



Aafiya

HOME CARE, LLC

3270 19th St NW, suite 108, Rochester, MN 55901

Tel: 507-292-0113 Fax: 507-292-7964

Dear PCA,

It is a pleasure to welcome you as new member of Aafiya Home Care Agency. As you become more familiar with your duties and better acquainted with the other members of our company, you will find that all of us have an important part to play.

You are now a member of a fine group of people operating as a team with the common objective of providing quality-assured, outcome-based home healthcare service.

My warmest wishes to you on beginning your employment with Aafiya Home Care LLC

Thank you,

Aafiya Home Care President



Aafiya Home Care LLC

Employment application

Personal Details

First Name		Middle Name		Last Name	
Date of Birth		Email:		Gender:	
		Mobile :			

Address:

Are you legally eligible for employment in the USA? YES/ NO

Social Security no.

Military service? YES / NO

UMPI No.

Have you ever been convicted of a criminal offense? If Yes, describe

Education	Name	Year Completed	Field of Study
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High School

College University

Business| Technical

Employment History (latest first)

1. Employer Name:

Employer Address:

Designation	Start Date	End Date
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Duties:

Supervisor Name: Supervisor Phone:

Reason for leaving: Salary USD/ hr.

2. Employer Name:

Employer Address:

Designation	Start Date	End Date
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Duties:

Supervisor Name: Supervisor Phone:

Reason for leaving: Salary USD/ hr.

References: Provide Two professional references

Name: Phone:

Name: Phone:

Emergency Contact Relation:

Name: Phone:



Aafiya Home Care LLC

Authorization for Criminal Background Check

Personal Details

First Name		Middle Name		Last Name		
Date of Birth		Email:			Gender:	
Address:						
Are you legally eligible for employment in the USA? YES/ NO						
Social Security no.						
Driving License No.						

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Aafiya Home Care LLC, and Minnesota Facility Care for the purpose of employment at Aafiya Home Care LLC.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature of the Applicant

Date



Aafiya Home Care LLC

Authorization

First Name		Middle Name		Last Name	
Date of Birth		Email:		Gender:	

I hereby consent to the release of any and all personnel data or other information about me or related to me or my employment application for employment at Aafiya Home Care LLC, including but not limited to: resumes, applications, interview notes, correspondence, and any and all other information related to my employment, application for employment or other attempt(s) to secure employment, including performance evaluations, disciplinary records, investigative data or notes whether or not said investigation resulted in disciplinary action, and all other information contain in my personnel file or otherwise maintained by any form whether or not previously reviewed by me. This information is needed for the purpose of determining my qualification and fitness for employment.

In connection with this authorization for release of information, I hereby release the below entity and all its current and former employees, officers, Board members, agents or representative from any and al manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall automatically expire in one year from the date on which this form was signed unless specific written revocation is received by Aafiya Home Care LLC prior to that date.

Signature of the Applicant

Date

Confidential Employee Reference Check					
Entity Name:				Attn:	
Street Address:					
Cit:		State:		ZIP	
We are considering the above applicant as a(n)_____. We would appreciate you're completing the following questions and returning this form to us in the self-addressed envelope or faxing it to us at 507-292-7964 at earliest convenience. RETURN TO: Aafiya Home Care LLC, 3270 19th St NW suite 108, Rochester, MN 55901					
PLEASE RATE THE APPLICANT BELOW WITH ✓ IN THE APPROPRIATE COLUMN					
	Excellent	Good	Adequate	Poor	Comments
Attendance					
Cooperation					
Quality of work					
Overall rating					
Date(s) of Employment: From:			To:		
Last Designation:			Salary USD/ hr.		
Reason for leaving:					
Additional Remarks:					

Date: _____

Signature: _____ Title: _____



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CONFIDENTIALITY OF CLIENT INFORMATION

By accepting employment with Aafiya Home Care LLC, you have obliged yourself to carefully refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so. Do not pass on medical information to anyone, clients or visitors, and follow guidelines by HIPAA. In addition, all information seen or heard regarding clients, directly or indirectly, is completely confidential and not to be discussed even with your family. Your job as an Aafiya Home Care LLC employee requires that you govern yourself by high ethical standards. Failure to recognize the importance of confidentiality is not only breach of agency but can also involve an employee in legal proceedings. Information about clients or the agency is not given to any form of media. This is essential for protection of both the client and agency. Very strict laws regarding the release of information concerning clients bind agencies.

