and Response	To evaluate the effectiveness of the Rehab's response to the Incident or Breach.
1	Establish where any present or future risks lie.	Assess and evaluate the root causes of the Incident or Breach and any ways to mitigate and/or prevent a similar occurrence.
2	Consider the data and security measures employed.	Evaluate, analyze, and document the use cases and technical components of the Incident or Breach. Document areas for improvement in environment, technology, or approach that limit future security exposures. Make recommendations as appropriate.
3	Evaluate and identify areas of weakness in existing security measures and procedures.	Document lapses in process, procedure, or policy that may have caused the Incident or Breach. Analyze and document solutions and remedies to reduce future risks.
4	Evaluate and identify areas of weakness related to employee skills.	Assess employee readiness, education, and training. Document and plan for updates in education or procedural changes to eliminate potential for future Incidents.
5	Report on findings and implement recommendations.	Prepare report and presentation to Rehab leadership for major Incidents or Breaches.

Each of these four elements shall be conducted as appropriate for all qualifying Incidents or Breaches. An activity log recording the timeline of Incident management shall also be completed. Reporting and documentation shall be filed and managed through Compliance Officer.

### **Audit Controls and Management**

On-demand documented procedures and evidence of practice should be in place for this operational policy. Appropriate audit controls and management practice examples are as follows:

- Archival completed Incident Reports demonstrating compliance with reporting, communication, and follow-through.
- Executed communication plans for Incident management.
- Evidence of cross-departmental communication throughout the analysis, response, and post-mortem processes.

### **Enforcement**

Staff members found in policy violation may be subject to disciplinary action, up to and including termination.

Rehab Medical responds to a reported or suspected data breach as required by law. Rehab Medical has a process in place to prevent data breach of patient or employee information.

All employees are required to notify their supervisor of any possible or actual data breach immediately. If a data breach has occurred or is suspected, supervisors are required to notify the Compliance Manager and the IT Manager. If a data breach has occurred, management will assist with the drafting and dissemination of appropriate notifications.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS EM.1  
Data Breach Policy

Effective Date: 01/01/2012	Title: HIPAA: Notice of Privacy Practices
Reviewed Date: 08/29/2024	Revision Date: 10/21/2020, 11/16/2021
Department: Compliance	

## **PURPOSE**

The Notice of Privacy Practices describes how Rehab Medical may use and disclose our patients' medical information.

## **POLICY STATEMENT**

Rehab Medical is required by law to maintain the privacy of all health information about our patients, and to inform them of its practices with respect to the privacy of that information. This Notice of Privacy Practices is provided to Rehab Medical patients to describe how Rehab may use the personal information it collects about its patients, and how it may disclose that information. Federal and state laws require health care providers to protect the privacy of information about patients' health, healthcare, and payment for health care, if that information identifies its patients or could be used to identify its patients. The law permits us to use or disclose protected health information only for certain specific purposes unless a written authorization has been provided permitting us to make other uses and disclosures. The Rehab Medical Notice of Privacy Practices describes the purposes for which we may use or disclose protected health information.

## **SCOPE**

All Rehab Medical patients

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
45 CFR Part 160 and subparts of A and E of Part 164  
Confidentiality of Protected Health Information Policy  
Confidentiality of Protected Health Information Procedure  
CHAP: AM.12, AM.13  
Notice of Privacy Practices

Effective Date: 5/27/2020	Title: HIPAA: Using and Disclosing Protected Health Information for Marketing Purposes Policy
Reviewed Date: 08/26/2024	Revision Date: 08/16/2021
Department: Compliance	

## **PURPOSE**

To ensure all marketing communications involving the use of protected health information (PHI) comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as any applicable state laws or regulations.

## **POLICY STATEMENT**

Marketing activities involving the use or disclosure of Rehab Medical's patients must be reviewed and approved by the Compliance Officer prior to conducting any marketing activity.

Rehab Medical will not use or disclose protected health information for marketing purposes without prior written authorization from the patient. A Consent to Use of Likeness (Consent) must be obtained from every patient prior to the patient's participation in any marketing campaign, and any external news or media story, involving photographs, interviews, videotapes, or other recordings. In addition to the Consent, a HIPAA Authorization form must be completed by the patient, or patient's personal representative, as appropriate, authorizing the use or disclosure of the patient's PHI as part of a Rehab Medical marketing campaign, or in connection with an external news or media story where Rehab Medical discloses PHI.

Rehab Medical assumes no liability for the use of any photographs, interviews, videotapes, or recordings. The patient providing the Consent waives all rights to claims for payment in connection with any use of photographs, interview material, videotape, or other recording.

## **SCOPE**

This policy applies to activities using patient PHI for marketing communication.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
HIPAA Privacy Policy  
HIPAA Use and Disclosure for Protected Health Information for Marketing Purposes Procedure  
CHAP: AM.12, AM.13



Effective Date: 5/27/2020	Title: HIPAA: Using and Disclosing Protected Health Information for Marketing Purposes Procedure
Reviewed Date: 08/26/2024	Revision Date: 08/16/2021
Department: Marketing	

## PROCEDURE

Before photographing, videotaping, recording or interviewing a patient, patient's representative or any other individual in connection with the patient, or using or disclosing a patient's PHI for marketing purposes Rehab Medical shall:

1. Provide the Consent and HIPAA Authorization to the patient or patient's representative and explain the purpose of the requested documentation.
2. Inform the patient or patient's representative that participation and authorization is voluntary and that services will not be conditioned on the patient's agreement to participate.
3. Obtain the patient's agreement and signature on the HIPAA Authorization and Consent to Disclose Protected Health Information for Marketing and Promotional Purposes form.
4. Obtain the patient's agreement and signature on the Consent to Use of Likeness form. (Both forms must be obtained).
5. If the request involves the participation by individuals other than the patient (i.e. a recorded testimonial by a patient representative), a separate Consent to Use of Likeness form must also be obtained from any other individual who will participate in the photograph, interview, videotape, or other recording.
6. The original, signed HIPAA Authorization and Consent to Disclose Protected Health Information for Marketing and Promotional Purposes form and Consent to Use of Likeness form shall be maintained on file by the Compliance Department in accordance with Rehab Medical's record retention policy.

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:  
HIPAA Use and Disclosure for Protected Health Information for Marketing Purposes Policy  
HIPAA Privacy Policy

## Authorization and Consent to Disclose Protected Health Information for Marketing and Promotional Purposes Form

**Purpose of Authorization:** By signing this authorization form, I am authorizing Rehab Medical (hereinafter called “Rehab”) to distribute and share the personal client/patient testimonial I provided on behalf of Rehab Medical (as attached, hereinafter, Testimonial), in connection with publicizing and promoting Rehab. I authorize Rehab to use photographs, video images, or voice recordings of myself, and the attached written testimonials for marketing and advertising purposes to promote Rehab services and products. Specifically, Rehab may utilize and share my picture, location and testimonial information on printed and multimedia presentations, on websites or in any other distribution media including: company website, social media pages, and on printed advertisements and promotional material. I agree that I am voluntarily sharing my testimonial about services and products received from Rehab, and not receiving financial remuneration from Rehab or other party(ies), for providing my testimonial and authorizing the use of my protected health information for marketing or advertising purposes.

**Release:** I hereby hold harmless and release Rehab from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**Right to Revoke:** I understand that I have the right to revoke this authorization at any time by providing a written request to the Compliance Officer at Rehab Medical 3750 Priority Way South Dr, Indianapolis, IN 46240. I understand that if I choose to revoke this authorization, it will become effective on the day of the revocation of the authorization. Any prior uses and disclosures of my testimonial with my protected health information will not be subject to the revocation of the authorization. Rehab will use its best effort to remove the Likeness and Use of Likeness from applicable media, but fully understand that Rehab makes no guarantee of complete removal therefrom and that personal health information released pursuant to this authorization may be subject to redisclosure by recipients and no longer protected by federal and/or state law.

**Components of my Testimonial:** I understand that the client testimonial for Rehab may include my first name, location, photograph, and information provided to the organization in my testimonial. I understand that all other protected health information that Rehab Medical creates and maintains for purposes of my care will not be used in my testimonial or for marketing purposes without prior authorization per privacy regulations of the state and Health Insurance Portability and Accountability Act (HIPAA).

**Waiver:** I hereby waive any right to inspect or approve the finished product, including written copy, wherein my testimonial appears.

By signing below, I agree and acknowledge that I have read and understood all of the elements of this authorization for use of my client testimonial. This authorization will expire 12 months after the date of the signature. After the expiration, I understand that Rehab Medical will not be allowed to use my testimonial for any future marketing purposes. However, expiration of this authorization does not require Rehab Medical to remove my testimonial from the website, other social media pages or other marketing materials unless I specifically request a revocation of this authorization. Furthermore, information disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer protected by this subpart.

---

**Authorization and Consent to Disclose Protected Health Information  
for Marketing and Promotional Purposes Form Signature Page**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not patient, Relationship to Patient: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Effective Date: 05/06/2021	Title: Reasonable Safeguards for Privacy and Confidentiality of Protected Health Information
Reviewed Date: 07/01/2024	Revision Date: 08/16/2021
Department: Compliance	

## **I. PURPOSE**

Rehab Medical, LLC (Rehab) maintains information about its patients in various mediums. Patients have the right to have their health information kept private and confidential. Rehab permitted to use and disclose Protected Health Information (PHI) with certain limits and protections for treatment, payment, and health care operations. Reasonable steps will be taken to safeguard a patient's PHI with the use of administrative techniques, policies, procedures, education, and disciplinary action against those who use PHI improperly.

## **II. SCOPE**

This policy applies to documented or electronic medical and financial information of patients, as well as to any patient information a team member of Rehab sees, hears, or otherwise learns in performing work for Rehab. This policy applies to all team members of Rehab's workforce and business associates who have access to patient health information.

## **III. EXCEPTIONS**

Exceptions to this policy may be granted upon the approval of Rehab's Compliance and Privacy Officer.

## **IV. DEFINITIONS**

**Confidential Information** - patient demographic information, information regarding the nature and extent of the injury, illness or condition, symptoms, diagnosis, and any other information that documents communication between the patient and the practitioner.

## **V. POLICY STATEMENTS**

- A. Rehab shall have in place appropriate administrative, technical, and physical safeguards in each location of the company to protect PHI against uses and disclosures not permitted by the HIPAA Privacy and Security rules, as well as those that limit incidental uses and disclosures.
- B. All Rehab locations shall continually assess and evaluate the needs and circumstances related to protecting PHI, such as the nature of the information it

maintains and the potential risks of inappropriate disclosures. The assessments, analyses, and recommendations for improvements shall consider the potential effects on patient, the financial, administrative, operational, and technical burden of implementing specific safeguards in lieu of other compensating safeguards.

- C. Reasonable safeguards shall include policies and procedures that limit how much protected health information is used, disclosed, and reported for various purposes. The policies and procedures shall be used to determine who has or should have access to protected health information and under what conditions based upon their responsibilities, circumstances, and the nature of the business. First and foremost, patient confidentiality must be considered in this evaluation.
- D. The protection of patient confidentiality shall be an important part of Rehab's health information management, patient billing initiatives, and Rehab's Code of Conduct.
- E. Rehab recognizes that health care communications and practices containing PHI play an important or even essential role in ensuring patients receive prompt and effective care. Due to the nature of these communications and practices, as well as the various environments in which individuals receive services from Rehab, the potential exists for an individual's PHI to be disclosed incidentally. If such incidental disclosures are a part of the reasonable safeguards implemented under this and related policies and procedures, including Minimum Necessary standards, such disclosures shall not be considered a violation of the HIPAA Privacy Rule. However, Rehab will take precautions to ensure that incidental disclosures do not have a harmful effect on the care and privacy of the patient.

## **VI. PROCEDURES**

- A. Confidentiality Requirements
  - 1. All Rehab workforce members engaged in the collection, handling, or dissemination of PHI shall be specifically informed of their responsibility to protect the confidentiality of the medical record and the penalties for violation of this trust. At the time of employment, **all Rehab team members shall sign a commitment of confidentiality**. Penalties for proven violation of the confidentiality of patient information shall include immediate disciplinary action up to and including termination.
  - 2. Collections, reviews, or discussions involving PHI shall be conducted in settings which protect confidentiality, to the extent practical and possible.
  - 3. All Business Associates which process PHI for Rehab shall agree in writing to conditions which mandate the security of patient information and specify the method by which the information is handled and transported.

B. Medical Records

1. All medical records, copies of medical records and facsimiles of the records, shall be housed securely and subject to policies of confidentiality of PHI. Computer-stored information shall be protected by issuance of user identification codes and passwords.
2. Direct access to PHI for routine business functions shall not be permitted except to Rehab team members who have a "need to know" to perform their job duties, and have been instructed on policies of confidentiality, including penalties arising from privacy violations as specified above. The release of PHI must be limited to individuals on a "need to know basis" for the following purposes only:
  - a. To complete permanent documentation of the course of service and equipment related to the patient's condition and treatment.
  - b. To facilitate communication between physicians, sales, ATPs, and other professionals contributing to the patient's care.
  - c. To provide continuity of care for subsequent providers and professionals of patient care.
  - d. To provide a basis for review, study, and evaluation of the patient care and billing processes, quality, and compliance purposes.
  - e. To provide PHI data for continuing education, quality, and operational process improvement.
  - f. For legitimate business purposes, such as provision of:
    - i. Statistical data for Rehab's administrative decision making and strategic planning.
    - ii. Data to third parties concerned with the patient's treatment, including insurance companies, governmental and regulatory agencies, and others as specified by law.
    - iii. Documentation for billing and insurance claims processing.
    - iv. Appropriate access to PHI and data as required for licensing and accreditation purposes.

C. Voice Mail Messaging

1. Reasonable safeguards shall be taken to limit the amount of information disclosed on an answering machine or provided to an individual who is not the patient that answers the phone in the patient's absence at the telephone number provided by the patient. Consider leaving only your name, telephone number, Rehab department name, and a brief message to have the patient call you back. If the call is for a minor message such as confirming or setting a delivery or service appointment, the message may be stated as such. Discretion, however, shall be used for information more than confirming or setting appointments. If disclosure is in the best interest of the patient, then limit the information disclosed to the minimum necessary for that purpose.
2. When practical, determine in advance if it is acceptable to the patient to leave messages on answering machines or with other individuals in the household upon their absence. Make a note of such acceptance in the Sales Pilot record.

