



IMPERIAL COUNTY Local Health Authority Commission

Regulatory Compliance Oversight Committee of the Commission

AGENDA

Date/Time: June 30, 2025, 12:00 PM

Location: Community Health Plan of Imperial Valley, 512 West Aten Road, Imperial, CA 92251

Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comments can be made live and in person at the meeting. To listen to the meeting via videoconference please join by calling +1 469-998-7368 (audio only, Phone Conference ID: 843002905#) or clicking on the link below:

[Click here to join the meeting](#)

Meeting ID: 278 098 926 402

Passcode: 3n4Y4hc7

All supporting documentation is available for public review at <https://chpiv.org>

Committee Members	Representing	Present
Dr. Allan Wu (Chair)	LHA Commissioner and Regulatory Compliance Oversight Committee Chair Chief Medical Officer, Innercare	
Dr. Theodore Affue	LHA Commissioner Chief Medical Officer, County of Imperial	
Pablo Velez	LHA Commissioner Chief Executive Officer, El Centro Regional Medical Center	
CHPIV Staff	Job Title	Present
Lawrence Lewis	Chief Executive Officer	
Elysse Tarabola	Chief Compliance Officer	
Dr. Gordon Arakawa	Chief Medical Officer	
David Wilson	Chief Financial Officer	
Julia Hutchins	Chief Operating Officer	
Chelsea Hardy	Senior Director of Compliance	
Jeanette Crenshaw	Executive Director of Healthcare Services	
Daniel O'Campo	Chief of Staff	
Cynthia Mesa	Interim Director of Delegation Oversight	
Alfredo Flores	Compliance Manager	
Kristi Wilkerson	Delegation Oversight Program Manager	
Eduardo Ron-Lopez	Compliance Coordinator	
Shannon Long	HR Consultant	
Donna Ponce	Executive Assistant/Commission Clerk	

1. Call to Order

Dr. Allan Wu, *Chair*

2. Roll Call

Donna Ponce, *Executive
Assistant/Commission Clerk*
Dr. Allan Wu, *Chair*

3. Approval of the Agenda

- Items to be pulled or added from the
Consent/Information/Action/Closed Session Calendar
- Approval of the order of the agenda

4. Public Comment

Chair



IMPERIAL COUNTY

Local Health Authority Commission

Regulatory Compliance Oversight Committee of the Commission

This is an opportunity for members of the public to address the Commission on any subject matter within the Commission's jurisdiction. Any action taken as a result of public comment shall be limited to the direction to staff. When addressing the Commission, state your name for the record prior to providing your comments. Please address the Commission as a whole, through the Chairman. Individuals will be given 3 minutes to address the Commission; groups or topics will be given a maximum of 15 minutes. Public comments will be limited to a maximum of 30 minutes. If additional time is required for public comments, they will be heard at the end of the meeting.

5. Approval of Minutes from March 25, 2025

Chair

6. Chairperson's Report

7. Chief Compliance Officer Report

Elysse Tarabola, *Chief Compliance Officer*

- a. Approve Updated and New Policies & Procedures

Elysse Tarabola, *Chief Compliance Officer*

Julia Hutchins, *Chief Operating Officer*

Dr. Gordon Arakawa, *Chief Medical Officer*

Daniel O'Campo, *Chief of Staff*

Jeanette Crenshaw, *Executive Director of Health Services*

- b. Approve Updated Employee Handbook

Shannon Long, *HR Consultant*

- c. Regulatory and Delegation Oversight

Elysse Tarabola, *Chief Compliance Officer*

- i. DHCS Medical Audit

Cynthia Mesa, *Interim*

- ii. Pre-Delegation Audits of Community Health Group and IPAs

Director of Delegation Oversight

- iii. Delegation Oversight Annual Audit of Health Net

- iv. DMHC Routine Survey

- d. Delegation Oversight Reorganization

Elysse Tarabola, *Chief Compliance Officer*

Cynthia Mesa, *Interim Director of Delegation Oversight*

- e. Delegation Oversight Program: Quarter 4 Results and Corrective Action Plans

Cynthia Mesa, *Interim Director of Delegation Oversight*



IMPERIAL COUNTY

Local Health Authority Commission

Regulatory Compliance Oversight Committee of the Commission

f. Fraud and Abuse Report

Elysse Tarabola, *Chief
Compliance Officer*

g. Privacy Incidents

Elysse Tarabola, *Chief
Compliance Officer*

8. Adjourn to Closed Session
Pursuant to Welfare and Institutions Code § 14087.38 (m)

Dr. Allan Wu, *Chair*

9. Reconvene in Open Session

Chair

10. Adjournment

Chair



**Community
Health Plan**
OF IMPERIAL VALLEY

Regulatory Compliance Oversight Committee

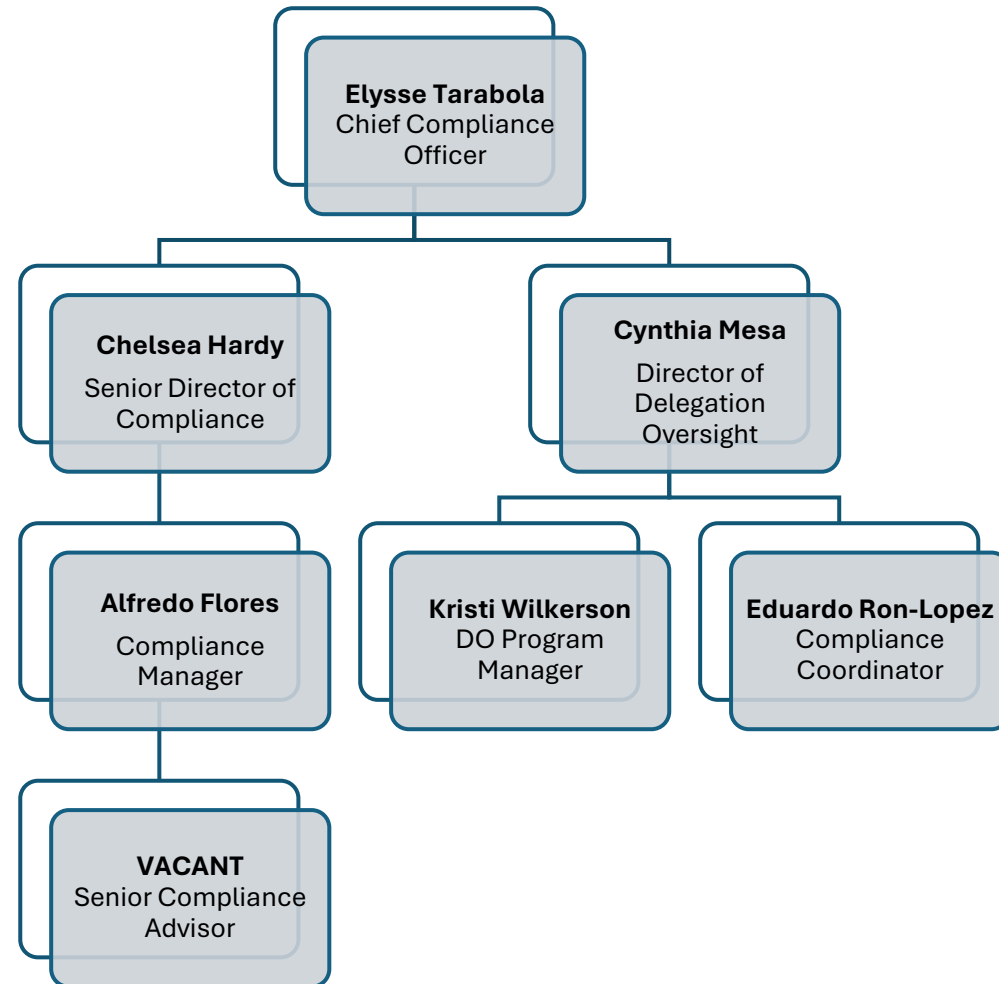
Quarter 2 2025

June 30, 2025

Compliance Officer Report

Compliance Department Update

- New Staff
 - Kristi Wilkerson, Delegation Oversight Program Manager
 - Eduardo Ron-Lopez, Compliance Coordinator
 - Alfredo Flores, Compliance Manager



Chief Compliance Officer Report

ACTION ITEMS – Review and request approval of the following:

- Updated P&Ps
- Employee Handbook

INFORMATIONAL

- Compliance Activities
- Regulatory and Delegation Oversight Audits
- Delegation Oversight Reorganization
- Delegation Oversight Program – 2024 Quarter 4 Results and CAPs
- Fraud and Abuse
- Privacy Incidents

ATTACHMENTS

- New All Plan Letters (APLs) Released and Status

Updated and New Policies and Procedures



Updated P&Ps

See Exhibit B – Policy Packet

P&P	Policy Name	Department	Functional Area	Summary of Changes
CMP-001	Writing and Processing P&Ps	Compliance	Compliance	Annual Review – no changes
CMP-013	Key Personnel Change	Compliance	Compliance	Updated to reflect new DHCS submission process and requirement to collect and submit Subcontractor and downstream entity key personnel disclosures to DHCS
BH-001	Behavioral Health	Health Services	Behavioral Health	Annual Review – Updated to align with DHCS guidelines, clarifying automatic continuity of care for transitioning members and reinforcing timely processing.
UM-003	Continuity of Care	Health Services	Utilization Management	Annual Review – Updated to align with current DHCS and DMHC requirements, incorporating enhanced coordination with schools and county programs, strengthened health equity and parity provisions, clarified service coverage and reporting obligations.
CLM-001	Claims & PDR (Provider Dispute Resolution)	Operations	Claims	Annual Review – Updated policy owner from CFO to COO, revised to conform with what is allowable under our Health Net agreement.
BC-001	States of Emergency	Operations	Business Continuity	Annual Review- Purpose statement was updated to clearly define the Emergency Preparedness and Response Plan (EPRP), while new language clarifies CHPIV's oversight role over Health Net as its subcontractor. Coordination language was included to reflect CHPIV's responsibility to work with Imperial County OES and Cal OES. Definitions were updated for clarity.

Employee Handbook



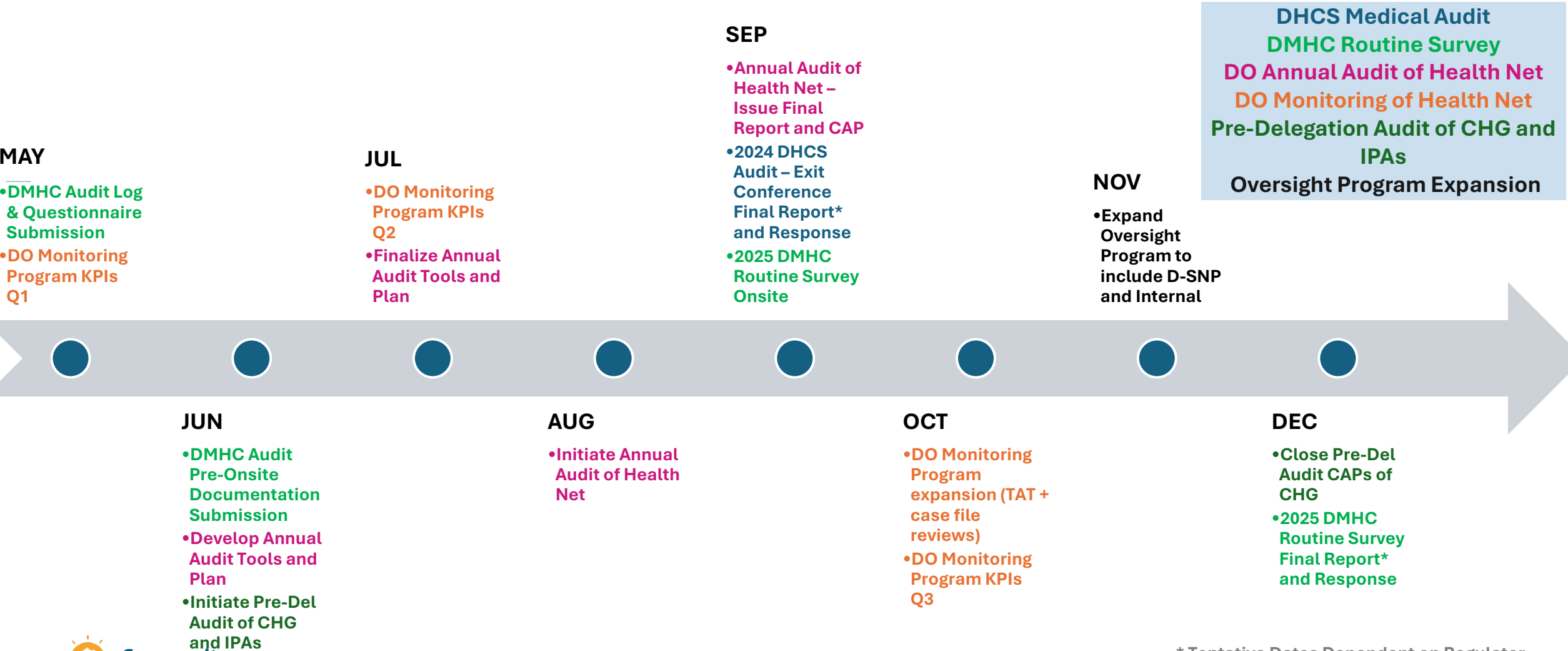
Employee Handbook Updates

Topic	Page	Content
Background checks	8	Changed the wording to comply with California's Ban the Box law. We cannot have a policy that says that we will not hire a candidate with a felony conviction. Each conviction has to be considered on a case-by-case basis for job relatedness, recency, and other extenuating circumstances.
Reproductive loss leave	28	Added to comply with new California legislation, an employee that experiences a reproductive loss may take up to 5 unpaid days over a 3-month period.

Regulatory and Delegation Oversight Audits



2025 Regulatory and Delegate Oversight Activities



* Tentative Dates Dependent on Regulator

DHCS Medical Audit

Onsite concluded May 13, 2025

- **Scope:** First Annual DHCS audit assessing compliance with Medi-Cal managed care requirements.
 - *Review Period: CY2024*
- **Status:** Onsite audit completed on May 13th; preliminary exit conference held with preliminary findings shared.
- **Actions Taken:** Initiated internal Corrective Action Plans (CAPs) focusing on Delegation Oversight of Health Net and use of oversight results to drive targeted local engagement and long-term strategic improvements
- **Next Steps:** Awaiting final audit report – Expected: September 2025

DHCS Medical Audit: Preliminary Findings Themes

Strengthen Oversight

Complete first annual audit of Health Net and begin regular monitoring of known issues, as outlined in our DO Audit & Monitoring Program.

Local Engagement

Increase collaboration with community partners and providers to ensure services are aligned with local member needs. Use DO audit/monitoring results to guide local quality improvement and outreach strategies.

Close the Loop

Work with Health Net to build stronger systems to ensure follow-through on referrals, transportation, and member services.

P&P/Document Updates

Formalize process to update policies and documentation (e.g., UM Program) to reflect current practices and expectations. Ensure reports, policies, and required materials are submitted to DHCS accurately and on time.

Pre-Delegation Audit of Community Health Group (CHG) and IPAs

CHG Initiated May 30, 2025, MedPoint (for CCIPA) and Procare (Premier Patient Care) initiated 06/13/2025, and 6/27/2025 respectively.*

- **Scope:** Pre-delegation audit of CHG assessing readiness to manage D-SNP functions under delegation.
- **Focus Areas:**
 - Regulatory compliance readiness (CMS + DHCS).
 - Systems, staffing, and processes to meet delegated obligations.
- **Strategic Importance:**
 - Supports D-SNP expansion; ensures risk mitigation prior to contract execution.
 - Proactively identifies gaps to avoid downstream audit or compliance failures.
- **Current Status:** Engagement notice sent, pending document submissions.
- **Next Steps:** Fieldwork; document review and interviews (as needed). Complete assessment and issue final readiness determination. Provide delegates with findings and any required remediation actions.

DO Annual Audit of Health Net

Planned for August 4 – September 4, 2025

- **Scope:** First full-scope annual audit of Health Net as delegated entity for core functions (UM, claims, grievances, etc.)
- **Review Period:** 1/1/2024-6/30/2025
- **Next Steps:** Launch audit with kickoff on August 4. Incorporate both desktop and targeted sampling reviews.

DMHC Routine Survey

Onsite begins September 29, 2025

- **Scope:** Comprehensive routine survey by DMHC covering all core functions (e.g., access, quality, utilization, member rights).
- **Pre-Work Completed:**
 - Submitted required logs, questionnaires, and supporting documentation.
- **Next Steps:**
 - Finalize preparation with mock interviews and internal alignment.
 - Engage operational leaders to reinforce compliance readiness.

Delegation Oversight Reorg



Shared Oversight Model

- DO program managed by Director of Delegation Oversight under Compliance
- Execution relies on Health Services, Ops, Finance/IT, Compliance
- Compliance responsible for governance, but not execution
- Resource planning and accountability spread across departments
- Delays, coordination burdens, and missed opportunities for strategic impact

Reorganization Effective June 2025

- DO function fully centralized under Compliance
- Director of Delegation Oversight continues to lead with dedicated audit staff
- Compliance owns strategy, audit execution, and prioritization
- Chiefs remain active participants in the DO Committee, helping to prioritize oversight focus areas, escalate concerns, and drive cross-functional decision-making
- Vertical departments shift to *using* results, not performing audits maintaining a vital role in engaging with delegates to drive operational solutions and accountability
- Standardized, risk-based audit approach across all delegated functions
- Ability to monitor higher volume and/or more frequently
- Applies the same structure and methodology to internal audits of core functions (e.g., Care management), enhancing consistency and reducing regulatory risk

Benefits to Business Units

Health Services

- Use DO audit results as input for QIHEC discussions and strategy
- Drive focused quality improvement conversations with local providers
- Inform model of care enhancements and identify delegate-driven barriers to quality outcomes

Ops

- Leverage findings to enhance community engagement (e.g., CAC initiatives)
- Inform network/contract strategy and decision-making
- Partner with Health Net on collaborative efforts that directly impact member access, service experience, and complaint reduction
- Shift focus from performing audits to member-focused improvement work (quality of service, access and utilization, locally)

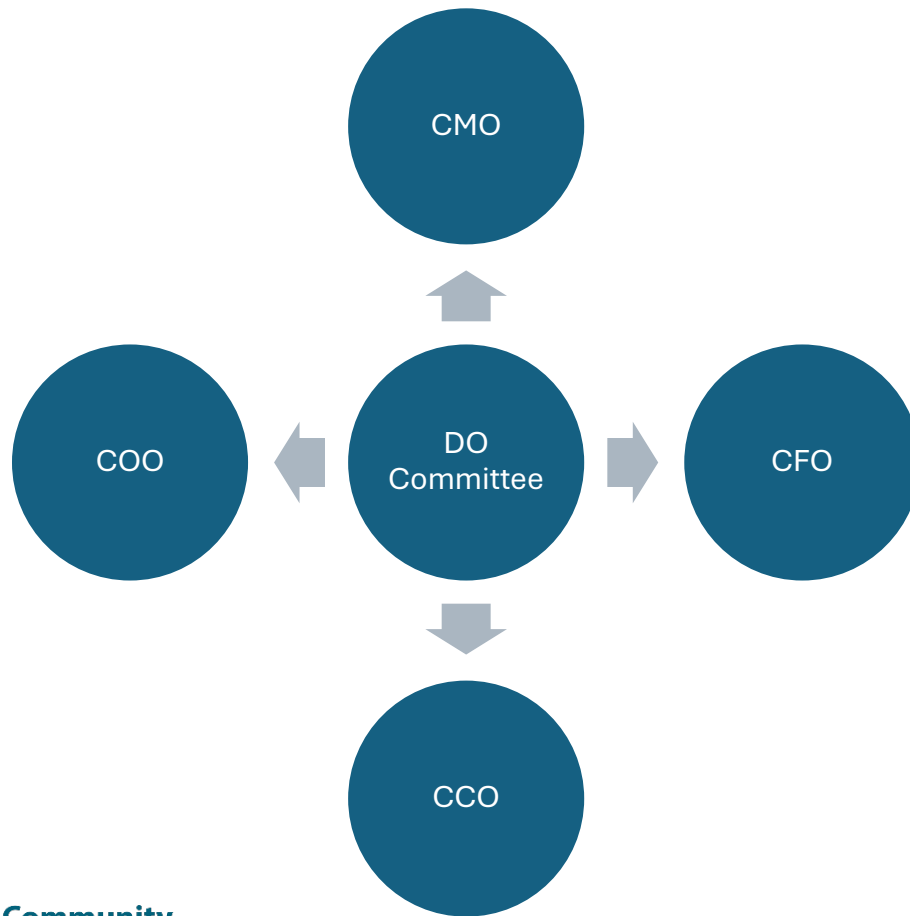
Finance/IT

- Use audit outcomes to identify trends in claims payment issues, PDRs, and data exchange gaps
- Support cost containment and operational efficiency by acting on systemic issues flagged through DO monitoring
- Benefit from reduced audit burden and clearer expectations for corrective actions

Compliance

- Greater control over execution and audit timeline
- Ability to hire and train specialized auditors
- Strategic focus on enterprise risk and oversight
- Consistent methodology and regulatory alignment
- Enhanced visibility and escalation process

Leadership Engagement

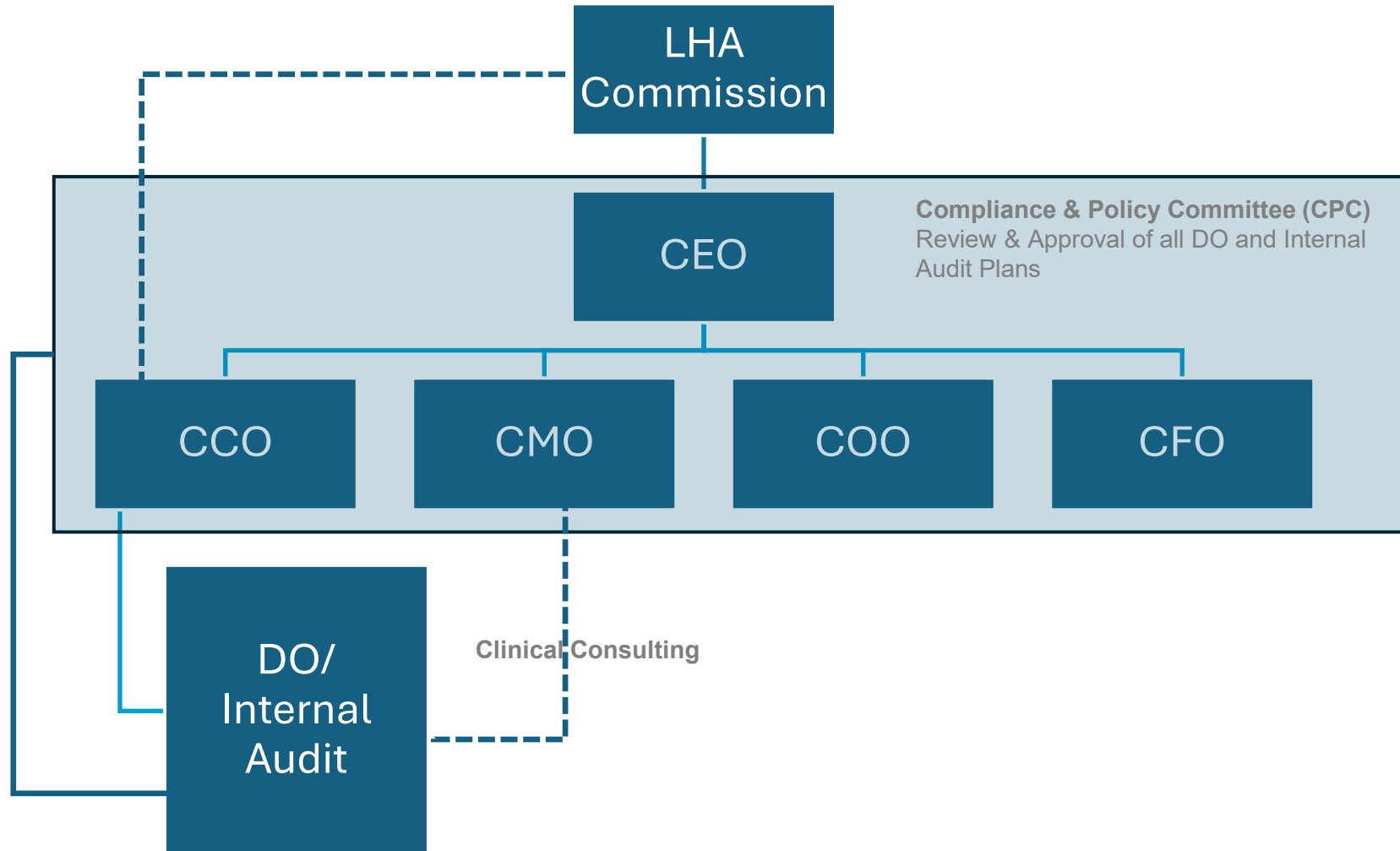


- DO Committee remains cross-functional to ensure alignment with organizational priorities and ensure system-wide accountability
- All Chiefs serve as active members of the DO Committee
- Help shape the oversight strategy and ensure follow-through on critical issues
- Act as executive sponsors for resolution of high-risk findings
- Participation ensures DO remains aligned with enterprise goals and member impact
- Centralization supports—not replaces—executive ownership of compliance and performance

Shifting Focus from Auditing/Oversight to Health Plan Outcomes

- Centralizing DO amplifies each team's ability to focus on strategies to improve member care
 - Allows departments to focus on fixing problems, not finding them
- DO becomes a source of intelligence, not just an audit tool
 - Findings are used to inform and guide Health Services, Ops, and Finance/IT engagements with delegates
- Joint Operations Committee evolves into a strategic forum with delegates to include operational strategy & collaboration
- Ensures that each vertical team continues to own its role in driving improvements, resolving issues, and building strong partnership

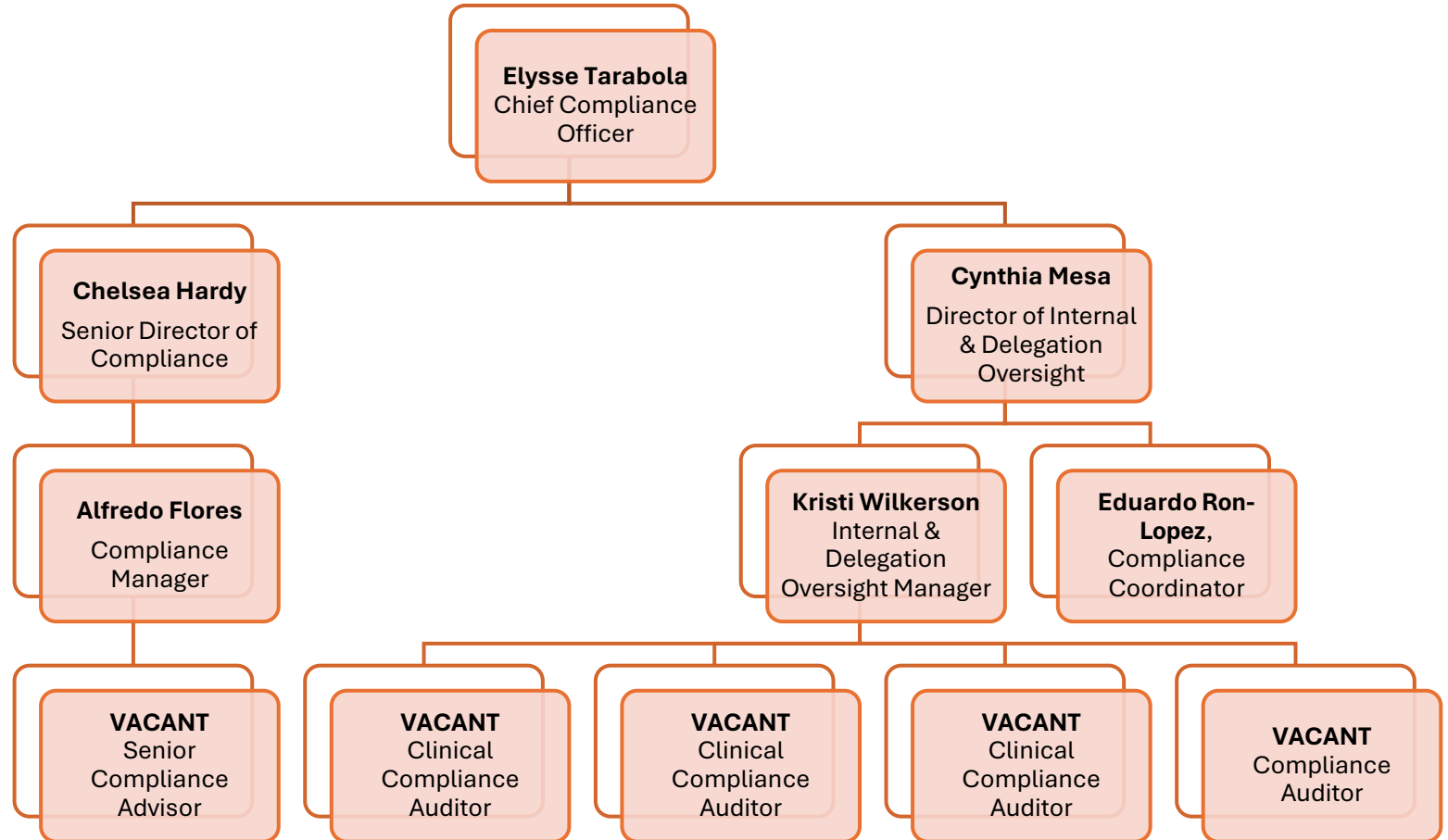
DO Reorg: Organizational Chart



Delegation Oversight Organizational Chart



NEW Compliance Organizational Chart



DO Monitoring Program: Quarter 4 Results and Corrective Actions

See Exhibit C – Q4 Monitoring Scorecard



Delegation Oversight Monitoring Program

Quarterly KPI Metrics (Q4 2024) – Actions Required

FUNCTIONAL AREA	ACTION	DUE DATE
APPEALS	None	NA
CLAIMS	None	NA
CONTINUITY OF CARE	None	NA
GRIEVANCES	None	NA
MEMBER SERVICES	None	NA
PROVIDER DISPUTE RESOLUTION	None	NA
UTILIZATION MANAGEMENT		

UM Member Notification Timeliness

Corrective Action Plan Implementation

Key Performance Indicator (KPI)

UM002: Member Notification Timeliness

Finding

Health Net failed to meet the compliance threshold of 95% for timely notification to member with Q3 scores at **94.1% and Q4 scores at 95.4%.**

Current Status

The HN UM team submitted their UM002 CAP timely on 05/19/2025. CHPIV and the HN UM team are currently working collaboratively on the UM002: Member Notification Timeliness CAP.