Applicant name:

Signature of the Applicant

Date



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EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION

POLICY STATEMENT

Aafiya Home Care LLC is committed to providing equal employment opportunities for all employees and applicants. We do not discriminate based on age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation, gender identity, or national origin. This policy applies to all aspects of employment, including recruitment, hiring, promotion, transfer, compensation, training, layoff, and termination.

Aafiya Home Care LLC also takes affirmative action to ensure equal opportunity in all employment practices and to foster a workplace that reflects diversity, inclusion, and respect for all individuals.

Hawo A. Mohamed has been appointed as the Equal Employment Opportunity (EEO) Officer and is responsible for planning, implementing, and monitoring the company's affirmative action program. All supervisors and managers are expected to support this policy and demonstrate leadership in promoting equal opportunity.

Aafiya Home Care LLC will comply with all applicable federal, state, and local laws and regulations governing equal employment opportunity and affirmative action. The company will continue to work cooperatively with government agencies and community organizations to uphold these principles and ensure fair treatment for all.

I, _____, have read and understand this policy.

Signature of the Applicant

Date



PCA Billable Hours & EVV Policy

1. Purpose

This policy defines what PCA services are billable and how PCAs must use the Electronic Visit Verification (EVV) app, in compliance with Minnesota DHS requirements (Minnesota Statutes § 256B.0659)

2. Billable Services

PCAs may be billed only for tasks authorized in the client's PCA service plan:

T1019, S5130, H2015, etc.

3. Non-Billable Services

- Travel to/from client's home.
- PCA's meals, breaks, personal time.
- Tasks not listed in the service plan.
- Waiting without supervision.
- Hours beyond the client's authorization or DHS monthly cap.

4. EVV Requirements

- **Check in** on the EVV app at shift start (records time & location) at client's location
- **Check out** on the EVV app at shift end (records time & location) at client's location
- **Record tasks completed** during the shift.
- Log-ins must not be shared.
- Falsifying EVV entries = grounds for termination & report to DHS.

5. EVV Errors & Corrections

If an error occurs, the PCA must notify the agency **within 24 hours**. Common errors include:

- **Missed check-in or check-out** → PCA must submit a correction form with actual times and client verification.
- **Wrong location captured** (e.g., GPS glitch) → document the correct address and reason, verified by the client/responsible party.
- **Wrong client signature or missing signature** → obtain the correct signature as soon as possible and resubmit.
- **Duplicate or overlapping entries** → notify the agency immediately; only the accurate shift will be billed.

Repeated EVV errors without valid reason may lead to retraining or discipline.



6. Documentation

- Start/stop times must be exact.
- EVV entries must match timesheets.
- Documentation must be accurate and truthful.

7. Hours & Overtime

- PCA cannot exceed the client's authorized hours.
- PCA cannot exceed the client's daily or weekly authorized hours.
- PCA cannot exceed **310 hours/month across all clients**.
- Overtime must be pre-approved by the agency.

8. Communication Requirements

- All PCAs must maintain a **personal mobile device** capable of running the EVV app.
- PCAs must provide the agency with a **valid phone number and email address** for scheduling, communication, and compliance purposes.
- PCAs are responsible for keeping their contact information with the agency.
- Failure to maintain an active device, phone number, or email address may result in suspension from work until updated information is provided.

9. Client & PCA Responsibilities

- **PCA:** maintain accurate EVV entries, protect log-in, follow plan of care, and keep communication lines open.
- **Client/Responsible Party:** confirm EVV entries and report discrepancies.
- Both review monthly service summaries for accuracy.

10. Violations

Submitting false or inflated hours, failing to use EVV, or not maintaining required communication tools may result in: Termination, repayment of claims, reporting to DHS, possible legal action.

Visits are billed bi-weekly, and salary is paid upon claimed| billed hours.

Acknowledgement

I acknowledge that I have received, read, and understood the **Billable Hours & EVV Policy**. I agree to follow this policy as a condition of employment/contract with Aafiya Home Care LLC.