**VII. CROSS REFERENCE**

CFR § 164.308(a)

**VIII. REFERENCES/CITATIONS**

None

**IX. RESPONSIBILITY**

Rehab Medical Compliance and Privacy Officer

**X. APPROVAL BODY**

Rehab Medical, LLC Compliance Committee

Effective Date: 10/15/2018	Title: Social Media Policy
Reviewed Date: 07/01/2024	Revision Date: 11/02/2018, 11/19/2019
Department: IT	

## **PURPOSE**

The Social Media policy outlines how Rehab Medical and its employees will conduct themselves through social media.

## **POLICY STATEMENT**

Social Media are works of user-created video, audio, text or multimedia that are published and shared in an electronic environment, such as a blog, wiki, instant messaging, email, or video hosting site.

Social Media presents opportunities to engage Rehab Medical employees, patients, and community, in conversation to improve people's everyday lives.

Employees may use Social Media for personal use only during non-working time and in strict compliance with all other terms of this and other company policies.

## **SCOPE**

The Social Media policy applies to all Rehab employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: AM.13  
Social Media Procedure



Effective Date: 10/15/2018	Title: Social Media Procedure
Reviewed Date: 07/01/2024	Revision Date: 11/02/2018, 11/19/2019
Department: IT	

## PROCEDURE

Keep in mind that conduct that would be illegal or a violation of a Rehab Medical policy in the “offline” world would still be illegal or a violation of the policy when it occurs online. While you are entitled to express your opinions and ideas, you have a responsibility not to violate Rehab Medical policies or negatively affect the operations of the company. Violation of this policy may result in disciplinary action up to and including termination for employees

Following the policy will ensure that your actions reflect our core values “Energetic to Achieve, Hard Work with Balance, and Compassion” while exhibiting a level of professionalism that our customers expect and deserve. When online you are speaking in your personal capacity unless you have prior authorization from the Compliance and Marketing Departments to speak for Rehab Medical, or hold such positions as President or CEO that are preapproved to speak for Rehab Medical. This Policy requires adherence to the Social Media Participation Guidelines administered by Marketing and enforced by Compliance. Rehab Medical reserves the right to restrict and monitor employee’s use of social media.

### Social Media Participation Guidelines

#### What You Should Do:

1. Be smart. Be respectful. Be human.
2. Be authentic. When you post or comment in social media always state your name.
3. Be transparent. State that it is your opinion. Unless authorized to speak on behalf of Rehab Medical you must state that the views expressed are your own.
  - If you mention an affiliation with Rehab Medical in your social media account, such as in a bio or employment connection, you MUST include a disclaimer like: “Views and opinions are my own and do not reflect those of my company.”
4. Be careful. Protect what personal information you share online.
5. Be responsible and act ethically. When you are at work, your primary responsibility is the work of Rehab Medical.

#### What You Should Never Disclose:

1. Confidential Rehab Medical information: If you find yourself wondering whether you can talk about something you learned at work -- don't.

2. Patient information: You are prohibited from posting any content that is personal health information including patient images on any social media site.
3. Personnel Information: Do not refer to your co-workers in an abusive or harassing manner.
4. Legal Information: Do not disclose anything to do with a legal issue, legal case, or attorneys.
5. Materials that belong to someone else: Stick to posting your own creations. Do not share copyrighted publications, logos or other images that are trademarked. If you do use someone else's material, give them credit. In some cases you may also need their permission.

### **Social Media Best Practices**

- Write in the first person. Where your connection to Rehab Medical is apparent, make it clear that you are speaking for yourself and not on behalf of Rehab Medical. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Consider adding this language in an "About me" section of your blog or social media profile.
- If you identify your affiliation to Rehab Medical, your social media activities should be consistent with Rehab Medical's high standards of professional conduct.
- If you communicate in the public internet about Rehab Medical or Rehab Medical -related matters, you must disclose your connection with Rehab Medical.
- Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on Rehab Medical, and may result in liability for you or Rehab Medical. Be respectful and professional to fellow employees, business partners, competitors and patients.
- Rehab Medical strongly discourages "friending" of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
- Unless approved by Marketing, your social media name, handle and URL should not include Rehab Medical's name or logo.

Contact the Marketing Department at [marketing@rehabmedical.com](mailto:marketing@rehabmedical.com) with questions.

### **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.13

Social Media Policy

Effective Date: 01/20/2016	Title: PHI Shredding Policy
Reviewed Date: 09/28/2023	Revision Date: 05/15/2018, 04/25/2019, 04/14/2020
Department: Compliance	

## **PURPOSE**

Rehab Medical employees are required to adhere to the proper procedures associated with the use of confidential paper shredding bins at each location.

## **POLICY STATEMENT**

Rehab Medical employees must follow appropriate administrative, technical, and physical safeguards, to the extent reasonably practical, to preclude Protected Health Information (PHI) and confidential information from either intentional or unintentional use or disclosure, which would violate HIPAA regulations.

Documents with PHI and confidential information in hardcopy form must be protected against theft and unauthorized access. This includes all PHI and confidential information in hardcopy form received, created, maintained, and transmitted by Rehab Medical personnel. PHI and confidential information must be consistently protected and managed through its entire life cycle, from origin to destruction. Controls must be in place for hardcopy paper PHI and confidential information disposal and destruction.

## **SCOPE**

This policy applies to all Rehab Medical employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

PHI Shredding Procedure  
Confidentiality of Personal Health Information Policy  
Confidentiality of Personal Health Information Procedure

Effective Date: 01/20/2016	Title: PHI Shredding Procedure
Reviewed Date: 09/28/2023	Revision Date: 05/15/2018, 04/25/2019, 04/14/2020, 08/12/2021
Department: Compliance	

## **PROCEDURE**

All Protected Health Information (PHI) and patient files are required to be brought to the local office closest to the employee for proper disposal in the confidential shredding bins.

1. At a minimum of one time per month, the Sales Rep and/or ATP is required to bring in any documentation containing PHI and patient files not in use to the local office.
2. The Sales Rep/ATP will check in upon arrival with the Branch Manager to confirm receipt of PHI.
3. The Branch Manager will document on the Shredding Log that the specific Sales Rep/ATP arrived on a specific day with PHI in hand for shredding.
4. The Sales Rep/ATP will place the PHI and patient files in the shredding bin.
5. The Branch Manager will send a copy of the Shredding Log to the Compliance Officer by the 5<sup>th</sup> of each month.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

PHI Shredding Policy

Confidentiality of Personal Health Information Policy

Confidentiality of Personal Health Information Procedure

Effective Date: 01/01/2012	Title: Patient Referral and Eligibility Guidelines
Reviewed Date: 02/12/2024	Revision Date: 03/30/2015, 02/21/2018, 02/10/2022
Department: Compliance/Billing	

## **PURPOSE**

Before accepting a referral, a patient must meet certain eligibility requirements aligned with Rehab Medical's Scope of Services.

## **POLICY STATEMENT**

Patient referrals require specific information, must be accepted by the appropriate personnel and must meet eligibility requirements.

Referrals may be received from the patient's physician, a hospital discharge planner, nurse, Physical Therapist or social worker. A potential patient must meet the following eligibility requirements:

1. The patient needs a product that Rehab Medical provides
2. The patient lives within the Company's defined geographic service area
  - a. The geographic service area is defined as a 200-mile radius from each Rehab Medical location.
  - b. The patient is outside the 200-mile radius, but the Company has the capability to dropship items or has an approved 1099 Technician perform service.
3. Payment for all equipment and services provided can be made via insurance and patient (check or credit card)

Patients that cannot be serviced by Rehab Medical will be provided information regarding providers who are able to provide service.

Active Sales Representatives, Sales Managers, and the Patient Care Team may accept patient referrals. The following information is obtained when receiving a patient referral:

- Patient contact information
  - Phone, address, insurance information and other contact information, like Power of Attorney, if applicable
- A written order from the prescriber

All orders are placed in the patient's file. Rehab Medical will decline referrals or orders for equipment or services that are inconsistent with standard medical practice.

Rehab Medical does not accept verbal orders.

## **SCOPE**

This policy applies to all patient referrals and applicable staff confirming referral information as it relates to orders for equipment or services.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.2, SS.1, WC.1  
Complex Rehabilitative Scope of Services

Effective Date: 01/01/2012	Title: Unmet Needs
Reviewed Date: 08/29/2024	Revision Date: 03/07/2016; 02/23/2018; 10/21/2020
Department: Operations	

## **PURPOSE**

The purpose of this policy is to ensure patient care is not interrupted in the event that Rehab Medical does not provide requested services.

## **POLICY STATEMENT**

All referrals or orders for services that are not provided by Rehab Medical, LLC will be declined. Referrals that request orders and services that are not provided by Rehab Medical will be notified. If Rehab Medical is out-of-network with the patient's insurance, Rehab Medical will attempt to refer the patient or referral source to another provider that is in-network.

## **SCOPE**

This policy applies to all relevant staff that receives a referral or order, including sales representatives, sales managers, and patient care representatives.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.2

Patient Referral and Eligibility Guidelines Policy

Effective Date: 01/01/2012	Title: Performance Improvement and Quality Plans Policy
Reviewed Date: 05/18/2023	Revision Date: 07/14/2017, 11/30/2018
Department: Operations	

## **PURPOSE**

Each department measures, analyzes, and tracks quality indicators that enable the company to assess the quality of patient services and company operations.

## **POLICY STATEMENT**

It is the policy of Rehab Medical to develop, implement, and maintain an effective, on-going Performance Improvement and Quality plan. Performance improvement indicators used include:

- Reverse Quality
- Audit Results

Results are reviewed quarterly during the compliance committee meeting. Recommendations are made for areas of special concern, and an action plan developed by department Directors and Managers.

## **SCOPE**

Rehab Medical employees

## **OTHER POLICIES & RESOURCE**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PI.1, PI.4

Performance Improvement and Quality Plans Procedure



Effective Date: 01/01/2012	Title: Performance Improvement and Quality Plans Procedure
Reviewed Date: 05/18/2023	Revision Date: 07/14/2017, 11/30/2018, 08/03/2021
Related Policy: Performance Improvement and Quality Plans	

## **PROCEDURE**

Information from Performance Improvement and Quality reports will be reduced to quantitative measures allowing tracking and trending to enable the Compliance Committee to gauge performance.

Each month, Compliance will audit the Reverse Quality Program to assess completion of Manager reviews. The Reverse Quality Program audit results will be included in the Quarterly Compliance Committee review.

Managers are responsible for reviewing Reverse Qualities entered for their team with the individual employee to identify opportunities for coaching, correction and additional training.

If errors continue to occur after additional training has been completed, the Manager will work with Human Resources to establish a Performance Improvement Plan (PIP) for the employee to guide improvement.

Audit results will also be reviewed during the Quarterly Compliance Committee. Corrective Action Plans (CAP) will be reviewed and approved by Compliance. Failure to comply with a Compliance CAP will result in disciplinary action up to and including a PIP.

If errors continue to occur after completion of the PIP, the manager and HR will establish another PIP for the employee.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PI.1, PI.4

Performance Improvement and Quality Plans Policy

Effective Date: 01/01/2012	Title: Infection Control Policy
Reviewed Date: 02/15/2024	Revision Date: 03/11/2015, 05/14/2018, 04/25/2019, 04/14/2020, 05/27/2020, 6/9/2020
Department: Compliance	

## **PURPOSE**

Rehab Medical will conform to the acceptable standards of infection control for equipment and home health services to ensure the safety of patients and employees. Rehab Medical has detailed procedures in place for Universal Precautions, Tuberculosis Infection Control, Hepatitis B Infection Control, Equipment Infection Control and Testing, Fit Testing, and the proper use of PPE.

## **POLICY STATEMENT**

Each location will take appropriate measures to identify, prevent, and control infections. This includes the use of PPE when providing equipment to patients with infectious diseases and handling contaminated equipment. All employees will complete training about bloodborne pathogens and infection control measures appropriate to the areas in which they will work. Online training will be completed annually for all employees.

It is Rehab Medical's practice that proper hand washing techniques, PPE use, protocols for handling contaminated equipment, bagging and labeling of equipment, and separation of clean and dirty equipment are adhered to for the prevention of infectious disease.

The organization provides information and instruction to clients about infection control procedures related to the use of specific equipment and supplies.

## **SCOPE**

The health care industry is subject to active infectious diseases that can negatively impact the safety and health of staff. This is why we must comply with industry's best practices and continue to review and update our policy if needed in order to provide effective infection control practices with the intent to protect our employees and patients in the field.

This policy is applicable to all staff.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11, CC.4, PS.1, IC.1, IC.3  
Infection Control Program  
Infection Control Procedure

Effective Date: 01/01/2012	Title: Infection Control Procedure
Reviewed Date: 05/21/2024	Revision Date: 03/11/2015, 05/14/2018, 04/25/2019, 04/14/2020, 05/27/2020, 06/09/2020, 08/12/2021, 07/13/2023
Department: Compliance	

## PROCEDURE

### **Identification and Response to Infectious Disease**

New patient orders will be reviewed to determine if the patient has an infectious disease.

- Review – Insurance Review Team

If a patient is suspected or known to have an infectious disease, the patient profile in Sales Pilot, will be updated with the information to alert staff that an infectious disease is present in the home.

- Code A = Airborne Disease
- Code B = Bloodborne

Upon preparing the schedule and setting up the delivery the Office Assistant/Manager will check Sales Pilot for infectious disease. If not already noted the Office Manager/Assistant will confirm with patient if there is infectious disease present in the home. If any infectious disease is present, Sales Pilot will be updated and the technician advised via use of the following codes:

- Code A = Airborne Disease
- Code B = Bloodborne Disease

Technicians may be informed of the actual disease present; however, it cannot be documented in writing on the paperwork, to protect the patient's privacy.

Rehab Medical will provide all patient facing (moderate risk) employees with Personal Protective Equipment (PPE).

Technicians and ATP's will be equipped with a list of recommended PPE based on the transmission type of the infectious disease, and required to don the proper protective garments.

### **Patient infection control procedures include, but are not limited to, the following:**

1. Wearing and changing gloves as necessary during equipment pick-up or delivery
2. Proper handling of infectious materials
3. Proper hand washing
4. Covering nose and mouth when coughing or sneezing
5. Covering open sores or cuts on fingers or hands with clean bandages or gloves
6. Use of protective equipment including gloves, gowns, and masks when indicated

### **Environmental infection control procedures include, but are not limited to, the following:**

1. Maintaining a clean work environment
2. Disposing of garbage properly
3. Keeping clean and dirty items separate

4. Decontamination of equipment prior to servicing or shipping
5. Properly labeling equipment as clean (clear bag) or contaminated (black bag)

**To comply with industry best practices, Rehab Medical, Inc. will ensure that the infection control policy is complied with by:**

1. Periodically evaluating all job responsibilities for potential risk.
2. Reviewing the policy's effectiveness at least annually and revising, as necessary.
3. Evaluating incidents of exposure, and revising policies and procedures as indicated.
4. Educating employees in the Infection Control Policy and any subsequent revisions upon employment when changes occur and at least annually.
5. Monitoring compliance with the policy through on-site visits, performance evaluations, periodic review of personnel files, and records training.