UM Provider Notification Timeliness

Corrective Action Plan Implementation Update

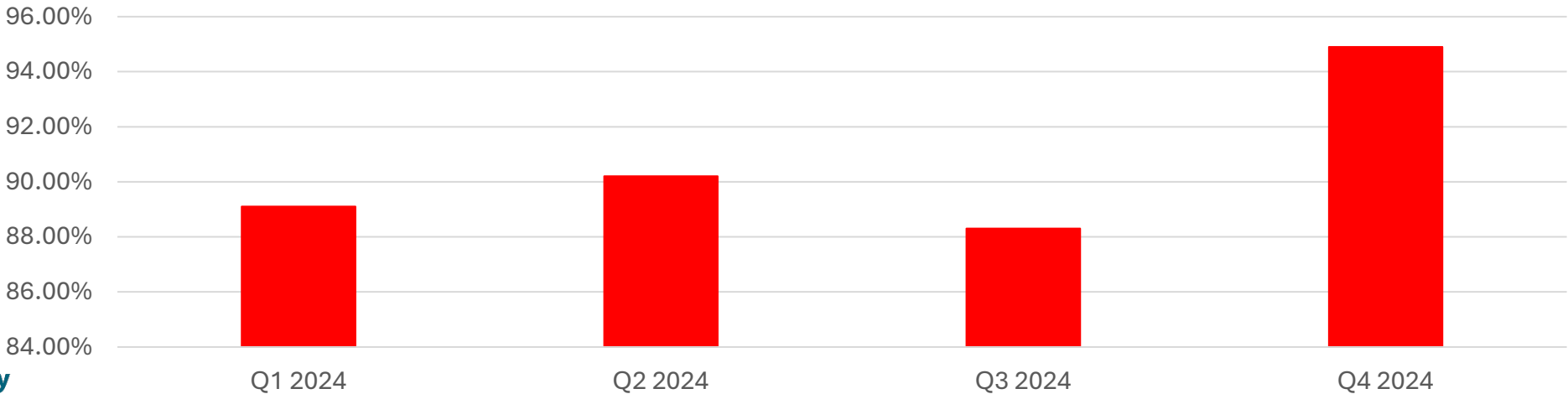
CAP Milestones

- All corrective action plans implemented as of **10/11/2024**

Next Steps

- Continuous monitoring for tracking implementation effectiveness
- Ongoing evaluation to assess compliance in timeliness requirements

Provider Notification Timeliness

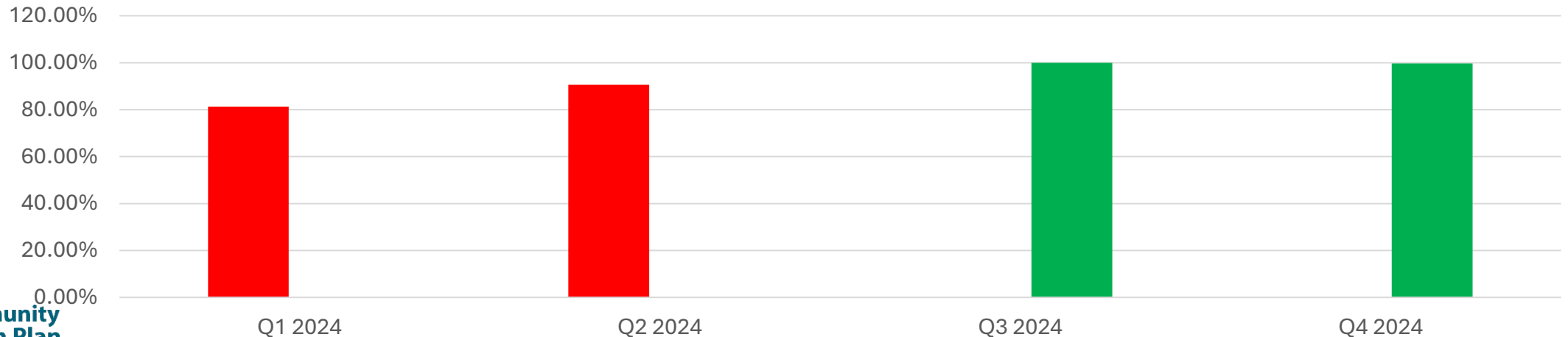


Member ID Card Issuance

Corrective Action Plan Implementation Update

- CHPIV CPC has approved a new KPI threshold for Member ID Card Issuance.
- KPI MS003 – Timely Issuance of Member ID Cards will now be measured as follows:
 - more than 98% of ID cards must be issued on time to meet compliance.
 - A performance rate between 95% and 98% is considered a cautionary level.
 - Scores below 95% will be categorized as noncompliant and will require corrective action.
 - Previously set at 100% per Plan to Plan

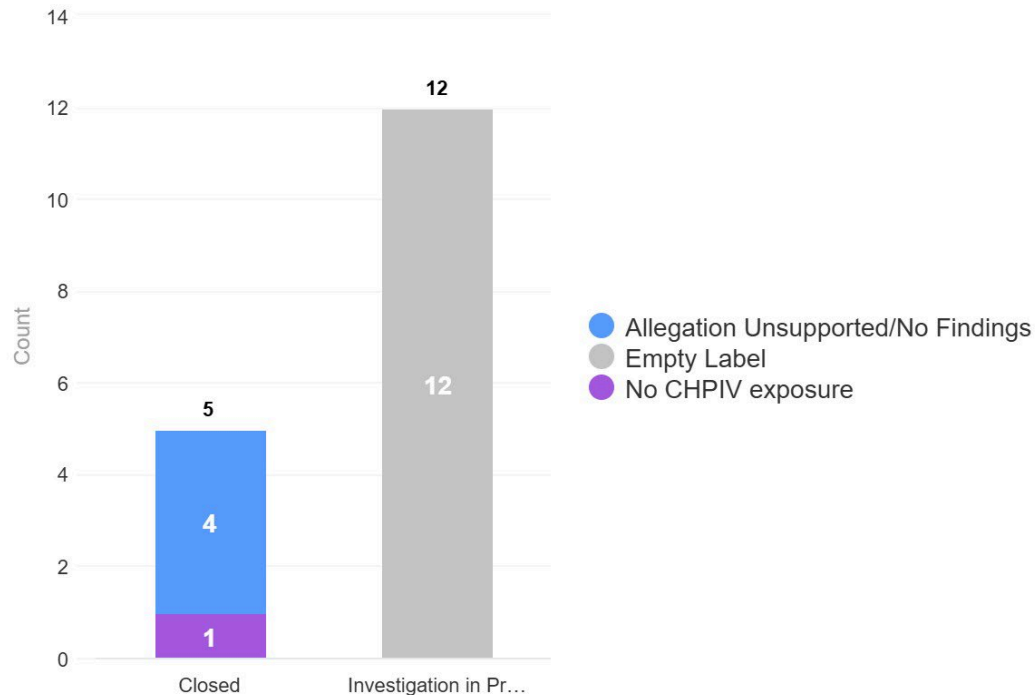
Timely Issuance of ID Cards



Fraud and Abuse



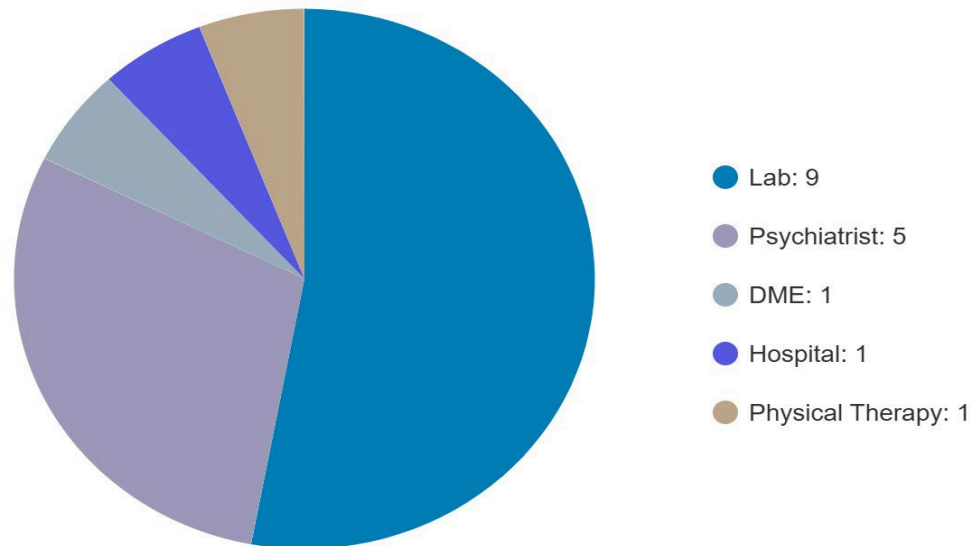
Potential Fraud and Abuse Cases



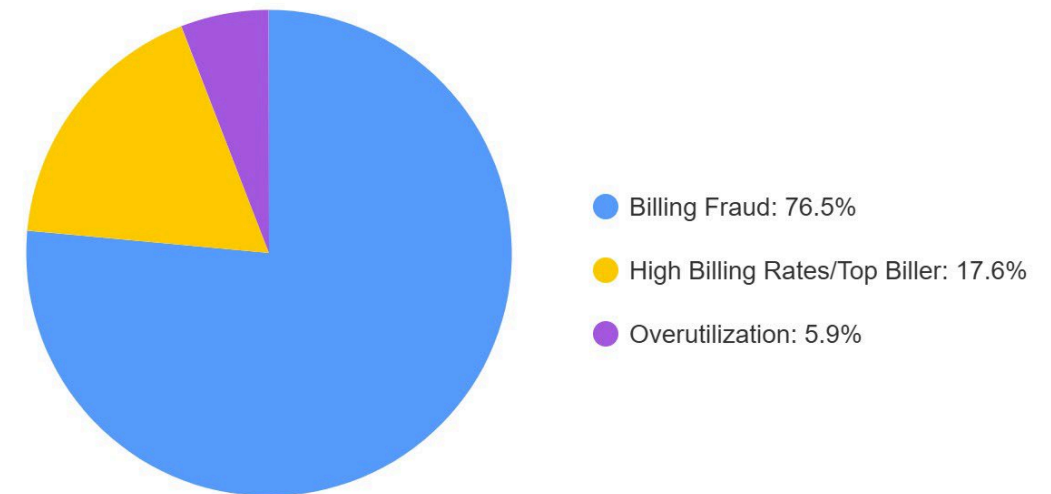
- From 1/1/2024 to date, we have received 17 cases of potential fraud, waste, and abuse.
- 5 investigations have been closed
 - 4 – allegation unsupported/no findings
 - 1 – No CHPIV exposure

Potential Fraud and Abuse Case Trends

By Subject Type

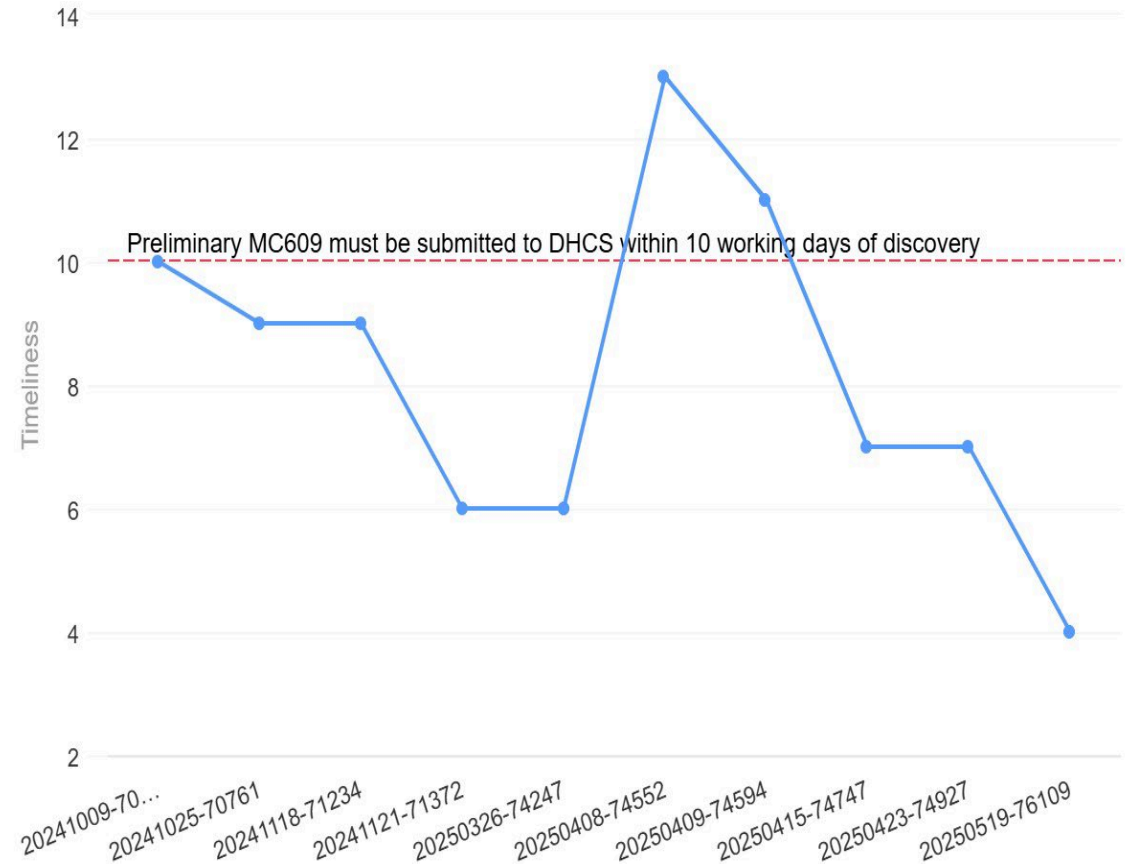


By Case Type



MC609 Submission to DHCS

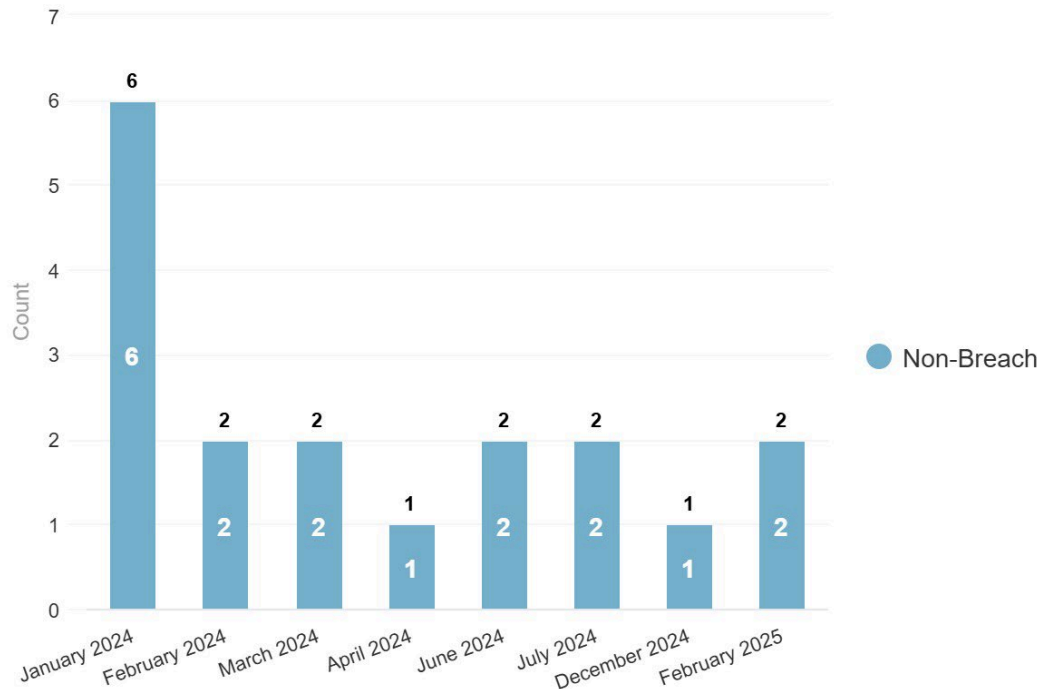
- MC609 – Required notification to DHCS within 10 working days of initiating or concluding a fraud, waste, or abuse investigation
- Also required when terminating a provider due to FWA concerns
- Ensures DHCS is informed of high-risk providers and supports statewide oversight
- Part of our compliance with FWA reporting and network integrity requirements
- We submitted two MC609 forms untimely, during a transition period with limited staffing



Privacy Incidents



Privacy Incidents/Breaches



- Privacy Incident is any *potential* unauthorized access, use, or disclosure of member data.
- All incidents are logged and assessed via a Privacy Incident Report (PIR) to determine risk and reporting obligations.
- Incidents are reviewed against HIPAA, state, and contractual standards to determine if they meet the definition of a breach.
- A "non-breach" means the incident did not compromise the privacy or security of protected health information (PHI) after thorough risk analysis.
- Common non-breach examples include
 - Misrouted PHI recovered before access
 - Authorized user error with no external exposure
- **Received 18 incidents from 1/1/2024 to date – all determined as “non-breach”**

Privacy Incident Reports (PIRs)

PIR is a required notification to DHCS when we become aware of a potential privacy or security incident involving member data.

1. Initial PIR (within 24 hours)

- Summary of the incident
- Date/time discovered
- Type of data involved (PHI/PII)
- Immediate containment actions
- Point of contact

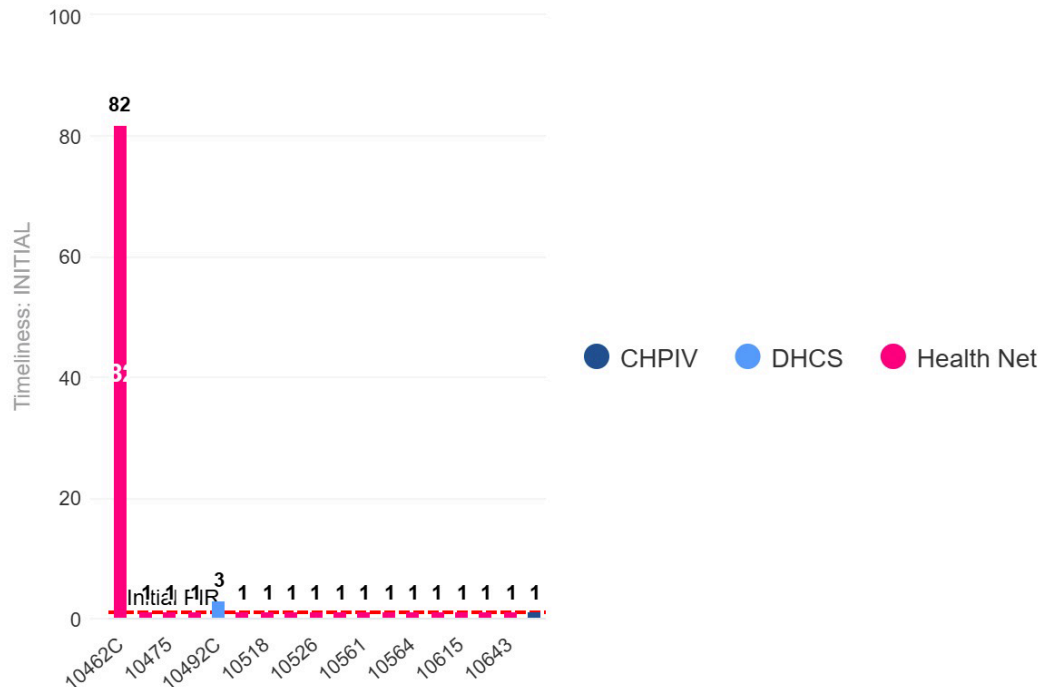
2. Investigative PIR (within 72 hours)

- Preliminary root cause
- Number of members affected (if known)
- Involved systems or entities
- Status of investigation
- Planned next steps

3. Final PIR (within 10 business days)

- Complete incident details
- Confirmed root cause and scope
- Full risk assessment outcome
- Final number of members impacted
- Member and regulatory notifications (if required)
- Corrective action plan and lessons learned

Timely Reporting to DHCS – Initial PIR (24 hours)



2 Untimely Cases

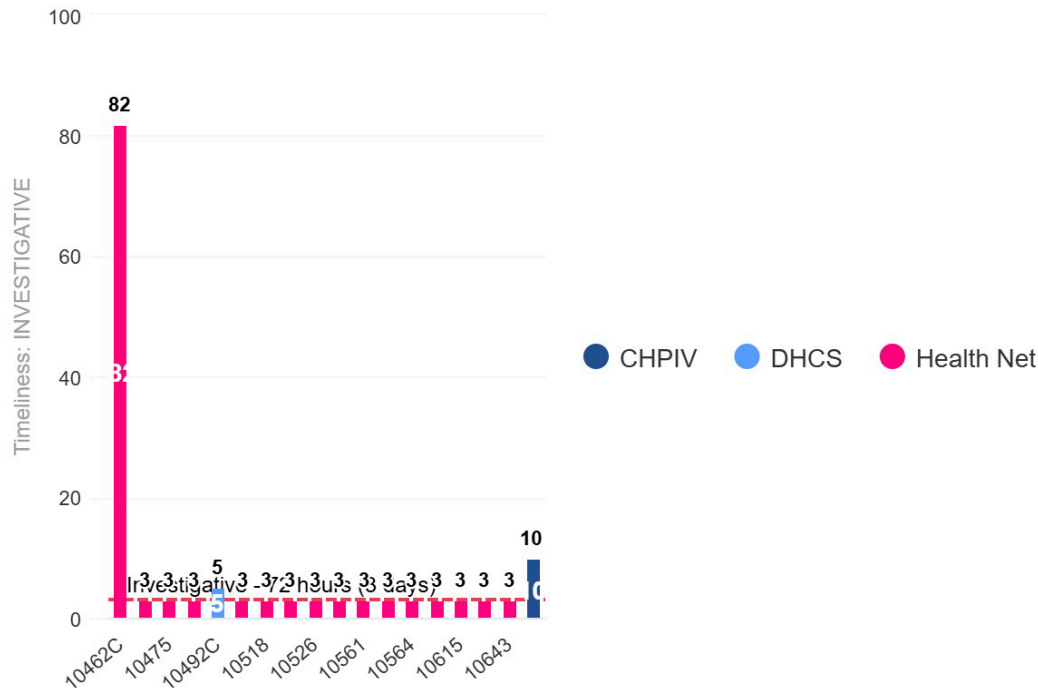
1. 82-day TAT: **10462C**

- *Cause:* Health Net reported a privacy incident to HN DHCS CM in January. CHPIV was not identified as impacted until March, when the completed PIR was submitted. As a result, CHPIV's required reporting was delayed.
- *Remediation:* CHPIV discussed submitting PIR for potential impact at the time of discovery.

2. 3-day TAT: **10492C**

- *Cause:* Health Net initially reported timely to Health Net's DHCS Contract Manager. Health Net failed to report to CHPIV causing a 2-day delay.
- *Remediation:* CHPIV Compliance discussed with HN Privacy the importance of ensuring CHPIV reporting is completed as well. Issue resolved.

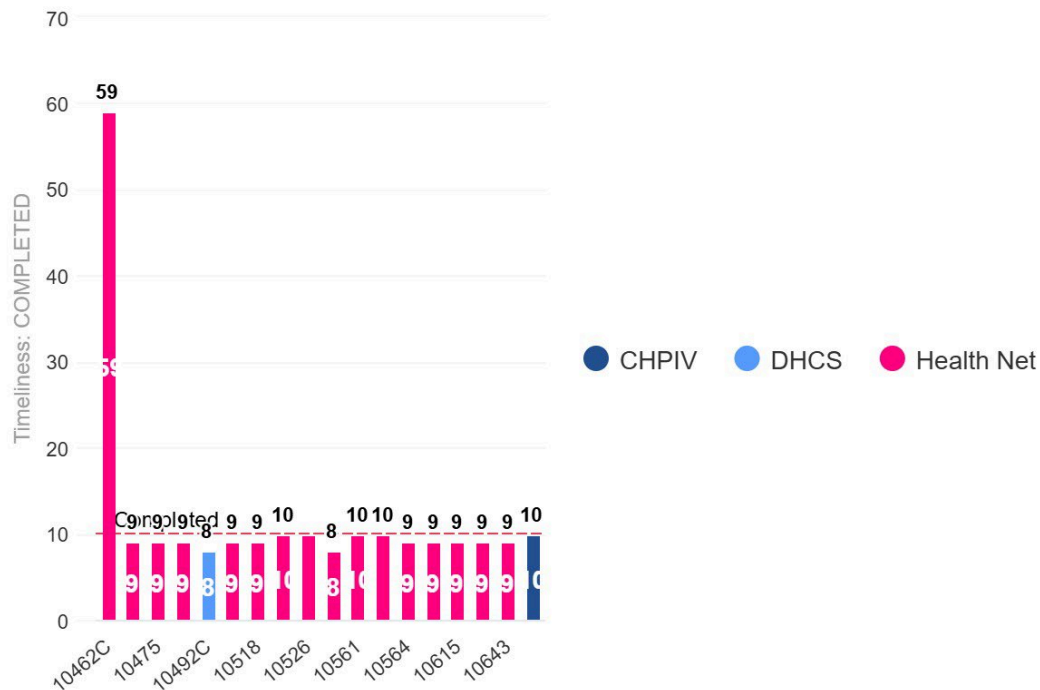
Timely Reporting to DHCS – Investigative PIR (72 hours)



3 Untimely Cases

1. 82-day TAT: **10462C**
 - *Cause:* Health Net reported a privacy incident to HN DHCS CM in January. CHPIV was not identified as impacted until March, when the completed PIR was submitted. As a result, CHPIV's required reporting was delayed.
 - *Remediation:* CHPIV discussed submitting PIR for potential impact at the time of discovery.
2. 5-day TAT: **10492C**
 - *Cause:* Health Net initially reported timely to Health Net's DHCS Contract Manager. Health Net failed to report to CHPIV causing a 2-day delay.
 - *Remediation:* CHPIV Compliance discussed with HN Privacy the importance of ensuring CHPIV reporting is completed as well. Issue resolved.
3. 10-day TAT: **10643**
 - *Cause:* CHPIV's first case. Skipped investigative PIR report due to lack of awareness.
 - *Remediation:* Staff re-educated on reporting requirements outlined in P&P.

Timely Reporting to DHCS – Completed PIR (10 working days)



1 Untimely Case

1. 59 working day-TAT: **10462C**

- *Cause:* Health Net reported a privacy incident to HN DHCS CM in January. CHPIV was not identified as impacted until March, when the completed PIR was submitted. As a result, CHPIV's required reporting was delayed.
- *Remediation:* CHPIV discussed submitting PIR for potential impact at the time of discovery.

Looking Ahead

- Regulatory report process
- Material review process
- Compliance Tool – Readily
 - Policy repository and management
 - APL and HPMS memo dissemination
 - Audits
- Delegation Oversight Meeting → Joint Operations Meeting

Questions






Attachments






New All Plan Letters (APLs) Released and Status

DHCS APLs Released and Status

	In-House Function
	Delegated Function
	In-House & Delegated Function




APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 25-005	Standards For Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats (Supersedes APL 21-004)	UM Member Services Provider Network Claims Compliance Marketing & Communications IT	APL 25-005 updates language access, nondiscrimination, and accessibility standards for MCPs, requiring translated materials, LEP support, and effective communication for members with disabilities—aligning with recent federal Section 1557 updates.	In-Progress
APL 25-006	Timely Access Requirements	UM Member Services Provider Network Behavioral Health Claims Compliance	APL 25-006 updates timely access to care requirements for MCPs, including wait time standards, interpreter services, provider survey participation, and new Minimum Performance Levels (MPLs) starting in 2025.	In-Progress
APL 25-007	Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions	Compliance Provider Network Member Services Claims QI Finance Legal	APL 25-007 defines DHCS’s authority to enforce CAPs, sanctions, and penalties on MCPs for noncompliance, covering areas like network adequacy, timely access, quality, and data accuracy.	In-Progress

DHCS APLs Released and Status

	In-House Function
	Delegated Function
	In-House & Delegated Function




APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 25-008	Hospice Services and Medi-Cal Managed Care	Compliance DO QI Provider Network Member Services A&G	APL 25-008 updates CAP requirements for MCPs, introducing a standardized format, timelines, and reporting, with enforcement actions for noncompliance.	In-Progress
APL 25-009	Community Advisory Committee	Compliance Community Engagement C&L QI	APL 25-009 expands requirements for Community Advisory Committees, emphasizing diverse membership, structured engagement, and meaningful input into MCP decisions on equity, quality, and service design.	In-Progress
APL 25-010	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services (Supersedes APL 22-028)	BH Compliance UM CM Provider Network DO QI	APL 25-010 requires MCPs to use standardized screening and transition tools to ensure timely, appropriate mental health referrals and coordination with county MHPs, supporting CalAIM's "No Wrong Door" policy.	In-Progress

DMHC APLs Released and Status

	In-House Function
	Delegated Function
	In-House & Delegated Function




APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 24-022	Children and Youth Behavioral Health Initiatives, Certified Wellness Coaches	Behavioral Health, Community Engagement, Provider Network	APL 24-022 informs health plans about the state's new Certified Wellness Coach program under the Children and Youth Behavioral Health Initiative (CYBHI). It encourages plans to integrate these non-clinical providers into their behavioral health services to support prevention and early intervention for youth up to age 25, reducing reliance on limited clinical resources.	N/A
APL 24-023	Newly Enacted Statutes Impacting Health Plans (2024 Legislative Session)	Compliance, Provider Network, Quality Improvement	APL 24-023 outlines updates to the Timely Access Compliance Report for Measurement Year 2024. It informs health plans of revised requirements and timelines for submitting data on provider appointment availability and call center performance, ensuring compliance with California's timely access standards. The APL includes details on reporting format, calculation methodology, and submission deadlines to support oversight of access to care.	N/A
APL 25-001	APL 25-001 - Southern California Fires and Enrollees' Continued Access to Health Care Services	Member Services, Pharmacy, Compliance, Provider Network	APL 25-001 requires plans to ensure continued access to care for enrollees affected by the Southern California fires and report impacts to DMHC within 48 hours.	In-Progress

DMHC APLs Released and Status

	In-House Function
	Delegated Function
	In-House & Delegated Function




APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 25-002	Plan Year 2026 QHP, QDP, and Off-Exchange Filing Requirements (1/28/2025)	Product, Compliance	APL 25-002 provides filing instructions for Qualified Health Plans (QHPs), Qualified Dental Plans (QDPs), and off-exchange individual/small group products for Plan Year 2026. It outlines regulatory requirements, deadlines, and checklist resources to support timely and compliant submissions.	In-Progress
APL 25-003	Large Group Renewal Notice Requirements (2/5/2025)	Compliance, Sales, Product	APL 25-003 provides guidance on required content and timing for large group renewal notices. It ensures plans notify contract holders of rate or coverage changes at least 120 days in advance and include rate comparison data and DMHC review rights.	In-Progress
APL 25-004	AB 118: Part 1 – Compliance with Large Group Standardized Evidence of Coverage/Disclosure Form (3/10/2025)	Compliance, Product, Legal,	APL 25-004 outlines filing requirements for commercial full-service plans to implement Part 1 of the standardized Evidence of Coverage/Disclosure Form (EOC/DF) for large group products, as required under AB 118. Plans must adopt DMHC-issued template language for exclusions, member rights, and definitions by January 1, 2026, and submit amendment filings to demonstrate compliance.	In-Progress

DMHC APLs Released and Status

	In-House Function
	Delegated Function
	In-House & Delegated Function




APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 25-005	Southern California Fires and Flexibilities to Impacted Providers (3/19/2025)	Provider Network, Claims, Compliance	APL 25-005 directs health plans to implement temporary flexibilities for providers displaced by the Southern California fires, including extending prior authorizations, claims deadlines, and allowing alternative care settings.	In-Progress
APL 25-006	Health Plan Coverage of Mobile Crisis Services (3/21/2025)	Behavioral Health, Claims, Compliance, Provider Network	APL 25-006 clarifies that health plans must cover mobile crisis and 988 center services for behavioral health without prior authorization, even out-of-network, through stabilization. It outlines provider claim requirements, billing codes, and eligible provider types to ensure timely reimbursement.	In-Progress
APL 25-007	Assembly Bill 3275 Guidance (Claim Reimbursement) (4/1/2025)	Claims, Compliance, Provider Relations, Legal	APL 25-007 provides guidance on implementing Assembly Bill 3275, requiring plans to reimburse complete claims within 30 days starting January 1, 2026. It outlines new interest and penalty requirements, dispute resolution timeframes, and mandates that enrollee complaints about claim delays be treated as grievances.	In-Progress

DMHC APLs Released and Status


	In-House Function
	Delegated Function
	In-House & Delegated Function

APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 25-008	Provider Directory Annual Filing Requirements (4/8/2025)	Provider Network, Compliance, IT	APL 25-008 reminds health plans of the requirement to submit annual provider directory policies and procedures, including updates required by SB 923.	In-Progress
APL 25-009	2025 Health Plan Annual Assessments (4/15/2025)	Finance, Compliance	APL 25-009 provides instructions for submitting the 2025 Health Plan Annual Assessment via DMHC's eFiling portal.	In-Progress
APL 25-010	Sections 1357.503 and 1357.505 MEWA Registration and Annual Compliance Requirements (5/20/2025)	Legal, Compliance	APL 25-010 outlines registration and annual compliance requirements for health plans and MEWAs under Sections 1357.503 and 1357.505. It implements new standards from AB 2072 and AB 2434, requiring MEWAs to register with DMHC, and plans to file annual compliance documentation.	In-Progress

DMHC APLs Released and Status

	In-House Function
	Delegated Function
	In-House & Delegated Function

APL	TITLE	FUNCTIONAL AREA	SUMMARY	STATUS
APL 25-011	Health Plan Coverage of HIV Preexposure Prophylaxis (PrEP) (5/23/2025)	Pharmacy, Compliance, Claims, Member Services	APL 25-011 reaffirms that health plans must cover all FDA-approved HIV preexposure prophylaxis (PrEP) drugs and related preventive services without prior authorization or cost-sharing. It also provides billing guidance to ensure consistent claims processing and avoid incorrect member charges.	In-Progress
APL 25-012	Closure of Rite Aid Pharmacies (6/9/2025)	Pharmacy, Member Services, Compliance, Provider Network	APL 25-012 requires health plans to ensure uninterrupted prescription drug access following Rite Aid pharmacy closures and submit a filing to DMHC outlining impacts, affected enrollees, and steps taken to maintain access.	In-Progress

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	Department	Finance & Informatics <u>Operations</u>	
	Functional Area	Business Continuity	
	Impacted Delegate	<input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> NA	

DATES			
Policy Effective Date	6/12/2023	Reviewed/Revised Date	5/13/2024 <u>6/6/2025</u>
Next Annual Review Due	5/13/ 2025 <u>2026</u>	Regulator Approval	12/15/2023

APPROVALS			
Internal		Regulator	
Name	David Wilson <u>Daniel O'campo</u>	<input type="checkbox"/> DHCS	<input type="checkbox"/> NA
Title	Chief Financial Officer <u>of Staff</u>	<input checked="" type="checkbox"/> DMHC	

ATTACHMENTS
NA

AUTHORITIES/REFERENCES
<ul style="list-style-type: none">• Internal<ul style="list-style-type: none">◦ CHPIV, Delegation Oversight Policy and Procedure, CMP-002• State<ul style="list-style-type: none">◦ California Health and Safety Code Sections ("H&S Code") 1368.7◦ California Government Code Sections 8625 and 101080◦ DMHC: All Plan Letter ("APL") 23-002◦ DHCS: DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 6.1.5, 6.2, & 6.3

HISTORY	
Revision Date	Description of Revision
6/12/2023	Policy creation
7/10/2023	Policy revision to include references to health emergency
5/13/2024	Policy revision to include DHCS requirements
<u>6/6/2025</u>	<u>Policy revision</u>

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I. **OVERVIEW**

- A. This policy addresses Community Health Plan of Imperial Valley's ("CHPIV" or the "Plan") States of EMERGENCY requirements, policy, and procedures. The purpose of this policy is to establish an Emergency Preparedness and Response Plan (EPRP) that ensures operational continuity and member protections during declared emergencies. ~~The purpose of this policy is to establish an EMERGENCY PREPAREDNESS and Response Plan.~~

II. **POLICY**

- A. CHPIV ensures there is an EMERGENCY PREPAREDNESS and Response Plan in place which includes, at a minimum:
1. BUSINESS CONTINUITY EMERGENCY PLAN, as described in Exhibit A, Attachment III, Section 6.2 (*BUSINESS CONTINUITY EMERGENCY PLAN*);
 2. MEMBER EMERGENCY PREPAREDNESS PLAN, as described in Exhibit A, Attachment III, Section 6.3 (*MEMBER EMERGENCY PREPAREDNESS PLAN*); and
 3. Ensuring policies and procedures comply with all the requirements set forth in Article 6.
- B. CHPIV ensures that the EMERGENCY PREPAREDNESS and Response Plan will be approved by DHCS prior to the start of CHPIV operations and will comply with guidance issued by the Department related to the emergency. Any updates to deliverables identified in this section must be submitted to DHCS as requested.
- C. CHPIV ensures enrollee who has been displaced by a state of EMERGENCY, are provided with uninterrupted access to medically necessary healthcare service. ~~As~~ declared by the Governor pursuant to Section 8625 of the Government Code, or a health emergency, as declared by the State Public Health Officer pursuant to Section 101080 are provided access to medically necessary health care services.
- D. CHPIV will notify DHCS within 24 hours of a federal, State, or county declared state of Emergency located within CHPIV's Service Area as to whether CHPIV and its subcontractors within Imperial County has experienced or expects to experience any disruption to its operations. CHPIV will report the status of its operations once a day to DHCS, or as directed by DHCS. CHPIV's daily report to DHCS must include, at a minimum, the following information:
1. The number of Members in CHPIV's Service Area affected by the Emergency, per county, including the number of medium-to-high health risk Members, as identified through the Population Needs Assessment;
 2. Information, to the extent available, relating to Network Provider site closures, including:
 - a. The number of Network Provider site closures by Provider type, per county;
 - b. The number of Members served by each closed Network Provider, per county;
 - c. The number of hospitalized Members who need to be transferred;
 - d. The location(s) of where Members were transferred; and
 - e. For each closed Network Provider, a list of the alternative Providers or facilities where Members can receive care.
 3. The number of CHPIV offices that are closed;

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4. How CHPIV is communicating with impacted Members, Network Providers, Subcontractors, and Downstream Subcontractors;
 5. The actions CHPIV has taken or will take to meet the continued health care needs of its Members; and
 6. The Network Provider, Subcontractor, Downstream Subcontractor, or Member issues CHPIV has received.
- E. CHPIV will submit a filing with DMHC within 48 hours of a declaration by the Governor of a state of EMERGENCY or a declaration by the State Public Health Officer of a health emergency that displaces or has the immediate potential to displace enrollees or health care providers. CHPIV ensures the filing describes whether the plan has experienced or expects to experience any disruption to the operation of CHPIV and its subcontractors within Imperial County -, explaining how CHPIV is communicating with potentially impacted enrollees, and summarizing the actions CHPIV has taken or is in the process of taking to ensure that the health care needs of enrollees are met. CHPIV will take actions, including, but not limited to, the following:
1. Shorten time limits plans to approve prior authorization, precertification, or referrals, and extend the time that prior authorizations, precertifications, and referrals remain valid.
 2. Extended filing deadlines for claims.
 3. Suspend prescription refill limitations and allow an impacted enrollee to refill his or her prescriptions at an out-of-network pharmacy.
 4. Authorize an enrollee to replace medical equipment or supplies.
 5. Allow enrollees to access an appropriate out-of-network provider if an in-network provider is unavailable due to the state of EMERGENCY or if the enrollee is out of the area due to displacement.
 6. Have a toll-free telephone number that an affected enrollee may call for answers to questions, including questions about the loss of health insurance identification cards, access to prescription refills, or how to access health care.