PCA Name:

Mobile:

Signature with date:



<u>Witness</u>	<u>PCA</u>
	Welcome Letter
	Aafiya Philosophy
	Employment Application
	Employment Application Disclaimer and Acknowledgement
	Equal Employment Opportunity and Affirmative Action Policy
	EVV Billing Policy
	Confidentiality of Client Information
	Job Description
	Authorization for Criminal Background Check
	Human Resource (TB test)
	MN Health Care Programs Provider Agreement
	MN Health Care Programs Individual PCA Enrollment APP
	Form W-4 (https://www.irs.gov/pub/irs-pdf/fw4.pdf)
	Employment Eligibility Verification
	HIPAA Guideline
	Minnesota Vulnerable Act
	Guide to Homecare Service
	Form I-9 Employment Eligibility
	Sexual Harassment Policy
	Condition of Employment
	Certification of Orientation



Personal Care Assistant may not

- Provide services except as an employee of an enrolled provider company.
- Provide services that are not outlined in the client's personal care service plan.
- Provide services that are not supervised by a Registered Nurse (RN).
- Provide personal care services to a client for whom they are a legal guardian or relative, unless a waiver has been obtained.
- Perform sterile procedures.
- Give injections of fluids into the veins, muscles, or skin.
- Provide services in an adult or child foster home without prior approval from the Department of Human Services (DHS).

The Federal False Claims Act:

Under the Federal False Claims Act, it is unlawful to:

- Submit a false claim for payment.
- Make or use a false record or statement to obtain payment for a false claim.
- Conspire to make a false claim.
- Make or use a false record or statement to avoid payment owed to the government.

Knowledge and Intent:

A person or organization violates the FCA if they:

- Have actual knowledge of the falsity of the information,
- Act in deliberate ignorance of the truth or falsity, or
- Act in reckless disregard of the truth or falsity.

No proof of specific intent to defraud is required for liability under the Federal False Claims Act.

Physical | Environmental Demands:

Personal Care Assistants (PCAs) perform a variety of tasks that require physical strength, endurance, and mobility. The position may involve:

- Frequent standing, walking, bending, and reaching.



- Assisting clients with mobility, including transferring to and from beds, chairs, or wheelchairs.
- Lifting or supporting clients who may have limited physical ability (often up to 50 pounds or more, depending on the client's needs).
- Performing repetitive motions such as bathing, grooming, dressing, and housekeeping activities.
- Using hands and arms for fine motor tasks such as feeding, medication reminders, and personal care tasks.
- Maintaining balance and coordination while assisting clients or handling adaptive equipment.
- Observing and communicating clearly -both verbally and in writing -to ensure client safety and accurate documentation.

Sexual Harassment Policy:

This policy ensures a safe, respectful, and professional work environment free from all forms of sexual harassment, discrimination, or intimidation.

All employees -including Personal Care Assistants (PCAs), supervisors, clients, and other staff -have the right to work and receive care in an environment that promotes dignity and respect

All Employees (including PCAs) Must:

- Treat others with respect and professionalism always.
- Avoid behavior that could be seen as harassment or offensive.
- Report incidents immediately to a supervisor, HR representative, or designated compliance officer.
- Cooperate fully in any investigation of alleged harassment.

Consequences of Policy Violation:

Any employee found to have engaged in sexual harassment will face disciplinary action, up to and including termination of employment.

Depending on the severity, legal action may also be taken in accordance with state and federal laws.

I _____, have completed an acknowledged the criteria needed to become PCA. I will give all and undivided attention to follow and submit to Aafiya's Guidelines.



Applicant Signature:

Date:

Witness Signature:

Date:

Important Links

Employee notice form https://www.dli.mn.gov/sites/default/files/pdf/employee_notice_form.pdf

Withholding form W-4 <https://www.irs.gov/pub/irs-pdf/fw4.pdf>

Employee Eligibility form I-9 <https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>

PCA Training Course <https://mn.gov/dhs/partners-and-providers/training-conferences/minnesota-health-care-programs/provider-training/pca.jsp>

PCA Training Test <https://registrationtraining.dhs.state.mn.us/?BusinessUnitID=16>

Email Certificates and documents at aafiyahomecare@gmail.com

Fax- 507-292-7964