#### **Infectious Disease PPE Requirements**

<b>Disease Codes</b>	<b>Delivery</b>	<b>Pick Up</b>
Code A (Airborne Transmission)	Gloves, Mask, Face Shield	Gloves, Mask, Face Shield
Minimum Contact	Gloves, Mask, Face Shield	Gloves, Mask, Face Shield
Maximum Contact	Gloves, Mask, Face Shield	Gloves, Mask, Face Shield
Code B (Bloodborne Transmission)	Gloves	Gloves
Minimum Contact	Gloves	Gloves
Maximum Contact	Gloves, Gown	Gloves, Gown

Minimum Contact      Delivering equipment which requires no physical contact with the patient

Maximum Contact      Delivery or Pick-Up of equipment which requires contact with your person

Examples: Bed Set Up, NPWT set up, ATP Evaluation, Bed pick up,  
PPE is a one-time only use product, please throw away when pick-up or delivery completed

### Infectious Disease Watch List

*(This is a non-inclusive list of most common infectious diseases. If a medical record indicates an infectious disease is present it should be noted on the patient record.)*

Description	Code Type	Notes
MRSA – Methicillin resistant Staphylococcus Aureus	B	
HIV/AIDS	B	
Influenza (Flu)	A	
Hepatitis A	A/B	
Hepatitis B & C	B	
Tuberculosis (TB)	A	
Chickenpox (Varicella)	A	
Carbapenem-Resistant Klebsiella pneumonia	A/B	
Shingles	B	
Ringworm	B	
Herpes Simplex	B	
SARS-CoV-2 (Covid-19, Corona Virus)	A	
S. pneumoniae (drug-resistant)	A	
Pneumonia	A	
Amoebiasis	B	Infection passed through stool
VISA – Vancomycin Intermediate Staphylococcus Aureus	B	
VRE – Vancomycin-resistant enterococci	B	
Gastrointestinal Infections	B	Severe vomiting and diarrhea
Gangrene Infections (Wet)	B	
Mumps	A	
Rubella	A	
Clostridium Difficile (C-Dif)	B	Causes explosive diarrhea
Clostridium Sordellii	B	Serious deep tissue bacterial infection
Ebola (Viral Hemorrhagic Fever)	A/B	
Norovirus	B	
Parvovirus	B	May be transmitted from dogs to humans
Poliovirus (Polio)	B	
SARS	A	
Acinetobacter	A/B	Bacterial infections Nosocomial
Bloodborne Pathogens	B	Disease spread by contact with Blood or Blood products

Diseases that are not infectious:

Diabetes, Fibromyalgia, Cancer, MS, ALS, Cerebral Palsy, Muscular Dystrophy, Thrush, Cellulitis, Edema

## **Universal/Standard Precautions**

Universal/Standard Precautions are infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect and prevent healthcare personnel and patients from spreading infections.

### **Standard Precautions:**

1. Hand Hygiene
2. Use of personal protective equipment (PPE)
3. Respiratory hygiene
4. Sharps safety (work practice controls)
5. Clean and disinfected environmental surfaces

### **Hand Hygiene**

Hand hygiene prevents the spread of infections. The use of soap and water or alcohol-based hand sanitizer effectively works to reduce the amount of virus or bacteria on the hands and prevents the spread or transfer of disease.

Hand hygiene should be performed:

1. Before and after each patient pick-up or delivery
2. Each time gloves are changed
3. After removal of PPE
4. Whenever hands are visibly soiled (soap and water recommended)

### **Personal Protective Equipment**

Universal/Standard precautions involve the use of PPE as required for the infectious agent. A list of required PPE is found in the Identification and Response section of this policy.

### **Respiratory Hygiene**

Controlling the environment to prevent exposure is important for both the patient and the professional. The use of masks to prevent droplet transmission is an effective way to counter exposure to active Airborne infectious disease. Respiratory hygiene is important regardless of the presence of infectious disease. The following process should be followed:

#### **Airborne Infectious Disease Present**

1. Follow PPE guidelines listed in the Identification and Response section of this policy

#### **Colds/Flu/Allergy**

1. Coughs and Sneezes should be covered
  - a. Coughing or Sneezing into the inside of the elbow
  - b. Using a mouth covering to capture any droplets
  - c. If the employee is ill with a cough or cold a mask should be worn to prevent spread to patient

### Sharps Safety

Rehab Medical does not handle, dispose of, or manage patient medication equipment or tools. Rehab employees should not offer to dispose of needles or syringes and should never handle or remove these items from the home.

Working with medical equipment entails dealing with metal objects that may have sharp corners, jagged edges and sharp objects. Care should be taken when repairing, cleaning, or servicing equipment. Gloves are required any time you are cleaning equipment. Attention should be paid to possible points of injury and measures taken to prevent cuts and scrapes.

### Environmental Surfaces

Universal/Standard Precautions involve not only PPE but also making sure the work surface is clean and free of bacteria.

Environmental surfaces:

1. Cleaning Mat
2. OVP desk
3. Tools/Carts/Bags
4. Cargo area of Van

Environmental surfaces must be cleaned regularly. Requirements:

1. Cleaning Mat – between each piece of equipment
2. OVP desk – between each piece of equipment repaired where surface is used for parts or tools
3. Tools/Carts/Bags – between each use (cart and tool bag should remain free of debris a clean place for tool storage)
4. Cargo area of Van – Spray surface when dirty equipment is unloaded, or visibly dirty, clean weekly.

### **Tuberculosis Disease Procedure**

Rehab Medical's annual risk assessment classifies staff into risk categories. Supervisory responsibility for the TB Infection Control Program is the direct responsibility of the Compliance Team.

The CDC requires an assessment of risk be performed. Each location is responsible for risk assessments within their communities. It is the policy of Rehab Medical to inform employees of their risk status based on their Job Risk Classification.

Job Risk Classifications are as follows:

- Very Low Risk – Corporate Office Staff, Patient Care Rep, Inside Sales
- Low Risk – Office Managers, Office Administrators
- Moderate Risk – Outside Sales Representative, ATPs, Driver/Technicians, Area Managers

The TB Infection Control procedure is as follows:

1. Very Low Risk Employees

- Upon Hire:
  - TB Risk Assessment
  - TB Test (if needed, determined by Assessment)
  - Employee education on tuberculosis transmission and policies and procedures related to tuberculosis prevention as a part of New Hire Employee Orientation
- Annually:
  - TB Risk Assessment
  - Employee education on tuberculosis transmission and policies and procedures related to tuberculosis prevention as a part of annual education
  - Adherence to all infection control policies and procedures

2. Low Risk Employees

- Upon Hire:
  - TB Risk Assessment
  - TB Test
  - Employee education on tuberculosis transmission and policies and procedures related to tuberculosis prevention as a part of New Hire Employee Orientation
- Annually:
  - TB Risk Assessment
  - Employee education on tuberculosis transmission and policies and procedures related to tuberculosis prevention as a part of annual education
  - Adherence to all infection control policies and procedures

3. Moderate Risk Employees

- Upon Hire:
  - TB Risk Assessment
  - TB Test
  - Employee education on tuberculosis transmission and policies and procedures related to tuberculosis prevention as a part of New Hire Employee Orientation
- Annually:
  - Complete a TB Risk Assessment
  - Employee education on tuberculosis transmission and policies and procedures related to tuberculosis prevention as a part of annual education
  - Adherence to all infection control policies and procedures



Action plan for a positive test or yes answered on TB Risk Assessment:

1. Positive test
  - TB Symptom Evaluation
  - Chest x-ray is completed by employee
  - If chest x-ray is negative, employee completes a yearly questionnaire form
  - Chest x-ray must be completed every 5 years
2. If yes is answered on Section B of Risk Assessment
  - Test is initiated
  - If test is negative, go back to the yearly TB Risk Assessment form
  - If test is positive, follow the positive test protocol above

Action plan for a positive chest x-ray:

1. Positive chest x-ray
  - Employee is referred to employee physician for treatment
  - Employee may not return to work until cleared by treating physician

## **Hepatitis B Process**

Hepatitis B is a bloodborne pathogen. Universal Precautions are the most effective way to prevent the spread of disease like Hepatitis B. All employees will complete training about Hepatitis B, infection and control measures, testing, diagnosis and treatment.

- Rehab Medical offers Hepatitis B vaccinations to employees subject to exposure:  
Patient facing employees: Moderate Risk - Outside Sales Representative, ATPs,  
Driver/Technicians, Area Managers

## **Exposure**

If exposure to Hepatitis B occurs, employees must:

1. Immediately upon exposure, flush the area of the body that was exposed with warm water, and vigorously wash all areas with soap and water.
2. Notify supervisor. The supervisor will report the exposure incident to the Compliance Officer and Human Resources (reports will remain confidential) who will start follow up procedures.
3. Go to a walk-in clinic, or emergency room immediately.
4. Follow the instructions provided by the physician.
5. If a HB Vaccination series has not been administered, series must be started within 24 hours.

## **Equipment Infection Control Cleaning and Testing Process**

The following procedures must be followed in order to limit infection transmission:

1. The warehouse must designate clean and dirty areas for equipment brought in and stored. This may be done by designating separate areas as "dirty" and "clean" areas and by clearly marking these areas with signs. There will be warehouse cleaning area designed with sufficient space for equipment needs and marked off with orange tape and with signs on the wall above the respective area. Areas will be labeled Dirty Area, Cleaning Area, Quarantine Used, Quarantine New and Clean. These areas must be clearly separated. Traffic from the Dirty Area should not cross the "Clean Area".
2. All dirty equipment will be black bagged and transported to the Dirty Area for cleaning. No equipment will be removed for use or placed on clean area shelving until cleaning and testing are successfully completed.
3. Location personnel will always wear gloves and use other appropriate protective attire when cleaning equipment.
4. All equipment must be cleaned and disinfected with a chemical germicide prior to repair or testing.
5. Equipment contaminated with body fluids or infested with bugs will be handled in the following manner:
  - a. Black bag will be tagged with Biohazard sticker
  - b. Technician will don appropriate PPE
  - c. Equipment with excess body fluids or insect infestation will be removed from black bags on exterior of building
  - d. Equipment will be treated with germicidal or insecticide in sufficient quantities to soak through the soft goods portion and penetrate all cracks and crevices (some disassembly may be required (covers, batteries removed etc.)
  - e. Equipment will be permitted to sit for required amount of time for disinfectant/insecticide to work then wiped down per agent instructions.
  - f. Equipment may be brought into warehouse and cleaning may continue
6. After equipment is cleaned, it will be tested by manufacturer's operational verification procedure (OVP) and logged in the OVP log. If the equipment fails the OVP or is due for routine preventive maintenance, it will be Clear Bagged and transferred to the Quarantine area and tagged to reflect the status.
7. Batteries removed for disposal shall be placed in the Biohazard area of the dirty section and covered.

8. Equipment passing OVP will be Clear Bagged and placed in the Patient Ready section of the warehouse.
9. The warehouse must be kept in a good state of repair and cleanliness and must be environmentally controlled. The area will be surveyed physically for removal of recalled items, obsolete equipment, and any expired items. Stock will be rotated so that old is used first.
10. Cleaned, tested small items may be placed on a shelf in the Patient Ready sections of the warehouse. Items shall be clear bagged or covered with a clean, impervious material for storage and/or transport, and placed in the clean area of the vehicle.
11. Cleaning station is disinfected between each piece of equipment with antibacterial agent.

#### **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.11, CC.4, PS.1, IC.1, IC.3

Infection Control Program

Infection Control Policy

Effective Date: 01/01/2012	Title: Infectious Disease Reporting Policy
Reviewed Date: 05/16/2023	Revision Date: 02/15/2015, 05/14/2018
Department: Operations	

## **PURPOSE**

Documenting any known or potential patient infections helps identify any additional safety precautions to be taken to prevent exposure or transmittal to our other patients, our employees and their families.

## **POLICY STATEMENT**

Rehab Medical will maintain effective infection control practices to prevent the spread of infections as a result of exposure through proximity or contact.

## **SCOPE**

Warehouse and Delivery facilities and staff

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.1  
Infectious Disease Reporting Procedure

Effective Date: 01/01/2012	Title: Infectious Disease Reporting Procedure
Reviewed Date: 05/16/2023	Revision Date: 02/15/2015, 05/14/2018, 05/16/2021
Department: Operations	

## PROCEDURE

Quarterly, the Infection Control Log will be reviewed for trends and appropriate follow-up action. If trends are identified or suspected that the incident of infectious diseases is attributed to Company equipment, and/or employee transmission, immediate investigative action will be initiated. The results of such investigative action are to be documented with a copy sent to the Compliance Department.

If Rehab Medical is informed of a previously unreported communicable disease, it will be reported according to state guidelines.

## DISEASES CONSIDERED REPORTABLE:

- AIDS
- Amoebiasis
- Campyrobactra
- Chancroid Tetanus
- Chickenpox (Varicella)
- Chlamydia
- Cholera
- Influenza
- Leprosy (Hansen's Disease)
- Leptospirosis
- Malaria
- Measles (Rubeola)
- Meningitis (Aseptic)
- Meningitis (Bacterial)
- Mumps
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Psittacosis (Ornithosis)
- Rabies
- Reyes Syndrome
- Rubella (German Measles)
- Salmonella Infections
- SARS-CoV-2 (Covid-19)
- Shigellosis
- Smallpox
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis

## OTHER POLICIES & RESOURCES

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.1  
Infectious Disease Reporting Policy

Effective Date: 01/01/2012	Title: Safety Management Policy
Reviewed Date: 07/01/2024	Revision Date: 03/28/2016, 11/30/2018, 04/14/2020
Department: Operations	

## **PURPOSE**

Safety is the responsibility of each Rehab Medical employee at all times in the workplace and when in the client's home.

## **POLICY STATEMENT**

The health and safety of Rehab Medical's employees is reviewed, promoted and maintained. Rehab Medical encourages a safe working environment and provides training in safe practices. Employees will receive instruction in safety management during orientation and annually.