D. CHPIV will maintain active coordination with the Imperial County Office of Emergency Services (OES) and integrate its emergency response with the California Office of Emergency Services (Cal OES) as needed to support displaced members and providers.

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III. PROCEDURE

- A. Delegation Oversight
1. CHPIV shall provide oversight and continually assess the delegated functions, responsibilities, processes, and performance of Health Net. CHPIV ensures Health Net's compliance with regulatory and contractual requirements through the following activities which are detailed in *CHPIV Policy CMP-002: Delegation Oversight Policy and Procedure*:
 - a. Ongoing monitoring
 - b. Performance reviews
 - c. Data analysis
 - d. Utilization of benchmarks, if available


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- e. Annual desktop and on-site audits

IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the “Definitions” below.

TERM	DEFINITION
Member	A beneficiary enrolled in a CHPIV program.
Emergency	Means <u>An unforeseen circumstance requiring immediate action to protect health, safety, or property, including public health crises, natural disasters (e.g., earthquakes, wildfires), or man-made hazards, unforeseen circumstances that require immediate action or assistance to alleviate or prevent harm or damage caused by public health crises, natural and man-made hazards, or disasters.</u>
Emergency Preparedness	Means a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking Corrective Action to ensure effective coordination during incident response
Business Continuity Emergency Plan	Means a <u>documented plan maintained by Health Net under CHPIV's oversight that details essential information and processes to maintain operations during an emergency, document consisting of the critical information and processes HealthNet's needs to continue operating during an Emergency</u>
Member Emergency Preparedness Plan	Means a required subsection of the Emergency Preparedness and Response Plan that details the required coordination between CHPIV and its Members, Network Providers, Subcontractors, and Downstream Subcontractors to ensure Member access to health care services in the event of an Emergency.

	Behavioral Health		BH-001
	Department	Health Services	
	Functional Area	Behavioral Health	
	Impacted Delegate	<input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> NA	

DATES			
Policy Effective Date	5/13/2024	Reviewed/Revised Date	<u>6/9/2025</u>
Next Annual Review Due	5/13/202 <u>6</u> ⁵	Regulator Approval	NA

APPROVALS			
Internal		Regulator	
Name	Gordon Arakawa	<input type="checkbox"/> DHCS	<input checked="" type="checkbox"/> NA
Title	Chief Medical Officer	<input type="checkbox"/> DMHC	

ATTACHMENTS
<ul style="list-style-type: none">NA

AUTHORITIES/REFERENCES
<ul style="list-style-type: none">Internal<ul style="list-style-type: none">CHPIV, Delegation Oversight Policy and Procedure, CMP-002Federal<ul style="list-style-type: none">42 CFR section 438.900 et <u>seq.; seq.</u>State<ul style="list-style-type: none"><u>DHCS: DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 2.2.10.F-G., 4.3.14.C, 4.4.3.C., 4.4.8.F, 5.0, 5.3.4.F, 5.5.2, 5.5.4</u><u>DHCS: DHCS Behavioral Health Information Notice (BHIN) 24-012, 24-015, 24-016.</u><u>DHCS: All-Plan Letter (APL) 24-012</u><u>DMHC: All-Plan Letter (APL) 24-007, 23-026 23-029</u> <p>Accreditation</p> <ul style="list-style-type: none"><u>NCQA: Managed Behavioral Healthcare Organization (MBHO) Accreditation Standards (applicable by January 1, 2026)</u>

HISTORY	
Revision Date	Description of Revision
5/13/2024	Policy Creation
<u>6/9/2025</u>	<u>Annual Review - Updates for APLs and/or applicable regulations</u>

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I. OVERVIEW

- A. This policy addresses Community Health Plan of Imperial Valley's ("CHPIV" or the "Plan") requirements for the provision of behavioral health services to its members.

II. POLICY

- A. CHPIV adheres to all requirements set forth in Exhibit A, Attachment 5.5 (Mental Health and Substance Use Disorder Benefits) for the provision of mental health and substance use disorder services to Members less than 21 years of age.
- B. CHPIV collaborates with the Department of Health Care Services (DHCS) in its effort to implement the California Children and Youth Behavioral Health Initiative.
- C. To facilitate the provision of Medically Necessary services to Children, CHPIV will execute a Memorandum of Understanding (MOU) with Local Education Agencies (LEAs) in each EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) county within its Service Area for school-based services, including but not limited to EPSDT and Behavioral Health Services for Members less than 21 years of age. CHPIV will ensure that Members' Primary Care Providers cooperate and collaborate with LEAs in the development of Individualized Education Plans (IEPs) or Individualized Family Service Plans (IFSPs) and ultimately ensure that care is coordinated regardless of financial responsibility.
- D. CHPIV will ensure the implementation of interventions that increase access to preventive, early intervention, and Behavioral Health services by school-affiliated Behavioral Health Providers for children in publicly funded childcare and preschool, and TK-12 children in public schools, in accordance with the interventions, goals, and metrics set forth in W&I Code section 5961.3(b).
- D.E. CHPIV will ensure provision of coverage for mental health and substance use disorder services delivered in school-based settings, including public schools, charter schools, and childcare centers.
- F. CHPIV will ensure the prioritization of county behavioral health staff or behavioral health Providers to serve in the ENHANCED CARE MANAGEMENT (ECM) Provider role, provided they agree and are able to coordinate all services needed by those Populations of Focus, not just their behavioral health services.
- E.G. CHPIV will ensure implementation of the Health Equity and Quality Measure Set (HEQMS), including reporting on applicable behavioral health measures, stratifying results by race and ethnicity per NCOA methodology, and submitting data via DMHC e-filing system is completed. CHPIV will ensure efforts to reduce behavioral health disparities among Populations of Focus are integrated into health equity strategies, consistent with program expectations.
- F.H. If a Member receives services from a mental health provider for Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), or Serious Mental Illness (SMI) and the Member's behavioral health Provider is a contracted ECM Provider, CHPIV must ensure that the Member is assigned to that behavioral health Provider as the ECM Provider, unless the Member indicates otherwise or CHPIV identifies a more appropriate ECM Provider given the Member's individual needs and health conditions. CHPIV will ensure coordination and

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support for the provision and reimbursement of behavioral health services delivered under applicable state initiatives, including those designed to support vulnerable populations.

G.I. CHPIV will ensure access to evidence-based behavioral health care, with a focus on integration with physician health and earlier identification and engagement in treatment for children, youth, and adults.

H.J. CHPIV will ensure provision of Medically Necessary Behavioral Health Treatment (BHT) services in accordance with a recommendation from a licensed Physician, surgeon, or a licensed psychologist and must ensure continuation of BHT services under continuity of care.

I.K. CHPIV ensures Member's treatment plan is reviewed, revised, and/or modified no less than every six months by a BHT service provider. The Member's behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer Medically Necessary under the EPSDT Medical Necessity standard.

J.L. CHPIV will ensure the provision of Medically Necessary BHT services and coordination with LEAs, Regional Centers (RCs), and other entities that provide BHT services so that Members timely receive all Medically Necessary BHT services, consistent with the EPSDT benefit.

K.M. CHPIV must ensure the provision of Medically Necessary BHT services across settings, including home, school, and in the community, which are not duplicative of BHT services actively provided by another entity.

N. CHPIV must ensure good faith attempts to enter into MOUs with RCs and LEAs, and CHPIV must enter into MOUs with County Mental Health Plans (MHPs) in accordance with Exhibit A, Attachment III, Section 5.6.1 (*MOUs with Third-Party Entities and County Programs*), to facilitate the coordination of services for Members with developmental disabilities, including Autism Spectrum Disorder (ASD), as permitted by federal and State law, and consistent with applicable contractual and regulatory requirements, specified by California Department of Healthcare Services DHCS in All Plan Letter (APL) APL 18-009 and APL 21-XXX. If CHPIV is unable to ensure an MOU or a one-time case agreement with a Regional Center (RC), as required by APL 18-009, Contractor the Plan will ensure must inform DHCS is informed as to why it could not reach an agreement with the RC and must demonstrate, by providing all evidence of contracting efforts, a good faith effort to enter into an agreement with the RC.

L.O. CHPIV will ensure the execution of Memoranda of Understanding (MOUs) with counties operating Drug Medi-Cal State Plan or Drug Medi-Cal Organized Delivery System (DMC-ODS) programs to support coordination of behavioral health services. CHPIV will ensure its Subcontractor, Health Net, is included in applicable MOUs. CHPIV will ensure all MOUs defined mutual roles and responsibilities for coordination of behavioral health services, include assigned oversight contacts, outline processes for data sharing and dispute resolution, and require quarterly meetings and annual staff training.

P. CHPIV must comply with all mental health parity requirements in 42 CFR section 438.900 et seq. CHPIV must ensure it is not applying any financial or treatment limitation to mental health or SUD benefits in any classification that is more restrictive than the predominant financial or treatment limitation applied to medical and surgical benefits in the same classification.

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M.O. CHPIV will ensure coverage for the prevention, diagnosis, and treatment of mental health and substance use disorders based on generally accepted standards of care, without applying more restrictive limitations than those used for medical and surgical benefits.

N.R. CHPIV ensures the coverage of Non-specialty Mental Health Services (NSMHS) including individual and group mental health evaluation and treatment, including psychotherapy, family therapy, and dyadic services; psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition; outpatient services for the purposes of monitoring drug therapy; psychiatric consultation; and outpatient laboratory, drugs, supplies, and supplements.

O.S. CHPIV will ensure the coverage of hypnotherapy, health behavior assessments and interventions, psychiatric collaborative care, and other NSMHS services described in the Medi-Cal Provider Manual as mental health evaluation and treatment NSMHS. CHPIV covers mental health screening services described in the Medi-Cal Provider Manual as NSMHS, including but not limited to Adverse Childhood Experiences (ACE) screening, brief emotional/behavioral assessments, depression screening, general developmental screening, autism spectrum disorder screening, and other screening services, in accordance with Exhibit A, Attachment III, Subsection 5.5.2.F (*Non-specialty Mental Health Services and Substance Use Disorder Services*).

P.T. CHPIV will ensure the coverage of SUD services including: drug and alcohol Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) services; tobacco cessation counseling; Medications for Addiction Treatment (MAT) (also known as medication-assisted treatment) when delivered in Primary Care offices, emergency departments, inpatient hospitals, and other contracted medical settings; and Medically Necessary behavioral health services. Covered NSMHS and SUD Services can be delivered in person and via telehealth/telephone as specified in Exhibit A, Attachment III, Subsection 5.3.1 (*Covered Services*).

Q.U. If a Member is receiving NSMHS and is determined to meet the criteria for Specialty Mental Health Services (SMHS) as defined by W&I Code section 14184.402, CHPIV must ensure the use of DHCS-approved standardized transition tools in accordance with Exhibit A, Attachment III, Subsection 5.5.2.K (*Non-specialty Mental Health Services and Substance Use Disorder Services*) as required when Members who have established relationships with contracted mental health Providers experience a change in condition requiring SMHS.

R.V. If a Member is receiving SMHS and is determined to meet the criteria for NSMHS as defined by W&I Code section 14184.402, CHPIV must ensure the use of DHCS-approved standardized transition tools in accordance with Exhibit A, Attachment III, Subsection 5.5.2.K (*Non-specialty Mental Health Services and Substance Use Disorder Services*) as required when Members who have established relationships with SMHS providers experience a change in condition requiring NSMHS.

S.W. For Members 21 years of age and over who meet the criteria for NSMHS, CHPIV ensures the coverage of Medically Necessary Services in accordance with W&I Code section 14059.5 as well as Medically Necessary Covered SUD services in accordance with W&I Code section 14059.5.

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T.X. For Members under 21 years of age, CHPIV will ensure coverage of Medically Necessary Covered NMHS in accordance with W&I Code section 14184.402(b)(2) as well as Medically Necessary Covered SUD services.

U.Y. CHPIV ensures coverage of mental health and SUD screening, including, but not limited to, tobacco, alcohol and illicit drug screening, in accordance with American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule and United States Preventive Services Taskforce (USPSTF) grade A and B recommendations for adults, ACE screening, brief emotional/behavioral assessments, depression screening, general developmental screening, autism spectrum disorder screening, and Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT) Services.

V.Z. CHPIV must ensure the development and implementation of policies and procedures for mental health and substance use screenings and services provided by a Primary Care Provider (PCP) including but not limited to provision of SABIRT Services, and referrals for additional assessments and treatments as indicated by the discovery of condition or potential conditions from screening services, as required by Exhibit A, Attachment III, Subsections 4.3.13 (Mental Health Services) and 4.3.14 (Alcohol and SUD Treatment Services).

W-AA. CHPIV will ensure the coverage of a mental health assessment without requiring Prior Authorization. CHPIV must follow the authorization criteria requirements outlined in Exhibit A, Attachment III, Section 2.3 (Utilization Management Program) of the DHCS Contract for authorizing additional mental health and SUD services.

X-BB. CHPIV must ensure the development and implementation of policies and procedures for tracking mental and behavioral health screenings, assessments, and treatment services provided by licensed mental health care Providers.

Y-CC. CHPIV must ensure coverage and pay for all Medically Necessary covered mental health and SUD services for the Member, including the following:

1. Emergency room professional services as described in 22 CCR section 53855;
2. Facility charges for emergency room visits that do not result in a psychiatric admission;
- 3.** All laboratory and radiology services necessary for the diagnosis, monitoring, or treatment of a member's mental health condition;
- 3-4.** CHPIV will ensure that Members have access to Driving Under the Influence (DUI) program services through virtual delivery platforms where clinically appropriate.
- 4-5.** Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services required by Members to access Medi-Cal covered mental health services and SUD services, in compliance with APL 17-010 and this Contract; regulatory and contractual requirements.
- 5-6.** NMT services and, for Members less than 21 years of age, NEMT services, to and from Drug Medi-Cal (DMC) services, Drug Medi-Cal Organized Delivery System (DMC-ODS) services, and SMHS, in compliance with APL 17-010 and this Contract;
- 6-7.** Medically Necessary Covered Services after Contractor has been notified by a DMC, DMC-ODS, MHP, or mental health Provider that a Member has been admitted to an inpatient psychiatric facility, including an Institution for Mental Diseases (IMD) as defined by 9 CCR section 1810.222.1, regardless of the age of the Member;

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~~7-8.~~ All Medically Necessary Medi-Cal-covered psychotherapeutic drugs, when administered in the outpatient setting as part of medical services for Members not otherwise excluded under the DHCS Contract.

~~8-9.~~ CHPIV shall ensure that access to Covered Services is not materially delayed through the application of Utilization Review controls, such as Prior Authorization, or by requiring that Covered Services be provided through CHPIV's Network, consistent with CHPIV's assurance to provide timely Covered Services.

~~z-DD.~~ CHPIV must ensure the use of DHCS-approved standardized screening tools (including standardized screening tools specific for adults and standardized screening tools specific for children and youth) to ensure Members seeking mental health services who are not currently receiving covered NSMHS or SMHS are referred to the appropriate delivery system for mental health services, either in CHPIV's network or the MHP network, in accordance with the No Wrong Door policies set forth in W&I Code section 14184.402(h) and specified in Exhibit A, Attachment III, Subsection 4.3.13 (Mental Health Services).

1. If a member becomes eligible for SMHS during the course of receiving covered NSMHS, CHPIV must ensure the provision of non-duplicative, Medically Necessary NSMHS even if the Member is simultaneously accessing SMHS.
2. CHPIV must make its best efforts to ensure a member's existing mental health Provider is notified during an Urgent Care situation, when possible. CHPIV must allow the Member's existing mental health Provider to coordinate care with the MHP or emergency room personnel for Urgent Care.
3. CHPIV must ensure the development and implementation of policies and procedures for the provision of psychiatric emergencies during non-business hours.
4. CHPIV must ensure monitoring and tracking of utilization data for NSMHS as specified in Exhibit A, Attachment III, Subsection 2.3.3 (Review of Utilization Data).
5. CHPIV must have an MOU with the MHP to refer Members in need of urgent and emergency care, including person-to-person telephone transfers, to the county crisis program during their call center hours. The MOU must be executed in accordance with the requirements specified in Exhibit A, Attachment III, Sections 4.3 (*Population Health Management and Coordination of Care*) and 5.3 (*Scope of Services*).

~~5-6.~~ CHPIV will ensure outreach and education is provided to Members and Primary Care Providers (PCPs) regarding available Non-Specialty Mental Health Services (NSMHS). CHPIV shall evaluate utilization data for NSMHS, stratified by race, ethnicity, language, sexual orientation and gender identity, and geography.

III. PROCEDURE

- A. CHPIV delegates the COC process to its Subcontractor, Health Net, for Mild to Moderate BH, BH-related Case Management, and Medical Needs for Member while Imperial County retains responsibility for SMI services.
- B. Delegation Oversight
 1. CHPIV shall provide oversight and continually assess the delegated functions, responsibilities, processes, and performance of Health Net.

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2. CHPIV ensures Health Net's compliance with regulatory and contractual requirements through the following activities which are detailed in CHPIV Policy CMP-002:


Delegation Oversight Policy and Procedure:

- a. Ongoing monitoring
- b. Performance reviews
- c. Data analysis
- d. Utilization of benchmarks, if available
- e. Annual desktop and onsite audits

IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

TERM	DEFINITION
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.
Enhanced Care Management (ECM)	ECM is community-based, interdisciplinary, high touch, person-centered, and provided primarily through in-person interactions. The plan contracts with "ECM Providers," existing community providers such as Federally Qualified Health Centers (FQHCs), counties, county BH providers, local health jurisdictions, Community Based Organizations (CBOs), and others, who assign a lead care manager to each member. The lead care manager meets members wherever they are - on the street, in a shelter, in their doctor's office, or at home. ECM eligibility is based on members meeting specific "Populations of Focus" criteria.

	Claims and Provider Dispute Resolution		CLM-001
	Department	Finance & Informatics	
	Functional Area	Claims, Provider Dispute Resolution	
	Impacted Delegate	<input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> NA	


DATES			
Policy Effective Date	6/12/2023	Reviewed/Revised Date	5/13/2024
Next Annual Review Due	5/13/2025	Regulator Approval	12/15/2023

APPROVALS			
Internal		Regulator	
Name	David Wilson Julia Huthins	<input type="checkbox"/> DHCS	<input type="checkbox"/> NA
Title	Chief Financial Operating Officer	<input checked="" type="checkbox"/> DMHC	

ATTACHMENTS
NA

AUTHORITIES/REFERENCES
<ul style="list-style-type: none"> Internal <ul style="list-style-type: none"> CHPIV, Delegation Oversight Policy and Procedure, CMP-002 Federal <ul style="list-style-type: none"> 42 Code of Federal Regulations ("CFR") 438.114(b)(c)(d) State <ul style="list-style-type: none"> California Health and Safety Code Sections ("H&S Code") 1317, 1317.1, 1363.5, 1367 (g) - (j), 1367.01, 1367.02 (c) - (d), 1368(a), 1370, 1370.2, 1371, 1371.1, 1371.2, 1371.8, 1371.22, 1371.30, 1371.31, 1371.35, 1371.36, 1371.37, 1371.38, 1371.39, 1371.4, 1371.5, 1371.8, 1371.9, 1375.1, 1375.4, 1399.55, 1399.56 Title 28 California Code of Regulations Rules ("CCR") 1300.67.3, 1300.68(d), 1300.71, 1300.71.31, 1300.71.38, 1300.71.39, 1300.71.4, 1300.74.30 (a) - (c), 1300.77.4, 1300.75.4.1(b), 1300.75.4.5, 1300.77.2, 1300.77.4, 1300.85.1 DMHC: Technical Assistance Guide ("TAG") "Claims Management and Processing" (last published 01/31/2020); All Plan Letter ("APL") 23-008 DHCS: DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 3.2.2, 3.2.3, 3.3.5

HISTORY	
Revision Date	Description of Revision
6/12/2023	Policy creation
5/13/2024	Policy revision to include additional Knox Keene provisions

	Claims and Provider Dispute Resolution	CLM-001
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I. OVERVIEW

- A. This policy addresses Community Health Plan of Imperial Valley's ("CHPIV" or the "Plan") Claims and Provider Dispute Resolution ("PDR") requirements, policies, and procedures. The purpose of this policy is to establish a comprehensive Claims and Provider Dispute Resolution process.

II. POLICY


- A. CHPIV ensures payment of all CLEAN CLAIMS submitted by Network Providers in accordance with the Department of Health Care Services (DHCS) Medi-Cal Contract, and federal and state laws and regulations, unless agreed in writing to an alternate payment schedule.
- B. CHPIV ensures compliance with 42 USC section 1396u-2(f) and Health and Safety Code sections 1371-1371.36 and their implementing regulations, unless agreed in writing to an alternate payment schedule. CHPIV shall be subject to any penalties and sanctions, including interest payments, provided by law if CHPIV fails to meet the standards specified in the DHCS Medi-Cal Contract.
- C. CHPIV ensures payment of 90% of all CLEAN CLAIMS from Providers within 30 calendar days of the DATE OF RECEIPT, and 99% of all CLEAN CLAIMS from Providers' claims, within 90 calendar days of the DATE OF RECEIPT. For purposes of determining timeliness, the DATE OF RECEIPT shall be the date CHPIV receives the claim, as indicated by CHPIV's date stamp on the claim. The date of CHPIV's payment shall be the date of CHPIV's check or other form of payment.
- D. CHPIV ensures accrued interest at the rate of 15% per annum for non-paid CLEAN CLAIMS beginning with the first calendar day after 45-working-days from the DATE OF RECEIPT.
- E. CHPIV maintains procedures for pre-payment and post-payment claims review, including review of any data associated with Providers, MEMBERS, and the Covered Services for which payment is claimed, to ensure the proper and efficient payment of claims.
- F. CHPIV ensures sufficient claims processing, tracking, and payment systems capability to comply with applicable State and federal law, regulations, and Contract requirements, to determine the status of received claims and to estimate incurred and unreported claims (IBNR) amounts as specified by 28 CCR sections 1300.77.1 and 1300.77.2.
- G. CHPIV ensures development and maintenance of protocols for payment of claims to Out-of-Network Providers, and for communicating and interacting with Out-of-Network Providers regarding services and claims payment.
- H. CHPIV ensures clinical protocols and evidence-based practice guidelines governing Prior Authorization, Utilization Management and Retrospective Review are provided to all Out-of-Network Providers providing services to its MEMBERS. Contractor must arrange to provide these protocols and guidelines at the time that Contractor enters into an agreement with an Out-of-Network Provider or anytime an Out-of-Network Provider submits a claim for services provided to Contractor's MEMBERS.



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- I. CHPIV ensures in accordance with the Health and Safety (H&S) Code section 1367, Contractor must have a fast, fair, and cost-effective dispute resolution process in place for Providers, Network Providers, Subcontractors, and Downstream Subcontractors to submit disputes. CHPIV maintains separate dispute resolution mechanism for contracted and non-contracted provider disputes and separate dispute resolution mechanisms for claims and other types of billing and contract disputes.
- J. CHPIV ensures there is a formal procedure to accept, acknowledge, and resolve Provider, Network Provider, Subcontractor, and Downstream Subcontractor disputes. The resolution process must occur in accordance with the timeframes set forth in H&S Code sections 1371 and 1371.35 for both contracted and non-contracted Providers. Any Provider of Medi-Cal services may submit a dispute to Contractor regarding:
 - 1. The authorization or denial of a service;
 - 2. The processing of a payment or non-payment of a claim by Contractor; or
 - 3. The timeliness of the reimbursement on an uncontested CLEAN CLAIM and any interest Contractor is required to pay on claims reimbursement.
- K. Contractor's Provider Dispute Resolution process must be set forth in all Network Provider Agreements, Subcontractor Agreements, and Downstream Subcontractor Agreements.
- L. Any provider that submits a claim dispute to the plan's capitated provider's dispute resolution mechanism involving an issue of medical necessity or utilization review shall have an unconditional right of appeal for that claim dispute to CHPIV's dispute resolution process for a de novo review and resolution for a period of 60 working days from the capitated provider's DATE OF DETERMINATION.
- M. CHPIV assumes the responsibility for the processing and timely reimbursement of provider claims if the claims processing organization or the capitated provider fails to timely and accurately reimburse its claims (including the payment of interest and penalties). CHPIV obligation to assume responsibility for the processing and timely reimbursement of a capitated provider's provider claims may be altered to the extent that the capitated provider has established an approved corrective action plan.
 - 1. CHPIV's contract with a claims processing organization or a capitated provider shall not relieve CHPIV of its obligations to comply with sections 1371, 1371.1, 1371.2, 1371.22, 1371.35, 1371.36, 1371.37, 1371.4, and 1371.8 of the Health and Safety Code and sections 1300.71, 1300.71.38, 1300.71.4, and 1300.77.4 of title 28.
- N. Contractor must inform all Providers, Network Providers, Subcontractors, and Downstream Subcontractors that provide services to Contractor's MEMBERS of its Provider Dispute Resolution process, regardless of contracting status.
- O. Contractor must resolve Provider, Network Provider, Subcontractor, and Downstream Subcontractor disputes within the timeframes set forth in H&S Code section 1371.35 of receipt of the dispute, including supporting documentation. Contractor and Provider, Network Provider, Subcontractor, or Downstream Subcontractor may agree that additional time is needed. If Contractor unilaterally requests additional time, it must show good cause for the extension and provide supporting good cause documentation to DHCS upon request.
- P. Contractor must submit a Provider Dispute Resolution Report annually to DHCS which includes information on the number of Providers who utilized the dispute resolution mechanism, delineated by Providers, Network Providers, Subcontractors, and Downstream

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Subcontractors and a summary of the disposition of those disputes, in accordance with H&S Code section 1367(h)(3).

- Q. On an annual basis Contractor must assess the Providers, Network Providers, Subcontractors, and Downstream Subcontractors that regularly utilize the Provider Dispute Resolution process to identify trends and systemic issues. Contractor must submit the results of its annual assessment to DHCS with discussion on how it is addressing trends and systemic issues identified based on the assessment.

III. PROCEDURE

- A. CHPIV delegates the Claims and Provider Dispute Resolution process to its Subcontractor, Health Net.
- B. CHPIV retains ~~a separate dispute resolution mechanism to the right to~~ resolve claims payment disputes ~~when in the event that Health Net fails to timely and accurately reimburse its claims, including the payment of interest and penalties, or fails to timely resolve provider disputes including the issuance of a written decision~~ providers exhaust the Provider Dispute Resolution process with Health Net.
- C. Delegation Oversight
1. CHPIV shall provide oversight and continually assess the aforementioned functions, responsibilities, processes, and performance of Health Net. CHPIV ensures Health Net's compliance with regulatory and contractual requirements through the following activities which are detailed in *CHPIV Policy CMP-002: Delegation Oversight Policy and Procedure*:
 - a. Ongoing monitoring
 - b. Performance reviews
 - c. Data analysis
 - d. Utilization of benchmarks, if available
 - e. Annual desktop and on-site audits

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IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

TERM	DEFINITION
Member	A beneficiary enrolled in a CHPIV program.
Authorized Representative	Means any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.
Clean Claim	Means a claim that can be processed without obtaining additional information from the Provider or from a third party.
Contracted Provider Dispute or Appeal	A contracted provider's written notice to the Plan and/or its delegate HNCS challenging, appealing or requesting post-service reconsideration of a claim (including a bundled group of substantially similar multiple




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TERM	DEFINITION
	<p>claims that are individually numbered) that has been denied (including due to being “not medically necessary”), adjusted or contested, or seeking resolution of a billing determination or other contract dispute (or a bundled group of substantially similar multiple billing or other contractual disputes that are individually numbered) or a request for reimbursement of an overpayment of a claim. The dispute must contain, at a minimum, the following information: the provider’s name; the provider’s identification number; contact information; and</p> <ul style="list-style-type: none">• If the appeal concerns a claim or a request for reimbursement of an overpayment of a claim, a clear identification of the disputed item, including the original claim ID or submission ID number, the date of service and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect;• If the appeal is not about a claim, a clear explanation of the issue and the provider’s position thereon (e.g. not medically necessary denial or contract dispute); and/or• If the appeal involves a member or group of members: the name and identification number(s) of the member or members, a clear explanation of the disputed item, including the date of service, original claim ID or submission ID number, and the provider’s position thereon.
Contested Claim	<p>When the Plan and/or its delegated HNCS has determined that it has not received the Complete Claim and all of the information necessary to determine payer liability for the claim, or has not been granted reasonable access to information concerning practitioner services. Information necessary to determine payer liability for the claim includes, but is not limited to, reports of investigations concerning fraud and misrepresentation, and necessary consents, releases, and assignments, a claim on appeal, or other information necessary for the Plan and/or its delegate HNCS to determine the medical necessity for the health care services provided. The notice that a claim, or portion thereof, is contested by the Plan and/or its delegate HNCS will identify the portion of the claim that is contested, by revenue code, and the specific information needed from the provider to reconsider the claim.</p>
Date of Contest/Date of Denial/Date of Notice	<p>The date of postmark or electronic mark accurately setting forth the date when the contest, denial, or notice was electronically transmitted or deposited in the US Mail or another mail or delivery service, correctly addressed to the claimant’s office or other address of record with proper postage.</p>
Date of Determination	<p>The date of postmark or electronic mark on the written provider dispute determination or amended provider dispute determination that is delivered, by physical or electronic means, to the claimant’s office or other address of record. To the extent that a postmark or electronic mark is unavailable to confirm the Date of Determination, the Plan and/or its</p>

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TERM	DEFINITION
	delegate HNCS will consider the date the check is printed for any monies determined to be due and owing to the provider and the date the check is presented for payment.
Date of Receipt	The Working Day when the provider dispute or amended provider dispute, by physical or electronic means, is first delivered to the Plan and/or its delegate HNCS' designated Provider Appeals Unit or post office box.
Non-Contracted Provider Dispute or Appeal	<p>A non-contracted provider's written notice to the Plan and/or its delegate HNCS challenging, appealing or requesting post-service reconsideration of a claim (including a bundled group of substantially similar claims that are individually numbered), which has been denied (including for not being "not medically necessary"), adjusted or contested, or disputing a request for reimbursement of an overpayment of a claim. The dispute must contain, at a minimum, the following information: the provider's name, the provider's identification number, contact information and:</p> <ul style="list-style-type: none"> • If the dispute concerns a claim or a request for reimbursement of an overpayment of a claim, a clear identification of the disputed item, including the original claim ID or submission ID number, including the date of service, and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, contest, denial, request for reimbursement of an overpayment of a claim or other action is incorrect. • If the dispute is not about a claim, a clear explanation of the issue and the provider's position thereon (e.g. medical necessity); and • If the dispute involves a member or group of members, the name and identification number(s) of the member or members, a clear explanation of the disputed item, including the date of service, original claim ID or submission ID number, and the provider's position thereon.
Overpayment	Reimbursement of a claim that has been determined to have been overpaid. The Plan and/or its delegate HNCS notifies the provider in writing through a separate notice identifying the overpayment and the amount of the overpayment, the provider shall reimburse the Plan and/or its delegate HNCS within 30 working days of receipt by the provider of the notice of overpayment unless the overpayment or portion thereof is contested by the provider in which case the Plan and/or its delegate HNCS shall be notified, in writing, within 30 working days. The provider's notice contesting the validity of an overpayment shall identify the portion of the overpayment that is contested and the specific reasons for contesting the overpayment.
Reasonably Relevant Information	The minimum amount of itemized, accurate and material information generated by or in the possession of the provider related to the billed services that enables a claims adjudicator with appropriate training, experience, and competence to timely and accurately process claims to determine the nature, cost, if applicable, and extent of the Plan and/or its

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TERM	DEFINITION
	delegate HNCS' liability, if any, and to comply with any governmental information requirements.
Working Days	Means Monday through Friday, except for state holidays as identified at the California Department of Human Resources State Holidays page.

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	Department	Compliance	
	Functional Area	Compliance	
	Impacted Delegate	<input type="checkbox"/> Subcontractor <input checked="" type="checkbox"/> NA	

DATES			
Policy Effective Date	6/12/2023	Last Revised Date	<u>6/12/2025</u> 5/13/2024
Next Annual Review Due	<u>6/12/2026</u> 5/13/2025	Regulator Approval	Not Applicable

APPROVALS			
Internal		Regulator	
Name	Elysse Tarabola	<input type="checkbox"/> DHCS	<input checked="" type="checkbox"/> NA
Title	Chief Compliance Officer	<input type="checkbox"/> DMHC	

ATTACHMENTS
<ul style="list-style-type: none"> Attachment A - Policy Template Attachment B - Policy Template Guide Attachment C - Definitions Repository

AUTHORITIES/REFERENCES
<ul style="list-style-type: none"> Medi-Cal Managed Care Division (MMCD) All-Plan Letter 00-003, "Policy and Procedure Revisions"

HISTORY	
Revision Date	Description of Revision
6/12/2023	Policy created
5/13/2024	Added section on dissemination to subcontractors; updates to approval process
<u>6/12/2025</u>	<u>Annual review - no changes</u>



I. OVERVIEW

- A. Community Health Plan of Imperial Valley (CHPIV) will develop policies and procedures that define the rules governing organizational actions, that assign organizational functions and responsibilities, and that demonstrate compliance with regulatory, contractual, and accreditation requirements. CHPIV's Compliance Department is the designated responsible organizational unit and repository for all CHPIV policies and procedures.

II. POLICY

- A. Policies and procedures shall be developed and processed in accordance with this policy and procedure, including the documents included in the "References" and "Attachments" sections of this policy and procedure, and documented by using CHPIV's system of record.
- B. All CHPIV policies and procedures, and the applicable attachments, shall be made accessible to all employees on the CHPIV One Drive.
- C. The Compliance Department is authorized to revise the policy and procedure template, as well as the policy and procedure process, without immediate revisions to this policy and procedure. CHPIV departments are not required to implement a revised template until the next review date for their policies and procedures, including annual review or immediate review and revision because of changes to state and federal regulatory, contractual or accreditation requirements.
- D. Policies and procedures should be reviewed and revised, immediately, if changes are necessary to comply with new or revised state and federal regulatory, contractual and accreditation requirements. CHPIV departments must not wait until the annual review date to make such changes.
- E. Changes to attachments and references may require changes to be made to the policies and procedures.

