

Louisiana Department of Health and Hospitals
Office of Aging and Adult Services



Self-Direction Option



Community Choices Waiver

Employer Handbook

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I. Introduction

Self-Direction Overview

Self-Direction is a service delivery option which allows participants to become the employers of the people they choose to hire to provide supports for them. As the employers, participants are responsible for recruiting, training, supervising, and managing the people they choose to hire. This option gives participants the most control over their supports, but also requires the most responsibility.

Self-Direction is based on the principles of self-determination, which mean that a person has the ability or right to make his / her own decisions, and include the following:

- Freedom – the opportunity to choose where and with whom you live, as well as how you organize all important aspects of your life
- Authority – the ability to control some targeted amount of public dollars
- Support – the ability to organize support in ways that are unique to you
- Responsibility – the obligation to use public dollars wisely and to contribute to your community
- Confirmation – the recognition that program participants must be a major part of the redesign of the human service system of long-term care

With Self-Direction, you control the amount spent on wages and benefits for your employees within the guidelines established by the program in which you are enrolled. With assistance from your support coordinator, you, as the employer, are required to budget payments for wages and required employment-related taxes.

Your support coordinator will provide you with an initial overview on Self-Direction, followed by on-going support and assistance as needed. Your support coordinator will continue to assist you with the

development of your Plan of Care, budget planning, ongoing evaluation of supports and services, and organizing the unique resources that you need.

The fiscal agent will process payroll for your employees at least twice per month and make the required tax withholding and deposits with state and federal agencies on your behalf. The fiscal agent will send you reports of your spending so that you can keep track of the amount of service hours you have used and the amount you have remaining for use.

The enrollment date for Self-Direction is determined by your Plan of Care / Revision effective start date.

No expenses may be incurred prior to completion of:

Overview: Your support coordinator will give you an overview of the material covered in the Self-Direction Employer Handbook and both you and your support coordinator sign the “Service Agreement” form.

Standards for Employee: Your support coordinator completes the “Applicant Verification” form to verify that your potential employees meet the program qualifications.

Start Date: Your support coordinator submits the “Service Agreement” form, “Applicant Verification” form, and other required forms found in the Start-Up Packet to the fiscal agent to request a start date for you to begin Self-Direction. Written confirmation of the “Good to Go” date must be received from the fiscal agent prior to any employee providing services.

Forms are completed: The fiscal agent ensures that the forms/documents found in the Start-Up Packet are complete and clears your potential employees for hire. The Start-Up Packet contains the forms necessary to establish you as the employer, timesheets, payroll schedule, rate sheet, and employee application forms.

Approved Plan: Your Plan of Care is approved by the appropriate support coordination agency designee or Office of Aging and Adult

Services Regional Office (OAAS R.O.) (if applicable) to reflect the funds available for use in Self-Direction.

Differences in the Service Delivery Models

This table explains some of the differences in responsibilities and benefits between Self-Direction and the traditional direct service provider agency (“Agency”) model.

Questions Regarding Service Delivery Models	Self-Direction	Agency
Who is the “employer?” Who has responsibility for hiring and firing my direct service workers?	Employer = participant or the Responsible Representative of a participant	Provider Agency
Who is responsible for withholding and depositing employment related taxes and performing payroll functions?	Fiscal Agent = Payroll Agent for Employer	Provider Agency
Who determines the compensation and work related budgets for the employee(s)?	Employer with assistance from your support coordinator.	Provider Agency
Who recruits, trains, manages, evaluates and dismisses employees?	Employer with assistance from your support coordinator.	Participant and / or Provider Agency
Who must ensure that criminal history and direct service registry checks are documented and that an applicant is eligible to be hired?	Fiscal Agent (the fiscal agent conducts the initial check) and Employer (the employer is required to check the direct worker registry every six months)	Provider Agency

Questions Regarding Service Delivery Models	Self-Direction	Agency
Who is responsible for on-the-job injury and other liabilities of the employee(s)?	Employer	Provider Agency
Who is responsible for providing back-up coverage for direct service workers?	Employer,	Participant and Provider Agency
Who is responsible for monitoring service delivery?	Employer, support coordinator and OAAS	Participant, Provider Agency, support coordinator, & OAAS
Who is responsible for monitoring employment related costs and staying in budget?	Employer, support coordinator, and Fiscal Agent	Participant, Provider Agency

You may choose to leave Self-Direction at any time to receive services from a traditional direct service provider agency – just contact your support coordinator.

If you choose to leave Self-Direction, you must remain with a direct service provider agency for at least 90 days (3 months) before returning to the Self-Direction option.