## **SCOPE**

All Rehab Medical employees

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.1, EM.1, EM.2, EM.3, EM.4  
Safety Management Procedure

Effective Date: 01/01/2012	Title: Safety Management Procedure
Reviewed Date: 07/01/2024	Revision Date: 03/28/2016; 11/30/2018; 04/14/2020
Department: Operations	

## PROCEDURE

Safety Management topics include, but are not limited to:

1. Body mechanics
2. Home safety
3. Employee safety
4. Fire safety
5. Safety related to medication administration and oxygen administration

Each employee will receive instruction in the following safety topics during orientation and during annual safety training:

Body Mechanics:

1. Proper lifting techniques to reduce back strain
2. Use of back supports
3. How to prevent strains and sprains
4. How to prevent Carpal Tunnel Syndrome

Home Safety:

1. Each employee is required to read "Home Safety" in the patient handout that contains home safety information.
2. All patients will be given "Home Safety", the patient handout that contains home safety information, at start of service. The patient must sign that they have received a copy of this document.

Employee Safety:

General safety instructions for all employees:

1. Use common walkways in buildings; avoid isolated stairs.
2. Always knock or ring the bell before entering a patient's home.
3. If relatives or neighbors become a safety problem, make joint visits, arrange for an escort, or schedule visits when the unsafe individuals are not in the vicinity.

4. Supervisors will evaluate the appropriateness of continuing specific safety protocols as needed.

When traveling by personal or company vehicle:

1. Keep the vehicle in good working order with plenty of fuel.
2. Store extra items in vehicle, appropriate to the current season, which may be needed if stranded (e.g., blankets, extra clothes, water, flashlights, etc.).
3. Keep snacks in the glove compartment (e.g., granola bars, crackers, etc.).
4. Turn on emergency flashers and wait for the police if you have mechanical trouble.
5. Keep your vehicle locked when parked or driving. Keep windows rolled up if possible.
6. Know your route. If you get lost, look for a safe place to get additional directions or to view a map.
7. When loading or unloading heavy equipment, always use the parking brake to prevent potential serious injury.

When an incident occurs:

1. Complete an incident report within 24 hours to document when personal safety was threatened while working.
2. All incidents must be reported to the immediate supervisor and the HR Department.

Fire Safety:

Each employee must be aware of the fire safety and evacuation plan and be prepared to function accordingly. The fire safety and evacuation plan will be reviewed at least annually or after each emergency which required activation of the plan.

The Fire Safety and Evacuation Plans are specific to each location. Each includes an emergency contact number and the offsite meeting location.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

Safety Management Policy

CHAP DMEPOS PS.1, EM.1, EM.2, EM.3, EM.4



Effective Date: 01/01/2012	Title: Emergency Preparedness Policy
Reviewed Date: 02/15/2024	Revision Date: 03/28/2016, 11/30/2018, 05/26/2020, 02/15/2024
Department: Operations	

## **PURPOSE**

It is Rehab Medical's intent to adequately prepare, mitigate, respond, and recover from a natural or man-made disaster or other emergency. Rehab's goal is to protect the health and safety of its patients and employees and to coordinate with any local community-wide response to a larger-scale disaster to ensure business continuity.

## **POLICY STATEMENT**

Each Rehab Medical location shall have an individual emergency preparedness evacuation plan and action items posted and on file at the local office. Branch Managers (or designee) are responsible for initiating emergency preparedness plans locally and contacting the corporate office for further instruction.

In the event of a National Emergency, the Corporate office will provide information to all offices in the form of email communication, temporary policies and individual instruction as needed to respond. In the absence of a temporary policy, the standard policies will remain in force and should be referred to for direction.

Disasters and emergencies that justify implementation of an Emergency Preparedness Plan include but are not limited to, hurricanes, tornadoes with widespread destruction, earthquakes, electrical blackouts, floods, public health emergencies and other emergencies that may cause an interruption of services.

Rehab Medical locations shall maintain plans for addressing:

- 1) Patient equipment needs
- 2) Prioritization of clients by acuity, product and service category
- 3) Provision of backup equipment
- 4) Methods to obtain equipment and supplies including contact numbers
- 5) Local resources for obtaining emergency information

### Training

Rehab Medical will train all employees on this policy and its companion procedure.

## **SCOPE**

An Emergency Preparedness Plan, specific to each location, shall be posted at each office. Further instruction regarding general information for a particular natural disaster and emergency is located in the procedure accompanying this policy. This policy applies to all staff of Rehab Medical.

## **RESPONSIBILITIES**

### Management

1. Make emergency response team assignments.
2. Provide training to all employees for their roles in all emergency plans.
3. All other activities necessary to the development and implementation of an effective Emergency Response Plan.

### Employees

All employees must be aware of and understand this policy and their respective location's Emergency Preparedness Plan. Employees are responsible for notifying the Safety Officer of any concerns.

### Safety Officer

Provides assistance in developing and carrying out emergency response plans.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Emergency Preparedness Plan Procedure  
CHAP DMEPOS PS.1, EM.1, EM.2, EM.3

Effective Date: 01/01/2012	Title: Emergency Preparedness Procedure
Reviewed Date: 02/15/2024	Revision Date: 03/28/2016, 11/30/2018, 05/26/2020, 02/15/2024
Department: Operations	

## PROCEDURE

**Mitigation:** The pre-event planning and action steps that aim to lessen the effects of potential disaster. Mitigation activities may occur both before and following a disaster or emergency. To the extent possible, Rehab Medical will undertake mitigation strategies to lessen the severity and impact of a potential emergency by identifying potential emergencies (or hazards) that may affect the organization's operations or the demands for its services.

**Roles:** Both the President and CEO, directly or through delegation, shall be responsible for:

- Development and implementation of the Company's Emergency Preparedness Plan (Plan).
- Appointing an Emergency Preparedness Plan Committee that is activated during a disaster to coordinate the Company's response.
- Supporting staff training to ensure preparation for performing emergency roles.
- Ensuring the Company takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.

### Fire:

- Call 911 and describe the location and extent of fire.
- Do not use elevators, internal staircases, do not go to the roof, and do not break windows. Windows should only be broken as a last resort if the smoke becomes too dense. Breaking a window will feed a fire.
- Designated locations outside of the building have been identified for a central meeting place. After leaving the building, go directly to the assigned central meeting place outside the building. A headcount will be taken, and any missing persons will be identified by the direct supervisor. If anyone is not accounted for, the Branch Manager (or designee) will alert the fire department. It is very important that you report to the site assigned and not go anywhere else.
- Become familiar with exit routes that are displayed in the office.
- Fire extinguishers are located in the office and warehouse. Familiarize yourself with these locations.
- Become familiar with where the exit doors' locations are in relation to your office/desk. If the floor becomes smoke-filled, you may have to crawl to the nearest exit.

- Keep calm and follow the instructions you receive from the Branch Manager (or designee) and/or rescue workers.

#### Hurricane:

- If a hurricane is in the area, employees should listen to the radio, TV, or internet for information.
- Utilities should be turned off if instructed to do so.
- Stay indoors during the hurricane and away from window and glass doors.
- Close all interior doors; secure and brace external doors.
- Take refuge in a small interior room, closet or hallway on the lowest level and lie on the floor under a table or another sturdy object.
- Technicians en route should stay in their vehicle and try to find an overpass or parking garage. Do not pass-through areas of flooding and avoid downed electrical wires while driving to find shelter.
- Technicians should contact their Area Manager once in a safe position for further instruction.

#### Tornado Warning:

- A warning is notification of possible immediate danger. A watch is notification of the possibility of severe conditions, but no sighting of a funnel cloud in the area. If a funnel cloud is spotted or the tornado sirens are sounding, there is a tornado threat.
- Stay away from windows. Lower your window blinds to resist broken glass that may occur. If there is an announcement to “take cover”, leave your desk, close any office doors, and proceed to internal rooms/offices. Remain under cover until the Area Manager (or designee) gives the “all clear” message.
- Technicians en route should stay in their vehicle and try to find an overpass or parking garage. Do not pass-through areas of flooding and avoid downed electrical wires while driving to find shelter. Technicians should contact their Area Manager once in a safe position for further instruction.

#### Earthquake:

- Upon shaking, employees should drop to the ground; take cover by getting under a sturdy piece of furniture; and hold on until the shaking stops and the Branch Manager (or designee) gives the “all clear”. If there is not a table or desk near, cover your face and head with your arms and crouch in an inside corner of the building. The key is to minimize movements to a few steps to a nearby safe place.
- Technicians en route should slow down and find an open area away from any tall structures or overpasses. Once in a safe position, stay in the vehicle with seat belt secured until the earthquake has stopped. Contact Area Manager immediately once safe.

- In the event of an earthquake, it is the Branch Manager (or Office Manager)'s responsibility to contact the corporate office. Most essential business functions, including communication, can be carried out through the corporate office.

#### Bomb Threats:

- If you see a suspicious package somewhere inside or outside of the building, notify the police immediately.
- If there is a bomb threat received, the Branch Manager (or designee) will notify local authorities and await further instruction. A full evacuation will occur if a suspicious object has been identified or if instructed by the police.

#### Power Outage:

- The Branch Manager (or designee) will notify employees of a power outage and will communicate the expected duration of the outage and whether this is a need to evacuate the building.
- If it is necessary to evacuate the building, all persons will leave via the stairwells.

#### Nuclear Blast:

- A nuclear blast is an explosion with intense light and heat, a damaging pressure wave and widespread radioactive material that can contaminate the air, water and ground surface. The following procedures should be implemented:
- Take cover immediately, below ground if possible
- Quickly assess the situation. Determine if you can get out of the building or if it would be better to stay inside the building.

#### Biological Threat:

- A biological attack is a deliberate release of germs or other biological substances that can make you sick. Many agents must be inhaled, enter through a cut in the skin, or be eaten to make you sick.
- If you become aware of an unusual and suspicious release of an unknown substance nearby, quickly get away from the area, cover your mouth and nose with layers of fabric, a K95 or an N95 mask from the warehouse (if available) that can filter the air but still allow breathing. If that is not available, use several layers of tissue or paper towels.
- In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. It will take time to determine exactly what the illness is, how it should be treated, and who is in danger. However, you should watch television, listen to the radio or check the Internet for official news to include the following:
  - Are you in the group or area authorities consider in danger?

- What are the signs and symptoms of the disease?
- Are medications or vaccines being distributed? If so, where and who should get them?
- Where should you seek emergency medical care if you become sick?

#### Chemical Threat:

- A chemical attack is the deliberate release of a toxic gas, liquid or solid, that can poison people and the environment. Signs of a chemical threat are watering eyes, twitching, choking, having trouble breathing or losing coordination. These procedures should be followed:
  - If the chemical is inside the building, get out of the building without passing through contaminated area if possible.
  - If the chemical is outside the building, follow the plan for Shelter-in-Place (below).
  - If you are outside, determine the fastest escape from the chemical. Consider if you can leave the area or if you need "Shelter-in-Place," get into a building as fast as possible before it is locked off.
  - If you think you have been exposed to a chemical, strip immediately and wash with soap and water, being sure not to scrub the chemical into your skin. Seek medical attention as soon as possible.

#### Shelter-in-Place:

- If any of the above situations requires a Shelter-in-Place protective action plan, it will be put into effect in the building, which means you will be temporarily separated from a hazardous outdoor atmosphere. The following procedures should be initiated immediately:
  - The Area Manager (or designee) will shut down all heating, ventilation and air conditioning system as well as exhaust systems.
  - The Area Manager (or designee) will lock all entry doors including garage access doors and disable all elevators (if any) after ensuring that no one is in them. Signs will be posted at all entrances stating that the building is in a "Shelter-in-Place" emergency.
  - No one will be permitted to leave the building.
  - Employees will find an internal space in the office/warehouse that is away from exterior windows. You are to remain in this space until the Area Manager (or designee) announces the "all clear". Doors to perimeter office should be closed and towels placed under those doors as well as the door to the shelter space you occupy.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Emergency Preparedness Plan Policy  
CHAP DMEPOS PS.1, EM.1, EM.2, EM.3

Effective Date: 01/01/2012	Title: Utilities Management Policy
Reviewed Date: 08/29/2024	Revision Date: 03/28/2016; 11/27/2018, 10/21/2020
Department: Information Technology	

## **PURPOSE**

Rehab Medical maintains adequate systems to ensure patient care is consistently available in a dependable and easily accessed mode.

## **POLICY STATEMENT**

Rehab Medical provides the appropriate maintenance and service for its utility systems as required. Backup systems are in place to protect electronics in the event of a power failure.

## **SCOPE**

Rehab Medical communications systems

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP: DMEPOS EM.1  
Utilities Management Procedure



Effective Date: 01/01/2012	Title: Utilities Management Procedure
Reviewed Date: 08/29/2024	Revision Date: 03/28/2016, 11/27/2018, 10/21/2020
Department: Information Technology	

## PROCEDURE

Utility backup systems activate at the loss of power:

- 1) Battery back-up of the computer server to avoid loss of data. Redundant UPS devices are in place to keep the internal services running. Current patient data is hosted in the cloud with daily encrypted snapshots that are stored geo-redundant.
- 2) Battery back-up of exit signs.
- 3) Battery powered smoke detectors in addition to any electrically powered detectors.
- 4) Battery back-up of alarm systems.
- 5) Cell phones may be used to back up the telephone system. The internal fiber internet connection is backed up by an internal cellular card. If the internet to the fiber goes down, it automatically rolls over to the cellular card. Cell phones are also available with Nextiva installed as a secondary back-up.

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

CHAP: DMEPOS EM.1  
Utilities Management Policy

Effective Date: 01/01/2012	Title: Fire Safety Policy
Reviewed Date: 08/29/2024	Revision Date: 03/28/2016, 05/03/2018, 10/16/2019, 02/14/2022
Department: Operations	

## **PURPOSE**

Rehab Medical conducts annual Fire Safety training for all employees. Training includes fire prevention, what to do in case of fire and fire drills.

## **POLICY STATEMENT**

Rehab Medical maintains smoke detectors, smoke alarms, fire extinguishers and emergency lighting in accordance with National Fire Protection Agency, Life Safety Code and local fire codes. Rehab Medical will cooperate with all local Fire Marshall Inspections and adhere to all recommendations.

## **SCOPE**

All Rehab Medical employees are responsible for learning and understanding Fire Safety.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: PS.1

Fire Safety Procedure

Effective Date: 01/01/2012	Title: Fire Safety Procedure
Reviewed Date: 08/29/2024	Revision Date: 03/28/2019, 05/03/2018, 10/16/2019, 02/10/2022
Department: Operations	

## **PROCEDURE**

### **Fire Extinguishers**

Office and Warehouse fire extinguishers are inspected annually by a contracted fire safety company, selected by accounting, and are affixed with a tag that states the last inspection date. Fire extinguishers are placed in all areas recommended by the local Fire Marshall.