III. PROCEDURE

- A. Drafting Policies and Procedures
 - 1. The ORIGINATOR will draft new policies and procedures or revise existing policies and procedures.
 - a. The Overview should reflect the scope, purpose, and background of the policy.
 - b. The Policy should outline CHPIV's guidelines for how to conduct business and reflect the requirements that the implemented process will satisfy.
 - c. Policies involving multiple functional areas require cross-functional collaboration that involves all functional owners and agreement on drafted policy language.
 - d. All revisions to existing policies must be redlined and indicate reference to the regulatory, contractual, or accreditation requirement, as applicable.
 - e. The procedures should describe the process that is being implemented to satisfy the requirements in the policy.
 - i. All policies should have procedures in the same document.
 - ii. All procedures should be linked to a policy, either in the same document or by reference.



- A. If DESKTOP PROCEDURES are required (desk level procedures, technical procedures, job aids, etc.), then a separate document is appropriate and should be listed in the "Attachments" section.
 - B. DESKTOP PROCEDURES (desk level procedures, technical procedures, job aids, etc.) do not have to go through the formal approval process outlined in the Approval Processing section of this policy.
 - iii. Definitions should be included in the policies and procedures templates.
 - A. Definitions should be specific to the policies and procedures.
 - B. The ORIGINATOR should use the standardized definitions, provided by the Compliance Department.
 - C. If the ORIGINATOR has a new definition or has a suggested change for an existing definition, it must be submitted to the Compliance Department at compliance@chpiv.org for review and addition to the standardized definitions.
 - iv. For assistance with regulatory, contractual, and accreditation requirements, the policy ORIGINATOR should consult with the Compliance Department, prior to submitting policies and procedures into CHPIV's system of record.
 - 2. Once the policy and procedure is ready for review and approval, the ORIGINATOR will submit the draft policy to Compliance to begin the Approval Process
- B. Standard Approval Process
- 1. The following reviews will occur consecutively as applicable.
 - a. NCQA Review
 - i. If the policy or procedure is being used to fulfill National Committee for Quality Assurance (NCQA) requirements, designated staff within Health Services shall review.
 - ii. Designated staff within Health Services will have seven (7) calendar days to review.
 - b. Legal Review
 - i. If the policy or procedure is related to Human Resources processes, CHPIV's Legal team shall review.
 - ii. If the policy or procedure is required to be filed with DMHC, CHPIV's Legal team may review at the discretion of the ORIGINATOR or Compliance.
 - iii. Legal will have seven (7) calendar days.
 - c. Compliance Review
 - i. The Compliance Department shall review all policies and procedures. Compliance will have seven (7) calendar days to review.
 - d. Committee Review
 - i. After Compliance, NCQA, and/or Legal review, Compliance will notify the ORIGINATOR. The ORIGINATOR will take the policies and procedures to the COMPLIANCE & POLICY COMMITTEE (CPC) for review and approval.
 - ii. If the CPC requests changes to be made to the policies and procedures, and the changes impact the sections reviewed by Compliance, NCQA, and/or Legal, the policies and procedures may need to revisit one or more of the previous steps in the review process, prior to being approved.
 - e. COMMISSION Review:



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- i. After CPC approval, Compliance will notify the ORIGINATOR. The ORIGINATOR will take the policies and procedures to the Regulatory Compliance Oversight Committee of the COMMISSION for review and approval.
 - ii. The COMMISSION approval is considered the final approval.
- C. Expedited Approval Process
 1. The Expedited Approval Process applies when there is an urgent regulator submission that the Standard Approval Process timeframes will not meet.
 2. The following reviews will occur concurrently, as applicable. The timeframe for the concurrent review will be determined by Compliance based on regulator due dates.
 - a. NCQA Review
 - i. If the policy or procedure is being used to fulfill National Committee for Quality Assurance (NCQA) requirements, designated staff within Health Services shall review.
 - b. Legal Review
 - i. If the policy or procedure is related to Human Resources processes, CHPIV's Legal team shall review.
 - ii. If the policy or procedure is required to be filed with DMHC, CHPIV's Legal team may review at the discretion of the ORIGINATOR or Compliance.
 - c. Compliance Review
 - i. The Compliance Department shall review all policies and procedures.
 3. Committee Review
 - i. After Compliance, NCQA, and/or Legal review, Compliance will send the policy for unanimous electronic committee approval.
 - ii. If the CPC requests changes to be made to the policies and procedures, and the changes impact the sections reviewed by Compliance, NCQA, and/or Legal, the policies and procedures may need to revisit one or more of the previous steps in the review process, prior to being approved.
 4. COMMISSION Review:
 - i. After CPC approval, Compliance will send the policies and procedures electronically to the chair of the Regulatory Compliance Oversight Committee of the COMMISSION for review and approval.
 - A. The Chair of the Regulatory Compliance Oversight Committee of the COMMISSION is the designated reviewer for the expedited approval process.
 - ii. The COMMISSION approval is considered the final approval.
- D. Posting
 1. After COMMISSION approval, Compliance will
 - a. Remove all red-lines and comments from the policies and procedures
 - b. Formatting
 - c. Complete the review or revision details to the History section of the policies and procedures
 - d. Add the appropriate dates
 - i. The Commission approval date is the Policy Effective Date/Last Revised Date.
 - e. Publish the policies and procedures to CHPIV's system of record.



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2. At any time, the CHIEF COMPLIANCE OFFICER (CCO), the COMPLIANCE & POLICY COMMITTEE (CPC) and/or the COMMISSION can review policies and procedures, and request changes to be made by the ORIGINATING DEPARTMENT.
- E. When approval is not required
 1. Policies and Procedures are not required to go through the formal approval processes outlined above if the revisions include non-substantive changes.
 - a. Examples of non-substantive changes include formatting changes, updates to definitions, changes to header information, and corrective typos.
 2. Updated policies and procedures that do not require formal approval shall be submitted to Compliance to be posted to the P&P Repository.
- F. Regulatory Agency Filings
 1. The Compliance Department will ensure that all applicable policies and procedures are filed with the appropriate regulatory agencies, to demonstrate compliance with laws and regulations.
 - a. CHPIV is required to file certain policies and procedures with DMHC within thirty (30) calendar days after its effective date or review date.
 - b. Regulatory agencies may request revisions to CHPIV policies.
 2. The Compliance Department can request that changes be made to policies and procedures prior to submitting them to regulatory agencies.
 - a. Substantive revisions, especially revisions due to non-compliance, will be required to be routed back through the full review process.
- G. Policy and Procedure Archives
 1. The Compliance Department will maintain an archive of all policies and procedures, as well as policy-related written correspondence submitted to and received from SUBCONTRACTORS, for a period of ten (10) years.
- H. Annual Review
 1. All policies and procedures must be reviewed by the ORIGINATING DEPARTMENT, on an annual basis.
 - a. The ORIGINATOR will review the policies and procedures, to ensure that they reflect the most current state and federal regulatory, contractual and accreditation requirements. If significant or material revisions are made to a policy and procedure, it may need refile with the DMHC and/or other regulatory agency.
 - b. The ORIGINATOR will ensure that the policies and procedures are on the current template, and will follow the appropriate process outlined herein, and in all supporting documents.
 - c. Failure to review the policies and procedures by the due date could result in the following DISCIPLINARY ACTIONS for the management of the ORIGINATING DEPARTMENT:
 - i. Reporting to ICC
 - ii. Requirement for submission of a CORRECTIVE ACTION PLAN (CAP)
- I. Dissemination of P&Ps to SUBCONTRACTORS
 1. The ORIGINATOR and Compliance department will identify which P&Ps need to be disseminated based on delegated functions, relevance, regulatory obligations, and business needs.
 2. When a new P&P or update to an existing P&P is developed, CHPIV will disseminate it to the relevant subcontractors and delegated entities.
 3. P&Ps are shared via email.



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4. Any time a regulatory change affects a P&P, the policy will be updated and redlined to clearly show changes.
5. Upon receipt of the P&Ps, SUBCONTRACTOR is required to acknowledge receipt and understanding.
6. The Compliance Department maintains a log of all P&Ps sent, the date of acknowledgment, and any feedback or queries raised by the recipient.
7. As needed, CHPIV will provide training sessions or support materials to subcontractors/delegated entities to aid in the understanding and implementation of the P&Ps.
8. SUBCONTRACTORS are encouraged to provide feedback or seek clarifications on any P&Ps. Feedback will be reviewed by the ORIGINATING DEPARTMENT and Compliance Department and, where necessary, changes will be made to the P&Ps or additional guidance provided.

IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.


TERM	DEFINITION
Chief Compliance Officer (CCO)	CHPIV staff member who serves as the focal point for compliance activities as well as manages the Compliance Department of CHPIV. The CCO reports directly to the Chief Executive Officer and the COMMISSION. The CCO is responsible for developing, operating, and monitoring the compliance program. This includes establishing an auditing and monitoring plan, overseeing compliance audit functions, continuously reviewing organizational risk areas to identify necessary auditing and monitoring activities, assisting in the formulation of correction action plans, and overseeing and/or verifying implementation of corrective action.
Commission	The governing body of the Local Health Authority (LHA). It is comprised of thirteen voting members that represent different sectors of the health system, the public, Medi-Cal beneficiaries, and businesses as outlined in LHA Establishing Ordinance.
Compliance & Policy Committee (CPC)	An internal committee comprised of CHPIV management staff that monitors compliance activities and makes recommendations for action to CHPIV staff, including CHPIV's executive staff, and the Commission.
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CHPIV, the Centers for Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CHPIV departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CHPIV and its regulators.



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Desktop Procedure	Document used to provide additional detailed information that is not in a policy but will assist in conducting day-to-day operations (also known as technical procedures or job aids).
Disciplinary Action	A formal action taken in response to unacceptable performance or misconduct.
Originating Department	Any department within CHPIV that develops, produces, manages, coordinates, and/or submits any Member Communications material or policies and procedures to the Compliance Department for review and to obtain approval from the Regulatory Agencies.
Originator	Member of a department that is designated to submit and process policies and procedures for their department.
Subcontractor	An individual or entity that has a subcontract with the MCP that relates directly or indirectly to the performance of the MCP's obligations under the contract with DHCS. A network provider is not a subcontractor by virtue of the network provider agreement, as per 42 CFR § 438.2.

	Key Personnel Disclosure		CMP-013
	Department	Compliance	
	Functional Area	Compliance	
	Impacted Delegate	<input checked="" type="checkbox"/> Subcontractor <input checked="" type="checkbox"/> NA	


DATES			
Policy Effective Date	11/12/2024	Last Revised Date	
Next Annual Review Due	11/13/2025	Regulator Approval	

APPROVALS			
Internal		Regulator	
Name	Elysse Tarabola	<input type="checkbox"/> DHCS	<input checked="" type="checkbox"/> NA
Title	Chief Compliance Officer	<input type="checkbox"/> DMHC	

ATTACHMENTS
N/A

AUTHORITIES/REFERENCES
<ul style="list-style-type: none"> CHPIV Contract with Department of Healthcare Services (DHCS): Exhibit A, Attachment 1.1.8 (Key Personnel Changes) California Code, Health and Safety Code (HSC) 1352© 1300.51, 1300.52, 1300.52.2, 1300.52.4 HSC 1352

HISTORY	
Revision Date	Description of Revision
11/12/2024	Policy Creation

	Key Personnel Disclosure	CMP-013
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I. OVERVIEW

- A.** This policy addresses Community Health Plan of Imperial Valley's ("CHPIV" or the "Plan") key personnel change disclosure. The purpose of this policy is to establish a process to disclose to the Department of Healthcare Services (DHCS) and the Department of Managed Health Care (DMHC) changes in the status of the executive-level personnel.

II. POLICY

- A.** CHPIV must report within ten calendar days to DHCS Contract Manager any changes in the status of the executive-level personnel including, but not limited to:
1. CHIEF EXECUTIVE OFFICER
 2. CHIEF FINANCIAL OFFICER
 3. CHIEF OPERATING OFFICER
 4. CHIEF MEDICAL OFFICER
 5. CHIEF HEALTH EQUITY OFFICER
 6. CHIEF COMPLIANCE OFFICER
 7. GOVERNMENT RELATIONS PERSON
- B.** CHPIV must report within 20 calendar days to DHCS Contract Manager any changes in the status of the executive-level personnel for Fully Delegated SUBCONTRACTORS, Partially Delegated SUBCONTRACTORS, Downstream Fully Delegated SUBCONTRACTORS, and Downstream Partially Delegated SUBCONTRACTORS including, but not limited:
1. CHIEF EXECUTIVE OFFICER
 2. CHIEF FINANCIAL OFFICER
 3. CHIEF OPERATING OFFICER
 4. CHIEF MEDICAL OFFICER
 5. CHIEF HEALTH EQUITY OFFICER
 6. CHEIF COMPLIANCE OFFICER
 7. GOVERNMENT RELATIONS PERSON
- C.** CHPIV shall submit a personnel change filing with DMHC within 5 days of the change going into effect in accordance with the Health and Safety Code (HSC) 1352. Changes in key Plan personnel include (addition or deletion):
1. Directors;
 2. Trustee;
 3. Principal officer (president or CHIEF EXECUTIVE OFFICER (CEO), vice president, secretary, treasurer or CHIEF FINANCIAL OFFICER (CFO), or chairman of the board of a corporation, a sole proprietor, the managing general partner of a partnership;
 4. General Partner;
 5. General manager or principal management person;
 6. Person occupying similar positions or performing similar functions; or
 7. A substantial or material change in the duties of any such person.

III. PROCEDURE

A. Subcontractor Submission to CHPIV:

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Key Personnel Disclosure

CMP-013


1. All Fully Delegated Subcontractors, Partially Delegated Subcontractors, Downstream Fully Delegated Subcontractors, and Downstream Partially Delegated Subcontractors must notify CHPIV within 10 calendar days of any changes to key personnel.
2. Notification must be submitted via email to the CHPIV Compliance Department at compliance@chpiv.org and include:
 - a. Subcontractor/downstream entity organization name
 - b. Name(s), title(s), and effective date(s) of personnel changes
 - c. Description of any interim coverage or acting personnel
 - d. Updated organization chart (if applicable)
 - e. Any applicable license or credential verification for new personnel (e.g., CMO)
3. CHPIV may follow up with the Subcontractor to request additional documentation, clarification, or confirmation of how duties will be fulfilled during transitions. Subcontractors are expected to respond within 5 business days of such requests.
4. Failure to notify CHPIV in accordance with this procedure may result in corrective action or a finding of non-compliance, which will be documented in the Subcontractor's oversight file and addressed through Delegation Oversight corrective action protocols.

A.B. **CHPIV Notification to DHCS Submission:**

- ~~1. CHPIV shall disclose key personnel changes by completing a Notification Submission Form in submit artifact D:0002 Key Personnel Change in DHCS's Managed Care Operations Division-Managed Care Plan (MCOD-MCP) Submission Portal, which requires names, titles, dates of change, contact information, and Subcontractor type. Comments should include the Plan's next steps to fill vacant positions and how the duties of the vacant position will be managed while it remains unfilled. with an attached letter explaining the following:~~
 - ~~a. The names, titles, and dates of change for each addition and/or deletion of key personnel:~~
~~The Plan's next steps to fill the vacant position and how the duties of the vacant position will be managed while it remains unfilled.~~

B.C. **CHPIV Notification to DMHC-General Filing:**

1. CHPIV shall submit a personnel change filing in DMHC's eFiling portal. DMHC will not review improperly filed Notices, Amendments, and Exhibits. CHPIV will be required to re-file and/or withdraw improperly filed Notices, Amendments, and Exhibits prior to review by DMHC.
2. CHPIV shall utilize the DMHC Checklist for Key Personnel/Business Administration Change to ensure all the necessary documentation within the required Exhibits are included in the filing. Required Exhibits:
 - a. Exhibit E-1: eFiling Narrative
 - b. Exhibit number format F-1: Business Information Documents
 - c. Exhibit F-1-f: Individual Information Sheet
 - d. Exhibit F-2: Creditor Information
 - e. Exhibit L: Organization Chart
 - f. Exhibits M: Key Personnel Narrative Information
 - g. Exhibits HH-3-f-i: Measures to Maintain TNE
3. General Filing Information:
 - a. Amendment Filing: File all changes to Key Personnel described in Section 1351 (C) and 1352 (C) as an Amendment Filing.


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- b. Revised Exhibits: If CHPIV has revised documents previously approved by DMHC, CHPIV shall file the revised document as the proper Exhibit type and identify in Exhibit E-1 the eFiling number affiliated with the previously approved document. CHPIV shall identify changes via highlight or strikeout, in accordance with Rule 1300.52(d).


IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

TERM	DEFINITION
Chief Executive Officer (CEO)	The Chief Executive Officer (CEO) of a Managed Care Plan is the highest-ranking executive, responsible for implementing organizational strategies, ensuring the achievement of overall objectives, and maintaining operational, legal, and financial integrity, all while being accountable to the Commission.
Chief Financial Officer (CFO)	The Chief Financial Officer (CFO) is an officer who is assigned to develop and initiate systems, policies and procedures for transacting financial matters, and ensure that the financial system is accurate, efficient, and in accordance with professional practices and governmental regulations.
Chief Operating Officer (COO)	The Chief Operating Officer (COO) is a key member of the management team, responsible for overseeing the day-to-day administrative and operational functions CHPIV departments.
Chief Medical Officer (CMO)	The Chief Medical Officer (CMO) is responsible to ensure CHPIV medical staff on board with administrative directives and leading any necessary changes in the organization's culture.
Chief Health Equity Officer	The Chief Health Equity Officer is responsible to ensure to provide CHPIV leadership in the design and implementation of CHPIV's strategies and programs to ensure Health Equity is prioritized and addressed. The Chief Health Equity Officer will ensure CHPIV's policy and procedures consider Health Inequities and are designed to promote Health Equity where possible and aimed at improving Health Equity and reducing Health Disparities.
Chief Compliance Officer (CCO)	CHPIV staff member who serves as the focal point for compliance activities as well as manages the Compliance Department of CHPIV. The CCO reports directly to the Chief Executive Officer and the COMMISSION. The CCO is responsible for developing, operating, and monitoring the compliance program. This includes establishing an auditing and monitoring plan, overseeing compliance audit functions, continuously reviewing organizational risk areas to identify necessary auditing and monitoring activities, assisting in the formulation of

	Key Personnel Disclosure	CMP-013
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TERM	DEFINITION
	correction action plans, and overseeing and/or verifying implementation of corrective action.
Government Relations Persons	Government Relations Persons responsible for directing and coordinating policy research and analysis on issues involving federal, state, and local governments and regulations. Develops strategies and promotes the system's position to government officials. Monitors potential legislative matters and develops action plans as appropriate

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	Department	Health Services	
	Functional Area	Utilization Management	
	Impacted Delegate	<input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> NA	

DATES			
Policy Effective Date	6/12/2023	Reviewed/Revised Date	5/ 28 13/202 5 4
Next Annual Review Due	5/13/202 6 5	Regulator Approval	12/15/2023

APPROVALS			
Internal		Regulator	
Name	Gordon Arakawa, MD	<input type="checkbox"/> DHCS	<input type="checkbox"/> NA
Title	Chief Medical Officer	<input checked="" type="checkbox"/> DMHC	

ATTACHMENTS
NA

AUTHORITIES/REFERENCES
<ul style="list-style-type: none"> • Internal <ul style="list-style-type: none"> ◦ CHPIV, Delegation Oversight Policy and Procedure, CMP-002 • Federal <ul style="list-style-type: none"> ◦ Title 42 Code of Federal Regulations ("CFR") 418.3 • State <ul style="list-style-type: none"> ◦ California Health and Safety Code Sections ("H&S Code") 1367(d), 1373.95, 1373.96 ◦ Title 22 California Code of Regulations Rules ("CCR") 51340, 51340.1, 53887, 53923.5 ◦ Title 28 CCR Rules 1300.67.1 (a) - (e); 1300.67.1.3 (b) ◦ DMHC: Technical Assistance Guide ("TAG") "Continuity of Care" (last published 06/27/2014); All Plan Letter ("APL") 19-013 ◦ DHCS: DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 5.2.12 ; APLs 15-019, 16-002, 17-007, 20-017, 21-003; 22-032, 22-032, <u>24-014</u>, <u>24-010</u>, <u>22-016</u> ◦ Knox-Keene Health Care Service Act and Regulations, Section 1373.95 • Accreditation <ul style="list-style-type: none"> ◦ NCQA: Network Management (NET) 4, Element B: Continued Access to Practitioners ◦ NCQA: Quality Management and Improvement (QI) 3, Element D: Transition to Other Care

HISTORY	
Revision Date	Description of Revision
6/12/2023	Policy creation
5/13/2024	Policy revision to include additional 1373.95 provisions

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<u>5/28/2025</u>	<u>Annual Review - Updates for APLs and/or applicable regulations</u>
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I. OVERVIEW

- A. Community Health Plan of Imperial Valley's ("CHPIV" or the "Plan") is responsible for ensuring there are CONTINUITY OF CARE ("CoC") processes in place that are in strict adherence to the guidelines and processes stated herein. CHPIV delegates its CoC processes to CHPIV's Subcontractor, Health Net, who performs the function on behalf of CHPIV.

II. POLICY

- A. CHPIV will ensure continued access for up to 12 months to an OUT-OF-NETWORK PROVIDER with whom the MEMBER has an ONGOING RELATIONSHIP, as long as CHPIV has no Quality of Care issues with the PROVIDER and the PROVIDER will accept either CHPIV's or the Medi-Cal FFS Rates, whichever is higher, pursuant to W&I Code section 14182(b)(13) - (14).
1. CHPIV will ensure all MEMBERS receive continued access for foster youth and former foster youth transitioning from Medi-Cal Fee-for-Service (FFS) to Medi-Cal Managed Care. CHPIV will ensure uninterrupted access to existing providers for up to 12 months from the transition date, regardless of whether the provider is in-network, without requiring a continuity of care request from the MEMBER, in accordance with APL 24-014.
- 1.2. CHPIV will ensure automatic continuity of care for all MEMBERS transitioning from Medi-Cal Fee-for Service (FFS) who are residing in Intermediate Care Facilities for the Developmentally Disabled (ICF/DD). The MEMBERS shall remain in their current ICF/DD facility without being required to submit a continuity of care request. CHPIV will ensure to make reasonable efforts to avoid disruption of services or residential placement in accordance with DHCS CoC guidelines.
- B. CHPIV will ensure the MEMBER's right to continue receiving Medi-Cal services covered under the CHPIV's Contract when transitioning to CHPIV even in circumstances in which the Member does not continue receiving services from their pre-existing Provider. CHPIV will ensure CoC for Covered Services without delay to the Member with a Network Provider, or if there is no Network Provider to provide the Covered Service, with an OON Provider.
- A-C. For new enrollees residing in Subacute Care Facilities, CHPIV will ensure to honor the MEMBERS request for continuity of care if the criteria outlined in APL 22-016 apply. CHPIV shall notify the member and facility staff of the members' rights to request continuity of care and shall assist with the request process. CHPIV shall ensure timely processing of the request consistent with all applicable CoC regulations in accordance with APL 24-010.
- B-D. CHPIV will ensure that active prior treatment authorizations for services remain in effect for 90 days and must be honored without a request by the MEMBER, authorized representative, or Provider for MEMBERS transitioning to CHPIV. CHPIV will ensure arrangement of services authorized under the active prior treatment authorization with a



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Network Provider, or if there is no Network Provider to provide the service, with an OON Provider.

E. CHPIV will ensure that all MEMBERS are allowed to request CONTINUITY OF CARE in accordance with 42 CFR section 438.62 and APL 22-032.

F. CHPIV will ensure that ~~additional CONTINUITY~~ additional CONTINUITY OF CARE Protections are provided for MEMBERS with specific conditions as defined in H&S Code section 1373.96.

G. CHPIV will ensure proper evaluation of denied Medical Exemption Requests (MER) as automatic CONTINUITY OF CARE requests.

H. CHPIV ensures there is a comprehensive process for block transfers of MEMBERS from a NETWORK PROVIDER GROUP or HOSPITAL to a new PROVIDER GROUP or HOSPITAL.

I. CHPIV will ensure to maintain documented processes to facilitate continuity of care when a MEMBERS provider terminates from the network or when the MEMBER transitions between health plans. CHPIV shall provide timely written notice to the MEMBER regarding their continuity of care rights and assist MEMBERS with submitting continuity of care requests in accordance with H&S Code Section 1373.95.

J. CHPIV will ensure a review for the completion of Covered Services at the request of a MEMBER in accordance with H&S Code section 1373.95. All MEMBERS with PRE-EXISTING RELATIONSHIP with the PROVIDER who make a CONTINUITY OF CARE request must be given the option to continue treatment for up to 12 months with an OUT-OF-NETWORK PROVIDER, if the following criteria are met:

1. The MEMBER has seen the OUT-OF-NETWORK PROVIDER at least once within the 12 months before Enrollment with CHPIV;
2. The OUT-OF-NETWORK PROVIDER accepts CHPIV's rate offered in accordance with H&S Code section 1373.96(d)(2) or €(2); and
3. The OUT-OF-NETWORK PROVIDER meets CHPIV's applicable professional standards and has no disqualifying Quality of Care issues.

K. CHPIV ensures facilitation of the completion of covered services in accordance with H&S Code section 1373.96 for the following conditions:

1. An acute condition. Completion of covered services shall be provided for the duration of the acute condition.
2. A serious chronic condition. Completion of covered services shall be provided for a period necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by CHPIV in consultation with the MEMBER and the terminated provider or nonparticipating provider and consistent with good professional practice.
3. A pregnancy. Completion of covered services shall be provided for the duration of the pregnancy.
4. Care of a newborn child between birth and age 36 months.
5. Surgery or other procedure that is authorized by CHPIV.

L. CHPIV ensures an Enrollee Transfer Notice is sent to MEMBERS describing its policy and informing MEMBERS of their right of completion of covered services

M. CHPIV ensures that reasonable consideration is given to the potential clinical effect on the MEMBER's treatment caused by a change of PROVIDER.



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K.N. CHPIV will ensure a process for accepting requests from the MEMBER, authorized representative, or PROVIDER over the telephone, according to the requester's preference, and must not require the requester to complete and submit a paper or online form if the requester prefers to make the request by telephone. To complete a telephone request, the MCP may take any necessary information from the requester over the telephone.

L.O. CHPIV will ensure a process for accepting and approving retroactive CoC requests and for reimbursing PROVIDERS for services that were already provided if the request meets all CoC requirements.

M.P. CHPIV ensures the development and implementation of procedures that further describe the following:

1. Date of CoC process initiation.
2. Validation of has a PRE-EXISTING RELATIONSHIP with the PROVIDER by requesting all relevant treatment information from the OUT-OF-NETWORK (OON) PROVIDER,
3. Timelines for making CoC determinations:
 - a. 30 calendar days for non-urgent requests;
 - b. 15 calendar days if the MEMBER's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or
 - c. As soon as possible, but no longer than three calendar days for urgent requests (i.e., there is an identified risk of harm to the MEMBER).
4. Acknowledgment of the CoC request within the required timeframes, advising the MEMBER that the CoC request was received, the date of receipt, and the estimated timeframe for resolution.
5. Decision notification by using the MEMBER's known preference of communication or by notifying the MEMBER using one of these methods in the following order: telephone call, text message, email, and then notice by mail:
 - a. For non-urgent requests, within seven calendar days of the decision.
 - b. For urgent requests, within the shortest applicable timeframe that is appropriate for the MEMBER's condition, but no longer than three calendar days of the decision.
6. Content of MEMBER notification:
 - a. Denial notifications:
 - i. A statement of the MCP's decision.
 - ii. A clear and concise explanation of the reason for denial.
 - iii. The MEMBER's right to file a grievance or appeal. For additional information on grievances and appeals, refer to APL 21-011 or subsequent iterations of this APL.
 - b. Approval notifications:
 - i. A statement of the MCP's decision.
 - ii. The duration of the CONTINUITY OF CARE arrangement.
 - iii. The process that will occur to transition the MEMBER's care at the end of the CONTINUITY OF CARE period.
 - iv. The MEMBER's right to choose a different Network PROVIDER.

7. Process for notifying MEMBERS within 30 calendar days before the end of the CONTINUITY OF CARE period, using the MEMBER's preferred method of communication, about the process that will occur to transition the MEMBER's care to a IN-NETWORK

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PROVIDER at the end of the CONTINUITY OF CARE period. This process includes engaging with the MEMBER and PROVIDER before the end of the CONTINUITY OF CARE period to ensure continuity of services through the transition to a new PROVIDER.

7.8.

III. PROCEDURE

- A. CHPIV delegates the COC process to its Subcontractor, Health Net.
- B. Delegation Oversight
 1. CHPIV shall provide oversight and continually assess the delegated functions, responsibilities, processes, and performance of Health Net. CHPIV ensures Health Net's compliance with regulatory and contractual requirements through the following activities which are detailed in *CHPIV Policy CMP-002: Delegation Oversight Policy and Procedure*:
 - a. Ongoing monitoring
 - b. Performance reviews
 - c. Data analysis
 - d. Utilization of benchmarks, if available
 - e. Annual desktop and on-site audits

IV. DEFINITIONS

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

TERM	DEFINITION
Member	A beneficiary enrolled in a CHPIV program.
Active Course of Treatment	Means an ongoing treatment in which discontinuity could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes. Treatment typically involves regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment, or modify a treatment protocol.
Acute Condition	Means a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Examples include a heart attack, pneumonia, or appendicitis.
Block Transfer	Means a transfer or redirection of two thousand (2,000) or more members by CHPIV from a Terminated Provider Group or Terminated Hospital to one or more contracting providers that takes place as a result of the termination or non-renewal of a Provider Contract.
Continuity of Care ("COC")	Means the process by which the member and the Provider are cooperatively involved in ongoing health care management toward the goal of high quality, cost-effective medical care.
Chronic	Means a condition that is long-term and ongoing and is not acute. Examples include diabetes, asthma, allergies, and hypertension.



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TERM	DEFINITION
Medically Necessary/Medical Necessity	<p>Means all Covered Services that are reasonable and necessary to protect life, prevent illness or disability, alleviate severe pain through the diagnosis or treatment of disease, illness or injury, achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity per Title 22 CCR Section 51303(a) and 42 CFR 438.210(a)(5). When determining the Medical Necessity of Covered Services for a Medi-Cal beneficiary under the age of 21, "Medical Necessity" is expanded to include the standards set forth in 42 USC Section 1396d(r), and W & I Code Section 14132 (v).</p> <p>For individuals under 21 years of age, EPSDT service is considered medically necessary or a medical necessity when it is necessary to correct or ameliorate defects and physical and mental illnesses and conditions that are discovered by screening services.</p> <p>A service need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition are also covered under EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of "ameliorate" is to "make more tolerable". Additional services must be provided if determined to be medically necessary for an individual child.</p>
Non-Participating Provider or Out-of-Network Provider	<p>Means a health care professional or facility that does not have a service contract with the Plan and/or its delegate HNCS that is responsible for providing health care services for the Member who has requested completion of services with that professional or facility at the in-network benefit level.</p>
Ongoing Relationship or Pre-Existing Relationship	<p>Means the member has seen the requested out-of-network provider (PCP or Specialist) at least once during the 12 months prior to the date of the member's initial enrollment in the managed care plan for a non-emergency visit. The Plan and/or its delegate HNCS determines if a relationship exists using data provided by DHCS to the Plan and/or its delegate HNCS, such as Medi-Cal FFS utilization data. The member or their provider may also provide information to the Plan and/or its delegate HNCS that demonstrates a pre-existing relationship with a provider. A member may not attest to a pre-existing relationship (instead of actual documentation being provided).</p>
Participating Provider or In-Network Provider	<p>Means a health care professional or facility that is contracted with the Plan and/or its delegate HNCS, who or that provides covered services to Plan members.</p>
Prior Authorization	<p>Means the formal process that requires a Provider to obtain advanced approval from the Plan and/or its delegate HNCS to provide specific services or procedures. Prior authorization is required for most services or care; however, prior authorization is not required for emergency or</p>



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TERM	DEFINITION
	out-of-area urgent care services.
Provider	Means any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Pregnancy	Means a pregnancy with a three trimester duration and immediate postpartum period.
Seniors and Persons with Disabilities (SPDs)	Means a member who falls under a specific SPD aid code as defined by DHCS.
Serious Chronic Condition	Means a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature, and that does either of the following: Persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.
Terminal Illness	Means a terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less.
Terminated Provider	Means a Provider whose contract to provide covered services to members is terminated or not renewed by the Plan and/or its delegate HNCS.

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



EMPLOYEE HANDBOOK

IMPERIAL COUNTY LOCAL HEALTH AUTHORITY
DBA COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

EFFECTIVE JANUARY 2023

REVISED FEBRUARY 2025

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INTRODUCTION

WELCOME TO IMPERIAL COUNTY LOCAL HEALTH AUTHORITY DBA COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY!

We're very happy to welcome you to the Imperial County Local Health Authority Dba Community Health Plan of Imperial Valley ("~~CHPIV~~^{chpiw} or the "Plan"). Thanks for joining us! We would like you to feel that your employment with us will be mutually beneficial and enjoyable.

You are joining a plan that has established an outstanding reputation. Credit for this goes to every one of our employees and we hope that you will find satisfaction and take pride in your work here.

HISTORY

The Imperial County Local Health Authority was established to provide leadership and stakeholder collaboration and coordination to reduce health disparities and address health status improvements. Established in 2014, the primary focus was in seeking creative healthcare infrastructure improvements to facilitate the continued improvement in health status of Imperial County Residents. From the drafting of the Imperial County ordinance and the Imperial County Local Health Authority bylaws it was always a goal to develop a locally owned and governed Medi-Cal health plan.

In 2020 the Department of Health Care Services announced a large-scale reapplication process for all Medi-Cal Managed Care Plans, with a specific interest in local, single-plan models. The application process began in 2021 and led to the creation of Community Health Plan of Imperial Valley as a single-plan model for Imperial County.

As we transitioned to our role as the direct contract holder in Imperial County beginning January 1, 2024, our key responsibilities changed to governance and oversight of the health plan's administration of services to Medi-Cal members. We then engaged in expanded active dialogue with the community, providers, and Medi-Cal members regarding the resources available to support members in achieving optimal health. We strive to improve understanding of members and empower them to engage in improving their health. We also continuously search for ways to improve services for the benefit of membership improvement in their health. We are always charged with assuring the sustainability of Local Health Authority priorities, mission, and vision and the sustainability of the healthcare safety net network of providers.