- The Self-Direction “Employer” is listed in all of the ten (100%) responsibilities and benefits listed above for the Self-Direction service delivery.
- The “Participant” is listed in only four of the ten (40%) responsibilities and benefits listed for the Agency Model.

Participant Eligibility Criteria

To be eligible for participation in the Self-Direction option, a person must:

- Be a Community Choices Waiver participant;
- Be able to participate in the Self-Direction option without a lapse in or decline in the quality of care or an increased risk to health and welfare;
- Complete the mandatory overview training provided by the support coordinator, which includes an initial Self-Direction enrollment overview provided by your support coordinator and any on-going training that may be provided by your support coordinator, the fiscal agent, the OAAS R.O. or its designee;
- Understand the rights, risks and responsibilities of managing his / her own care and managing and using an individual budget. If the participant is unable to make decisions independently he / she must have a responsible representative as listed in the participant's Plan of Care who understands the rights, risks, and responsibilities of managing the care and the supports of the participant within his//her individualized budget and who is willing to make decisions.

Choosing Self-Direction as a Service Delivery Option

Participants are informed of the Self-Direction option by their support coordinators at the time of the initial assessment, annually and as requested by participants and / or their responsible representative(s). If a participant is interested in Self-Direction, the support coordinator will provide detailed information regarding the differences between service delivery options, role and responsibilities of each option, and benefits and risks associated with Self-Direction. There is also a self-

assessment tool to help participants in this decision-making process. This tool can be found on the fiscal agent's website.

If a participant decides that he / she would like to participate in the Self-Direction option, the support coordinator will provide the participant with a copy of the Self-Direction Employer Handbook and Start-Up Packet and will complete the following activities:

- Assists in determining what supports the participant will need to participate in Self-Direction (e.g., minimum number of workers needed, access to fax machine or internet);
- Arranges for supports and services;
- Informs the fiscal agent of the participant's decision to participate in Self-Direction in order to obtain a projected start date for the participant to begin Self-Direction;
- Informs the participant of the projected start date for him/her to begin Self-Direction;
- Provides an overview on the material covered in Self-Direction Employer Handbook as verified by the completed "Service Agreement" form, which includes giving participants an overview on the process for completing the following duties: recruiting, hiring, and training workers; determining workers' duties consistent with service specifications; determining workers' schedule consistent with service specifications and participant's approved Plan of Care; determining workers' wages and benefits; scheduling workers; orienting and instructing workers in duties; supervising workers; evaluating workers' performance; verifying and approving time worked by workers; terminating workers; and the process for completing service documentation and reporting critical incidents;
- Assists the participant in verifying applicants' qualifications with use of the completed "Applicant Verification" form; and
- Assists the participant with completing the required forms in the Start-Up Packet.

The support coordinator will send the “Service Agreement” form, “Applicant Verification” form and required forms/documents (as referenced in the Start-Up Packet) to the fiscal agent to request a start date for the participant to begin the Self-Direction option.

The fiscal agent will inform the support coordinator in writing of the participant’s established Self-Direction start date (also referred to as “Good to Go” date), at which time the support coordinator will:

- Inform the participant of the established start date to begin Self-Direction;
- Meet with the participant and his / her responsible representative to develop the individualized Plan of Care, staffing back-up plan, and the emergency plan;
- Submit the Plan of Care / Revision documents to the appropriate support coordination agency designee or OAAS Regional Office (if applicable) for approval. The appropriate support coordination agency designee or OAAS Regional Office (if appropriate) will not approve the Plan of Care / Revision until clearance is received from the fiscal agent that the participant’s support coordinator is complete and that applicants are cleared for hire;
- Notify the provider agency, as necessary, of the participant’s transition to Self-Direction;
- Inform the participant of the begin date for the service quarter (3 month) and the amount of prior authorized hours available for use in the specified quarter;
- Submit the approved Plan of Care / Revision to the participant/responsible representative and OAAS Regional Office; and
- Submit the demographic page and budget worksheets of the participant’s approved Plan of Care / Revision to the fiscal agent.

Note: Participants will be limited to beginning Self-Direction to the first of every month unless the participant is an initial waiver participant, a person transitioning from another Medicaid waiver program, or a

participant who is determined by the appropriate support coordination designee or OAAS Regional Office (if applicable).

Determining who must be the Employer

The EMPLOYER is the person that must be recorded by and registered with federal and state government agencies as the employer for legal purposes.

The person receiving services is the “participant.” The participant may be the employer.

The EMPLOYER must be:

- The participant; or
- A responsible representative of the participant.

Employer Responsibilities

As an Employer in Self-Direction, you have additional benefits and responsibilities that you do not have with a traditional direct service provider agency.