- The Branch Manager or their designee will inspect Fire Extinguishers monthly and initial and date the attached inspection tag to confirm it is ready for use.
- To replace an Office or Warehouse fire extinguisher:
  - Notify Accounting via email or phone; they will place the order for the new unit.

Vehicle Fire Extinguishers are inspected monthly by the Branch Manager or their designee, initialed and dated confirming it is ready for use. Vehicle Fire Extinguishers may be purchased when needed through the office purchasing program.

### **Fire Exits**

Fire Exits and Escape Routes are identified throughout each office and always free from barriers or obstructions. Each exterior exit is marked by an illuminated exit sign with battery backup lighting.

- The Branch Manager or designee tests Emergency lighting and exit lighting monthly.
- Malfunctioning emergency lighting or exit lighting is reported to Accounting for review and approval of repair or replacement.

### **Smoking**

Any form of smoking is prohibited in all Rehab Medical buildings and delivery vehicles. No Smoking signs are posted in patient care/service area, each hallway, each utility area, each warehouse/storage area and each company vehicle. No Smoking signs will also be posted in any area that oxygen is stored.

Additional smoking restrictions are enforced for each location based on State and Federal requirements.

### **Fire Drill**

All locations of Rehab Medical shall conduct an emergency drill at least annually. Branch Managers, or their designee, are responsible for Branch and Warehouse locations. The Safety Officer is responsible for Executive/Corporate locations. The drill will be documented on the

Fire/Emergency Drill Report form. Rehab Medical staff members will receive an annual in-service education program on Fire Safety.

### **Lighting Fixtures**

During a simulation of emergency procedures, power may be shut off. Branch Managers will use this opportunity to inspect egress or other emergency lighting to ensure operation. During an external inspection, the inspectors may test emergency lighting and may include operational egress lighting as part of the inspection.

Each Branch Manager needs to be know if Rehab or the landlord is responsible for emergency lighting.

### **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: PS.1

Fire Safety Policy

Effective Date: 01/01/2012	Title: Biomedical/Biohazard and Hazardous Waste Management Policy
Reviewed Date: 07/01/2024	Revision Date: 03/28/2015, 11/27/2018, 04/14/2020
Department: Operations	

## **PURPOSE**

Rehab Medical identifies items contaminated with Biomedical/Biohazard and Hazardous Waste.

Rehab Medical falls under the category of Very Small Quantity Generator (VSQG) for hazardous materials generator.

## **POLICY STATEMENT**

Biomedical/Biohazard waste includes, but is not limited to, discarded sharps, human blood, human blood products, laboratory waste, and body fluids.

Non-absorbent disposable devices which retain blood adhering to inner surfaces after use such as IV tubing and catheters or articles which have been contaminated with blood, body fluids or blood contaminated secretions and/or excretions that have not been sterilized or disinfected by an approved method.

Items contaminated with Biomedical/Biohazard waste are handled according to the applicable rules and regulations of federal and state agencies.

Hazardous Chemicals are stored and disposed of according to the Federal, State, and Local regulations.

## **SCOPE**

This policy applies to all Rehab Medical employees who handle or manage the storage of biomedical/biohazard and hazardous waste.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
Biomedical/Biohazard and Hazardous Waste Management Procedure  
CHAP DMEPOS PS.1, IC.1

Effective Date: 01/01/2012	Title: Biomedical/Biohazard and Hazardous Waste Management Procedure
Reviewed Date: 07/01/2024	Revision Date: 03/28/2015, 11/27/2018, 04/14/2020
Department: Operations	

## **PROCEDURE**

Biomedical/Biohazard waste is identified and segregated from other waste. All non-sharp Biomedical/Biohazard waste will be disposed of directly into red bags or identified with the Biohazard symbol.

All employees who handle Biomedical/Biohazard waste must wear personal protective equipment.

When filled, red bags will be sealed and labeled properly. Disposal is arranged through a contracted off-site waste disposal company.

Biomedical/Biohazard waste returned to the office/warehouse for disposal must be labeled appropriately and stored in a separate designated area for such waste.

All chemical containers will be labeled with their contents and used/stored as recommended by the manufacturer.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Biomedical/Biohazard and Hazardous Waste Management Policy  
CHAP DMEPOS PS.1, IC.1

Effective Date: 01/01/2012	Title: Hazard Communication Policy
Reviewed Date: 02/15/2024	Revision Date: 04/07/2015, 11/26/2018, 05/27/2020, 11/09/2022
Department: Operations	

## **PURPOSE**

To inform all Rehab Medical employees of the Company's practices regarding communication and handling of Hazard materials.

## **POLICY STATEMENT**

The Purchasing Department will provide current Safety Data Sheets (SDS) on routine hazardous chemicals used in the workplace. SDS provide current information and protective measures for chemical health hazards present in the workplace including use of the appropriate PPE, and proper use, storage and disposal of hazardous chemicals.

An SDS binder will be required at each physical office site. Each location must make SDS readily available to employees and regulating agencies. Each Branch Manager is responsible for maintaining SDS sheets for all products brought into the office.

Examples of Routine Chemicals:

- Madagel
- Madacide-1
- Madacide-fd
- Goo Gone
- WD-40
- Sterifab

Employees will be provided with information and training on hazardous chemicals in the workplace during initial training and annually thereafter. At a minimum, employee training will include:

1. Hazard Communication Policy
2. SDS requirements
3. Emergency procedures for exposure
4. PPE Requirements

## **SCOPE**

This policy applies to any employee that comes in contact with or are near hazardous materials in the performance of their job duties.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.1

OSHA 29 CFR 1910.1200(e)(1)(ii)

Hazard Communication Procedure



Effective Date: 01/01/2012	Title: Hazard Communication Procedure
Reviewed Date: 02/15/2024	Revision Date: 04/07/2015, 11/26/2018, 05/27/2020
Department: Operations	

## PROCEDURE

Employees will be provided with information and training on hazardous chemicals in the workplace during initial training and annually, thereafter. The Purchasing Department will provide current Safety Data Sheets (SDS) on routine hazardous chemicals used in the workplace that communicate safe handling of the products. Employee training will include:

1. Hazard communication Policy
2. SDS requirements
3. Emergency procedures for exposure
4. PPE Requirements

### Biohazard Materials

Items visibly soiled that cannot be cleaned i.e. disposable or single patient use item, and hospital bed mattresses should not be picked up from patient homes. Technicians may offer to transport the soiled items to the patients' trash receptacle but may not place in vehicle for return to the branch office.

In the event a soiled cushion or mattress come to the branch office, it should be black bagged and deposited in the dumpster. PPE should be worn to handle any visibly soiled items. At a minimum gloves and masks, for mattresses a gown should also be worn.

### Hazardous Chemicals/Items

Chemicals/Items used in the normal process of cleaning equipment, or operating power equipment should be used as instructed on the manufacturer label. No chemicals should be transferred into unlabeled containers. Should an alternate container need to be used a manufacturer label must be printed and affixed to the new container prior to filling with the chemical.

Batteries may contain hazardous materials and should be handled and used according to manufacturer's directions. New batteries may be stored in their original container, unopened on a shelf or pallet in the clean area of the warehouse.

Returned or used batteries should be kept in the Biohazard area of the warehouse and loosely covered with a black bag. Local offices are responsible for contacting a pickup service for disposal of the batteries. Batteries may not be thrown in the dumpster or otherwise disposed of by Rehab personnel.

#### **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.1, IC.1  
OSHA 29 CFR 1910.1200(e)(1)(ii)  
Hazard Communication Policy

Effective Date: 01/01/2012	Title: Incident Reporting Policy
Reviewed Date: 02/15/2024	Revision Date: 03/28/2016, 06/04/2018, 7/25/2019, 05/27/2020, 09/07/2021
Department: Compliance	

## **PURPOSE**

It is the responsibility of the organization to investigate any incident or injury which was caused by DMEPOS operations. Certain requirements must be met in relation to the reporting and investigation factors of the incident or injury. Rehab Medical tracks and monitors the occurrence of incidents related to its business operations.

## **POLICY STATEMENT**

Incident reports are required for any event meeting the description of an Incident. An incident, as defined in this policy, is any event that has caused or has the potential to cause harm.

Examples:

- Patient or Employee injury
- An Adverse event (related to the care provided by Rehab Medical)
  - Injuries
  - Accidents
  - Hospitalizations
  - Unexpected death not resulting from client's medical condition
  - Loss of body part
  - Loss of body function
- Compliance Violation
- Threatening situation
- Vehicular accidents (employee on the job)

The Company will manage all incident reports related to accidents or injuries.

All patient/equipment-related incidents must be reported to Compliance.

Incidents involving DMEPOS equipment will be investigated as required by Accreditation requirements:

- Client hospitalization or death – within 24 hours of notification
- Other Incidents – within 72 hours of notification

## **SCOPE**

This policy is applicable to all Rehab Medical employees. It is an employee's obligation to report the incident or injury as a matter of urgency.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.4, PI.2  
DOL 29 CFR 1904  
Incident Reporting Procedure

Effective Date: 01/01/2012	Title: Incident Reporting Procedure
Reviewed Date: 02/15/2024	Revision Date: 03/28/2016, 06/04/2018, 7/25/2019, 05/27/2020, 09/07/2021, 01/18/2024
Department: Human Resources	

## PROCEDURE

All incidents must be reported to Rehab Medical documented in an Incident Report Form immediately.

1. Incident Report Form S: Forms & Cover Sheets: Incident Report Master
2. It is the responsibility of the witnessing or reporting employee to complete their portion of the Incident Report Form.
3. Employee incident(s) should be reported to HR, who will provide a summary copy to Compliance. Incidents involving patients are reported to the employee's supervisor and HR.
4. Managers will review all incident report forms upon receipt.
5. Future steps will be determined as necessary.

For instances when required, the patient's Case Manager will be notified no later than one (1) business day after any incident or significant change is observed.

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.4, PI.2  
DOL 29 CFR 1904  
Incident Reporting Policy

Effective Date: 01/01/2012	Title: Home Medical Equipment Scope of Services
Reviewed Date: 07/01/2024	Revision Date: 01/19/2015, 05/15/2018, 08/12/2019, 05/16/2021
Department: Operations	

## **PURPOSE**

Rehab Medical provides Durable Medical Equipment and supplies for patients. Rehab Medical publishes a patient handbook that is distributed to patients that details the types of equipment offered.

## **POLICY STATEMENT**

Rehab Medical provides the following equipment:

- Accessories
- Back braces
- Bath aids
- Canes and crutches
- Gait Trainers
- Hospital beds
- Knee braces
- Manual wheelchairs
- Patient lifts
- Power wheelchairs
- Walkers
- Standing frames
- Safety beds

The company guides patients through the unique requirements of each insurance plan. The cost and patient responsibility portion are communicated to the patient in advance of supplying equipment.

Items requiring a physician prescription will not be dispensed without a prescription.

Rehab Medical will secure the doctor's signature on the appropriate form for the equipment or services ordered by the physician as required by the payer source.

## **SCOPE**

Rehab Medical Employees are responsible for knowing the company's Scope of Services.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS WC.15

Effective Date: 02/06/2017	Title: Vendor and Product Review Process Policy
Reviewed Date: 04/14/2023	Revision Date: 02/10/2022
Department: Operations	

## **PURPOSE**

Rehab Medical maintains a process for the discovery and merging of new products and vendors into the current line of product offerings to prevent unauthorized product and vendor implementation.

## **POLICY STATEMENT**

1. **Identify need for assistive technology**
  - a. Rehab Medical will continue to stay updated on the latest in assistive technology development. New or current product needs may be identified through industry events, publications, referral sources, etc.
2. **Meet with Vendor for product demonstration**
  - a. Upon identifying need for a product, Rehab Medical will invite the vendor for a product demonstration and discuss key areas including materials, warranty, repairs, documentation, competitors, etc.
3. **Pricing and terms negotiation**
  - a. The company will negotiate pricing and payment terms as necessary.
4. **Product Approval**
  - a. Upon negotiation of the details, product and pricing will be brought before the President and/or CEO for review and approval.
5. **Review product and documentation requirements with staff**
  - a. Once approved, staff will be educated on the product, specifications, insurance guidelines, etc.
6. **Implementation**
  - a. The Sales Staff will be given an implementation date to announce with patients and referral sources.

## **SCOPE**

The preceding process applies to all new products and vendors.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
CHAP DMEPOS PS.3



Effective Date: 01/01/2012	Title: After Hours Response
Reviewed Date: 02/15/2024	Revision Date: 01/19/2015; 11/26/2018; 10/16/2019; 02/15/2024
Department: Operations	

## **PURPOSE**

Rehab Medical must be responsive to the needs and requests of our patients. This protocol sets the standard for responding to after-hours requests for service.

## **POLICY STATEMENT**

Rehab Medical does not take calls after hours.

## **SCOPE**

Current and former patients of Rehab Medical, in addition to new patients, that provide appropriate documentation to allow for insurance coverage of their repairs.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.1, AM.3  
After Hours Response Procedure

Effective Date: 01/01/2012	Title: After Hours Response Procedure
Reviewed Date: 02/15/2024	Revision Date: 01/19/2015; 11/26/2018; 10/16/2019, 02/15/2024
Department: Operations	

## **PROCEDURE**

### Service Department

The service department operates Monday through Friday 8:00am to 6:00pm EST. Our system does not allow voicemails after business hours, therefore, all patients will receive a message to call us back during business hours.

Means to contact Service:

- Via Phone at 866-424-4500
- Via Website, service inquiry submission

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS CC.1, AM.3  
After Hours Response Policy

Effective Date: 01/01/2012	Title: Communication Methods
Reviewed Date: 02/15/2024	Revision Date: 1/25/2015
Department: Operations	

## **PURPOSE**

Rehab Medical provides clear communication in the client's language of the safe, appropriate and intended use for the equipment.

## **POLICY STATEMENT**

Rehab Medical employees communicate with each patient in a language or form that the patient can understand. When a communication barrier exists, the employee will use special methods, devices, interpreters and other communication aids to ensure the interaction is clear and concise.

## **SCOPE**

All Employees

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.12, WC.12

Effective Date: 01/01/2012	Title: Cultural Beliefs
Reviewed Date: 05/16/2023	Revision Date: 1/25/2015
Department: Operations	

## **PURPOSE**

Rehab Medical recognizes that cultural backgrounds and religious beliefs may impact a patient's lifestyle and his or her view of healthcare.