MISSION AND VISION

Mission: The mission of the Community Health Plan of Imperial Valley is to work with community residents and stakeholders in both the public and private sectors to:

1. advance opportunities for improved health and access to comprehensive health care services
2. promote the long-term viability of safety net providers

3. increase prevention, education, and early intervention services
4. partner with Medi-Cal managed care plans to monitor and improve the local healthcare system.

Vision: Healthy Community, Healthy Residents

CORE VALUES

INTEGRITY. Honestly, Trustworthiness, hardworking, accountability for our actions, and helpful to all.

RESPECT. treating people how you would like to be treated.

RESPONSIBILITY: Own the service we provide.

TEAMWORK: Supporting your colleagues and team members when they need you and vice-versa, them being there when you need them.

SERVANT MANAGEMENT. serve the interests of all.

HANDBOOK PURPOSE

This employee handbook is presented as a matter of information and has been prepared to inform employees about Plan's philosophy, employment practices, policies, and the benefits provided to our valued employees, as well as the conduct expected from them. While this handbook is not intended to be a book of rules and regulations or a contract, it does include some important guidelines which employees should know. Except for the at-will employment provisions, the handbook can be amended at any time.

This employee handbook will not answer every question an employee may have, nor would the Plan want to restrict the normal question and answer interchange among us. It is in our person-to-person conversations that we can better know each other, express our views, and work together in a harmonious relationship.

We hope this guide will help employees feel comfortable with us. The Plan depends on its employees; their success is our success. Please don't hesitate to ask questions. Every manager will gladly answer them. We believe employees will enjoy their work and their fellow employees here. We also believe that employees will find the Plan a good place to work.

No one other than authorized management may alter or modify any of the policies in this employee handbook. No statement or promise by a supervisor, manager, or designee is to be interpreted as a change in policy, nor will it constitute an agreement with an employee.

Should any provision in this employee handbook be found to be unenforceable and invalid, such a finding does not invalidate the entire employee handbook, but only the subject provision. Nothing in this handbook is intended to infringe upon employee rights under Section 7 of the National Labor Relations Act (NLRA) or be incompatible with the NLRA.

We ask that employees read this guide carefully, become familiar with the Plan and our policies, and refer to it whenever questions arise.

EMPLOYMENT

EQUAL EMPLOYMENT

It is the policy of the Plan to provide equal employment opportunities to all qualified individuals and to administer all aspects and conditions of employment without regard to the following:

- Race and associated traits, including hairstyle.
- Color
- Age ([40 and over](#))
- Sex
- Sexual orientation
- Gender
- Gender identity and gender expression
- Religion, including dress and grooming practices.
- National origin, including language use restrictions.
- Pregnancy, childbirth, or breastfeeding
- Marital status
- Genetic information, including family medical history.
- Physical or mental disability
- Military or veteran status
- Citizenship and/or immigration status
- Child or spousal support withholding
- Domestic violence, assault, or stalking victim status
- Medical conditions, including cancer and AIDS/HIV
- Lawful conduct occurring during nonworking hours not on COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY's premises.
- ~~Prior non-conviction arrest record~~
- ~~Reproductive health decision making~~
- Any other protected class, in accordance with applicable federal, state, and local laws

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Discriminatory, harassing, or retaliatory behavior is prohibited from coworkers, supervisors, managers, owners, and third parties, including clientele. The Plan takes allegations of discrimination, harassment, and retaliation very seriously and will promptly investigate when warranted.

Equal employment opportunity includes, but is not limited to, employment, training, promotion, demotion, transfer, leaves of absence and termination.

BACKGROUND CHECKS

The Community Health Plan of Imperial Valley may conduct a background check on any applicant or employee with their signed consent. The background check may consist of prior employment verification, reference checks, education confirmation,

criminal background, credit history, or other information, as permitted by law (if permitted by AB 22). Third-party services may be hired to perform these checks. All offers of employment and continued employment are contingent upon a satisfactory background check. Refusal to consent to a background check may result in discipline, up to or including termination.

In compliance with California "Ban the Box" regulation, CHPIV will not run a ~~no~~ background check until after a conditional job offer has been made. If an applicant has a criminal conviction, CHPIV will conduct an individualized assessment and may determine that the applicant's employment will be denied based on the conviction.

In compliance with the organization's regulatory requirements, candidates will also be checked for exclusions in the Office of the Inspector General (OIG) database. Any exclusion against a candidate will result in the individual not being hired. Employees are subject to rechecks pursuant to regulatory requirements.

If an adverse decision is made, the individual will be provided with a copy of the background or OIG check.

Background checks will be retained for the period of time dictated by state law.

AT-WILL NOTICE

The employment relationship between the Plan and employees is at-will. This means that employees are not hired for any specified period and their employment may be terminated at any time, with or without cause, and with or without notice, by either the Plan or the employee. Community Health Plan of Imperial Valley's policy requires that all employees are at-will; any implied, oral, or written agreements or promises to the contrary are void and unenforceable, unless approved by an officer with the power to create an employment contract. There is no implied employment contract created by this Handbook or any other Community Health Plan of Imperial Valley document or written or verbal statement or policy.

ANNIVERSARY DATE AND SENIORITY

The employee's date of hire is their official employment anniversary date. Seniority is the length of continuous service starting on that date. Should an employee leave the Plan and then be rehired, previously accrued seniority will be lost, and seniority will begin to accrue again on the date of rehire. With the exception of certain protected leaves and paid time off, seniority does not accrue during leaves of absence that exceed 30 calendar days.

IMMIGRATION LAW COMPLIANCE

All employees are required to complete Section 1 of Form I-9 on their first day of employment, and produce, within three business days, acceptable proof of their

identity and eligibility to work in the United States. Failure to produce the proper identifying documents within three days will result in termination.

INTRODUCTORY PERIOD

The employee's first 90 days of employment with the Plan are considered an introductory period. This introductory period will be a time for getting to know fellow employees, managers and the tasks involved in the position, as well as becoming familiar with the Plan's products and services. The supervisor or manager will work closely with each employee to help them understand the needs and processes of their job.

This introductory period is a try-out time for the employee and the Plan. During this introductory period, the Plan will evaluate employees' suitability for employment and employees can evaluate the Plan as well. At any time during these first 90 days, employees may resign. If, during this period, employee work habits, attitude, attendance, performance, or other relevant factors do not measure up to our standards, the Plan may terminate employment.

At the end of the introductory period, the supervisor or manager will discuss each employee's job performance with them. During the discussion, employees are encouraged to give their comments and ideas as well.

Completion of the introductory period does not guarantee continued employment for any specified period, nor does it require that an employee be discharged only for cause. Completion of the introductory period also does not imply that employees now have a contract of employment with the Plan, other than at-will. Successful completion of the introductory period does not alter the at-will employment relationship.

A former employee who has been rehired after a separation from the Plan of more than one year is considered an introductory employee during the first 90 days following rehire.

EMPLOYMENT CLASSIFICATIONS

The Community Health Plan of Imperial Valley has established the following employee classifications for compensation and benefit purposes only. An employee's supervisor or manager will inform the employee of their classification, status, and responsibilities at the time of hire, re-hire, promotion or at any time a change in status occurs. These classifications do not alter the employment at-will status.

Regular Full-Time Employee

means an employee who is regularly scheduled to work forty (40) hours per week. Such employees may be exempt or nonexempt under the Fair Labor Standards Act (FLSA) as described below. Full-time employees are eligible for benefits as described in this handbook.

Regular Part-Time Employee

An employee who is scheduled to work less than 40 hours in a work week.

Temporary Employee

An employee who is scheduled to work on a specific need of the COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY. The employee will not receive any benefits unless specifically authorized in writing.

Exempt

Employees whose positions meet specific tests established by the Fair Labor Standards Act (FLSA) and applicable state law and who are exempt from overtime pay requirements. The basic premise of exempt status is that the exempt employee is to work the hours required to meet their work responsibilities.

Non-Exempt

Employees whose positions do not meet FLSA and state exemption tests and who are paid a multiple of their regular rate of pay for overtime hours worked. Unless notified otherwise in writing by management, all employees of the Community Health Plan of Imperial Valley are non-exempt.

PERSONNEL RECORDS

The Community Health Plan of Imperial Valley will maintain various employment files while individuals remain employees of the Plan. Examples of these files are employee personnel files, attendance files, I-9 files, and files for medical purposes. If any changes with respect to personal information, such as a change in home address and telephone number or a change of name occur, employees are required to notify their supervisor or manager so the appropriate updates can be made to the files. The Community Health Plan of Imperial Valley will take reasonable precautions to protect employee files and employee personally identifiable information in its records.

Employee files have restricted access. Employees, their supervisor or manager, or their designated agents, may have access to those personnel files. If an employee (or former employee) wishes to review their personnel file, they must do so in the presence of a supervisor or manager.

Employees may review or obtain a copy of their personnel file or payroll records by making a written request to their supervisor or manager. The written request will become a permanent part of the personnel file and the Community Health Plan of Imperial Valley will make the contents of those records available within a reasonable time frame.

EMPLOYEE REFERENCES

All employee reference checks must be forwarded to Human Resources; only authorized members of management or Human Resources may provide this information. When the Community Health Plan of Imperial Valley is contacted for a reference check or employment verification, generally only positions held, and dates

of employment will be confirmed. In some circumstances, past salary, and eligibility for rehire may be provided as well.

JOB TRANSFERS

The Community Health Plan of Imperial Valley aspires to promote qualified internal candidates to fill open positions whenever possible and practical. When job openings occur, current employees who have been in their current role for at least 12 months are encouraged to apply.

Employees are encouraged to discuss their desire for a job transfer with their current manager. In all cases, if the hiring manager chooses to interview the employee for the vacancy, the current manager will be made aware.

Current managers are encouraged to openly discuss the employee's desire for a transfer with the employee.

Management reserves the right to place an employee in whatever job it deems useful or necessary. All job transfers, reassignments, promotions, or lateral transfers are at the discretion of the Community Health Plan of Imperial Valley.

EMPLOYMENT OF RELATIVES

The Community Health Plan of Imperial Valley does not have a general prohibition against hiring relatives. However, an employee will not be hired, transferred, or promoted into a position where they will be managed, directly or indirectly, by a family member or romantic partner. This includes family members of staff and LHA Commission. Other factors may also be considered when hiring a relative or romantic partner of a current employee, placing them in a particular position, or creating reporting relationships. The Community Health Plan of Imperial Valley may transfer an employee or otherwise change their employment status at any time for any reason, including to avoid the appearance of favoritism or other conflict of interest. Refer to our Conflict-of-Interest policy for more information.

CONDUCT AND BEHAVIOR

~~GENERAL CONDUCT GUIDELINES~~ BEHAVIORAL EXPECTATIONS

Employees are expected to always exercise common sense and courtesy, for the benefit of clients, co-workers, and the Community Health Plan of Imperial Valley as a whole. Professionalism is expected, as is respect for the safety and security of people and property.

All CHPIV employees are expected to maintain ethical conduct and avoid conflicts of interest in accordance with the organization's core values. At a minimum, employees are expected to demonstrate the below-listed qualities at all times. Failure to meet these expectations may be grounds for discipline, up to and including termination.

Effective Communication:

- It is vital to communicate in a clear and respectful manner.
- It is imperative for professionals to engage in active listening, effectively communicate, and modify their manner of looking at diverse audiences.
- Empathy, active listening, and constructive criticism all contribute to the development of healthy relationships and teams.

Personal Accountability:

- Professionals are expected to effectively manage their time, adhere to deadlines, and assume responsibility for their assigned duties.
- Demonstrating accountability for one's actions and outcomes instills confidence and dedication.

Collaboration and Teamwork:

- Effective teamwork is critical.
- Professionals ought to engage in cross-team collaboration, contribute to the collective success, and exchange knowledge.
- A collaborative mindset results in improved outcomes and novel solutions.

Continuous Learning and Adaptability:

- The professional environment is undergoing accelerated change.
- Professionals ought to be adaptable, continually educate themselves, and embrace change.
- Growth mindsets foster qualities such as adaptability and resilience.

Affection and Competence in Appearance and Conduct:

- Adopt appropriate attire for the job site.
- Strive to uphold a professional demeanor.
- Demonstrate esteem for superiors, clients, and colleagues. Avoid using offensive language and unprofessional conduct.

Emotional Intelligence and Conflict Resolution:

- Conflicts are inevitable. Disagreements should be addressed constructively, win-win solutions should be sought, and emotions should be managed.
- Emotional intelligence facilitates healthy relationships and the ability to navigate difficult situations.

A Dedication to Inclusion and Diversity:

- It is imperative that professionals uphold the value of diversity, ensure that all individuals are treated with respect, and establish an environment that fosters inclusivity.
- The incorporation of diverse viewpoints into an organization fosters innovation and success.

STANDARDS OF CONDUCT

While it is impossible to list everything that could be considered misconduct in the workplace, what is outlined here is a list of examples of inappropriate conduct. Engaging in these behaviors may lead to discipline, up to and including termination.

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Examples of misconduct include:

- Violation of the policies and procedures set forth in this handbook.
- Possessing, using, distributing, selling, or negotiating the sale of illegal drugs or other controlled substances.
- Being under the influence of alcohol or drugs during work hours, or on organization business.
- Inaccurate reporting of hours worked by you or any other employees.
- Providing knowingly inaccurate, incomplete, or misleading information when speaking on behalf of the organization or in the preparation of any employment-related documents including, but not limited to, job applications, personnel files, employment review documents, intra-organization communications, or expense records.
- Taking or destroying organizational property.
- Fighting with, or harassment of (as defined in our EEO policy), any fellow employee, vendor, or customer.
- Disclosure of organization trade secrets and proprietary and confidential commercially sensitive information (i.e., financial or sales records/reports, marketing or business strategies/plans, product development information, customer lists, patents, trademarks, etc.) of the organization or its members, contractors, suppliers, or vendors.
- Refusal or failure to follow directions or to perform a requested or required job task.
- Refusal or failure to follow safety rules and procedures.
- Excessive tardiness or absences.
- Working unauthorized overtime.
- Solicitation of fellow employees on organization premises during working hours.
- Use of obscene or harassing (as defined by our EEO policy) language in the workplace.
- Engaging in outside employment that interferes with your ability to perform your job at this organization or that is a conflict of interest to the organization.
- Engagement in criminal activity or criminal conviction.

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SEXUAL AND OTHER UNLAWFUL HARASSMENT

The Community Health Plan of Imperial Valley is committed to providing a work environment free of harassment in any form, including inappropriate and disrespectful behavior, intimidation, and other unwelcome conduct directed at an individual because of their inclusion in a protected class. Applicable federal and state law defines

harassment as unwelcome behavior based on someone's inclusion in a protected class. Sometimes language or actions that were not expected to be offensive or unwelcome are, so employees should err on the side of being more sensitive to the feelings of their co-workers rather than less.

The following are examples of harassment; behaviors not in this list may also be considered harassment:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Retaliation or threats of retaliation for refusing advances or requests for favors.
- Leering, making sexual gestures or jokes, or commenting on an employee's body.
- Displaying sexually suggestive content.
- Displaying or sharing derogatory posters, photographs, or drawings.
- Making derogatory epithets, or slurs.
- Ongoing teasing about an employee's religious or cultural practices.
- Ongoing teasing about an employee's sex, sexual orientation, or gender identity.
- Physical conduct such as touching, assault, or impeding or blocking movements.

Sexual harassment on the job is unlawful whether it involves coworker harassment, harassment by a manager, or harassment by persons doing business with or for the Community Health Plan of Imperial Valley, such as clients, customers, or vendors.

Retaliation

Any form of retaliation against someone who has expressed concern about any form of harassment, refused to partake in harassing behavior, made a harassment complaint, or cooperated in a harassment investigation, is strictly prohibited. A complaint made in good faith will under no circumstances be grounds for disciplinary action. Individuals who make complaints that they know to be false may be subject to disciplinary action, up to and including termination.

Enforcement

All managers and supervisors are responsible for:

- Implementing the Community Health Plan of Imperial Valley's harassment policy.
- Ensuring that all employees they supervise have knowledge of and understand the Community Health Plan of Imperial Valley policy.
- Reporting any complaints of misconduct to the designated Community Health Plan of Imperial Valley representative, the Office & Human Resources Manager, so they may be investigated and resolved internally.
- Taking and/or assisting in prompt and appropriate corrective action when necessary to ensure compliance with the policy; and
- Conducting themselves in a manner consistent with the policy.

Addressing Issues Informally

Employees who witness offensive behavior in the workplace - whether directed at them or another employee - are encouraged, though not required, to immediately address it with the employee whose behavior they found offensive. An employee who is informed that their behavior is or was offensive should stop immediately and refrain from that behavior in the future, regardless of whether they agree that the behavior could have been offensive.

Harassment Complaint Procedure

Employees are encouraged to use the Complaint Procedure to report behavior that they feel is harassing, whether that behavior is directed at them or not. The Complaint Procedure provides for immediate, thorough, and objective investigation of claims of harassment. Appropriate disciplinary action will be taken against those who are determined to have engaged in harassing behavior.

ABUSIVE CONDUCT

Abusive conduct means malicious conduct in the workplace that a reasonable person would find hostile or offensive and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal, or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the sabotage or undermining of a person's work performance. A single act will generally not constitute abusive conduct, unless especially severe.

The Community Health Plan of Imperial Valley considers abusive conduct in the workplace unacceptable and will not tolerate it under any circumstances. Employees should report abusive conduct to a manager or Human Resources. Managers are responsible for ensuring that employees are not subjected to abusive conduct. All reports will be treated seriously and investigated when appropriate. Employees who are found to have engaged in abusive conduct will be subject to discipline, up to and potentially including termination. Retaliation against an employee who reports abusive conduct or verifies that it took place is strictly prohibited.

COMPLAINT PROCEDURE

The Community Health Plan of Imperial Valley has established a procedure for a fair review of complaints related to any workplace controversy, conflict, or harassment. Employees may take their complaint directly to the person or department listed in Step 2 if the complaint is related to their supervisor or manager or if the employee feels the supervisor or manager would not provide an impartial resolution to the problem.

Step 1

The complaint should be submitted orally or in writing to a supervisor or manager within three working days of the incident or as soon as possible. Sooner is better, as it will assist in a more accurate investigation, but complaints will be taken seriously regardless of when they are reported. Generally, a meeting will be held within three

business days of the employee's request, depending upon scheduling availability. Attempts will be made to resolve the issue during the meeting, but regardless of whether there is an immediate resolution, the supervisor or manager will give the employee a written summary of the meeting within three business days. Resolution may take longer if further investigation of the complaint is required. If the employee is not satisfied with the resolution, they may proceed to Step 2.

Step 2

The employee may submit an oral or written request for review of the complaint and Step 1 resolution to the Human Resources Department or a designated investigator. This request should be made within three working days following the receipt of the Step 1 resolution. The Human Resources Department or the designated investigator will review the complaint and resolution and may call an additional meeting to explore the problem. If warranted, additional fact-finding will be undertaken. A final decision will be as soon as practicable, thereafter receiving the Step 2 request, and a written summary of the resolution will be provided to the employee who filed the complaint.

EXTERNAL EEO COMPLAINTS

In addition to the organization's internal complaint procedure, employees may also contact either the Equal Employment Opportunity Commission (EEOC) or the California Civil Rights Department (CRD) to report unlawful harassment. You must file a complaint with the CRD within three years of the alleged unlawful action. The EEOC and the CRD serve as neutral factfinders and will attempt to assist the parties to voluntarily resolve their disputes. For more information, contact the nearest EEOC or CRD office.

CORRECTIVE ACTION

A high level of job performance and professionalism is expected from each employee. If an employee's job performance does not meet the standards established for the position, they violate Community Health Plan of Imperial Valley's policies or procedures, or their behavior is otherwise unacceptable, corrective action may ensue. Corrective action may include, but is not limited to: coaching, oral or written warnings, performance improvement plans, paid or unpaid suspension, demotion, and termination. The type and order of actions taken will be at management's sole discretion and the Community Health Plan of Imperial Valley is not required to take any disciplinary action before making an adverse employment decision, including termination.

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COMPENSATION

PAY PERIODS

The standard seven-day payroll workweek for the Community Health Plan of Imperial Valley will begin at 12:00 a.m. Sunday. The designated pay period for all employees is bi-weekly. Paydays are bi-weekly on Friday. Except as otherwise provided, if any date of paycheck distribution falls on a weekend or holiday, employees will be paid on the preceding scheduled workday.

TIMEKEEPING

All non-exempt employees are required to use the timekeeping system to record their hours worked. For the purposes of this policy, all forms of timekeeping will be referred to as clocking in or out.

Employees should clock in no sooner than two minutes before their scheduled shift and clock out no later than two minutes after their scheduled shift. Additionally, employees are required to clock in and out for their designated lunch periods. Each hourly employee is required to take their meal break before the end of their 6th hour working. Lunch periods are unpaid when employees are relieved of all duties. Employees are entitled to uninterrupted meal breaks. Non-exempt employees are required to clock-out and clock-in at their lunchtimes.

Accurate timekeeping is a federal and state wage and hour requirement, and employees are required to comply. Failing to enter time into the timekeeping system in an accurate and timely manner is unacceptable job performance. Employees are required to record ALL time they are working on Plan business. Failure to do so could result in disciplinary action. Employees may not ask another employee to clock in or out for them. Should an employee miss an entry into the timekeeping system, they must notify their manager as soon as possible for correction.

Non-exempt employees are not permitted to work unscheduled times without prior authorization from their manager. This includes clocking in early or late.

Hourly employees are responsible for taking and attesting their paid 10-minute breaks. The break form is to be completed and submitted at the beginning of each pay period. These breaks are to be taken first at 10:00 am and then again at 3:30 PM.

OVERTIME

The Community Health Plan of Imperial Valley complies with all applicable federal laws regarding payment of overtime work. Non-exempt employees will be paid overtime (one and one-half times the regular rate of pay) for all hours worked over eight in one workday, over 40 in one work week.

If the Community Health Plan of Imperial Valley approves an employee's request to make up work time, the hours of that makeup work performed in the same week that the work was lost do not count towards computing the total number of hours worked in a day.

Employees are required to work overtime when assigned. Any overtime worked must be authorized by a supervisor or manager, in advance. Working unauthorized overtime or the refusal or unavailability to work overtime is unacceptable work performance, subject to discipline including but not limited to termination.

PAYROLL DEDUCTIONS

The Community Health Plan of Imperial Valley complies with the salary basis requirements of the Fair Labor Standards Act (FLSA) and does not make improper deductions from the salaries of exempt employees. There are, however, certain circumstances where deductions from the salaries of exempt employees are permissible. Such circumstances include:

- When an exempt employee is absent from work for one or more full days for personal reasons other than sickness or disability
- When an exempt employee is absent for one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide sick leave plan that provides compensation for salary lost due to illness.
- To offset amounts received as witness or jury fees, or for military pay.
- When an employee is on unpaid leave under the Family Medical Leave Act
- During an employee's first and last week of employment, if they work less than a full week.

If an employee believes that an improper deduction has been made, they should immediately report this to their manager or the person responsible for payroll processing. Reports will be promptly investigated and if it is determined that an improper deduction has occurred, the employee will be promptly reimbursed.

PAY ADJUSTMENTS, PROMOTIONS AND DEMOTIONS

All pay increases are based upon merit, market factors, and the profitability of the Community Health Plan of Imperial Valley. Any pay increases ~~are retrospectively paid from the beginning of the pay period after the employee's hire date anniversary that are granted will be made in the 1st quarter of the new year.~~ There is not an automatic annual cost of living or salary adjustment. Salary decreases may take place when there is job restructuring, job duty changes, job transfers, or adverse business economic conditions. Demotion is a reduction in responsibility, usually accompanied by a reduction in salary. If demotion occurs, employees will maintain their seniority with the Community Health Plan of Imperial Valley.

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PERFORMANCE EVALUATION

Performance reviews are scheduled to take place approximately thirty (30) days before or after the anniversary date of the employee. This evaluation may be either written or oral.

If the employee receives an evaluation sheet or other written document, they will be required to sign it. An employee's signature does not necessarily indicate that the employee agrees with all the comments, but that they have been given the opportunity to examine the evaluation and discuss it with their manager. The completed and signed evaluation form will be placed in the employee's personnel file and the employee will receive a copy of the performance evaluation.

In addition to performance evaluations, informal counseling sessions may be conducted from time to time.

WORK ASSIGNMENTS

On occasion employees may be required to perform duties that are not part of their job description or usual tasks. This may happen because a co-worker is absent, a position is temporarily vacant, the business or department is particularly busy, or for other reasons. Employees are expected to perform these additional duties in a timely fashion and to the best of their ability. Should questions about process or procedure arise, employees should speak with their manager. Unless informed otherwise, employees will be paid at their regular rate of pay.

EXPENSE REIMBURSEMENT

The Community Health Plan of Imperial Valley will cover all reasonable, business-related expenses. Any cost that does not fall within the guidelines below must be approved by the appropriate manager *before* the expense is incurred. Employees may not be reimbursed for expenses that were not approved in advance and are deemed unnecessary or extravagant.

The following types of expenses may be reimbursable under this policy:

- Lodging
- Travel expenses including airfare, reasonable airline luggage fees, train fare, bus, taxi, and related tips.
- Meals, including tips up to 20%
- Laundry and dry-cleaning expenses during trips in excess of five days
- Car rental, parking fees, and tolls
- Mileage on a personal vehicle at the current IRS reimbursement rate
- Conference and convention fees
- Business entertainment expenses, up to pre-approved limits

Reimbursable limits on each type of expense will be found in the travel request forms in the Finance Department's policies. All travel outside of Imperial County requires your manager's approval on a completed Travel Request Form.

The following expenses are examples of expenses not reimbursable under this policy:

- Airline club dues
- Traffic fines
- Tips more than 20%
- In-flight movies, mini-bar expenses, and other forms of personal entertainment
- First-class airfare
- Alcohol Drinks

No policy can anticipate every situation that might give rise to legitimate business expenses. Reasonable and necessary expenses not listed above may be reimbursable. When prior approval is required, managers should use their best judgment to determine if an unlisted expense is reimbursable under this policy.

Credit Cards

Community Health Plan of Imperial Valley issued credit cards are to be used for purchases on behalf of the Plan and for any travel expenses incurred while traveling on Community Health Plan of Imperial Valley business only. At no time may an employee use a Plan credit card for purchases intended for personal use; such expenses will require that the Plan be reimbursed and may lead to revocation of credit card privileges and other discipline. Credit card expenses require the same reimbursement documentation as other expenses.

Documentation

Requests for reimbursement of business expenses must be submitted on the Expense Reimbursement Form. These forms are available through deluxe. To comply with IRS regulations, all business expenses be supported with adequate records. Employees are responsible for keeping these records as expenses are incurred. These records must include:

- The amount of the expenditure
- The time and place of the expenditure
- The business purpose of the expenditure
- The names and the business relationships of individuals for whom the expenditures were made.

Requests for reimbursement lacking this information will not be processed and will be returned to the employee. While original receipts are preferred for all expenses, they are required for those greater than \$25.00. Requests for exceptions to this policy should explain why the exception is necessary and be approved by management.

Approvals

Expense reimbursement forms, together with required documentation, and the approved Travel Request Form must be submitted to the employee's manager for review and approval. Once the expense reimbursement has been approved, it should

be submitted for processing no more than 30 days after the expenses occurred. Managers approving expense reports are responsible for ensuring that the expense report has been filled out correctly with the required documentation and that the expenses submitted are allowable under this policy.

ADVANCES AND LOANS

The Community Health Plan of Imperial Valley does not give advances or loans to employees.

BENEFITS

HOLIDAYS

Regular full-time employees are entitled to the following paid holidays observed by The Community Health Plan of Imperial Valley:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Day

Other days or parts of days may be designated as holidays with or without pay. No holiday pay will be paid to an employee who is on an unpaid status. If a holiday falls on a Sunday, the holiday may be observed on the following Monday. If the holiday falls on a Saturday, the holiday may be observed on the preceding Friday.

VACATION

Vacations provide a break beneficial to both the Community Health Plan of Imperial Valley and employees. Vacation time is available to all employees after their 90th day of employment. Therefore, employees are encouraged to take vacations annually. Eligible employees include:

- Full-time exempt
- Full Time Non Exempt

Employees Vacation Accrual is as follows:

Vacation	Executive	Directors	Managers	<u>Individual Contributors</u> Others
Year 1- 3	17	12	10	10
Year 2				
Year 3				
Year 4 <u>and 5</u>	18	13	11	10
Year 5				
Year 6 <u>and 7</u>	19	14	12	11
Year 7				
Year 8 <u>and 9</u>	20	15	13	12
Year 9				
Year 10 <u>±</u>	22	17	15	12

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Unused vacation will be carried over each year with a maximum accrual bank of twice the amount allowed to accrual annually. For example, someone who accrues 12 days of vacation a year, can have a max accrual bank of 192 hours. Unused vacation will be paid out upon employment separation.

Vacations are to be requested through your manager/supervisor with 30 days advance notice prior to days out of the office. Employees are responsible for submitting time-off requests and hours used for vacation or sick-leave through Rippling.

SICK LEAVE

Each employee is entitled to 5 days (40 hours) of paid time off immediately after the date of hire. Sick time does not accrue and is on a use it or lose it basis. If employees have no more sick time left, they may use their vacation time or choose to take unpaid time off.

Sick leave may be used for diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member, or by an employee who is a victim of domestic violence, sexual assault, ~~or~~ stalking, or other crime in order to obtain a temporary restraining order or other court assistance to help ensure the health safety or welfare of the employee or their child; or (2) obtain medical attention or psychological counseling, services from a shelter, program or crisis center.

or (3) participate in safety planning or other actions to increase safety. Unused sick leave will not be compensated for at the end of employment. Employees rehired within one year of separation will have their previously accrued sick leave restored.

Employees are responsible for advising their manager no later than 1 hour before the start of their shift when calling out sick.

Employees are encouraged to stay home when sick. This is to protect the health and safety of other employees.

The Plan requires employees to use paid sick leave under this policy in minimum increments of two hours.

HEALTH AND WELFARE BENEFITS

The Community Health Plan of Imperial Valley complies with all applicable federal and state laws with regard to benefits administration. All regular employees scheduled and generally working at least 40 hours a week are entitled to health insurance and other plan-sponsored health benefits, when in effect. The Community Health Plan of Imperial Valley reserves the right to change or terminate health plans or other benefits at any time.

New qualifying employees will be eligible for coverage on the 1st of the month after the employee starts. New employees may elect not to be covered, with the permission of The Community Health Plan of Imperial Valley provided the percentage of employees not covered is within the benefit plan specifications.

CONTINUATION OF BENEFITS

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), or a state mini-COBRA law, employees may be allowed to continue their health insurance benefits, at their own expense, for a set number of months after experiencing a qualifying event. Length of coverage may be dependent upon the qualifying event. (defined by COBRA regulations?)

To qualify for continuation of health benefits, the covered individual must experience a qualifying event that would otherwise cause them to lose group health coverage. The following are qualifying events:

For Employees

- Voluntary or involuntary termination of employment for reasons other than gross misconduct
- Reduction in number of hours worked.

For Spouses

- Loss of coverage by the employee because of one of the qualifying events listed above.
- Covered employees become eligible for Medicare.
- Divorce or legal separation of the covered employee
- Death of the covered employee

For Dependent Children

- Loss of coverage because of any of the qualifying events listed for spouses.
- Loss of status as a dependent child under the plan rules

See Human Resources for additional information.

STATE DISABILITY INSURANCE

The State of California has a partial wage-replacement insurance plan for California workers. The cost of this insurance is fully paid by the employee through payroll deductions. The SDI program includes both Disability Insurance and Paid Family Leave.

Disability Insurance (DI)

Employees who lose wages when an illness, injury or pregnancy-related disability prevents them from working and who meet all the state eligibility requirements can collect disability insurance benefits.

The benefits are calculated as a percentage of employee salary up to a weekly maximum as specified by law, for up to 52 weeks.

Employees are responsible for filing their claim and other forms promptly and accurately with the Employment Development Department. A claim form may be obtained from the Employment Development Department online, by telephone, or in person.

Paid Family Leave (PFL)

Employees may be eligible for partial wage replacement benefits under the Paid Family Leave Act for up to a maximum of eight weeks for the following reasons:

- To bond with a new child after birth or placement for adoption or foster care
- To care for a serious health condition of an employee's child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner
- To participate in a qualifying event related to a family member's deployment to a foreign country.

The Paid Family Leave Act provides benefits based on past earnings. The cost of the insurance is fully paid by the employee. The 12-month period begins on the first day an employee submits a claim.

To be eligible for benefits, employees may be required to provide medical and/or other information that supports a claim for time off to bond with a new child or to care for a family member with a serious health condition.

The employee is responsible for filing their claim for family leave insurance benefits and other forms promptly and accurately with the Employment Development Department. A claim form may be obtained from the Employment Development Department by telephone, letter, the Internet or in person. All eligibility and benefit determinations are made by the Employment Development Department.

Employees may not be eligible for Paid Family Leave benefits if they are receiving Disability Insurance, Unemployment Compensation Insurance or Workers' Compensation benefits.

The Paid Family Leave Act does not provide a right to leave, job protection or return to work rights. Further, this policy does not provide additional time off; rather, family leave insurance may provide compensation during an approved leave pursuant to any employer-provided leave.

TEMPORARY DISABILITY LEAVE

The Community Health Plan of Imperial Valley recognizes that a temporary disability may prevent employees from coming to work for a period of time. In such cases, the Community Health Plan of Imperial Valley may grant temporary disability leave. This leave does not have a minimum or maximum time frame. Rather, the Community Health Plan of Imperial Valley will attempt to reasonably accommodate the needs of the employee as well as the needs of the Community Health Plan of Imperial Valley. If leave is granted, any extensions will be subject to the same considerations.

Employees requesting temporary disability leave must document their request in writing. That request should be accompanied by a doctor's statement identifying how the temporary disability limits the employee's ability to work, the date and the estimated date of return and, where appropriate, diagnosis and prognosis. Should the employee's expected return date change, the employee should notify the Community Health Plan of Imperial Valley as soon as possible. Prior to returning to employment with the Community Health Plan of Imperial Valley, employees will be required to submit written medical certification of their ability to work, including any restrictions. Upon returning to work, if employees qualify, they will be reinstated to their former position or one that is substantially the same, depending upon the availability of any position at that time.

The leave will be unpaid, except that employees must use any available paid sick leave concurrently and may choose to use other accrued paid time off concurrently once their sick leave has been exhausted.

MILITARY LEAVE

If employees are on an extended military leave of absence, they are entitled to be restored to their previously held position or similar position, if available, without loss of any rights, privileges or benefits provided the employee meets the requirements specified in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

VOLUNTEER EMERGENCY RESPONDER LEAVE

Employees who are volunteer firefighters, reserve peace officers, or emergency rescue personnel will be allowed to take temporary unpaid leaves of absence for the purpose of performing emergency duties. Employees who are volunteer emergency responders should inform their supervisor so that they are aware that the employee may need to take time off for emergency duty. When an employee is called to an emergency and needs to miss work, they should alert their supervisor before doing so whenever possible. Whether or not such leave is paid shall depend on federal and state law.