## **POLICY STATEMENT**

During the patient's initial assessment, Rehab Medical employees may identify differences and make efforts to understand how the patient's cultural beliefs impact their perception of their illness. Employees will conduct themselves with respect for each patient's cultural background and religious beliefs, to the greatest degree that is practical and safe.

## **SCOPE**

All Rehab Medical personnel

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Medicare Client Rights

Effective Date: 01/01/2012	Title: Plan of Service Policy
Reviewed Date: 08/29/2024	Revision Date: 6/11/2016; 2/21/2018; 10/21/2020, 11/16/2021
Department: Operations	

## **PURPOSE**

To identify and define the plan of service as it relates to the patients equipment needs.

## **POLICY STATEMENT**

Rehab Medical develops a plan of service for each patient. The plan of service will contain:

- 1) Physician's orders
- 2) Patient Demographic and Insurance Information
- 3) Patient financial liability form (as appropriate)
- 4) A mobility evaluation (as applicable)
- 5) Patient Notes
- 6) Home, Safety and Patient Functional Assessment
- 7) Appropriate equipment as determined by ordering prescriber

The plan of service will be revised as needed when:

- 1) The patient requires additional equipment
- 2) The patient requires a change in equipment type
- 3) The patient's equipment must be changed because of repair
- 4) The patient's equipment must be changed due to preventive maintenance requirements of the manufacturer

## **SCOPE**

All Rehab Medical patients

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: WC.1, WC.3, SS.1, SS.2

Plan of Service Procedure

Effective Date: 01/01/2012	Title: Plan of Service Procedure
Reviewed Date: 08/29/2024	Revision Date: 10/21/2020, 11/21/2021
Department: Operations	

## **PROCEDURE**

Patients will be provided with all necessary review and training for equipment they are receiving.

Review of equipment and training in use will constitute:

- 1) Only equipment ordered by prescriber will be provided
- 2) Home Safety guidelines
- 3) Proper use of home medical equipment
- 4) Proper maintenance of equipment
- 5) Troubleshooting problems with equipment
- 6) How to obtain service for equipment
- 7) Warranty information for equipment

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.1, SS.2, WC.1, WC.3  
Plan of Service Policy

Effective Date: 01/01/2012	Title: Patient Education
Reviewed Date: 11/28/2023	Revision Date: 04/01/2015, 05/15/2018, 11/19/2019, 05/19/2021, 09/26/2022
Department: Operations	

## **PURPOSE**

Rehab Medical provides education and product information to all patients and their caregivers during the initial set-up of the equipment at the patient home.

## **POLICY STATEMENT**

Patients are instructed by qualified personnel at a level understandable to the patient. Patient knowledge and ability to perform safety-related procedures will be monitored during delivery.

Education will include patient instruction including verbal, Audio/Visual, and/or written instructions, demonstrations, and return demonstrations.

The following information will be covered:

1. Patient Bill of Rights and Responsibilities
2. Supplier Standards
3. Home Safety for Medical Equipment
4. HIPAA Notice of Privacy Practices
5. Emergency Planning
6. Advance Directives
7. Making Decisions about Your Health Care
8. Financial responsibilities
9. Physician's orders if appropriate
10. Plan of Service
11. Equipment/Supply description, operation and accessory use
12. Precautions/safety
13. Troubleshooting (for HME)
14. Maintenance/cleaning (for HME)
15. Warranty information
16. Maintenance of equipment after warranty expiration
17. Company Contact information
18. How to file a complaint

Patients' education and training is documented in the patient record. Patient or caregiver(s) initials on the Delivery Paperwork shall constitute evidence that the patient has received instruction in the patient's financial responsibilities. Patient or caregiver(s) initials on the Delivery Paperwork shall constitute evidence that the patient has received a copy of Patient Bill of Rights and Responsibilities, Medicare Supplier Standards, Emergency Preparedness and has received instruction in equipment use and maintenance, back-up systems and troubleshooting procedures and medical/surgical supply use, if applicable.

For the Mail Order and Drop Ship programs, new patients will be mailed a New Patient Handbook with Signature Confirmation to be tracked for delivery and acceptance. Tracking will be completed in the patient's notes and audited by Compliance for 100% completion. Audits will be conducted for the duration of the program and results will be reviewed by the Compliance Officer and reported to the Executive Leadership monthly and the governing Board quarterly.

## **SCOPE**

Service Technicians, Delivery Technicians, Warehouse Technicians, ATP and Sales Representatives

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.4, SS.10, SS.11, SS.12, PS.1, EM.4, WC.5, WC.9



Effective Date: 01/01/2012	Title: Patient Transfers and Discharge Policy
Reviewed Date: 08/29/2024	Revision Date: 03/28/2016, 11/26/2018, 08/16/2021, 09/22/2022
Department: Operations	

## **PURPOSE**

Rehab Medical seeks to provide for the needs of its patients. Should a patient need or desire to be transferred Rehab Medical will provide any needed assistance.

## **POLICY STATEMENT**

Rehab Medical will transfer an active patient to another company/provider:

- if the company cannot meet the patient's needs.
- if the patient moves outside the company's geographic area.
- if the patient changes to an insurance that the company cannot bill.
- at the patient's request.

Rehab Medical may discharge a patient from active services for reasonable cause, such as:

- the patient's condition improves.
- the patient refuses the equipment and requests discontinuation of services.
- the physician discontinues the order for the services.
- the patient fails to remedy a documented infestation of insects, rodents or other pests.
- the patient expires.
- The patient is abusive towards or threatens employees in person, in writing or by phone.

## **SCOPE**

This policy applies to any patient in need or who desires to be transferred to another company/provider, or a patient who will be discharged from active services.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Patient Transfers and Discharge Procedure  
Unmet Needs

Effective Date: 01/01/2012	Title: Patient Transfers and Discharge Procedure
Reviewed Date: 08/29/2024	Revision Date: 03/28/2016, 11/26/2018, 08/16/2021
Department: Operations	

## PROCEDURE

Patient transfers and discharges will be noted in the patient's account notes. The transfer summary will include:

1. The date the patient is transferred/discharged.
2. The company the patient is transferred to (if known).
3. The reason for the transfer/discharge.
4. The status of the patient at the time of transfer/discharge.

Rehab Medical will discharge an active patient if:

1. The patient's condition improves and his or her physician discontinues (D/C's) the service.
2. The patient stops using the product for any reason and signs an Against Medical Advice (AMA) Form if the patient's physician will not write a D/C order.
3. The patient expires.

A patient may be transferred to another provider in one or more of the following circumstances:

1. Patient request.
2. The patient's needs are no longer being met.
3. The patient's needs are outside our scope of services.
4. The patient moves to a geographical area not serviceable by a qualified technician.
5. The patient changes to an insurance in which Rehab is not a preferred provider.

Copies of physician's orders, Certificates of Medical Necessity and Prior approval authorizations as well as a copy of the transfer summary and documentation of any equipment pick up will be given to the receiving facility.

All transfers will be documented in the patient's record and will include:

1. Date of Transfer.
2. The company receiving the transfer.
3. The reason for transfer.

A patient may be discharged from RTS services in one or more of the following circumstances:

1. The patient's condition improves.
2. The patient refuses the equipment and request discontinuation of services.

3. The physician discontinues the order for the services.
4. The patient fails to remedy a documented infestation of insects, rodents or other pests.
5. The patient expires.

Patients being discharged from a facility with the use of RTS services will have the following documented in the patient's records:

- Date
- Reason for discharge

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Patient Transfers and Discharge Policy  
Unmet Needs

Effective Date: 01/01/2012	Title: Equipment Setup and Delivery Policy
Reviewed Date: 08/29/2024	Revision Date: 05/31/2015, 11/27/2018
Department: Operations	

## **PURPOSE**

Rehab Medical ensures that patients receive equipment and services appropriate to their needs in a timely manner.

## **POLICY STATEMENT**

Delivery, set-up of equipment and supplies is provided in a timely manner agreed upon by the client, caregiver, physician, and Rehab Medical. Service is initiated based on client needs.

Employees will demonstrate respect for the patients and their property, and possess knowledge of the equipment provided. Equipment will be set up in a safe, efficient, and professional manner. The proper operation of the equipment will be assured before releasing for patient use.

## **SCOPE**

This policy applies to all equipment delivered and service provided to patients.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.4, SS.8, SS.9, SS.10, SS.13  
Equipment Setup and Delivery Procedure

Effective Date: 01/01/2012	Title: Equipment Setup and Delivery Procedure
Reviewed Date: 08/29/2024	Revision Date: 05/31/2015, 11/27/2018
Department: Operations	

## PROCEDURE

The following procedure is to be followed for patient set-up:

1. Confirm physician's order for type of equipment, special training, and initial assessment.
2. Ascertain any teaching or special needs from physician/hospital staff, if applicable.
3. Contact patient and/or responsible person and arrange time for set-up visit.
4. Secure required equipment and supplies.
5. Secure required patient set-up forms to include:
  - a. Delivery Packet
  - b. Patient Handbook
  - c. Home Assessment
  - d. Other paperwork pertinent to equipment/service being provided.
6. Greet Patient or Family politely and explain purpose of your visit.
7. By means of inspection and discussion, assist the patient and/or family in determining a suitable location of the equipment that promotes ease of use and safety. Consider degree of ambulation, safety factors, room size, etc.
8. Unload equipment. Take special care to avoid injury to patient, self, furniture, environment, and equipment.
9. Check that a tag is present on rental equipment that contains the name of the Company and phone number. Place a tag on the equipment if not present.
10. Instruct the patient or responsible caregiver regarding use of equipment, including cleaning, safety, and troubleshooting, and document activities in the Equipment Management Admission Assessment and Plan of Service. Provide written instructions and educational materials to the patient, as appropriate, and have the patient and/or caregiver(s) demonstrate ability to operate the system. Complete the appropriate equipment training checklist(s) and obtain the patient's or caregiver's signature on the form(s).

11. Demonstrate respect for the patient by assuring privacy as appropriate and address the patient in a respectful, professional manner. Personnel will prevent exposure of patients and will seek the patient's permission to instruct on care of a personal nature if others are in the room.
12. Assess the status of the patient and ability to properly use the equipment and record data on the patient set-up form.
13. Complete the Assessment and Plan of Service.
14. Solicit questions. Ensure that the patient or caregiver(s) understands equipment use, safety procedures, and troubleshooting guidelines. Instruct patient where to call in the event of equipment problems, when needing medical supplies, and when medical problems are encountered.
15. Explain policy regarding callbacks and follow-up visits (depending upon equipment received).
16. Complete the Admission packet and contract, making certain to explain the following:
  - a. Proper use and Care of the Equipment
  - b. How to Contact Rehab Medical for Service
  - c. Financial Responsibility
  - d. Patient Handbook
    - i. Patient Bill of Rights and Responsibilities
    - ii. Supplier Standards
    - iii. How to Make Your Home Safe for Medical Care
    - iv. HIPAA Notice of Privacy Practices
    - v. Advance Directives
    - vi. Warranty information (for sale equipment only)
    - vii. Maintenance of equipment after warranty expiration (for sale equipment only)
17. Have patient or responsible party sign the appropriate forms/tablet and any financial liability forms required.
18. Complete other documentation as required.

## **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS SS.4, SS.8, SS.9, SS.10, SS.13  
Equipment Setup and Delivery Policy

Effective Date: 01/01/2012	Title: Home Safety Education Policy
Reviewed Date: 08/29/2024	Revision Date: 05/15/2015, 05/03/2018
Department: Operations	

## **PURPOSE**

Rehab Medical promotes patient safety through home safety assessments, risk identification, education and aids to assist patients in maintaining a safe environment.

## **POLICY STATEMENT**

Rehab Medical provides education to patients in basic home safety pertaining to equipment use in the home.

## **SCOPE**

Rehab Medical Patients and Delivery Staff

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:  
CHAP DMEPOS SS.8, SS.10, SS.12, PS.1, WC.5, WC.9  
Home Safety Education Procedure

Effective Date: 01/01/2012	Title: Home Safety Education Procedure
Reviewed Date: 08/29/2024	Revision Date: 05/15/2015, 05/03/2018
Department: Operations	

## PROCEDURE

- Rehab Medical completes a home safety assessment to identify areas of risk within the home.
- Patients will be asked at set-up to provide information about the safety of their residence.
- At the first home visit, the home will be assessed and the patient or caregiver(s) are informed of any hazards including fall risk, and provided corrective measures as appropriate.
- This information is documented in the patient's medical record on the Assessment and Plan of Service Form.
- Upon admission to service, Home Safety Information is provided to the patient in the Patient Handbook, including:
  - Fire Safety and Prevention
  - Electrical Safety
  - Safety in the Bathroom, Bedroom, and Kitchen
  - Getting around safely

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:  
CHAP DMEPOS SS.8, SS.10, SS.12, PS.1, WC.5, WC.9  
Home Safety Education Policy



Effective Date: 01/01/2012	Title: Equipment Maintenance and Repair Policy
Reviewed Date: 02/14/2023	Revision Date: 05/15/2015, 11/30/2018, 07/25/2019
Department: Operations	

## **PURPOSE**

Equipment and supplies provided to clients by Rehab Medical are clean, safe and in good working order.

## **POLICY STATEMENT**

Rehab Medical ensures that all rental equipment is maintained in safe working order and will have preventive maintenance performed in accordance with the manufacturer's recommendations. If no manufacturer's guidelines exist, maintenance will be performed when equipment is returned to the office location from patient use or when contacted by the patient.

## **SCOPE**

This policy applies to all equipment received for and provided during maintenance and repair.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Equipment Maintenance and Repair Procedure  
CHAP DMEPOS PS.2

Effective Date: 01/01/2012	Title: Equipment Maintenance and Repair Procedure
Reviewed Date: 02/14/2023	Revision Date: 05/15/2015, 11/30/2018, 07/25/2019
Department: Operations	

## PROCEDURE

Patients may be supplied with replacement equipment while repairs are being made on customer-owned or rental equipment if the inventory is available. A history of maintenance and repairs will be kept up to a minimum of seven (7) years.

The maintenance history should contain the following information:

- Manufacturer/model Serial number.
- Documentation of preventive maintenance (PM) per manufacturer guidelines.
- Cleaning of equipment between patients.
- Operational Verification Procedure (OVP) performed between patients and per manufacturer's guidelines.
- Repair of equipment when failing OVP.

All defective equipment shall be labeled as such and will be isolated from functional equipment. Rehab Technicians will receive thorough training on the repair of equipment for which they are responsible. Persons without such training will not be permitted to attempt repairs. Manufacturer-certified training should be obtained whenever possible. Written evidence of all training (whether by manufacturer or in-house) will be maintained in the personnel file and in the designated repair area.

Rehab Medical will utilize three options for equipment repairs:

1. In-house repairs - this option is typically the most cost-effective and should be utilized whenever feasible
2. Factory repair service - this service is usually less expensive than an independent repair service, but tends to take longer
3. Independent outside repair service - biomedical companies used by the office location for repair of the equipment must be authorized by the manufacturer to perform such services

Equipment will not be modified without approval from a Director, and specific written approval from the manufacturer. Equipment Maintenance Forms will be kept on all equipment documenting preventive maintenance, safety checks and repairs as applicable.

Rental equipment will be repaired at no cost to the patient except equipment damaged by the patient or not under warranty. Equipment owned by the patient will be repaired at a set fee based on an hourly rate plus parts at fair market price. Unusual charge exceptions can be made with appropriate supervisory approval. Repairs on equipment owned by the office location and/or the patient are made within a timely manner unless extenuating circumstances exist (i.e., parts are on order).

### **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Equipment Maintenance and Repair Policy  
CHAP DMEPOS PS.2

Effective Date: 01/01/2012	Title: Equipment Tracking and Recall Policy
Reviewed Date: 02/15/2024	Revision Date: 03/28/2016, 11/30/2018, 05/26/2020, 08/18/2021
Department: Operations	

## **PURPOSE**

Rehab Medical will establish requirements for documentation management for equipment and recalls.

## **POLICY**

Recording and documenting of patient equipment and services provided is critical to ensuring proper tracking, compliance with manufacturer's guidelines and patient safety when equipment is recalled.

1. Equipment provided to a patient must be documented in the patient's file.
2. At a minimum, it should include the manufacturer's name and serial number, lot number when applicable, equipment maintenance and repair records, and location of rental equipment to facilitate a recall.
3. All products are recorded in Brightree.
4. All deliveries, maintenance, and pickups are recorded in Sales Pilot.

Equipment that has been recalled by the manufacturer or cited for a potential hazard may pose a significant health and safety risk to patients. Immediately upon receipt of notification, the Purchasing Department shall implement the recall process to identify and respond to the notice and take actions recommended by the manufacturer.

## **SCOPE**

Patient equipment and service documentation record keeping requirements.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.2, PS.3  
Equipment Tracking and Recall Procedure

Effective Date: 01/01/2012	Title: Equipment Tracking and Recall Procedure
Reviewed Date: 09/22/2022	Revision Date: 03/28/2016, 11/30/2018, 05/26/2020, 08/18/2021, 03/11/2022, 02/15/2024
Department: Operations	

## **PROCEDURE**

### **Equipment Tracking**

1. Upon delivery Items are received into inventory by the branch.
2. Branch selects the item from warehouse and completes a delivery ticket.
3. Branch assigns the item from inventory to the patient.
4. When delivery is completed, the delivery ticket is sent to billing who confirms the sales order.
5. Once confirmed the inventory is removed from the branch and assigned to the patient.

All products and serial numbers are logged in Brightree. All deliveries, maintenance, and pickups will be recorded.

### **Equipment Recalls**

#### **Review Group Product Recall Procedure**

1. Notification of recall is received by Purchasing from supplier with the serial numbers of the units affected.
2. Purchasing will notify the Leadership team of all recalls.
3. Purchasing will work with Billing to run a report of all patients within the serial number range of the product.
4. Once a list is established, Purchasing will draft a letter explaining the situation and what the patient should do to remedy the problem.
5. A letter will be sent to each patient. A certified letter may be needed depending on circumstance.
6. The list of patients along with a copy of the recall notice will be sent to the Branch Manager of each branch.
7. If any letter is returned, then the patients account will be noted that it was returned.
8. Once all letters are sent, no additional attempts will be made to contact patients.

#### **Purchasing of Parts for Recall**

1. Parts should be ordered per the process notated on recall notice.

2. Once an order is processed purchasing should be notified to order the part(s) per the recall notice.
3. The part number "Recall-Return" will also be added to purchase order in Brightree for total cost and so tracking number can be added once they are returned.

Office Manager will add tracking number into serial number field so parts can be tracked, and credit obtained.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.2, PS.3

Equipment Tracking and Recall Policy

Effective Date: 03/17/2017	Title: Medical Device Act Policy
Reviewed Date: 11/13/2023	Revision Date: 11/30/2018, 04/26/2019, 07/25/2019, 01/12/2022
Department: Compliance	

## **PURPOSE**

Rehab Medical policy and procedure addresses the requirements of the Medical Device Act (MDA) and delineates the mechanisms for reporting incidents which result in serious injury or death.

## **POLICY STATEMENT**

The Compliance Officer of Rehab Medical will report any adverse events caused by normal product use of equipment provided by Rehab Medical, to the manufacturer and/or the FDA as required.

An adverse event is:

- Device-related death
- Device-related serious injuries

Reports of adverse events are received from incident reports generated by any employee who is alerted to or observes an adverse event.

## **SCOPE**

This policy applies to any adverse event received by the Compliance Department.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.2, PI.2  
Medical Device Act Procedure

Effective Date: 03/17/2017	Title: Medical Device Act Procedure
Reviewed Date: 11/13/2023	Revision Date: 11/30/2018, 04/26/2019, 07/25/2019, 01/12/2022
Department: Compliance	

## **PROCEDURE**

- 1) Incident report is completed and sent to Compliance and will include:
  - a) Patient Name
  - b) Address
  - c) Contact information
  - d) Device type being used, serial numbers and any specific part information
  - e) Circumstances of adverse event
- 2) Additional information will be gathered by Compliance upon receipt of the report, as needed.
- 3) Report will be filed with the Manufacturer.
- 4) Accurate documentation of findings includes:
  - a) Investigative findings
  - b) Copies of reports sent to the manufacturer
- 5) Reports will be retained electronically for each event.
- 6) In-service education on Medical Device Act reporting is provided to staff on an annual basis.
  - a) Written curriculum outlines describe training content
  - b) Records of attendance and/or completion are maintained

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS PS.2, PI.2  
Medical Device Act Policy



Effective Date: 01/01/2012	Title: Vehicle Infection Control
Reviewed Date: 02/10/2023	Revision Date: 11/12/2014, 05/14/2018
Department: Operations	

## **PURPOSE**

Rehab Medical has infection control measures in place to ensure all equipment is clean, thereby minimizing the risk of infection to patients.

## **POLICY STATEMENT**

Rehab Medical maintains separation between cleaned and dirty equipment in its vehicles. All equipment and supplies shall be clean, in working order, and company vehicles will have a separation of clean and dirty areas.

## **SCOPE**

All company vehicles will maintain infection control measure to minimize the risk of infection to patients.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS IC.1

Vehicle Infection Control Procedure

Effective Date: 01/01/2012	Title: Vehicle Infection Control Procedure
Reviewed Date: 02/10/2023	Revision Date: 11/12/2014, 05/14/2018
Department: Operations	

## **PROCEDURE**

The separation of clean and dirty equipment within vehicles must be utilized to prevent cross-contamination. A designated separate clean and dirty area within the vehicle must be identified. Equipment must be bagged at all times.

Personnel removing and transporting equipment that is visibly soiled or suspected of contamination must wear gloves. Equipment should be well secured within the vehicle.

Dirty equipment must be disinfected prior to being bagged or put in the vehicle. Dirty equipment must be placed in a black plastic bag prior to being placed in the van. Any dirty equipment too large to be placed inside a bag must be covered to separate it from the clean equipment. The equipment will be secured and covered in the delivery vehicle.

Delivery vehicles must be disinfected with a germicide and/or the cargo area washed out on a weekly basis to reduce infection concerns. Disinfection of the cargo area must also be performed after pickup of a known infected item that could not be completely bagged to separate it from the cargo area. Tie down straps should also be sprayed during this process.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS IC.1

Vehicle Infection Control Policy

Effective Date: 01/01/2012	Title: Manufacturer Manuals and Instructions
Reviewed Date: 08/29/2024	Revision Date: 11/26/2018, 11/16/2021
Department: Operations	

## **PURPOSE**

Rehab Medical maintains a copy of the manufacturer manuals and instruction sheets for each piece of equipment that is provided by Rehab Medical locations to maintain competency in setup and instruction to the patient.

## **POLICY STATEMENT**

Rehab Medical maintains Manufacturer resource materials.

The manuals and instruction sheets are retained and accessible to all employees. The employees are to review any manuals and instruction sheets as needed to maintain competency in set-up and instruction to the patient.

Patients receive a copy of applicable instruction sheets for equipment provided.

Manufacturer literature is copied and stored in a binder or an electronic file and replaced as needed.

## **SCOPE**

All locations providing equipment or service to patients will maintain copies of the manufacturer manuals and instruction sheets.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Patient Handbook  
CMS Supplier Standards  
CMS Patient Rights and Responsibilities  
CHAP DMEPOS: WC.12, AM.5

Effective Date: 11/27/2018	Title: Vehicle Policy
Reviewed Date: 08/29/2024	Revision Date: 03/01/2019; 04/25/2019; 07/08/2020
Department: Operations	

## **PURPOSE**

To establish clear reporting guidelines regarding the use and reporting on vehicle use and accidents.

## **POLICY STATEMENT**

Rehab Medical maintains a fleet of vehicles to service its patients' equipment needs. The vehicles are maintained and monitored via monthly reports provided to the Branch Managers

Rehab Medical vehicles will provide reliable, safe and infection free methods of transport for our employees and equipment to service the needs of our patients.

## **SCOPE**

All Rehab vehicles

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: PS.1

Incident Reports

Vehicle Procedure

Effective Date: 11/27/2018	Title: Vehicle Procedure
Reviewed Date: 09/29/2024	Revision Date: 03/01/2019; 04/25/2019; 07/08/2020
Department: Operations	

## PROCEDURE

### Operating Responsibilities

- Employee must hold a valid driver's license in order to operate a company vehicle
- If license is revoked/suspended for any reason, must notify Supervisor immediately
- Company Vehicles or Rental Cars are only to be operated by the assigned employee
- Cell phone use should be at a minimum while driving for company purposes
- Vehicles must remain locked when not attended
- All state and local laws must be obeyed
- No unauthorized personnel in the vehicle
- Driving under the influence is prohibited and will result in discipline up to and including termination
- Traffic violations must be reported to Supervisor and Compliance Officer
- Monthly Vehicle Inspections will be performed by the Delivery Technician and turned into the Branch Manager for follow up
- Maintain vehicle in clean, organized fashion at all times
- Retain sufficient PPE supplies to allow for proper use
- Check and initial vehicle fire extinguisher monthly
- Branch Managers are responsible for maintenance of the fleet for their locations
- Branch Managers are responsible to ensure the safety of the vehicles and respond to any identified issues with a vehicle reported by technicians.

### Accident Responsibilities

#### Employee (Driver)

1. Stop immediately and secure the vehicle (shut off the engine and set the brakes)
2. Protect the area by properly placing emergency triangles or devices
3. Notify the police (the driver should not leave the scene of the accident)
4. Contact management to report accident
5. Keep calm, be courteous and don't argue. Get the Officer's name, department and badge number. Do not accept responsibility or apologize for anything.
6. Provide his/her name, the company's name, insurance policy information, and driver's license to the other party(ies)
7. Take pictures of the accident scene from all four sides of the vehicle
8. Obtain names phone numbers, license numbers and addresses of witness(es)

9. Do not discuss details of the accident with anyone, except management, insurance carriers, and the police
10. Complete a company Accident Report Form and turn into manager

#### Manager

1. Contact HR Department ([HR@rehabmedical.com](mailto:HR@rehabmedical.com)) and report accident as soon as you are notified
2. Forward a copy of the Accident and police report to HR department as soon as received
3. Work with HR to arrange for drug and alcohol screening within 24 hours
4. Arrange to have scheduled appointments notified and rescheduled

#### Human Resources

1. HR to provide manager and employee with drug testing information, location, and timeline
2. Notify insurance carrier, initiate claim
3. Forward copy of accident report to Accounting department
4. HR to notify Operations and Compliance of accident

#### Accounting Department

1. Coordinate with Insurance Claims and Adjuster
2. Arrange for quotes
3. Work with Branch to facilitate repairs or replacement

#### Compliance Department

1. Will log all accidents and review for trends
2. Report trends to VP of Operations

Accidents will be reported to Compliance Committee quarterly.

### **OTHER POLICIES & RESOURCES**

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS: PS.1  
Incident Reports  
Vehicle Policy

Effective Date: 01/01/2012	Title: Vehicle Maintenance and Repairs Policy
Reviewed Date: 08/29/2024	Revision Date: 03/31/2016, 11/27/2018, 04/25/2019
Department: Operations	

## **PURPOSE**

General maintenance and repairs are a necessity and should be completed at recommended intervals based on the manufacturer.

## **POLICY STATEMENT**

Branch Managers and Rehab Technicians are responsible for ensuring the timeliness of general maintenance for all vehicles assigned to the respective offices. Items considered as general maintenance should be completed at the recommended intervals.

## **SCOPE**

Branch Managers and Rehab Technicians are responsible for maintaining any vehicle assigned to them.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Vehicle Maintenance and Repairs Procedure

Effective Date: 01/01/2012	Title: Vehicle Maintenance and Repairs Procedure
Reviewed Date: 08/29/2024	Revision Date: 03/31/2016, 11/27/2018, 04/25/2019, 04/14/2020, 08/16/2021
Department: Operations	

## PROCEDURE

General maintenance should be documented on the Vehicle Inspection Sheet that is submitted monthly to the Branch Manager.

- Oil Change                      Every 3,000-5,000 miles
- Tire Rotation                      Every 8,000-10,000 miles
- Bulb Replacement              Replace during next scheduled service appointment
- Windshield Wiper              Replace during next scheduled service appointment
- Fluids                              Most service centers offer fluid top offs between oil changes

All services other than general maintenance require approval from the Operations Director. The requestor must provide three (3) quotes for the repairs via email and will receive an email approval to have the service completed. Once complete, payment will be called in through the Accounting Department, if needed, and the requestor must email a copy of the invoice to the Operations Director to be kept in the vehicle file.

Vehicle replacements will occur when:

- Vehicle has reached 250,000 miles, deemed not safe, or;
- It is determined that the cost of service would be more than the cost per mile of the vehicle over the purchased rate for 250,000 miles
  - i.e., If a vehicle has 205,000 miles and three (3) quotes for service are received that are over \$750.00, an internal review of that vehicle would occur by the Operations Manager and a determination would be made based from past service records.