JURY SERVICE LEAVE

If an employee is summoned to report for jury duty, they will be granted a leave of absence when they notify and submit a copy of the original summons for jury duty to their supervisor or manager. The Community Health Plan of Imperial Valley reserves the right to request that they seek to be excused from or request postponement of jury service if the absence from work would create a hardship to the Community Health Plan of Imperial Valley

Any fees received for jury duty, including travel fees, are to be submitted to the Community Health Plan of Imperial Valley in exchange for paid leave provided by Community Health Plan of Imperial Valley. Employees are to report to work on any day, or portion thereof that is not actually spent in the performance of jury service. For each week of jury duty, a certificate of jury service must be certified by the Court and filed with the Community Health Plan of Imperial Valley no later than Wednesday of the following week. The leave is paid.

WITNESS LEAVE

If an employee is absent from work to serve as a witness in a judicial proceeding in which they are the victim, or in response to a subpoena or other order of the court, the employee will be granted leave without pay for such time as it is necessary to comply with the request. The Community Health Plan of Imperial Valley may request proof of the need for leave.

VOTING LEAVE

If an employee cannot vote because of their scheduled work hours, then the employee will be given additional time off to vote in any state or federal election.

Employees must apply for leave at least two days before Election Day. The Community Health Plan of Imperial Valley may specify the time during the day that

leave can be taken. Generally, time off will be at the beginning or end of their shift, whichever allows the freest time for voting and the least time off from the regular working shift, unless otherwise mutually agreed upon.

Up to two hours will be compensated for at the employee's regular rate of pay. Additional time off, if necessary, will be unpaid. Exempt employees will be paid in accordance with the Fair Labor Standards Act.

CRIME VICTIM LEAVE AND ACCOMMODATIONS

An employee who is the victim of crime or abuse, or whose family member ~~has died~~ has died as a result of a crime, will be allowed to take time off work to attend court proceedings or to seek a restraining order or other relief for their or their child's health, safety, or welfare. Information regarding these rights and reporting requirements can be found here

~~Employees should provide reasonable notice of their absence if the need for leave is foreseeable. If an employee is unable to give advance notice, the Community Health Plan of Imperial Valley may require documentation of the need for leave after it has been taken.~~

~~This leave is unpaid, but employees may use any vacation hours towards the leave. Exempt employees will be paid in accordance with state and federal wage and hour laws.~~

~~The Community Health Plan of Imperial Valley will also make reasonable accommodations for victims of domestic violence, sexual assault, or stalking, including but not limited to the implementation of safety measures. Employees should contact the Office Manager/HR for additional information.~~

Employees who may potentially have a need for this leave should discuss the situation with their manager or Human Resources.

SCHOOL LEAVE FOR DISCIPLINARY MATTERS

The Community Health Plan of Imperial Valley will grant unpaid time off for employees who are parents or guardians of school-age children who need time off to attend to school issues. More information about this leave can be found here pursuant to Labor Code 230.8. ~~Employees are required to give reasonable notice to the Community Health Plan of Imperial Valley that they need to take time off.~~

The employee must use available vacation or personal leave for school visitation and must take leave without pay if no paid leave is available. Exempt employees may be provided time off with pay when necessary to comply with state and federal wage and hour laws.

BEREAVEMENT LEAVE

A regular employee of the Community Health Plan of Imperial Valley may request a leave of absence with pay for a maximum of 3 Days working day(s) upon the death of a member of their immediate family. Employees will be offered up to 5 days total, 3 days paid, 2 days unpaid of Bereavement Leave ([employees may use accrued paid time off for this portion of the bereavement leave](#)). Members of the immediate family are defined as parents, spouse, domestic partner, child, sibling, grandchild, grandparent, parent-in-law, and corresponding step-relatives. Proof of the need for leave may be required.

BONE MARROW AND ORGAN DONATION LEAVE

Community Health Plan of Imperial Valley will provide employees who have been employed with the organization for at least 90 days, with a paid leave of absence for the purpose of donating organs or bone marrow. More information about this leave can be found [here](#).

REPRODUCTIVE LOSS LEAVE

A regular employee of the Community Health Plan of Imperial Valley may request a leave of absence with pay for a maximum of 5 unpaid days due to a reproductive loss, such as miscarriage, stillbirth, or failed adoption.

Days may be taken consecutively, or intermittently over the 3 months following the loss.

HEALTH, SAFETY, AND SECURITY

NON-SMOKING

California law prohibits smoking in any public building or within 20 feet of a main entrance, exit, or window of a public building. The Community Health Plan of Imperial Valley does not permit smoking in any Community Health Plan of Imperial Valley buildings, facilities, work sites, or vehicles. Employees wishing to smoke should do so during their break times, outside Community Health Plan of Imperial Valley buildings in designated areas, and in accordance with local ordinances.

DRUG AND ALCOHOL

The Community Health Plan of Imperial Valley is dedicated to providing employees with a workplace that is free of drugs and alcohol. While on Community Health Plan of Imperial Valley premises, whether during work time or non-work time, employees are prohibited from being under the influence of drugs or alcohol. There are limited exceptions for the use of prescription drugs (not including marijuana), as long as they do not create safety issues or impair an employee's ability to do their job, and the moderate use of alcohol at Community Health Plan of Imperial Valley-sponsored or sanctioned events.

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Employees are strictly prohibited from possessing illegal drugs, cannabis, or excessive quantities of prescription or over-the-counter drugs while on Community Health Plan of Imperial Valley premises, performing Community Health Plan of Imperial Valley-related duties, or operating any Community Health Plan of Imperial Valley equipment. Any drugs confiscated that are suspected of being illegal will be turned over to the appropriate law enforcement.

Employees taking medication should consult a medical professional to determine whether the drug may affect their personal safety or ability to perform their job and should advise their manager of any resulting job limitations. Once notified, the Community Health Plan of Imperial Valley will make reasonable efforts to accommodate the limitation.

The Community Health Plan of Imperial Valley reserves the right to test any employee for the use of illegal drugs, marijuana, or alcohol, in accordance with applicable law. Employees in safety-sensitive positions may be subject to regular or random drug testing. Drug or alcohol tests may also be conducted after an accident in which drugs or alcohol could reasonably be involved, or when behavior or impairment on the job creates reasonable suspicion of use. Under those circumstances, the employee may be driven to a certified lab for testing at the Community Health Plan of Imperial Valley's expense. Refusal to be tested for drugs or alcohol will be treated the same as a positive test result.

Violation of this policy may result in discipline, up to and including termination.

To the extent that any federal, state, or local law or regulation limits or prohibits the application of any provision of this policy, then that particular provision will be ineffective in that jurisdiction only, while the remainder of the policy remains in effect.

EMPLOYER-SPONSORED SOCIAL EVENTS

Community Health Plan of Imperial Valley holds periodic social events for employees. Be advised that your attendance at these events is voluntary and does not constitute part of your work-related duties.

The organization does not provide complimentary alcoholic beverages, but alcoholic beverages may be available for purchase at these events. If you choose to drink alcoholic beverages, you must do so in a responsible manner. Do not drink and drive. Instead, please call a taxi/ rideshare or appoint a designated driver.

OFF-DUTY USE OF EMPLOYER PROPERTY OR PREMISES

For your safety, it is organizational policy to control off-duty and nonworking hour use of facilities either for business or personal reasons. Access to facilities during off-duty or non-working hours is limited to employees who have a legitimate business reason to be on the premises.

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REASONABLE ACCOMMODATIONS

If the Community Health Plan of Imperial Valley is made aware of an employee's disability and resulting need for accommodation, Human Resources or the employee's manager will engage with them in the interactive process. This process will determine what, if any, accommodation is necessary and reasonable to assist the employee in doing the essential functions of their job. Whether accommodation is reasonable will be determined based on a number of factors, including whether it will effectively assist the employee in doing the essential functions of their job, the cost, and the effect on business operations. In most cases, employees will be required to provide documentation from an appropriate healthcare provider. Human Resources will provide employees with the necessary form.

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All employees are required to comply with safety standards. Employees who pose a direct threat to the health or safety of themselves or others in the workplace may be temporarily moved into another position or placed on leave until it is determined if reasonable accommodation(s) will effectively mitigate the risk.

ACCOMMODATIONS FOR PREGNANT EMPLOYEES

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Community Health Plans of Imperial Valley will provide reasonable accommodation to pregnant employees for known limitations related to pregnancy, childbirth, or other related medical conditions following the federal Pregnant Workers Fairness Act (PWFA).

If you require an accommodation, notify your manager. If the need for a particular accommodation is not obvious, you may be asked to include relevant information such as:

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- The reason you need an accommodation.
- A description of the proposed accommodation.
- How the accommodation will address limitations caused by pregnancy, childbirth, or related medical conditions.

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The organizations will comply with state or local laws that provide additional protections beyond the PWFA.

INJURY AND ACCIDENT RESPONSE AND REPORTING

If an employee is injured or witnesses an injury at work, they must report it immediately to the nearest available manager. Employees should render any assistance requested by that manager. When any accident, injury, or illness occurs

while an employee is at work, regardless of the nature or severity, the employee must complete an injury reporting form and return it to Human Resources as soon as possible. Reporting should not be allowed to delay necessary medical attention. Once the accident is reported, follow-up will be handled by Human Resources or the designated Safety Officer, including a determination as to whether the injured employee may return to work. (Do we have an “Injury Report Form”?)

Questions asked by law enforcement or fire officials making an investigative report should be answered giving only information and avoiding speculation. Liability for personal injury or property damage should never be admitted in answering an investigatory question asked by law enforcement or fire officials.

In addition to compliance with safety measures imposed by federal Occupational Safety and Health Act (OSHA) and state law, the Community Health Plan of Imperial Valley has an independent interest in making its facilities a safe and healthy place to work. The Community Health Plan of Imperial Valley recognizes that employees may be able to notice dangerous conditions and practices and therefore encourages employees to report such conditions, as well as non-functioning or hazardous equipment, to a manager immediately. Appropriate remedial measures will be taken when possible and appropriate. Employees will not be retaliated against or discriminated against for reporting accidents, injuries, or illnesses, filing of safety-related complaints, or requesting to see injury and illness logs.

WORKERS' COMPENSATION

The Community Health Plan of Imperial Valley carries insurance that covers work-related injuries and illnesses. The workers' compensation insurance carrier governs the benefits provided. These benefits will not be limited, expanded, or modified by any statements of Community Health Plan of Imperial Valley personnel or Community Health Plan of Imperial Valley documents. In the case of any discrepancy, the insurance carrier's documents will be checked.

WORKPLACE VIOLENCE AND SECURITY

The Community Health Plan of Imperial Valley expects all employees to conduct themselves in a non-threatening, non-abusive, and professional manner always. No direct, conditional, or veiled threat of harm to any employee, customer, business partner, or Community Health Plan of Imperial Valley property will be acceptable. Acts of violence or intimidation of others will not be tolerated. Any employee who commits, or threatens to commit, a violent act against any person while on Community Health Plan of Imperial Valley premises, will be subject to discipline, up to immediate termination.

Employees share the responsibility of identifying and alleviating threatening or violent behaviors. Any employee who is subjected to or threatened with violence, or who is aware of another individual who has been subjected to or threatened with violence, should immediately report this information to a manager. Threats will be investigated, and appropriate remedial or disciplinary action will be taken.

CHPIV maintains a Workplace Violence Prevention Program. All new hires will be required to complete training on workplace violence prevention. Employees will be required to retrain on the topic annually. The organization also maintains a log of workplace violence incidents that is available for review by any employee upon request to Human Resources.

DRIVING SAFETY

Employees who drive on Community Health Plan of Imperial Valley business are expected to drive safely and responsibly and to use common sense and courtesy. Employees are also subject to the following rules and conditions:

1. All employees are responsible for submitting a valid auto-insurance policy copy to the Human Resources department, the employer may request a copy from the employee at any time.
2. A valid driver's license must be maintained as a condition of continued employment for positions that require driving. The Community Health Plan of Imperial Valley may request to see an employee's license at any time.
3. Employees may not use a Community Health Plan of Imperial Valley vehicle without express authorization from management.
4. If Community Health Plan of Imperial Valley vehicles are generally used for business, employees must receive authorization from management to use their personal vehicle instead.
5. Let's summarize the Community Health Plan of Imperial Valley insurance coverage as it applies to employee use of personal vehicles for Community Health Plan of Imperial Valley business, Employees who drive their own vehicles for work must maintain the minimum amount of insurance required by state law as a condition of continued employment. The Community Health Plan of Imperial Valley may request proof of insurance at any time.
6. Employees must always wear seat belts, whether they are the driver or a passenger.
7. Except for a phone being used only for navigation purposes, employees are required to turn off cell phones or put them on silent before starting their car.
8. Employees who are using a device for navigation purposes should complete all the set up before starting the vehicle.
9. Use of electronic devices for purposes other than navigation is strictly prohibited. This includes, but is not limited to, making, or receiving phone calls unless hand-free technology is applied, sending, or receiving text messages or e-mails, browsing the internet, reading books, and downloading information from the web. If an employee needs to engage in any of these activities while driving, they must pull over to a safe location and stop the vehicle prior to using any device.
10. Employees should not engage in other distracting activities such as eating, shaving, or putting on makeup, even in stopped or slow-moving traffic.
11. The use of alcohol, drugs, or other substances that in any way impair driving ability is prohibited. This includes, but is not limited to, over-the-counter cold or allergy medications and sleep aids that have a residual effect.

12. Employees must follow all driving laws and safety rules, such as adherence to posted speed limits and directional signs, use of turn signals, and avoidance of confrontational or offensive behavior while driving.
13. All passengers must be approved by management in advance of travel.
14. Employees must not allow anyone to ride in any part of the vehicle not specifically intended for passenger use or any seat that does not have a working seat belt.
15. Employees must promptly report any accidents to local law enforcement as well as the Community Health Plan of Imperial Valley.
16. Employees must promptly report any moving or parking violations received while driving on Community Health Plan of Imperial Valley vehicles or business.

INCLEMENT WEATHER AND OUTAGES

This policy establishes guidelines for the Community Health Plan of Imperial Valley operations during periods of extreme weather and similar emergencies. The Community Health Plan of Imperial Valley will remain open in all but the most extreme circumstances. Unless an emergency closing is announced, all employees are expected to report to work. However, the Community Health Plan of Imperial Valley does not advise employees to take unwarranted risks when traveling to work in the event of inclement weather or other emergencies. Each employee should exercise their best judgment with regard to road conditions and other safety concerns.

Designation of Emergency Closing

Only with the authorization of the CEO or designated managers will the Community Health Plan of Imperial Valley will cease operations due to emergency circumstances. If severe weather conditions develop during working hours, it is at the discretion of Management to release employees. Employees will generally be expected to remain at work until the appointed closing time.

Procedures during Closings

If weather or traveling conditions delay or prevent an employee's reporting to work, their immediate supervisor should be notified as soon as possible. If possible, such notification should be made by telephone directly with the supervisor. If direct contact is not possible, leaving a detailed voicemail message or message with another employee is acceptable.

An employee who is unable to report to work may use any accrued time off or take the day off without pay.

Pay and Leave Practices

When a partial or full-day closing is authorized by Management, the following pay and paid leave practices apply:

- Non-exempt hourly employees will be sent home for partial days with the option of using paid time off for the remainder of the day. If paid time off is not available, employees will be excused from work without pay and without disciplinary action.

- Exempt employees will be expected to continue work from home if their job duties allow. The Community Health Plan of Imperial Valley will pay the exempt employee's regular salary regardless of, as outlined in the Payroll Deductions policy.
- Exempt and non-exempt employees already scheduled to be off during emergency closings are charged such leave as was scheduled.

Other Work Options

Supervisors may approve requests for employees to temporarily work from home, if doing so allows completion of work assignments.

WORKPLACE GUIDELINES

HOURS OF WORK

Employees are expected to be at their work area and ready to work at their scheduled time. Employees will be given their work hours upon hire and at the time of any change in position. If the normal work hours are changed or if the COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY changes its operating hours, employees will be given notice.

OFF-THE-CLOCK WORK

Non-exempt employees must accurately record all time worked, regardless of when and where the work is performed. Off-the-clock work (doing work that is not reported in the timekeeping system) is prohibited. No member of management may request, require, or authorize non-exempt employees to perform work without compensation. Any possible violations should be reported promptly to a member of management.

Salaried and hourly in-office staff are required to complete their responsibilities from the hours of 8:00 – 5:00 pm.

MEAL PERIODS

All employees are entitled to take a non-compensated meal period of at least 30 minutes each workday. No employee will be scheduled to work more than five consecutive hours in a workday without taking a meal period. In no case may any meal period be waived to shorten an employee's work hours or to be used in lieu of time without pay.

When the work period is 10 hours per day, a second meal period of at least 30 minutes will be provided. If the total hours worked is 12 or fewer, the second meal period may be waived by mutual consent of the Community Health Plan of Imperial Valley and the employee only if the first meal period was not waived. If the nature of the work prevents relief from all duties, then the on-duty meal period will be compensated.

All mealtimes require the non-exempt employee to clock out and back in when their meal is finished, and they've returned to work.

REST PERIODS

Employees will take a 10-minute rest period during each half of a full workday or major fraction thereof. However, a rest period need not be authorized for employees whose total daily work time is less than three and one-half hours. Any variances in rest periods are subject to advance management approval. All hourly employees are required to fill out and submit the employee break-period tracking form and submit to Human Resources Bi-weekly on the Monday before payroll.

LACTATION ACCOMMODATION

The Community Health Plan of Imperial Valley provides a supportive environment to enable breastfeeding employees to express their milk during work hours. Accommodation under this policy includes a private place (other than a bathroom) as well as unpaid time to express milk. If a dedicated lactation space is not possible, a multi-use area will be made available, and a lactating employee will be given priority.

Employees should request lactation accommodations through their manager or Human Resources in person or by phone or email. Managers who receive requests for lactation accommodations should contact Human Resources or a member of the leadership team if they have any doubt about their ability to accommodate the request. The Community Health Plan of Imperial Valley will respond to the request either by providing the requested accommodation in full or by providing what is possible and giving the employee a written explanation as to why any other part of the request could not be granted.

When possible, employees should take their lactation breaks concurrently with their meal and rest breaks, if applicable. Employees will be paid for the duration of their standard rest breaks, and additional time will be unpaid. Exempt employee pay will not be affected by lactation break time.

Any form of discrimination or harassment related to breastfeeding is unacceptable and will not be tolerated. Employees who believe they are not being provided with accommodations as required by law may file a complaint with the Labor Commissioner.

If you feel the organization is not providing you with adequate break time and/or a place to express milk as provided for in Labor Code § 1030, you may file a report/claim with the Labor Commissioner's Bureau of Field Enforcement (BOFE) at the BOFE office nearest your place of employment. The complaint must be filed within three years of the alleged unlawful action.

ATTENDANCE AND TARDINESS

Employees are expected to be at work and ready to go when their scheduled shift begins or resumes. If an employee is unable to be at work on time, or at all, they must notify their manager no later than 30 minutes before the start of their scheduled workday. If an employee's manager is not available, the employee should contact another member of management. If an employee is physically unable to contact the Community Health Plan of Imperial Valley, they should ask another person to make contact on their behalf. Leaving a message with a co-worker or answering service is not considered proper notification. Excessive tardiness or absences are unacceptable job performance and subject to disciplinary action up to and including termination.

When an employee calls in absent, they should provide their expected time or date of return. The Community Health Plan of Imperial Valley reserves the right to request

proof of the need for absence, if allowed by law. If an employee is absent for three consecutive days and has not provided proper notification, the Community Health Plan of Imperial Valley assumes that the employee has voluntarily quit their position and will proceed with the termination process.

If an employee becomes ill during their scheduled workday and feels they may need to leave before the end of their shift, they should notify their manager immediately. If an employee is unable to perform their job to an acceptable level, they may be sent home until they are well enough to work.

Absences should be arranged as far in advance as possible. When an employee needs to be absent during the workday, they should attempt to schedule their outside appointment or obligation so that their absence has the smallest impact possible on business operations.

TELECOMMUTING

The Community Health Plan of Imperial Valley maintains a Remote Work Policy to ensure continued productivity, collaboration, and security of information regardless of work location. The policy can be found here [insert]

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~~Employees are permitted to work from home (WFH) occasionally or regularly, depending on several factors and the arrangements they've made with their manager. Working from home is a privilege that may be revoked at any time. The Community Health Plan of Imperial Valley may request that an employee be present in the office at any time (regardless of scheduled WFH time) or deny a request to work from home based on business needs, employee performance, or viability of doing the work from home. To be eligible to WFH, an employee must be salaried and have access to reliable internet and a space that is free from excessive noise or distraction.~~

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Submitting Requests

~~Employees must submit their remote work request to their supervisor and notify appropriate team members. Requests for recurring or extended WFH arrangements will be considered after 3 months of employment, or in the case of a public health emergency.~~

~~Employees wishing to request additional remote workdays in any given workweek are required to speak with their manager in advance for approval. If approved, the employee must submit their request to their supervisor and notify appropriate team members.~~

Costs

~~The Community Health Plan of Imperial Valley will supply the employee with appropriate office supplies and reimburse the employee for all other reasonable business-related expenses. Employees must get pre-approval for expenses associated with working from home if they are more than \$40 in total. Any equipment supplied by the Community Health Plan of Imperial Valley is to be used for business purposes~~

~~only, unless otherwise specified. Employees must take appropriate action to protect these items from damage or theft.~~

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~~The Community Health Plan of Imperial Valley is not responsible for costs associated with the initial setup of the employee's home office such as remodeling, furniture, or lighting, or for repairs or modifications to the home office space.~~

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Security

~~As with employees working in the office, those who WFH will be expected to ensure the protection of proprietary Community Health Plan of Imperial Valley and customer information through use of locking doors, desks, file cabinets, and media storage, regular password maintenance, and any other steps appropriate for the job and the environment. Unless you live alone, computers should be locked when you walk away, and other household members should not be allowed access to or use of Community Health Plan of Imperial Valley property.~~

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Expectations

~~When working from home employees must:~~

~~-~~

- ~~• Work their full, typical schedule.~~
- ~~• Attending all meetings in a virtual capacity.~~
- ~~• Achieve the same level of production as in the office.~~
- ~~• Maintain equivalent availability for colleague and client communication, supervisor questions, etc.~~
- ~~• Be available online and by phone for the duration of their usual workday, minus breaks, and rest periods.~~
- ~~• Respond promptly to communication via messaging app, email, and phone.~~
- ~~• Take all required breaks and rest periods, as if they were in the office.~~
- ~~• Communicate consistently regarding their workload and status (break, lunch, working on a project, etc.)~~
- ~~• Follow all Community Health Plan of Imperial Valley procedures and policies.~~
- ~~• Refrain from using alcohol or illegal drugs. Refer to section above.~~

PERSONAL APPEARANCE AND HYGIENE

Employees are expected to present a professional image, both through behavior and appearance. Accordingly, employees must wear work-appropriate attire during the workday or any time they are representing the Community Health Plan of Imperial Valley. Clothing does not need to be expensive but should be clean and neat in appearance. Employees should consider their level of customer and public contact and the types of meetings they are scheduled to attend in determining what attire is appropriate. The Dress code for Community Health Plan of Imperial Valley is Business Casual. Community Health Plan of Imperial Valley allows and encourages Casual Fridays. Keeping in mind the following below is unacceptable on casual Fridays as well.

The following are not acceptable:

- Bare feet or flip flops
- Spandex, sweats, or work out attire.
- Sagging pants, shorts, or
- Sexually provocative clothing or exposed undergarments
- Clothing with offensive slogans or pictures
- Clothing that shows excessive wear and tear.
- Any clothing or accessories that would present a safety hazard.

All Community Health Plan of Imperial Valley employees are expected to maintain appropriate oral and bodily hygiene. Hair (including facial hair) should be clean and neat. Accessories should not interfere with an employee's work. The excessive use of perfume or cologne is unacceptable, as are odors that are disruptive or offensive to others or may exacerbate allergies.

The Human Resources Department is responsible for enforcing dress and grooming standards for their department. Any employee whose appearance does not meet these standards may be counseled. If their appearance is unduly distracting or the clothing is unsafe, the employee may be sent home to change into something more appropriate.

Reasonable accommodation will be made for employees who hold religious beliefs and disabilities when such accommodations do not cause an undue burden. Employees who would like to request accommodation or have other questions about this policy should contact the Office and Human Resources Manager.

CONFIDENTIALITY

Employees may not disclose any confidential information or trade secrets to anyone outside the Community Health Plan of Imperial Valley without the appropriate authorization. Confidential information may include internal reports, financials, client lists, methods of production, or other internal business-related communications. Trade secrets may include information regarding the development of systems, processes, products, design, instrument, formulas, and technology. Confidential information may only be disclosed or discussed with those who need the information. Conversation of a confidential nature should not be held within earshot of the public or clients.

When any inquiry is made regarding an employee, former employee, client, or customer, the inquiry should be forwarded to ~~Human a manager or the Office and Human~~ Resources without comment from the employee.

This policy is intended to always alert employees to the need for discretion and is not intended to inhibit normal business communications. In addition, nothing in this policy is intended to infringe upon employee rights under Section 7 of the National Labor Relations Act.

SOLICITATION AND DISTRIBUTION

Solicitation during work time and in work areas is prohibited. Solicitation is defined as the act of asking for something, selling something, urging someone to do something, petitioning, or distributing persuasive materials. This could include, but is not limited to, asking for donations for a child's school (including through sales of a product), attempting to convert someone to or from a religion, distributing political materials, or collecting signatures. Work time includes time when either the person soliciting, or being solicited to, is scheduled to be performing their work duties. Work areas include areas where employees generally do work, such as cubicles, offices, or conference rooms, and does not include areas such as the lunch or break room.

This policy does not prevent employees from using their approved breaks and rest periods to solicit outside of working areas and is not intended to infringe an employee's Section 7 of the National Labor Relations Act rights. Those not employed by the Community Health Plan of Imperial Valley are always prohibited from solicitation on Community Health Plan of Imperial Valley property.

BUSINESS GIFTS

Employees are prohibited from directly or indirectly requesting or accepting a gift for themselves or the Community Health Plan of Imperial Valley that has a value of \$50 or more. If an employee is offered or given anything of value from any client, prospective client, vendor, or business partner in connection with Community Health Plan of Imperial Valley business, they should alert their manager immediately.

OUTSIDE ACTIVITIES

Employees are not allowed to engage in outside employment during non-working hours without written permission of the CEO. If written permission is granted, such outside employment would not interfere with their job performance or constitute a conflict of interest. Prior to accepting outside employment, employees should notify their Senior Leader in writing. The Senior Leader would either deny, or forward to the CEO for discussion and decision. The notice must include the name of the outside Community Health Plan of Imperial Valley, the title and nature of the position, the number of working hours per week, and the time of scheduled work hours. If the position constitutes a conflict of interest or interferes with the employee's job at any time, they may be required to limit or end their outside employment.

REPORTING IRREGULARITIES

Employees should immediately report any actual or suspected theft, fraud, embezzlement, or misuse of Community Health Plan of Imperial Valley funds or property, as well as suspicious behavior. An employee who is aware of such activity but does not report will be disciplined accordingly.

INSPECTIONS AND SEARCHES

Any items brought to or taken off Community Health Plan of Imperial Valley premises, whether property of the employee, the Community Health Plan of Imperial Valley or a third party, are subject to inspection or search unless prohibited by state law. Desks, lockers, workstations, work areas, computers, USB drives, files, e-mails, voice mails, etc. are also subject to inspection or search, as are all other assets owned or controlled by Community Health Plan of Imperial Valley. Any inspection or search conducted by the Community Health Plan of Imperial Valley may occur at any time, with or without notice. Failure to submit to a search will be grounds for discipline.

HARDWARE AND SOFTWARE USE

The following guidelines have been established for using the Internet and email in an ethical and professional manner. For this policy, Community Health Plan of Imperial Valley Internet includes productivity software, instant messaging applications, the Community Health Plan of Imperial Valley cloud and networks, the intranet, and any other tool or program provided by or through the Community Health Plan of Imperial Valley or its internet connection.

- Community Health Plan of Imperial Valley Internet and email may not be used for transmitting, retrieving, or storing any communications of a defamatory, discriminatory, harassing, or obscene nature.
- Telephones should only be used for Community Health Plan of Imperial Valley business. Employees should always be professional and conscientious when using Community Health Plan of Imperial Valley phones or when using a personal phone for Community Health Plan of Imperial Valley business.
- Use of personal cell phones or other devices should be held to a reasonable limit. Reasonableness will be determined by management.
- Disparaging, abusive, profane, and offensive language are forbidden.
- Employees must respect all copyrights and may not copy, retrieve, modify, or forward copyrighted materials, except with permission or as a single copy for reference only. Almost every piece of content is or could be copyrighted (a notice of copyright is not required), so employees should proceed with caution when using or reproducing materials.
- Unless necessary for work, employees should avoid sending or receiving large files, watching videos, mass-forwarding emails, or engaging in other activities that either consume large amounts of bandwidth or create electronic clutter.
- Employees may not download any programs, applications, browser extensions, or any other files without prior approval or upon request of a manager.
- Each employee is responsible for the content of all text, audio, or images they place on or send over the Community Health Plan of Imperial Valley's internet and email system. Employees may not send messages in which they are not identified as the sender.
- Email is not guaranteed to be private or confidential. Community Health Plan of Imperial Valley reserves the right to examine, monitor, and regulate email messages, directories, and files, as well as internet usage.

- Internal and external email messages are considered business records and may be subject to discovery in the event of litigation.

All Community Health Plan of Imperial Valley-issued hardware and software, as well as the email system and Internet connection, are Community Health Plan of Imperial Valley-owned. Therefore, all Community Health Plan of Imperial Valley policies are always in effect when they are in use. Access to the internet through the Community Health Plan of Imperial Valley's network is a privilege of employment that may be limited or revoked at any time.

SOCIAL MEDIA

The Guiding Rule

Conduct that negatively affects an employee's job performance, the job performance of fellow employees, or the Community Health Plan of Imperial Valley legitimate business interests—including its reputation and ability to make a profit—may result in disciplinary action up to and including termination.

Below are some guidelines for the use of social media. These guidelines are not intended to infringe on an employee's Section 7 of the National Labor Relations Act rights and any adverse action taken in accordance with this policy will evaluate whether employees were engaged in protected concerted activity.

Avoiding Harassment

Employees must not use statements, photographs, video, or audio that could reasonably be viewed as malicious, obscene, threatening, or intimidating toward customers, employees, or other people or organizations affiliated with the Community Health Plan of Imperial Valley. This includes, but is not limited to, posts that could contribute to a hostile work environment based on race, sex, sexual orientation, disability, religion, national origin, or any other status protected by state or federal law.

Avoiding Defamation

Employees must not post anything they know or suspect to be false about Community Health Plan of Imperial Valley or anyone associated with it, including fellow employees and clients. Writing something that is untrue and harmful to any person or organization is defamation and can lead to significant financial liability for the person who makes the statement.

Confidentiality

Employees must maintain the confidentiality of Community Health Plan of Imperial Valley trade secrets and confidential information. Trade secrets include, but are not limited to, information regarding the development of systems, products, and technology. Private and confidential information includes, but is not limited to, customer lists, financial data, and private personal information about other employees or clients that they have not given the employee permission to share.

Representation

Employees must not represent themselves as a spokesperson for the Community Health Plan of Imperial Valley unless requested to do so by management. If the Community Health Plan of Imperial Valley is a subject of the content being created—whether by an employee or third party—employees should be clear and open about the fact that they are employed with the Community Health Plan of Imperial Valley but that their views do not necessarily represent those of Community Health Plan of Imperial Valley.

Accounts

Employees must not use Community Health Plan of Imperial Valley email addresses to register for social media accounts unless doing so at the request of management. Employees who manage social media accounts on behalf of the Community Health Plan of Imperial Valley ensure that at least one member of management has all the login information needed to access the account in their absence.

PERSONAL CELL PHONE USE

The use of personal cell phones, or work cell phones for personal matters, should be held to a reasonable limit during work hours and not interfere with an employee's productivity or the productivity of their coworkers. Reasonableness will be determined by management.

PERSONAL PROPERTY

The Community Health Plan of Imperial Valley is not liable for lost, misplaced, or stolen property. Employees should take all precautions necessary to safeguard their personal possessions. Employees should not have their personal mail sent to the Community Health Plan of Imperial Valley, as it may be automatically opened, and should check with their manager before having larger items delivered to the workplace.

PARKING

~~The Community Health Plan of Imperial Valley has reserved covered parking spots which are reserved for the CEO, the Office & HR Manager, the Chief Medical Officer, and Chief Financial Officer. The remaining parking. The parking lot is areas are~~ first come first serve. All parking is at an employee's own risk. Employees and visitors should lock their vehicles and take appropriate safeguards to protect their valuables, including removing them from the vehicle if appropriate under the circumstances. Employees are not permitted to park in areas reserved for visitors.

EMPLOYMENT SEPARATION

RESIGNATION

The Community Health Plan of Imperial Valley requests that employees provide at least two weeks' written notice of their intent to resign. This notice should be submitted

to the employee's manager. Dependent upon the circumstances, an employee may be asked to not work any or all their notice period, in which case they will be allowed to use up to two weeks of accrued paid time off, if available, from the time notice is given. An exit interview may be requested. If available accrued paid time off is not available and management chooses to terminate employment prior to the end of the two-week notice period, the Community Health Plan of Imperial Valley shall compensate for the remainder of the two-week notice period provided, but not in excess of two weeks.

TERMINATION

All employment with the Community Health Plan of Imperial Valley is "at-will." This means that either the Community Health Plan of Imperial Valley or the employee may terminate the employment relationship at any time, with or without notice, and for any reason allowed by law or for no reason at all. An employee's at-will status can only be changed by written contract, signed by both the employee and the CEO or Commission Chairperson.

PERSONAL POSSESSIONS AND RETURN OF COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY PROPERTY

All Community Health Plan of Imperial Valley property, such as computer equipment, keys, tools, parking passes, or credit cards, must be returned immediately at the time of termination. Employees may be responsible for any lost or damaged items. When leaving, employees should ensure that they take all their personal belongings with them.

EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

IMPERIAL COUNTY LOCAL HEALTH AUTHORITY DBA COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

I acknowledge receipt of the Community Health Plan of Imperial Valley Employee Handbook and agree to follow the guidelines within it. I also acknowledge the following:

1. Receipt of this handbook does not create a contract of employment or in any way alter my at-will employment status; the Community Health Plan of Imperial Valley or I can end the employment relationship at any time, with or without notice, and with or without cause.
2. I am not entitled to any sequence of disciplinary measures prior to termination.
3. Except for the at-will employment policy, this handbook may be modified at any time.
4. Violation of any policy in this handbook, or any policy included as an addendum, may be grounds for discipline, up to and including termination.
5. This handbook does not include every process, policy, and expectation applicable to employees, or my position specifically; I may be counseled, disciplined, or terminated for poor behavior or performance even if the behavior or performance issue is not addressed in the handbook.
6. Should any provision in this handbook conflict with federal, state, or local law, that provision only will be considered ineffective, while the rest of the handbook remains effective.
7. If I have questions regarding any policy in this handbook, or other expectations related to my behavior or performance, it is my responsibility to speak with my manager or the Human Resources department.

Signature

Printed Name

Date

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



EMPLOYEE HANDBOOK

IMPERIAL COUNTY LOCAL HEALTH AUTHORITY
DBA COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY

EFFECTIVE JANUARY 2023

REVISED FEBRUARY 2025

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INTRODUCTION

WELCOME TO IMPERIAL COUNTY LOCAL HEALTH AUTHORITY DBA COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY!

We're very happy to welcome you to the Imperial County Local Health Authority Dba Community Health Plan of Imperial Valley ("CHPIV" or the "Plan"). Thanks for joining us! We would like you to feel that your employment with us will be mutually beneficial and enjoyable.

You are joining a plan that has established an outstanding reputation. Credit for this goes to every one of our employees and we hope that you will find satisfaction and take pride in your work here.

HISTORY

The Imperial County Local Health Authority was established to provide leadership and stakeholder collaboration and coordination to reduce health disparities and address health status improvements. Established in 2014, the primary focus was in seeking creative healthcare infrastructure improvements to facilitate the continued improvement in health status of Imperial County Residents. From the drafting of the Imperial County ordinance and the Imperial County Local Health Authority bylaws it was always a goal to develop a locally owned and governed Medi-Cal health plan.

In 2020 the Department of Health Care Services announced a large-scale reapplication process for all Medi-Cal Managed Care Plans, with a specific interest in local, single-plan models. The application process began in 2021 and led to the creation of Community Health Plan of Imperial Valley as a single-plan model for Imperial County.

As we transitioned to our role as the direct contract holder in Imperial County beginning January 1, 2024, our key responsibilities changed to governance and oversight of the health plan's administration of services to Medi-Cal members. We then engaged in expanded active dialogue with the community, providers, and Medi-Cal members regarding the resources available to support members in achieving optimal health. We strive to improve understanding of members and empower them to engage in improving their health. We also continuously search for ways to improve services for the benefit of membership improvement in their health. We are always charged with assuring the sustainability of Local Health Authority priorities, mission, and vision and the sustainability of the healthcare safety net network of providers.

MISSION AND VISION

Mission: The mission of the Community Health Plan of Imperial Valley is to work with community residents and stakeholders in both the public and private sectors to:

1. advance opportunities for improved health and access to comprehensive health care services
2. promote the long-term viability of safety net providers

3. increase prevention, education, and early intervention services
4. partner with Medi-Cal managed care plans to monitor and improve the local healthcare system.

Vision: Healthy Community, Healthy Residents

CORE VALUES

INTEGRITY. Honestly, Trustworthiness, hardworking, accountability for our actions, and helpful to all.

RESPECT. treating people how you would like to be treated.

RESPONSIBILITY: Own the service we provide.

TEAMWORK: Supporting your colleagues and team members when they need you and vice-versa, them being there when you need them.

SERVANT MANAGEMENT. serve the interests of all.

HANDBOOK PURPOSE

This employee handbook is presented as a matter of information and has been prepared to inform employees about Plan's philosophy, employment practices, policies, and the benefits provided to our valued employees, as well as the conduct expected from them. While this handbook is not intended to be a book of rules and regulations or a contract, it does include some important guidelines which employees should know. Except for the at-will employment provisions, the handbook can be amended at any time.

This employee handbook will not answer every question an employee may have, nor would the Plan want to restrict the normal question and answer interchange among us. It is in our person-to-person conversations that we can better know each other, express our views, and work together in a harmonious relationship.

We hope this guide will help employees feel comfortable with us. The Plan depends on its employees; their success is our success. Please don't hesitate to ask questions. Every manager will gladly answer them. We believe employees will enjoy their work and their fellow employees here. We also believe that employees will find the Plan a good place to work.

No one other than authorized management may alter or modify any of the policies in this employee handbook. No statement or promise by a supervisor, manager, or designee is to be interpreted as a change in policy, nor will it constitute an agreement with an employee.

Should any provision in this employee handbook be found to be unenforceable and invalid, such a finding does not invalidate the entire employee handbook, but only the subject provision. Nothing in this handbook is intended to infringe upon employee rights under Section 7 of the National Labor Relations Act (NLRA) or be incompatible with the NLRA.

We ask that employees read this guide carefully, become familiar with the Plan and our policies, and refer to it whenever questions arise.

EMPLOYMENT

EQUAL EMPLOYMENT

It is the policy of the Plan to provide equal employment opportunities to all qualified individuals and to administer all aspects and conditions of employment without regard to the following:

- Race and associated traits, including hairstyle.
- Color
- Age (40 and over)
- Sex
- Sexual orientation
- Gender
- Gender identity and gender expression
- Religion, including dress and grooming practices.
- National origin, including language use restrictions.
- Pregnancy, childbirth, or breastfeeding
- Marital status
- Genetic information, including family medical history.
- Physical or mental disability
- Military or veteran status
- Citizenship and/or immigration status
- Child or spousal support withholding
- Domestic violence, assault, or stalking victim status
- Medical conditions, including cancer and AIDS/HIV
- Lawful conduct occurring during nonworking hours not on COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY's premises.
- Prior non-conviction arrest record
- Reproductive health decision making
- Any other protected class, in accordance with applicable federal, state, and local laws

Discriminatory, harassing, or retaliatory behavior is prohibited from coworkers, supervisors, managers, owners, and third parties, including clientele. The Plan takes allegations of discrimination, harassment, and retaliation very seriously and will promptly investigate when warranted.

Equal employment opportunity includes, but are not limited to, employment, training, promotion, demotion, transfer, leaves of absence and termination.

BACKGROUND CHECKS

The Community Health Plan of Imperial Valley may conduct a background check on any applicant or employee with their signed consent. The background check may consist of prior employment verification, reference checks, education confirmation,

criminal background, credit history, or other information, as permitted by law (if permitted by AB 22). Third-party services may be hired to perform these checks. All offers of employment and continued employment are contingent upon a satisfactory background check. Refusal to consent to a background check may result in discipline, up to or including termination.

CHPIV will not run a background check until after a conditional job offer has been made. If an applicant has a criminal conviction, CHPIV will conduct an individualized assessment and may determine that the applicant's employment will be denied based on the conviction.

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In compliance with the organization's regulatory requirements, candidates will also be checked for exclusions in the Office of the Inspector General (OIG) database. Any exclusion against a candidate will result in the individual not being hired. Employees are subject to rechecks pursuant to regulatory requirements.

If an adverse decision is made, the individual will be provided with a copy of the background or OIG check.

Background checks will be retained for the period of time dictated by state law.

AT-WILL NOTICE

The employment relationship between the Plan and employees is at-will. This means that employees are not hired for any specified period and their employment may be terminated at any time, with or without cause, and with or without notice, by either the Plan or the employee. Community Health Plan of Imperial Valley's policy requires that all employees are at-will; any implied, oral, or written agreements or promises to the contrary are void and unenforceable, unless approved by an officer with the power to create an employment contract. There is no implied employment contract created by this Handbook or any other Community Health Plan of Imperial Valley document or written or verbal statement or policy.

ANNIVERSARY DATE AND SENIORITY

The employee's date of hire is their official employment anniversary date. Seniority is the length of continuous service starting on that date. Should an employee leave the Plan and then be rehired, previously accrued seniority will be lost, and seniority will begin to accrue again on the date of rehire. With the exception of certain protected leaves and paid time off, seniority does not accrue during leaves of absence that exceed 30 calendar days.

IMMIGRATION LAW COMPLIANCE

All employees are required to complete Section 1 of Form I-9 on their first day of employment, and produce, within three business days, acceptable proof of their identity and eligibility to work in the United States. Failure to produce the proper identifying documents within three days will result in termination.

INTRODUCTORY PERIOD

The employee's first 90 days of employment with the Plan are considered an introductory period. This introductory period will be a time for getting to know fellow employees, managers and the tasks involved in the position, as well as becoming familiar with the Plan's products and services. The supervisor or manager will work closely with each employee to help them understand the needs and processes of their job.

This introductory period is a try-out time for the employee and the Plan. During this introductory period, the Plan will evaluate employees' suitability for employment and employees can evaluate the Plan as well. At any time during these first 90 days, employees may resign. If, during this period, employee work habits, attitude, attendance, performance, or other relevant factors do not measure up to our standards, the Plan may terminate employment.

At the end of the introductory period, the supervisor or manager will discuss each employee's job performance with them. During the discussion, employees are encouraged to give their comments and ideas as well.

Completion of the introductory period does not guarantee continued employment for any specified period, nor does it require that an employee be discharged only for cause. Completion of the introductory period also does not imply that employees now have a contract of employment with the Plan, other than at-will. Successful completion of the introductory period does not alter the at-will employment relationship.

A former employee who has been rehired after a separation from the Plan of more than one year is considered an introductory employee during the first 90 days following rehire.

EMPLOYMENT CLASSIFICATIONS

The Community Health Plan of Imperial Valley has established the following employee classifications for compensation and benefit purposes only. An employee's supervisor or manager will inform the employee of their classification, status, and responsibilities at the time of hire, re-hire, promotion or at any time a change in status occurs. These classifications do not alter the employment at-will status.

Regular Full-Time Employee

means an employee who is regularly scheduled to work forty (40) hours per week. Such employees may be exempt or nonexempt under the Fair Labor Standards Act (FLSA) as described below. Full-time employees are eligible for benefits as described in this handbook.

Regular Part-Time Employee

An employee who is scheduled to work less than 40 hours in a work week.

Temporary Employee

An employee who is scheduled to work on a specific need of the COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY. The employee will not receive any benefits unless specifically authorized in writing.

Exempt

Employees whose positions meet specific tests established by the Fair Labor Standards Act (FLSA) and applicable state law and who are exempt from overtime pay requirements. The basic premise of exempt status is that the exempt employee is to work the hours required to meet their work responsibilities.

Non-Exempt

Employees whose positions do not meet FLSA and state exemption tests and who are paid a multiple of their regular rate of pay for overtime hours worked. Unless notified otherwise in writing by management, all employees of the Community Health Plan of Imperial Valley are non-exempt.

PERSONNEL RECORDS

The Community Health Plan of Imperial Valley will maintain various employment files while individuals remain employees of the Plan. Examples of these files are employee personnel files, attendance files, I-9 files, and files for medical purposes. If any changes with respect to personal information, such as a change in home address and telephone number or a change of name occur, employees are required to notify their supervisor or manager so the appropriate updates can be made to the files. The Community Health Plan of Imperial Valley will take reasonable precautions to protect employee files and employee personally identifiable information in its records.

Employee files have restricted access. Employees, their supervisor or manager, or their designated agents, may have access to those personnel files. If an employee (or former employee) wishes to review their personnel file, they must do so in the presence of a supervisor or manager.

Employees may review or obtain a copy of their personnel file or payroll records by making a written request to their supervisor or manager. The written request will become a permanent part of the personnel file and the Community Health Plan of Imperial Valley will make the contents of those records available within a reasonable time frame.

EMPLOYEE REFERENCES

All employee reference checks must be forwarded to Human Resources; only authorized members of management or Human Resources may provide this information. When the Community Health Plan of Imperial Valley is contacted for a reference check or employment verification, generally only positions held, and dates of employment will be confirmed. In some circumstances, past salary, and eligibility for rehire may be provided as well.

JOB TRANSFERS

The Community Health Plan of Imperial Valley aspires to promote qualified internal candidates to fill open positions whenever possible and practical. When job openings occur, current employees who have been in their current role for at least 12 months are encouraged to apply.

Employees are encouraged to discuss their desire for a job transfer with their current manager. In all cases, if the hiring manager chooses to interview the employee for the vacancy, the current manager will be made aware.

Current managers are encouraged to openly discuss the employee's desire for a transfer with the employee.

Management reserves the right to place an employee in whatever job it deems useful or necessary. All job transfers, reassignments, promotions, or lateral transfers are at the discretion of the Community Health Plan of Imperial Valley.

EMPLOYMENT OF RELATIVES

The Community Health Plan of Imperial Valley does not have a general prohibition against hiring relatives. However, an employee will not be hired, transferred, or promoted into a position where they will be managed, directly or indirectly, by a family member or romantic partner. This includes family members of staff and LHA Commission. Other factors may also be considered when hiring a relative or romantic partner of a current employee, placing them in a particular position, or creating reporting relationships. The Community Health Plan of Imperial Valley may transfer an employee or otherwise change their employment status at any time for any reason, including to avoid the appearance of favoritism or other conflict of interest. Refer to our Conflict-of-Interest policy for more information.

CONDUCT AND BEHAVIOR

BEHAVIORAL EXPECTATIONS

Employees are expected to always exercise common sense and courtesy, for the benefit of clients, co-workers, and the Community Health Plan of Imperial Valley as a whole. Professionalism is expected, as is respect for the safety and security of people and property.

All CHPIV employees are expected to maintain ethical conduct and avoid conflicts of interest in accordance with the organization's core values. At a minimum, employees are expected to demonstrate the below-listed qualities at all times. Failure to meet these expectations may be grounds for discipline, up to and including termination.

Effective Communication:

- It is vital to communicate in a clear and respectful manner.

- It is imperative for professionals to engage in active listening, effectively communicate, and modify their manner of looking at diverse audiences.
- Empathy, active listening, and constructive criticism all contribute to the development of healthy relationships and teams.

Personal Accountability:

- Professionals are expected to effectively manage their time, adhere to deadlines, and assume responsibility for their assigned duties.
- Demonstrating accountability for one's actions and outcomes instills confidence and dedication.

Collaboration and Teamwork:

- Effective teamwork is critical.
- Professionals ought to engage in cross-team collaboration, contribute to the collective success, and exchange knowledge.
- A collaborative mindset results in improved outcomes and novel solutions.

Continuous Learning and Adaptability:

- The professional environment is undergoing accelerated change.
- Professionals ought to be adaptable, continually educate themselves, and embrace change.
- Growth mindsets foster qualities such as adaptability and resilience.

Affection and Competence in Appearance and Conduct:

- Adopt appropriate attire for the job site.
- Strive to uphold a professional demeanor.
- Demonstrate esteem for superiors, clients, and colleagues. Avoid using offensive language and unprofessional conduct.

Emotional Intelligence and Conflict Resolution:

- Conflicts are inevitable. Disagreements should be addressed constructively, win-win solutions should be sought, and emotions should be managed.
- Emotional intelligence facilitates healthy relationships and the ability to navigate difficult situations.

A Dedication to Inclusion and Diversity:

- It is imperative that professionals uphold the value of diversity, ensure that all individuals are treated with respect, and establish an environment that fosters inclusivity.
- The incorporation of diverse viewpoints into an organization fosters innovation and success.

STANDARDS OF CONDUCT

While it is impossible to list everything that could be considered misconduct in the workplace, what is outlined here is a list of examples of inappropriate conduct. Engaging in these behaviors may lead to discipline, up to and including termination.

Examples of misconduct include:

- Violation of the policies and procedures set forth in this handbook.
- Possessing, using, distributing, selling, or negotiating the sale of illegal drugs or other controlled substances.
- Being under the influence of alcohol or drugs during work hours, or on organization business.
- Inaccurate reporting of hours worked by you or any other employees.
- Providing knowingly inaccurate, incomplete, or misleading information when speaking on behalf of the organization or in the preparation of any employment-related documents including, but not limited to, job applications, personnel files, employment review documents, intra-organization communications, or expense records.
- Taking or destroying organizational property.
- Fighting with, or harassment of (as defined in our EEO policy), any fellow employee, vendor, or customer.
- Disclosure of organization trade secrets and proprietary and confidential commercially sensitive information (i.e., financial or sales records/reports, marketing or business strategies/plans, product development information, customer lists, patents, trademarks, etc.) of the organization or its members, contractors, suppliers, or vendors.
- Refusal or failure to follow directions or to perform a requested or required job task.
- Refusal or failure to follow safety rules and procedures.
- Excessive tardiness or absences.
- Working unauthorized overtime.
- Solicitation of fellow employees on organization premises during working hours.
- Use of obscene or harassing (as defined by our EEO policy) language in the workplace.
- Engaging in outside employment that interferes with your ability to perform your job at this organization or that is a conflict of interest to the organization.
- Engagement in criminal activity or criminal conviction.

SEXUAL AND OTHER UNLAWFUL HARASSMENT

The Community Health Plan of Imperial Valley is committed to providing a work environment free of harassment in any form, including inappropriate and disrespectful behavior, intimidation, and other unwelcome conduct directed at an individual because of their inclusion in a protected class. Applicable federal and state law defines harassment as unwelcome behavior based on someone's inclusion in a protected class. Sometimes language or actions that were not expected to be offensive or unwelcome

are, so employees should err on the side of being more sensitive to the feelings of their co-workers rather than less.

The following are examples of harassment; behaviors not in this list may also be considered harassment:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Retaliation or threats of retaliation for refusing advances or requests for favors.
- Leering, making sexual gestures or jokes, or commenting on an employee's body.
- Displaying sexually suggestive content.
- Displaying or sharing derogatory posters, photographs, or drawings.
- Making derogatory epithets, or slurs.
- Ongoing teasing about an employee's religious or cultural practices.
- Ongoing teasing about an employee's sex, sexual orientation, or gender identity.
- Physical conduct such as touching, assault, or impeding or blocking movements.

Sexual harassment on the job is unlawful whether it involves coworker harassment, harassment by a manager, or harassment by persons doing business with or for the Community Health Plan of Imperial Valley, such as clients, customers, or vendors.

Retaliation

Any form of retaliation against someone who has expressed concern about any form of harassment, refused to partake in harassing behavior, made a harassment complaint, or cooperated in a harassment investigation, is strictly prohibited. A complaint made in good faith will under no circumstances be grounds for disciplinary action. Individuals who make complaints that they know to be false may be subject to disciplinary action, up to and including termination.

Enforcement

All managers and supervisors are responsible for:

- Implementing the Community Health Plan of Imperial Valley's harassment policy.
- Ensuring that all employees they supervise have knowledge of and understand the Community Health Plan of Imperial Valley policy.
- Reporting any complaints of misconduct to the designated Community Health Plan of Imperial Valley representative, the Office & Human Resources Manager, so they may be investigated and resolved internally.
- Taking and/or assisting in prompt and appropriate corrective action when necessary to ensure compliance with the policy; and
- Conducting themselves in a manner consistent with the policy.

Addressing Issues Informally

Employees who witness offensive behavior in the workplace - whether directed at them or another employee - are encouraged, though not required, to immediately address it with the employee whose behavior they found offensive. An employee who is informed that their behavior is or was offensive should stop immediately and refrain from that behavior in the future, regardless of whether they agree that the behavior could have been offensive.

Harassment Complaint Procedure

Employees are encouraged to use the Complaint Procedure to report behavior that they feel is harassing, whether that behavior is directed at them or not. The Complaint Procedure provides for immediate, thorough, and objective investigation of claims of harassment. Appropriate disciplinary action will be taken against those who are determined to have engaged in harassing behavior.

ABUSIVE CONDUCT

Abusive conduct means malicious conduct in the workplace that a reasonable person would find hostile or offensive and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal, or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the sabotage or undermining of a person's work performance. A single act will generally not constitute abusive conduct, unless especially severe.

The Community Health Plan of Imperial Valley considers abusive conduct in the workplace unacceptable and will not tolerate it under any circumstances. Employees should report abusive conduct to a manager or Human Resources. Managers are responsible for ensuring that employees are not subjected to abusive conduct. All reports will be treated seriously and investigated when appropriate. Employees who are found to have engaged in abusive conduct will be subject to discipline, up to and potentially including termination. Retaliation against an employee who reports abusive conduct or verifies that it took place is strictly prohibited.

COMPLAINT PROCEDURE

The Community Health Plan of Imperial Valley has established a procedure for a fair review of complaints related to any workplace controversy, conflict, or harassment. Employees may take their complaint directly to the person or department listed in Step 2 if the complaint is related to their supervisor or manager or if the employee feels the supervisor or manager would not provide an impartial resolution to the problem.

Step 1

The complaint should be submitted orally or in writing to a supervisor or manager within three working days of the incident or as soon as possible. Sooner is better, as it will assist in a more accurate investigation, but complaints will be taken seriously regardless of when they are reported. Generally, a meeting will be held within three

business days of the employee's request, depending upon scheduling availability. Attempts will be made to resolve the issue during the meeting, but regardless of whether there is an immediate resolution, the supervisor or manager will give the employee a written summary of the meeting within three business days. Resolution may take longer if further investigation of the complaint is required. If the employee is not satisfied with the resolution, they may proceed to Step 2.

Step 2

The employee may submit an oral or written request for review of the complaint and Step 1 resolution to the Human Resources Department or a designated investigator. This request should be made within three working days following the receipt of the Step 1 resolution. The Human Resources Department or the designated investigator will review the complaint and resolution and may call an additional meeting to explore the problem. If warranted, additional fact-finding will be undertaken. A final decision will be as soon as practicable, thereafter receiving the Step 2 request, and a written summary of the resolution will be provided to the employee who filed the complaint.

EXTERNAL EEO COMPLAINTS

In addition to the organization's internal complaint procedure, employees may also contact either the Equal Employment Opportunity Commission (EEOC) or the California Civil Rights Department (CRD) to report unlawful harassment. You must file a complaint with the CRD within three years of the alleged unlawful action. The EEOC and the CRD serve as neutral factfinders and will attempt to assist the parties to voluntarily resolve their disputes. For more information, contact the nearest EEOC or CRD office.

CORRECTIVE ACTION

A high level of job performance and professionalism is expected from each employee. If an employee's job performance does not meet the standards established for the position, they violate Community Health Plan of Imperial Valley's policies or procedures, or their behavior is otherwise unacceptable, corrective action may ensue. Corrective action may include, but is not limited to: coaching, oral or written warnings, performance improvement plans, paid or unpaid suspension, demotion, and termination. The type and order of actions taken will be at management's sole discretion and the Community Health Plan of Imperial Valley is not required to take any disciplinary action before making an adverse employment decision, including termination.

COMPENSATION

PAY PERIODS

The standard seven-day payroll workweek for the Community Health Plan of Imperial Valley will begin at 12:00 a.m. Sunday. The designated pay period for all employees is bi-weekly. Paydays are bi-weekly on Friday. Except as otherwise provided, if any date of paycheck distribution falls on a weekend or holiday, employees will be paid on the preceding scheduled workday.

TIMEKEEPING

All non-exempt employees are required to use the timekeeping system to record their hours worked. For the purposes of this policy, all forms of timekeeping will be referred to as clocking in or out.

Employees should clock in no sooner than two minutes before their scheduled shift and clock out no later than two minutes after their scheduled shift. Additionally, employees are required to clock in and out for their designated lunch periods. Each hourly employee is required to take their meal break before the end of their 6th hour working. Lunch periods are unpaid when employees are relieved of all duties. Employees are entitled to uninterrupted meal breaks. Non-exempt employees are required to clock-out and clock-in at their lunchtimes.

Accurate timekeeping is a federal and state wage and hour requirement, and employees are required to comply. Failing to enter time into the timekeeping system in an accurate and timely manner is unacceptable job performance. Employees are required to record ALL time they are working on Plan business. Failure to do so could result in disciplinary action. Employees may not ask another employee to clock in or out for them. Should an employee miss an entry into the timekeeping system, they must notify their manager as soon as possible for correction.

Non-exempt employees are not permitted to work unscheduled times without prior authorization from their manager. This includes clocking in early or late.

Hourly employees are responsible for taking and attesting their paid 10-minute breaks. The break form is to be completed and submitted at the beginning of each pay period. These breaks are to be taken first at 10:00 am and then again at 3:30 PM.

OVERTIME

The Community Health Plan of Imperial Valley complies with all applicable federal laws regarding payment of overtime work. Non-exempt employees will be paid overtime (one and one-half times the regular rate of pay) for all hours worked over eight in one workday, over 40 in one work week.

If the Community Health Plan of Imperial Valley approves an employee's request to make up work time, the hours of that makeup work performed in the same week that the work was lost do not count towards computing the total number of hours worked in a day.

Employees are required to work overtime when assigned. Any overtime worked must be authorized by a supervisor or manager, in advance. Working unauthorized overtime or the refusal or unavailability to work overtime is unacceptable work performance, subject to discipline including but not limited to termination.

PAYROLL DEDUCTIONS

The Community Health Plan of Imperial Valley complies with the salary basis requirements of the Fair Labor Standards Act (FLSA) and does not make improper deductions from the salaries of exempt employees. There are, however, certain circumstances where deductions from the salaries of exempt employees are permissible. Such circumstances include:

- When an exempt employee is absent from work for one or more full days for personal reasons other than sickness or disability
- When an exempt employee is absent for one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide sick leave plan that provides compensation for salary lost due to illness.
- To offset amounts received as witness or jury fees, or for military pay.
- When an employee is on unpaid leave under the Family Medical Leave Act
- During an employee's first and last week of employment, if they work less than a full week.

If an employee believes that an improper deduction has been made, they should immediately report this to their manager or the person responsible for payroll processing. Reports will be promptly investigated and if it is determined that an improper deduction has occurred, the employee will be promptly reimbursed.

PAY ADJUSTMENTS, PROMOTIONS AND DEMOTIONS

All pay increases are based upon merit, market factors, and the profitability of the Community Health Plan of Imperial Valley. Any pay increases that are granted will be made in the 1st quarter of the new year. There is not an automatic annual cost of living or salary adjustment. Salary decreases may take place when there is job restructuring, job duty changes, job transfers, or adverse business economic conditions. Demotion is a reduction in responsibility, usually accompanied by a reduction in salary. If demotion occurs, employees will maintain their seniority with the Community Health Plan of Imperial Valley.

PERFORMANCE EVALUATION

Performance reviews are scheduled to take place approximately thirty (30) days before or after the anniversary date of the employee. This evaluation may be either written or oral.

If the employee receives an evaluation sheet or other written document, they will be required to sign it. An employee's signature does not necessarily indicate that the employee agrees with all the comments, but that they have been given the opportunity to examine the evaluation and discuss it with their manager. The completed and signed evaluation form will be placed in the employee's personnel file and the employee will receive a copy of the performance evaluation.

In addition to performance evaluations, informal counseling sessions may be conducted from time to time.

WORK ASSIGNMENTS

On occasion employees may be required to perform duties that are not part of their job description or usual tasks. This may happen because a co-worker is absent, a position is temporarily vacant, the business or department is particularly busy, or for other reasons. Employees are expected to perform these additional duties in a timely fashion and to the best of their ability. Should questions about process or procedure arise, employees should speak with their manager. Unless informed otherwise, employees will be paid at their regular rate of pay.

EXPENSE REIMBURSEMENT

The Community Health Plan of Imperial Valley will cover all reasonable, business-related expenses. Any cost that does not fall within the guidelines below must be approved by the appropriate manager *before* the expense is incurred. Employees may not be reimbursed for expenses that were not approved in advance and are deemed unnecessary or extravagant.

The following types of expenses may be reimbursable under this policy:

- Lodging
- Travel expenses including airfare, reasonable airline luggage fees, train fare, bus, taxi, and related tips.
- Meals, including tips up to 20%
- Laundry and dry-cleaning expenses during trips in excess of five days
- Car rental, parking fees, and tolls
- Mileage on a personal vehicle at the current IRS reimbursement rate
- Conference and convention fees
- Business entertainment expenses, up to pre-approved limits

Reimbursable limits on each type of expense will be found in the travel request forms in the Finance Department's policies. All travel outside of Imperial County requires your manager's approval on a completed Travel Request Form.

The following expenses are examples of expenses not reimbursable under this policy:

- Airline club dues

- Traffic fines
- Tips more than 20%
- In-flight movies, mini-bar expenses, and other forms of personal entertainment
- First-class airfare
- Alcohol Drinks

No policy can anticipate every situation that might give rise to legitimate business expenses. Reasonable and necessary expenses not listed above may be reimbursable. When prior approval is required, managers should use their best judgment to determine if an unlisted expense is reimbursable under this policy.

Credit Cards

Community Health Plan of Imperial Valley issued credit cards are to be used for purchases on behalf of the Plan and for any travel expenses incurred while traveling on Community Health Plan of Imperial Valley business only. At no time may an employee use a Plan credit card for purchases intended for personal use; such expenses will require that the Plan be reimbursed and may lead to revocation of credit card privileges and other discipline. Credit card expenses require the same reimbursement documentation as other expenses.

Documentation

Requests for reimbursement of business expenses must be submitted on the Expense Reimbursement Form. These forms are available through deluxe. To comply with IRS regulations, all business expenses be supported with adequate records. Employees are responsible for keeping these records as expenses are incurred. These records must include:

- The amount of the expenditure
- The time and place of the expenditure
- The business purpose of the expenditure
- The names and the business relationships of individuals for whom the expenditures were made.

Requests for reimbursement lacking this information will not be processed and will be returned to the employee. While original receipts are preferred for all expenses, they are required for those greater than \$25.00. Requests for exceptions to this policy should explain why the exception is necessary and be approved by management.

Approvals

Expense reimbursement forms, together with required documentation, and the approved Travel Request Form must be submitted to the employee's manager for review and approval. Once the expense reimbursement has been approved, it should be submitted for processing no more than 30 days after the expenses occurred. Managers approving expense reports are responsible for ensuring that the expense report has been filled out correctly with the required documentation and that the expenses submitted are allowable under this policy.

ADVANCES AND LOANS

The Community Health Plan of Imperial Valley does not give advances or loans to employees.

BENEFITS**HOLIDAYS**

Regular full-time employees are entitled to the following paid holidays observed by The Community Health Plan of Imperial Valley:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Day

Other days or parts of days may be designated as holidays with or without pay. No holiday pay will be paid to an employee who is on an unpaid status. If a holiday falls on a Sunday, the holiday may be observed on the following Monday. If the holiday falls on a Saturday, the holiday may be observed on the preceding Friday.

VACATION

Vacations provide a break beneficial to both the Community Health Plan of Imperial Valley and employees. Vacation time is available to all employees after their 90th day of employment. Therefore, employees are encouraged to take vacations annually. Eligible employees include:

- Full-time exempt
- Full Time Non Exempt

Employees Vacation Accrual is as follows:

Vacation	Executive	Directors	Managers	Individual Contributors
Year 1-3	17	12	10	10
Year 4 and 5	18	13	11	10
Year 6 and 7	19	14	12	11
Year 8 and 9	20	15	13	12
Year 10+	22	17	15	12

Unused vacation will be carried over each year with a maximum accrual bank of twice the amount allowed to accrual annually. For example, someone who accrues 12 days of vacation a year, can have a max accrual bank of 192 hours. Unused vacation will be paid out upon employment separation.

Vacations are to be requested through your manager/supervisor with 30 days advance notice prior to days out of the office. Employees are responsible for submitting time-off requests and hours used for vacation or sick-leave through Rippling.

SICK LEAVE

Each employee is entitled to 5 days (40 hours) of paid time off immediately after the date of hire. Sick time does not accrue and is on a use it or lose it basis. If employees have no more sick time left, they may use their vacation time or choose to take unpaid time off.

Sick leave may be used for diagnosis, care, or treatment of an existing health condition of, or preventive care for, an employee or an employee's family member, or by an employee who is a victim of domestic violence, sexual assault, stalking, or other crime in order to obtain a temporary restraining order or other court assistance to help ensure the health safety or welfare of the employee or their child; or (2) obtain medical attention or psychological counseling, services from a shelter, program or crisis center, or (3) participate in safety planning or other actions to increase safety. Unused sick leave will not be compensated for at the end of employment. Employees rehired within one year of separation will have their previously accrued sick leave restored.

Employees are responsible for advising their manager no later than 1 hour before the start of their shift when calling out sick.

Employees are encouraged to stay home when sick. This is to protect the health and safety of other employees.

The Plan requires employees to use paid sick leave under this policy in minimum increments of two hours.

HEALTH AND WELFARE BENEFITS

The Community Health Plan of Imperial Valley complies with all applicable federal and state laws with regard to benefits administration. All regular employees scheduled and generally working at least 40 hours a week are entitled to health insurance and other plan-sponsored health benefits, when in effect. The Community Health Plan of Imperial Valley reserves the right to change or terminate health plans or other benefits at any time.

New qualifying employees will be eligible for coverage on the 1st of the month after the employee starts. New employees may elect not to be covered, with the permission of The Community Health Plan of Imperial Valley provided the percentage of employees not covered is within the benefit plan specifications.

CONTINUATION OF BENEFITS

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), or a state mini-COBRA law, employees may be allowed to continue their health insurance benefits, at their own expense, for a set number of months after experiencing a qualifying event. Length of coverage may be dependent upon the qualifying event. (defined by COBRA regulations?)

To qualify for continuation of health benefits, the covered individual must experience a qualifying event that would otherwise cause them to lose group health coverage. The following are qualifying events:

For Employees

- Voluntary or involuntary termination of employment for reasons other than gross misconduct
- Reduction in number of hours worked.

For Spouses

- Loss of coverage by the employee because of one of the qualifying events listed above.
- Covered employees become eligible for Medicare.
- Divorce or legal separation of the covered employee
- Death of the covered employee

For Dependent Children

- Loss of coverage because of any of the qualifying events listed for spouses.
- Loss of status as a dependent child under the plan rules

See Human Resources for additional information.

STATE DISABILITY INSURANCE

The State of California has a partial wage-replacement insurance plan for California workers. The cost of this insurance is fully paid by the employee through payroll deductions. The SDI program includes both Disability Insurance and Paid Family Leave.

Disability Insurance (DI)

Employees who lose wages when an illness, injury or pregnancy-related disability prevents them from working and who meet all the state eligibility requirements can collect disability insurance benefits.

The benefits are calculated as a percentage of employee salary up to a weekly maximum as specified by law, for up to 52 weeks.

Employees are responsible for filing their claim and other forms promptly and accurately with the Employment Development Department. A claim form may be obtained from the Employment Development Department online, by telephone, or in person.

Paid Family Leave (PFL)

Employees may be eligible for partial wage replacement benefits under the Paid Family Leave Act for up to a maximum of eight weeks for the following reasons:

- To bond with a new child after birth or placement for adoption or foster care
- To care for a serious health condition of an employee's child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner
- To participate in a qualifying event related to a family member's deployment to a foreign country.

The Paid Family Leave Act provides benefits based on past earnings. The cost of the insurance is fully paid by the employee. The 12-month period begins on the first day an employee submits a claim.

To be eligible for benefits, employees may be required to provide medical and/or other information that supports a claim for time off to bond with a new child or to care for a family member with a serious health condition.