Once a determination is made, the Operations Manager will contact the requestor.

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

Vehicle Maintenance and Repairs Policy



Effective Date: 05/15/2018	Title: Office Inspection Policy
Reviewed Date: 09/28/2023	Revision Date: 05/27/2020, 08/24/2020, 08/12/2021
Department: Compliance	

## **PURPOSE**

Rehab Medical maintains its facilities in accordance with accreditation, state and federal guidelines. To meet these requirements, the Company conducts frequent office inspections.

## **POLICY STATEMENT**

The office inspection is an internal audit designed to identify if company standards are being met at each location at all times, and to assist the local office in preparation for an inspection by a third party. In addition to Compliance team members, an office inspection may be completed by a Company Director or Manager within Operations via an in-person or virtual visit.

For any standard that is not met, the Branch Manager, or their designee, is responsible for completing a Corrective Action Plan to address any deficiencies. The Corrective Action Plan is reviewed by the Compliance Department, which will perform follow up inspections as needed to ensure compliance. Action plans to noncompliant responses will be reviewed with the Vice President of Operations and addressed on a case-by-case basis as appropriate. Failure to address Corrective Action Plan deliverables may result in disciplinary action.

It is the responsibility of each Branch Manager to understand and be knowledgeable about inspection requirements, particularly CHAP accreditation requirements, CMS requirements and applicable corporate policies and procedures. CHAP requirements are available to all employees by Compliance. Employees should report any violations or suspected violations of law, corporate policies or accreditation standards to the Compliance Department.

## **SCOPE**

This policy applies to all Rehab Medical locations, leadership and employees.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Office Inspection Procedure  
Branch Inspection Procedures and Education Guidance

Effective Date: 05/15/2018	Title: Office Inspection Procedure
Reviewed Date: 09/28/2023	Revision Date: 05/27/2020, 08/12/2021
Department: Compliance	

## PROCEDURE

### Inspection

Internal compliance visits will be scheduled by the Compliance Department, who will provide reasonable notice of inspection and prior to arriving at the location. Inspections will occur as at least one in-person inspection and may also be conducted virtually as an audio/video teleconference. Compliance may use other key personnel to conduct site visits. Assigned Managers are responsible for ensuring the branch passes the inspection with score of **no less than 90%**.

1. Compliance or designee meets with a location representative and discusses the intent of the inspection and what Compliance seeks to accomplish.
2. Thoroughly explain the process of the leadership-designated employee to conduct the inspection walkthrough based on identified inspection procedures.
3. Designee will conduct the inspection walkthrough in a manner consistent with an inspection presentation to Compliance. Compliance may ask clarification questions as needed to understand specific inspection elements. A Facility Inspection Form is used to document compliance with all areas of the location.
4. Once the inspection is complete, Compliance will convene an exit conference to discuss summary findings prior to the issuance of a formal finding. Deficiencies identified will be reviewed with the facility representative explaining what the deficiency is, and why the practice is required.
5. Once all of the areas are scored on the Facility Inspection Form, a score is tabulated and Corrective Action Plan (CAP) is created, if required.

Ultimately, Compliance seeks to create a collaborative learning environment where leaders and employees take an active role in preparing for any external inspection.

### Corrective Action Plan

Inspections with a score between 90% and 100%:

1. Compliance will review any findings with the Branch Manager (BM).

2. Informal documentation, such as an email or documented conversation, will be recorded by Compliance and include any findings and needed corrections. A CAP is not required.
3. The BM will have three (3) business days to respond with plan of correction.
4. Compliance will review the plan of correction with the BM and revise or accept as appropriate.
5. Upon acceptance of correction plan, the BM will have seven (7) business days to provide proof of correcting the deficiencies.

Inspections with a score less than 90%:

1. A CAP is required, will be initiated by Compliance and sent to the Branch Manager (BM) and Field Operations Director.
2. BM will have three (3) business days to return completed CAP to Compliance.
3. Field Operations Director will receive all CAPs from Compliance for review.
4. A Meeting will be scheduled to review CAP with Field Operations Director, BM and Compliance.
5. BM will have seven (7) business days to provide proof regarding correcting the deficiencies
6. The Field Operations Director will sign off on the CAP.
7. A Copy of the CAP will be provided to the Vice President of Operations for any location who receives a score below 90% on the inspection.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Office Inspection Policy  
Branch Inspection Procedures and Education Guidance

Effective Date: 01/01/2012	Title: No Hands Policy
Reviewed Date: 08/29/2024	Revision Date: 05/03/2018
Department: Operations	

## **PURPOSE**

Rehab Medical does not provide hands-on patient care.

## **POLICY STATEMENT**

Rehab Medical is a Durable Medical Equipment company that does not provide medical treatment, therapy, or home health services, and therefore does not provide hands-on patient care.

## **SCOPE**

This policy applies to the entire Rehab Medical company.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

None

Effective Date: 01/01/2012	Title: Complex Rehabilitative Scope of Services Policy
Reviewed Date: 02/14/2023	Revision Date:
Department: Operations	

## **PURPOSE**

Rehab Medical provides Complex Rehabilitative Equipment and Complex Rehab Technology (CRT) equipment in accordance with state and federal law.

## **POLICY STATEMENT**

All CRT will be provided by a trained ATP and/or HME technician.

## **SCOPE**

Rehab Medical Purchasing, Clinical and Delivery staff

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS WC.14  
Complex Rehabilitative Scope of Services Procedure

Effective Date: 01/01/2012	Title: Complex Rehabilitative Scope of Services Procedure
Reviewed Date: 01/09/2023	Revision Date: 02/14/2022
Department: Operations	

## PROCEDURE

Each patient received as a referral for CRT will be evaluated and interviewed as required to establish goals, outcomes, measurements, strategy for implementation and other possible products and/or services needed to help fulfill patient goals. The ATP will work as part of an interdisciplinary team which may consist of health care workers, school board members, therapists, physicians, family members and the patient to ensure that all considerations are taken into account before CRT is chosen, funded and delivered.

Process for determining and documenting needs will include:

- 1) Prescription
- 2) Length of need
- 3) Physician name/signature
- 4) Diagnosis
- 5) Mobility evaluation
- 6) Type of supplies needed
- 7) Special needs of patient
- 8) Patient's ability to understand and use equipment
- 9) Patient's understanding of how to contact Rehab medical in case of emergency.

All patients and/or applicable caregivers will be educated in:

- 1) Proper use of products provided
- 2) Safety Hazards associated with products provided
- 3) Maintenance of equipment
- 4) Plan of service
- 5) How to notify the company of problems, concerns and complaints

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS WC.14  
Complex Rehabilitative Scope of Services Policy

Effective Date: 06/01/2015	Title: Overpayment Policy
Reviewed Date: 07/01/2024	Revision Date: 11/06/2018, 12/10/2018, 01/31/2019, 08/08/2022
Department: Billing	

## PURPOSE

The purpose of this policy is to ensure the prompt identification, quantification, reporting and refunding of substantial and/or systemic overpayments received by Rehab Medical, LLC from payors (government or non-government) for Durable Medical Equipment Prosthetics and Orthotics (DMEPOS) services.

## DEFINITIONS

**Overpayment:** For purposes of this policy, an overpayment is defined as funds paid in excess of the amount due or payable under statutory or contractual terms. Overpayments may result from (not all inclusive): inaccurate coding, medically unnecessary services, duplicate payments, incorrect codes, or insufficient documentation.

**Identification of Overpayments:** Overpayments will only be considered “identified” when reasonable efforts have been made and it has been determined that an overpayment exists, and the amount has been definitively quantified.

## POLICY STATEMENT

Overpayments covered under this policy are systemic or substantial overpayments discovered through routine monitoring activities, documentation and coding or billing reviews, and, when required, internal investigations and/or audits.

## SCOPE

Rehab Medical claims payments

## OTHER POLICIES & RESOURCES

This Policy links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.8  
Overpayment Procedure

Effective Date: 06/01/2015	Title: Overpayment Procedure
Reviewed Date: 07/01/2024	Revision Date: 11/06/2018, 12/10/2018, 01/31/2019, 08/08/2022
Department: Billing	

## PROCEDURE

1. The Billing department will identify any overpayments as they occur through the course of working the outstanding accounts receivables.
2. As overpayments are identified, the payer is to be notified of the overpayment in order to determine the payer's specific process for refunding the monies (if applicable).
3. Once identified, the refund check should be requested:
  - Refund request form is filled out by processor
  - Refund payee, amount, and reason and listed on the form
  - Refund reasons include:
    - Duplicate Payment
    - Overpayment
    - Patient Deceased
    - Patient in Hospice/SNF
    - Equipment picked up
    - Post Pay Audit
    - Sales Return
4. Once the refund request form is received by Accounting, the refund is entered into QuickBooks.
5. As checks are printed, they are given to the Chief Financial Officer for signature.

## OTHER POLICIES & RESOURCES

This Procedure links with, and is to be read in conjunction with, the following:

CHAP DMEPOS AM.8  
Overpayment Policy



Effective Date: 02/16/2022	Title: Confidentiality of Internal Investigations and Limited Communications Policy
Reviewed Date: 08/29/2024	Revision Date:
Department: Compliance	

## **POLICY STATEMENT**

Rehab Medical, LLC (Rehab) is committed to conducting its affairs ethically and in compliance with laws, regulations, and Rehab policies, and to safeguarding all employees and Rehab resources.

Per the Code of Conduct for employees, any suspected misconduct (compliance, ethical, legal, professional), must be brought to the attention of the appropriate Rehab authority (listed below).

When a report of potential misconduct or other wrongdoing is made, Rehab has a duty and responsibility to investigate thoroughly, objectively, consistently, and as promptly as possible so that it can implement corrective action and take the appropriate disciplinary action, if deemed appropriate and necessary. To meet this responsibility, employees of Rehab must cooperate with Rehab Investigations (defined below).

### **Definitions**

Investigation means a Rehab-authorized internal examination, inspection, inquiry, analysis or review to determine facts. An Investigation is not a legal proceeding, may be formal or informal, and employees are not permitted to have legal representation present for workplace proceedings. Investigations may be undertaken by identified authorities, including, but not limited to Compliance Officer or his/her designee, the Executive Leadership or their designee, Human Resources or Finance.

### **Duty to Report**

Individuals should report suspected misconduct to their supervisors. If an individual is uncomfortable speaking with a supervisor, the report may be made to the department responsible for the law, regulation, or subject area. Individuals may also make a report directly to Human Resources and the Compliance Officer. In the event the report pertains to the Compliance Officer, the report shall be made directly to the President or Chief Executive Officer.

Individuals who are not comfortable using the foregoing reporting channels may make a report anonymously through the Rehab Help Line (317-813-4207) or online at [www.RehabMedical.com](http://www.RehabMedical.com). The Helpline is a safe and confidential reporting mechanism for reporting suspected misconduct anonymously and is administered by the Compliance Department. All reports are reviewed and forwarded to the appropriate Rehab authority and investigated per Rehab guidelines.

### **Duty and Responsibility to Cooperate**

All employees (up to and including executive leadership) must cooperate fully with investigations undertaken by persons charged with conducting the inquiry. Cooperation with investigations includes, but is not limited to:

- Promptly acknowledging and responding to requests for information.
- Making oneself available for meetings with investigating authorities.
- Providing full, accurate, and truthful information.
- Keep CONFIDENTIAL all information or discussions learned or transmitted during the investigation, unless directed otherwise by the investigating authorities.
- Preserve all relevant information and documents.

Non-cooperation or obstruction of an investigation is subject to Rehab disciplinary action, up to and including termination of employment.

### **Confidentiality and Non-Retaliation**

Confidentiality for individuals who are interviewed or otherwise cooperate in an investigation will be maintained to the extent possible by law. While absolute confidentiality cannot always be guaranteed, all matters will be kept confidential (i.e., shared only with those with a need to know).

To protect the confidentiality of individuals who participate in investigations, and to protect the integrity of the investigative process, individuals normally should not and will not be informed of the outcome of an investigation.

As stated in Rehab's Code of Conduct, neither Rehab nor any Rehab employee will retaliate against any person who, in good faith, reports suspected fraudulent or wrongful acts or who cooperates with an investigation of allegations of such. Knowingly initiating or causing a false or bad faith report also is strictly prohibited. Violations of these provisions are subject to disciplinary action up to and including termination. All suspected reports of retaliation or bad faith reports should be reported immediately to the Compliance Officer (463-202-5832), online at [www.RehabMedical.com](http://www.RehabMedical.com) or an executive or senior level leader.

**Rehab Medical, LLC Compliance Committee Members or their designee with Investigative**

**Authority:**

- President
- Vice President of Sales
- Vice President of Operations
- Chief Financial Officer
- Chief Technology Officer
- Compliance Officer
- Human Resources Manager

**SCOPE**

All Rehab Medical employees

**OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Code of Conduct

Effective Date: 08/09/2022	Title: Paperwork Compliance Violations
Reviewed Date: 09/28/2023	Revision Date:
Department: Compliance	

## **PURPOSE**

Our Compliance Team will work diligently to make sure all employees are educated of what is allowed and what is not allowed. However, it is important to have all levels of the company engaged and part of the solution. Therefore, the company will also hold all leadership responsible to ensure all employees make the right decision and protect the company.

## **POLICY STATEMENT**

The greatest risk to our Company is compliance-related Paperwork Violations. Whether intentional due to cutting corners or simply due to a lack of understanding of the guidelines, when the company bills unbillable claims, it is a major risk to the organization.

Examples of Paperwork Compliance Violations include, but are not limited to, editing or drafting a document/letter, or writing on any documents that are not to be written on i.e., Rx, chart notes or other documents.

For any Employee to be found with Paperwork Compliance Violations categorized as Fraud and Abuse:

1. Employee will be disciplined, up to termination, based on the frequency and severity of incident.
2. Manager and Director will take a 25% Bonus Reduction in the month the employee is found to have a Paperwork Compliance Violation.
  - a. Not to exceed \$500 per Manager/Director
3. All Partners will take a 50% reduction if an employee is found to have a Paperwork Compliance Violation.
  - a. Not to exceed \$500 per Partner per incident

\*Self-Reporting from a Manager/Director will be deemed as "part of the solution" and Manager/Director will not be penalized for reporting incidents they find and report.

## **SCOPE**

This policy applies to all company Managers, Directors and Partners.

## **OTHER POLICIES & RESOURCES**

This Policy links with, and is to be read in conjunction with, the following:

Standards of Conduct