The employee is responsible for filing their claim for family leave insurance benefits and other forms promptly and accurately with the Employment Development Department. A claim form may be obtained from the Employment Development Department by telephone, letter, the Internet or in person. All eligibility and benefit determinations are made by the Employment Development Department.

Employees may not be eligible for Paid Family Leave benefits if they are receiving Disability Insurance, Unemployment Compensation Insurance or Workers' Compensation benefits.

The Paid Family Leave Act does not provide a right to leave, job protection or return to work rights. Further, this policy does not provide additional time off; rather, family leave insurance may provide compensation during an approved leave pursuant to any employer-provided leave.

TEMPORARY DISABILITY LEAVE

The Community Health Plan of Imperial Valley recognizes that a temporary disability may prevent employees from coming to work for a period of time. In such cases, the Community Health Plan of Imperial Valley may grant temporary disability leave. This leave does not have a minimum or maximum time frame. Rather, the Community Health Plan of Imperial Valley will attempt to reasonably accommodate the needs of the employee as well as the needs of the Community Health Plan of Imperial Valley. If leave is granted, any extensions will be subject to the same considerations.

Employees requesting temporary disability leave must document their request in writing. That request should be accompanied by a doctor's statement identifying how the temporary disability limits the employee's ability to work, the date and the estimated date of return and, where appropriate, diagnosis and prognosis. Should the employee's expected return date change, the employee should notify the Community Health Plan of Imperial Valley as soon as possible. Prior to returning to employment with the Community Health Plan of Imperial Valley, employees will be required to submit written medical certification of their ability to work, including any restrictions. Upon returning to work, if employees qualify, they will be reinstated to their former position or one that is substantially the same, depending upon the availability of any position at that time.

The leave will be unpaid, except that employees must use any available paid sick leave concurrently and may choose to use other accrued paid time off concurrently once their sick leave has been exhausted.

MILITARY LEAVE

If employees are on an extended military leave of absence, they are entitled to be restored to their previously held position or similar position, if available, without loss of any rights, privileges or benefits provided the employee meets the requirements specified in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

VOLUNTEER EMERGENCY RESPONDER LEAVE

Employees who are volunteer firefighters, reserve peace officers, or emergency rescue personnel will be allowed to take temporary unpaid leaves of absence for the purpose of performing emergency duties. Employees who are volunteer emergency responders

should inform their supervisor so that they are aware that the employee may need to take time off for emergency duty. When an employee is called to an emergency and needs to miss work, they should alert their supervisor before doing so whenever possible. Whether or not such leave is paid shall depend on federal and state law.

JURY SERVICE LEAVE

If an employee is summoned to report for jury duty, they will be granted a leave of absence when they notify and submit a copy of the original summons for jury duty to their supervisor or manager. The Community Health Plan of Imperial Valley reserves the right to request that they seek to be excused from or request postponement of jury service if the absence from work would create a hardship to the Community Health Plan of Imperial Valley

Any fees received for jury duty, including travel fees, are to be submitted to the Community Health Plan of Imperial Valley in exchange for paid leave provided by Community Health Plan of Imperial Valley. Employees are to report to work on any day, or portion thereof that is not actually spent in the performance of jury service. For each week of jury duty, a certificate of jury service must be certified by the Court and filed with the Community Health Plan of Imperial Valley no later than Wednesday of the following week. The leave is paid.

WITNESS LEAVE

If an employee is absent from work to serve as a witness in a judicial proceeding in which they are the victim, or in response to a subpoena or other order of the court, the employee will be granted leave without pay for such time as it is necessary to comply with the request. The Community Health Plan of Imperial Valley may request proof of the need for leave.

VOTING LEAVE

If an employee cannot vote because of their scheduled work hours, then the employee will be given additional time off to vote in any state or federal election.

Employees must apply for leave at least two days before Election Day. The Community Health Plan of Imperial Valley may specify the time during the day that leave can be taken. Generally, time off will be at the beginning or end of their shift, whichever allows the freest time for voting and the least time off from the regular working shift, unless otherwise mutually agreed upon.

Up to two hours will be compensated for at the employee's regular rate of pay. Additional time off, if necessary, will be unpaid. Exempt employees will be paid in accordance with the Fair Labor Standards Act.

CRIME VICTIM LEAVE AND ACCOMMODATIONS

An employee who is the victim of crime or abuse, or whose family member has died as a result of a crime, will be allowed to take time off work to attend court proceedings or to seek a restraining order or other relief for their or their child's health, safety, or

welfare. Information regarding these rights and reporting requirements can be found [here](#)

Employees who may potentially have a need for this leave should discuss the situation with their manager or Human Resources.

SCHOOL LEAVE FOR DISCIPLINARY MATTERS

The Community Health Plan of Imperial Valley will grant unpaid time off for employees who are parents or guardians of school-age children who need time off to attend to school issues. More information about this leave can be found [here](#)

The employee must use available vacation or personal leave for school visitation and must take leave without pay if no paid leave is available. Exempt employees may be provided time off with pay when necessary to comply with state and federal wage and hour laws.

BEREAVEMENT LEAVE

A regular employee of the Community Health Plan of Imperial Valley may request a leave of absence with pay for a maximum of 3 Days working day(s) upon the death of a member of their immediate family. Employees will be offered up to 5 days total, 3 days paid, 2 days unpaid of Bereavement Leave (employees may use accrued paid time off for this portion of the bereavement leave). Members of the immediate family are defined as parents, spouse, domestic partner, child, sibling, grandchild, grandparent, parent-in-law, and corresponding step-relatives. Proof of the need for leave may be required.

BONE MARROW AND ORGAN DONATION LEAVE

Community Health Plan of Imperial Valley will provide employees who have been employed with the organization for at least 90 days, with a paid leave of absence for the purpose of donating organs or bone marrow. More information about this leave can be found [here](#).

REPRODUCTIVE LOSS LEAVE

A regular employee of the Community Health Plan of Imperial Valley may request a leave of absence with pay for a maximum of 5 unpaid days due to a reproductive loss, such as miscarriage, stillbirth, or failed adoption.

Days may be taken consecutively, or intermittently over the 3 months following the loss.

HEALTH, SAFETY, AND SECURITY

Commented [SL2]: Attorney change. New type of leave in California.

NON-SMOKING

California law prohibits smoking in any public building or within 20 feet of a main entrance, exit, or window of a public building. The Community Health Plan of Imperial Valley does not permit smoking in any Community Health Plan of Imperial Valley buildings, facilities, work sites, or vehicles. Employees wishing to smoke should do so during their break times, outside Community Health Plan of Imperial Valley buildings in designated areas, and in accordance with local ordinances.

DRUG AND ALCOHOL

The Community Health Plan of Imperial Valley is dedicated to providing employees with a workplace that is free of drugs and alcohol. While on Community Health Plan of Imperial Valley premises, whether during work time or non-work time, employees are prohibited from being under the influence of drugs or alcohol. There are limited exceptions for the use of prescription drugs (not including marijuana), as long as they do not create safety issues or impair an employee's ability to do their job, and the moderate use of alcohol at Community Health Plan of Imperial Valley-sponsored or sanctioned events.

Employees are strictly prohibited from possessing illegal drugs, cannabis, or excessive quantities of prescription or over-the-counter drugs while on Community Health Plan of Imperial Valley premises, performing Community Health Plan of Imperial Valley-related duties, or operating any Community Health Plan of Imperial Valley equipment. Any drugs confiscated that are suspected of being illegal will be turned over to the appropriate law enforcement.

Employees taking medication should consult a medical professional to determine whether the drug may affect their personal safety or ability to perform their job and should advise their manager of any resulting job limitations. Once notified, the Community Health Plan of Imperial Valley will make reasonable efforts to accommodate the limitation.

The Community Health Plan of Imperial Valley reserves the right to test any employee for the use of illegal drugs, marijuana, or alcohol, in accordance with applicable law. Employees in safety-sensitive positions may be subject to regular or random drug testing. Drug or alcohol tests may also be conducted after an accident in which drugs or alcohol could reasonably be involved, or when behavior or impairment on the job creates reasonable suspicion of use. Under those circumstances, the employee may be driven to a certified lab for testing at the Community Health Plan of Imperial Valley's expense. Refusal to be tested for drugs or alcohol will be treated the same as a positive test result.

Violation of this policy may result in discipline, up to and including termination.

To the extent that any federal, state, or local law or regulation limits or prohibits the application of any provision of this policy, then that particular provision will be ineffective in that jurisdiction only, while the remainder of the policy remains in effect.

EMPLOYER-SPONSORED SOCIAL EVENTS

Community Health Plan of Imperial Valley holds periodic social events for employees. Be advised that your attendance at these events is voluntary and does not constitute part of your work-related duties.

The organization does not provide complimentary alcoholic beverages, but alcoholic beverages may be available for purchase at these events. If you choose to drink alcoholic beverages, you must do so in a responsible manner. Do not drink and drive. Instead, please call a taxi/ rideshare or appoint a designated driver.

OFF-DUTY USE OF EMPLOYER PROPERTY OR PREMISES

For your safety, it is organizational policy to control off-duty and nonworking hour use of facilities either for business or personal reasons. Access to facilities during off-duty or non-working hours is limited to employees who have a legitimate business reason to be on the premises.

REASONABLE ACCOMMODATIONS

If the Community Health Plan of Imperial Valley is made aware of an employee's disability and resulting need for accommodation, Human Resources or the employee's manager will engage with them in the interactive process. This process will determine what, if any, accommodation is necessary and reasonable to assist the employee in doing the essential functions of their job. Whether accommodation is reasonable will be determined based on a number of factors, including whether it will effectively assist the employee in doing the essential functions of their job, the cost, and the effect on business operations. In most cases, employees will be required to provide documentation from an appropriate healthcare provider. Human Resources will provide employees with the necessary form.

All employees are required to comply with safety standards. Employees who pose a direct threat to the health or safety of themselves or others in the workplace may be temporarily moved into another position or placed on leave until it is determined if reasonable accommodation(s) will effectively mitigate the risk.

ACCOMMODATIONS FOR PREGNANT EMPLOYEES

Community Health Plans of Imperial Valley will provide reasonable accommodation to pregnant employees for known limitations related to pregnancy, childbirth, or other related medical conditions following the federal Pregnant Workers Fairness Act (PWFA).

If you require an accommodation, notify your manager. If the need for a particular accommodation is not obvious, you may be asked to include relevant information such as:

- The reason you need an accommodation.
- A description of the proposed accommodation.
- How the accommodation will address limitations caused by pregnancy, childbirth, or related medical conditions.

The organizations will comply with state or local laws that provide additional protections beyond the PWFA.

INJURY AND ACCIDENT RESPONSE AND REPORTING

If an employee is injured or witnesses an injury at work, they must report it immediately to the nearest available manager. Employees should render any assistance requested by that manager. When any accident, injury, or illness occurs while an employee is at work, regardless of the nature or severity, the employee must complete an injury reporting form and return it to Human Resources as soon as possible. Reporting should not be allowed to delay necessary medical attention. Once the accident is reported, follow-up will be handled by Human Resources or the designated Safety Officer, including a determination as to whether the injured employee may return to work. (Do we have an “Injury Report Form”?)

Questions asked by law enforcement or fire officials making an investigative report should be answered giving only information and avoiding speculation. Liability for personal injury or property damage should never be admitted in answering an investigatory question asked by law enforcement or fire officials.

In addition to compliance with safety measures imposed by federal Occupational Safety and Health Act (OSHA) and state law, the Community Health Plan of Imperial Valley has an independent interest in making its facilities a safe and healthy place to work. The Community Health Plan of Imperial Valley recognizes that employees may be able to notice dangerous conditions and practices and therefore encourages employees to report such conditions, as well as non-functioning or hazardous equipment, to a manager immediately. Appropriate remedial measures will be taken when possible and appropriate. Employees will not be retaliated against or discriminated against for reporting accidents, injuries, or illnesses, filing of safety-related complaints, or requesting to see injury and illness logs.

WORKERS' COMPENSATION

The Community Health Plan of Imperial Valley carries insurance that covers work-related injuries and illnesses. The workers' compensation insurance carrier governs the benefits provided. These benefits will not be limited, expanded, or modified by any statements of Community Health Plan of Imperial Valley personnel or Community

Health Plan of Imperial Valley documents. In the case of any discrepancy, the insurance carrier's documents will be checked.

WORKPLACE VIOLENCE AND SECURITY

The Community Health Plan of Imperial Valley expects all employees to conduct themselves in a non-threatening, non-abusive, and professional manner always. No direct, conditional, or veiled threat of harm to any employee, customer, business partner, or Community Health Plan of Imperial Valley property will be acceptable. Acts of violence or intimidation of others will not be tolerated. Any employee who commits, or threatens to commit, a violent act against any person while on Community Health Plan of Imperial Valley premises, will be subject to discipline, up to immediate termination.

Employees share the responsibility of identifying and alleviating threatening or violent behaviors. Any employee who is subjected to or threatened with violence, or who is aware of another individual who has been subjected to or threatened with violence, should immediately report this information to a manager. Threats will be investigated, and appropriate remedial or disciplinary action will be taken.

CHPIV maintains a Workplace Violence Prevention Program. All new hires will be required to complete training on workplace violence prevention. Employees will be required to retrain on the topic annually. The organization also maintains a log of workplace violence incidents that is available for review by any employee upon request to Human Resources.

DRIVING SAFETY

Employees who drive on Community Health Plan of Imperial Valley business are expected to drive safely and responsibly and to use common sense and courtesy. Employees are also subject to the following rules and conditions:

1. All employees are responsible for submitting a valid auto-insurance policy copy to the Human Resources department, the employer may request a copy from the employee at any time.
2. A valid driver's license must be maintained as a condition of continued employment for positions that require driving. The Community Health Plan of Imperial Valley may request to see an employee's license at any time.
3. Employees may not use a Community Health Plan of Imperial Valley vehicle without express authorization from management.
4. If Community Health Plan of Imperial Valley vehicles are generally used for business, employees must receive authorization from management to use their personal vehicle instead.
5. Let's summarize the Community Health Plan of Imperial Valley insurance coverage as it applies to employee use of personal vehicles for Community Health Plan of Imperial Valley business, Employees who drive their own vehicles for work must maintain the minimum amount of insurance required by state law as a condition of continued employment. The Community Health Plan of Imperial Valley may request proof of insurance at any time.

6. Employees must always wear seat belts, whether they are the driver or a passenger.
7. Except for a phone being used only for navigation purposes, employees are required to turn off cell phones or put them on silent before starting their car.
8. Employees who are using a device for navigation purposes should complete all the set up before starting the vehicle.
9. Use of electronic devices for purposes other than navigation is strictly prohibited. This includes, but is not limited to, making, or receiving phone calls unless hand-free technology is applied, sending, or receiving text messages or e-mails, browsing the internet, reading books, and downloading information from the web. If an employee needs to engage in any of these activities while driving, they must pull over to a safe location and stop the vehicle prior to using any device.
10. Employees should not engage in other distracting activities such as eating, shaving, or putting on makeup, even in stopped or slow-moving traffic.
11. The use of alcohol, drugs, or other substances that in any way impair driving ability is prohibited. This includes, but is not limited to, over-the-counter cold or allergy medications and sleep aids that have a residual effect.
12. Employees must follow all driving laws and safety rules, such as adherence to posted speed limits and directional signs, use of turn signals, and avoidance of confrontational or offensive behavior while driving.
13. All passengers must be approved by management in advance of travel.
14. Employees must not allow anyone to ride in any part of the vehicle not specifically intended for passenger use or any seat that does not have a working seat belt.
15. Employees must promptly report any accidents to local law enforcement as well as the Community Health Plan of Imperial Valley.
16. Employees must promptly report any moving or parking violations received while driving on Community Health Plan of Imperial Valley vehicles or business.

INCLEMENT WEATHER AND OUTAGES

This policy establishes guidelines for the Community Health Plan of Imperial Valley operations during periods of extreme weather and similar emergencies. The Community Health Plan of Imperial Valley will remain open in all but the most extreme circumstances. Unless an emergency closing is announced, all employees are expected to report to work. However, the Community Health Plan of Imperial Valley does not advise employees to take unwarranted risks when traveling to work in the event of inclement weather or other emergencies. Each employee should exercise their best judgment with regard to road conditions and other safety concerns.

Designation of Emergency Closing

Only with the authorization of the CEO or designated managers will the Community Health Plan of Imperial Valley will cease operations due to emergency circumstances. If severe weather conditions develop during working hours, it is at the discretion of Management to release employees. Employees will generally be expected to remain at work until the appointed closing time.

Procedures during Closings

If weather or traveling conditions delay or prevent an employee's reporting to work, their immediate supervisor should be notified as soon as possible. If possible, such notification should be made by telephone directly with the supervisor. If direct contact is not possible, leaving a detailed voicemail message or message with another employee is acceptable.

An employee who is unable to report to work may use any accrued time off or take the day off without pay.

Pay and Leave Practices

When a partial or full-day closing is authorized by Management, the following pay and paid leave practices apply:

- Non-exempt hourly employees will be sent home for partial days with the option of using paid time off for the remainder of the day. If paid time off is not available, employees will be excused from work without pay and without disciplinary action.
- Exempt employees will be expected to continue work from home if their job duties allow. The Community Health Plan of Imperial Valley will pay the exempt employee's regular salary regardless of, as outlined in the Payroll Deductions policy.
- Exempt and non-exempt employees already scheduled to be off during emergency closings are charged such leave as was scheduled.

Other Work Options

Supervisors may approve requests for employees to temporarily work from home, if doing so allows completion of work assignments.

WORKPLACE GUIDELINES

HOURS OF WORK

Employees are expected to be at their work area and ready to work at their scheduled time. Employees will be given their work hours upon hire and at the time of any change in position. If the normal work hours are changed or if the COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY changes its operating hours, employees will be given notice.

OFF-THE-CLOCK WORK

Non-exempt employees must accurately record all time worked, regardless of when and where the work is performed. Off-the-clock work (doing work that is not reported in the timekeeping system) is prohibited. No member of management may request, require, or authorize non-exempt employees to perform work without compensation. Any possible violations should be reported promptly to a member of management.

Salaried and hourly in-office staff are required to complete their responsibilities from the hours of 8:00 – 5:00 pm.

MEAL PERIODS

All employees are entitled to take a non-compensated meal period of at least 30 minutes each workday. No employee will be scheduled to work more than five consecutive hours in a workday without taking a meal period. In no case may any meal period be waived to shorten an employee's work hours or to be used in lieu of time without pay.

When the work period is 10 hours per day, a second meal period of at least 30 minutes will be provided. If the total hours worked is 12 or fewer, the second meal period may be waived by mutual consent of the Community Health Plan of Imperial Valley and the employee only if the first meal period was not waived. If the nature of the work prevents relief from all duties, then the on-duty meal period will be compensated.

All mealtimes require the non-exempt employee to clock out and back in when their meal is finished, and they've returned to work.

REST PERIODS

Employees will take a 10-minute rest period during each half of a full workday or major fraction thereof. However, a rest period need not be authorized for employees whose total daily work time is less than three and one-half hours. Any variances in rest periods are subject to advance management approval. All hourly employees are required to fill out and submit the employee break-period tracking form and submit to Human Resources Bi-weekly on the Monday before payroll.

LACTATION ACCOMMODATION

The Community Health Plan of Imperial Valley provides a supportive environment to enable breastfeeding employees to express their milk during work hours. Accommodation under this policy includes a private place (other than a bathroom) as well as unpaid time to express milk. If a dedicated lactation space is not possible, a multi-use area will be made available, and a lactating employee will be given priority.

Employees should request lactation accommodations through their manager or Human Resources in person or by phone or email. Managers who receive requests for lactation accommodations should contact Human Resources or a member of the leadership team if they have any doubt about their ability to accommodate the request. The Community Health Plan of Imperial Valley will respond to the request either by providing the requested accommodation in full or by providing what is possible and giving the employee a written explanation as to why any other part of the request could not be granted.

When possible, employees should take their lactation breaks concurrently with their meal and rest breaks, if applicable. Employees will be paid for the duration of their standard rest breaks, and additional time will be unpaid. Exempt employee pay will not be affected by lactation break time.

Any form of discrimination or harassment related to breastfeeding is unacceptable and will not be tolerated. Employees who believe they are not being provided with accommodations as required by law may file a complaint with the Labor Commissioner.

If you feel the organization is not providing you with adequate break time and/or a place to express milk as provided for in Labor Code § 1030, you may file a report/claim with the Labor Commissioner's Bureau of Field Enforcement (BOFE) at the BOFE office nearest your place of employment. The complaint must be filed within three years of the alleged unlawful action.

ATTENDANCE AND TARDINESS

Employees are expected to be at work and ready to go when their scheduled shift begins or resumes. If an employee is unable to be at work on time, or at all, they must notify their manager no later than 30 minutes before the start of their scheduled workday. If an employee's manager is not available, the employee should contact another member of management. If an employee is physically unable to contact the Community Health Plan of Imperial Valley, they should ask another person to make contact on their behalf. Leaving a message with a co-worker or answering service is not considered proper notification. Excessive tardiness or absences are unacceptable job performance and subject to disciplinary action up to and including termination.

When an employee calls in absent, they should provide their expected time or date of return. The Community Health Plan of Imperial Valley reserves the right to request

proof of the need for absence, if allowed by law. If an employee is absent for three consecutive days and has not provided proper notification, the Community Health Plan of Imperial Valley assumes that the employee has voluntarily quit their position and will proceed with the termination process.

If an employee becomes ill during their scheduled workday and feels they may need to leave before the end of their shift, they should notify their manager immediately. If an employee is unable to perform their job to an acceptable level, they may be sent home until they are well enough to work.

Absences should be arranged as far in advance as possible. When an employee needs to be absent during the workday, they should attempt to schedule their outside appointment or obligation so that their absence has the smallest impact possible on business operations.

TELECOMMUTING

The Community Health Plan of Imperial Valley maintains a Remote Work Policy to ensure continued productivity, collaboration, and security of information regardless of work location. The policy can be found here [insert]

PERSONAL APPEARANCE AND HYGIENE

Employees are expected to present a professional image, both through behavior and appearance. Accordingly, employees must wear work-appropriate attire during the workday or any time they are representing the Community Health Plan of Imperial Valley. Clothing does not need to be expensive but should be clean and neat in appearance. Employees should consider their level of customer and public contact and the types of meetings they are scheduled to attend in determining what attire is appropriate. The Dress code for Community Health Plan of Imperial Valley is Business Casual. Community Health Plan of Imperial Valley allows and encourages Casual Fridays. Keeping in mind the following below is unacceptable on casual Fridays as well.

The following are not acceptable:

- Bare feet or flip flops
- Spandex, sweats, or work out attire.
- Sagging pants, shorts, or
- Sexually provocative clothing or exposed undergarments
- Clothing with offensive slogans or pictures
- Clothing that shows excessive wear and tear.
- Any clothing or accessories that would present a safety hazard.

All Community Health Plan of Imperial Valley employees are expected to maintain appropriate oral and bodily hygiene. Hair (including facial hair) should be clean and neat. Accessories should not interfere with an employee's work. The excessive use of

perfume or cologne is unacceptable, as are odors that are disruptive or offensive to others or may exacerbate allergies.

The Human Resources Department is responsible for enforcing dress and grooming standards for their department. Any employee whose appearance does not meet these standards may be counseled. If their appearance is unduly distracting or the clothing is unsafe, the employee may be sent home to change into something more appropriate.

Reasonable accommodation will be made for employees who hold religious beliefs and disabilities when such accommodations do not cause an undue burden. Employees who would like to request accommodation or have other questions about this policy should contact the Office and Human Resources Manager.

CONFIDENTIALITY

Employees may not disclose any confidential information or trade secrets to anyone outside the Community Health Plan of Imperial Valley without the appropriate authorization. Confidential information may include internal reports, financials, client lists, methods of production, or other internal business-related communications. Trade secrets may include information regarding the development of systems, processes, products, design, instrument, formulas, and technology. Confidential information may only be disclosed or discussed with those who need the information. Conversation of a confidential nature should not be held within earshot of the public or clients.

When any inquiry is made regarding an employee, former employee, client, or customer, the inquiry should be forwarded to Human Resources without comment from the employee.

This policy is intended to always alert employees to the need for discretion and is not intended to inhibit normal business communications. In addition, nothing in this policy is intended to infringe upon employee rights under Section 7 of the National Labor Relations Act.

SOLICITATION AND DISTRIBUTION

Solicitation during work time and in work areas is prohibited. Solicitation is defined as the act of asking for something, selling something, urging someone to do something, petitioning, or distributing persuasive materials. This could include, but is not limited to, asking for donations for a child's school (including through sales of a product), attempting to convert someone to or from a religion, distributing political materials, or collecting signatures. Work time includes time when either the person soliciting, or being solicited to, is scheduled to be performing their work duties. Work areas include areas where employees generally do work, such as cubicles, offices, or conference rooms, and does not include areas such as the lunch or break room.

This policy does not prevent employees from using their approved breaks and rest periods to solicit outside of working areas and is not intended to infringe an employee's Section 7 of the National Labor Relations Act rights. Those not employed by the Community Health Plan of Imperial Valley are always prohibited from solicitation on Community Health Plan of Imperial Valley property.

BUSINESS GIFTS

Employees are prohibited from directly or indirectly requesting or accepting a gift for themselves or the Community Health Plan of Imperial Valley that has a value of \$50 or more. If an employee is offered or given anything of value from any client, prospective client, vendor, or business partner in connection with Community Health Plan of Imperial Valley business, they should alert their manager immediately.

OUTSIDE ACTIVITIES

Employees are not allowed to engage in outside employment during non-working hours without written permission of the CEO. If written permission is granted, such outside employment would not interfere with their job performance or constitute a conflict of interest. Prior to accepting outside employment, employees should notify their Senior Leader in writing. The Senior Leader would either deny, or forward to the CEO for discussion and decision. The notice must include the name of the outside Community Health Plan of Imperial Valley, the title and nature of the position, the number of working hours per week, and the time of scheduled work hours. If the position constitutes a conflict of interest or interferes with the employee's job at any time, they may be required to limit or end their outside employment.

REPORTING IRREGULARITIES

Employees should immediately report any actual or suspected theft, fraud, embezzlement, or misuse of Community Health Plan of Imperial Valley funds or property, as well as suspicious behavior. An employee who is aware of such activity but does not report will be disciplined accordingly.

INSPECTIONS AND SEARCHES

Any items brought to or taken off Community Health Plan of Imperial Valley premises, whether property of the employee, the Community Health Plan of Imperial Valley or a third party, are subject to inspection or search unless prohibited by state law. Desks, lockers, workstations, work areas, computers, USB drives, files, e-mails, voice mails, etc. are also subject to inspection or search, as are all other assets owned or controlled by Community Health Plan of Imperial Valley. Any inspection or search conducted by the Community Health Plan of Imperial Valley may occur at any time, with or without notice. Failure to submit to a search will be grounds for discipline.

HARDWARE AND SOFTWARE USE

The following guidelines have been established for using the Internet and email in an ethical and professional manner. For this policy, Community Health Plan of Imperial Valley Internet includes productivity software, instant messaging applications, the

Community Health Plan of Imperial Valley cloud and networks, the intranet, and any other tool or program provided by or through the Community Health Plan of Imperial Valley or its internet connection.

- Community Health Plan of Imperial Valley Internet and email may not be used for transmitting, retrieving, or storing any communications of a defamatory, discriminatory, harassing, or obscene nature.
- Telephones should only be used for Community Health Plan of Imperial Valley business. Employees should always be professional and conscientious when using Community Health Plan of Imperial Valley phones or when using a personal phone for Community Health Plan of Imperial Valley business.
- Use of personal cell phones or other devices should be held to a reasonable limit. Reasonableness will be determined by management.
- Disparaging, abusive, profane, and offensive language are forbidden.
- Employees must respect all copyrights and may not copy, retrieve, modify, or forward copyrighted materials, except with permission or as a single copy for reference only. Almost every piece of content is or could be copyrighted (a notice of copyright is not required), so employees should proceed with caution when using or reproducing materials.
- Unless necessary for work, employees should avoid sending or receiving large files, watching videos, mass-forwarding emails, or engaging in other activities that either consume large amounts of bandwidth or create electronic clutter.
- Employees may not download any programs, applications, browser extensions, or any other files without prior approval or upon request of a manager.
- Each employee is responsible for the content of all text, audio, or images they place on or send over the Community Health Plan of Imperial Valley's internet and email system. Employees may not send messages in which they are not identified as the sender.
- Email is not guaranteed to be private or confidential. Community Health Plan of Imperial Valley reserves the right to examine, monitor, and regulate email messages, directories, and files, as well as internet usage.
- Internal and external email messages are considered business records and may be subject to discovery in the event of litigation.

All Community Health Plan of Imperial Valley-issued hardware and software, as well as the email system and Internet connection, are Community Health Plan of Imperial Valley-owned. Therefore, all Community Health Plan of Imperial Valley policies are always in effect when they are in use. Access to the internet through the Community Health Plan of Imperial Valley's network is a privilege of employment that may be limited or revoked at any time.

SOCIAL MEDIA

The Guiding Rule

Conduct that negatively affects an employee's job performance, the job performance of fellow employees, or the Community Health Plan of Imperial Valley legitimate

business interests—including its reputation and ability to make a profit—may result in disciplinary action up to and including termination.

Below are some guidelines for the use of social media. These guidelines are not intended to infringe on an employee's Section 7 of the National Labor Relations Act rights and any adverse action taken in accordance with this policy will evaluate whether employees were engaged in protected concerted activity.

Avoiding Harassment

Employees must not use statements, photographs, video, or audio that could reasonably be viewed as malicious, obscene, threatening, or intimidating toward customers, employees, or other people or organizations affiliated with the Community Health Plan of Imperial Valley. This includes, but is not limited to, posts that could contribute to a hostile work environment based on race, sex, sexual orientation, disability, religion, national origin, or any other status protected by state or federal law.

Avoiding Defamation

Employees must not post anything they know or suspect to be false about Community Health Plan of Imperial Valley or anyone associated with it, including fellow employees and clients. Writing something that is untrue and harmful to any person or organization is defamation and can lead to significant financial liability for the person who makes the statement.

Confidentiality

Employees must maintain the confidentiality of Community Health Plan of Imperial Valley trade secrets and confidential information. Trade secrets include, but are not limited to, information regarding the development of systems, products, and technology. Private and confidential information includes, but is not limited to, customer lists, financial data, and private personal information about other employees or clients that they have not given the employee permission to share.

Representation

Employees must not represent themselves as a spokesperson for the Community Health Plan of Imperial Valley unless requested to do so by management. If the Community Health Plan of Imperial Valley is a subject of the content being created—whether by an employee or third party—employees should be clear and open about the fact that they are employed with the Community Health Plan of Imperial Valley but that their views do not necessarily represent those of Community Health Plan of Imperial Valley.

Accounts

Employees must not use Community Health Plan of Imperial Valley email addresses to register for social media accounts unless doing so at the request of management. Employees who manage social media accounts on behalf of the Community Health

Plan of Imperial Valley ensure that at least one member of management has all the login information needed to access the account in their absence.

PERSONAL CELL PHONE USE

The use of personal cell phones, or work cell phones for personal matters, should be held to a reasonable limit during work hours and not interfere with an employee's productivity or the productivity of their coworkers. Reasonableness will be determined by management.

PERSONAL PROPERTY

The Community Health Plan of Imperial Valley is not liable for lost, misplaced, or stolen property. Employees should take all precautions necessary to safeguard their personal possessions. Employees should not have their personal mail sent to the Community Health Plan of Imperial Valley, as it may be automatically opened, and should check with their manager before having larger items delivered to the workplace.

PARKING

. The parking lot is first come first serve. All parking is at an employee's own risk. Employees and visitors should lock their vehicles and take appropriate safeguards to protect their valuables, including removing them from the vehicle if appropriate under the circumstances. Employees are not permitted to park in areas reserved for visitors.

EMPLOYMENT SEPARATION

RESIGNATION

The Community Health Plan of Imperial Valley requests that employees provide at least two weeks' written notice of their intent to resign. This notice should be submitted to the employee's manager. Dependent upon the circumstances, an employee may be asked to not work any or all their notice period, in which case they will be allowed to use up to two weeks of accrued paid time off, if available, from the time notice is given. An exit interview may be requested. If available accrued paid time off is not available and management chooses to terminate employment prior to the end of the two-week notice period, the Community Health Plan of Imperial Valley shall compensate for the remainder of the two-week notice period provided, but not in excess of two weeks.

TERMINATION

All employment with the Community Health Plan of Imperial Valley is "at-will." This means that either the Community Health Plan of Imperial Valley or the employee may terminate the employment relationship at any time, with or without notice, and for any reason allowed by law or for no reason at all. An employee's at-will status can only be changed by written contract, signed by both the employee and the CEO or Commission Chairperson.

**PERSONAL POSSESSIONS AND RETURN OF COMMUNITY HEALTH PLAN OF
IMPERIAL VALLEY PROPERTY**

All Community Health Plan of Imperial Valley property, such as computer equipment, keys, tools, parking passes, or credit cards, must be returned immediately at the time of termination. Employees may be responsible for any lost or damaged items. When leaving, employees should ensure that they take all their personal belongings with them.

EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

**IMPERIAL COUNTY LOCAL HEALTH AUTHORITY DBA COMMUNITY HEALTH PLAN OF
IMPERIAL VALLEY**

I acknowledge receipt of the Community Health Plan of Imperial Valley Employee Handbook and agree to follow the guidelines within it. I also acknowledge the following:

1. Receipt of this handbook does not create a contract of employment or in any way alter my at-will employment status; the Community Health Plan of Imperial Valley or I can end the employment relationship at any time, with or without notice, and with or without cause.
2. I am not entitled to any sequence of disciplinary measures prior to termination.
3. Except for the at-will employment policy, this handbook may be modified at any time.
4. Violation of any policy in this handbook, or any policy included as an addendum, may be grounds for discipline, up to and including termination.
5. This handbook does not include every process, policy, and expectation applicable to employees, or my position specifically; I may be counseled, disciplined, or terminated for poor behavior or performance even if the behavior or performance issue is not addressed in the handbook.
6. Should any provision in this handbook conflict with federal, state, or local law, that provision only will be considered ineffective, while the rest of the handbook remains effective.
7. If I have questions regarding any policy in this handbook, or other expectations related to my behavior or performance, it is my responsibility to speak with my manager or the Human Resources department.

Signature

Printed Name

Date



2025 Employee Handbook Changes

Executive Summary

Topic	Page	Change
Background checks	8	Changed the wording to comply with California's Ban the Box law. We cannot have a policy that says that we will not hire a candidate with a felony conviction. Each conviction has to be considered on a case-by-case basis for job relatedness, recency, and other extenuating circumstances.
Reproductive loss leave	28	Added to comply with new California legislation, an employee that experiences a reproductive loss may take up to 5 unpaid days over a 3-month period.