- You have the benefit of setting the hourly pay rate for your employee(s), within the guidelines established by your program. You also have the benefit of hiring your own employee(s). You must pay your employee at least minimum wage.
- You also have the responsibilities that come with being an employer. As an employer you are required to:
 - Recruit, hire, train, manage, and if necessary, terminate your employee(s);
 - Perform direct service worker registry checks every six months after initial pre-hire check by the fiscal agent in accordance with the below outlined example:
 - The instructions for completing a search of the DSW registry is as follows::

1. Go to www.labenfa.com
 2. Click on the hyperlink entitled “Nurse Aide Registry/Direct Service Worker Registry”
 3. On the “Employee Type” box/pull-down menu, select “DSW”
 4. Type in the employee’s social security number and enter.
 5. Click on the search icon to bring up existing records.
 6. Repeat steps 1 through 5 using the employee’s first, middle, and last name
 7. Repeat steps 1 through 5 using the employee’s first and last name.
 8. Repeat steps 1 through 5 using the employee’s first, middle and last name and date of birth.
 9. Repeat steps 1 through 5 using the employee’s first and last name and date of birth.
 10. Repeat steps 1 through 5 using the name the employee typically uses if different from what has been used to complete previous searches.
- If the person’s name appears, then that person has had a finding of abuse or neglect placed against him/her and you cannot hire that person or allow him/her to continue working. If the person’s name does not appear, then a finding of abuse or neglect has not been placed against him/her and he/she can continue working (presuming all other requirements for employment continue to be met). If this is the case the following message will appear in the box at the bottom of the page: “No Data. Verify the correct employee type was selected.”
 - To abide by non-discrimination policies on the basis of race, religion, gender, sexual orientation, age, or disability;
 - Complete all employer-related paperwork and the duties related to payroll;

- Review your payroll reports upon receipt to ensure accuracy;
 - If not accurate, report the differences to your support coordinator and the fiscal agent.
- Ensure that your employees complete the required service documentation, such as service logs, progress notes and timesheets;
- Maintain all required documentation as specified in Section II: Service Planning and Documentation Requirements, “Record Keeping Requirements;”
- Ensure that your employees meet all OAAS-specified training requirements as outlined in the Record Keeping Requirements section of this handbook ;
 - the employer must maintain documentation verifying completion of all required training regardless of the source of that training and
 - A copy of the employee’s current training documentation must be on file with the fiscal agent in order for the employee to be paid for working with you. An initial training verification form is provided by the fiscal agent in the Employee Packet. The purpose of this verification form is to document that initial employee training requirements are met. A sample of a completed verification form is found in the section of this handbook entitled, “Recruiting, Interviewing and Hiring Applicants”. Thereafter the fiscal agent will check on-line training records to ensure continued compliance. The employer must provide the fiscal agent with documentation of subsequent training when training is obtained from a source other than the fiscal agent’s on-line source.
- Ensure that your employees maintain current automobile insurance if they will be transporting you in their own car;
 - A copy of the employee’s current automobile insurance must be on file with the fiscal agent before the

employee provides any employment-related transportation to the participant or any other individual in his / her own car.

- Establish a mutually agreeable work schedule for your employees;
 - The employer will be personally responsible for any employee wages or supports that exceed the hours and services in the participant's approved Plan of Care.
- Establish a list of tasks to be performed by employees. Your employees' tasks must correlate, or compare, with the program specifications for the service that they are providing and with the participant's approved Plan of Care / Revision.
- Follow the parameters, or limits, set in the participant's approved Plan of Care;
- Have a functional, or working, back-up staffing plan in place in the event that an employee does not show up for work;
- Have a functional,, or working, emergency plan in place in the event of a disaster;
- Inform the fiscal agent immediately if an employee is injured on the job;
- Inform the fiscal agent and the participant's support coordinator when an employee is terminated;
- Wait until the fiscal agent clears your potential employees for hire before you allow them to do any work for you;
- Participate in required training as requested by the Office of Aging and Adult Services (OAAS) or its designee;
- Follow all rules and requirements pertaining to your program.

Supports Available to Assist Employers

Your support coordinator will continue to assist you with the development of your Plan of Care and with gaining access to needed

services including medical, social, educational, housing and other supports as identified.

Support coordinators are responsible for:

- Assisting participants / employers with learning about choices and options for services;
- Assisting participants / employers with determining what supports are needed to participate in Self-Direction (e.g., minimum number of workers needed, access to fax machine or internet);
- Arranging for supports and services;
- Advising participants / employers on the material contained in the Self-Direction Employer Handbook;
- Assisting participants / employers with completing required forms (e.g., Start-Up Packet, Plan of Care) for participation in the Self-Direction option;
- Assisting participants / employers with developing a job description, task list, and work schedule for their employees;
- Assisting with verifying that potential employees meet program qualifications;
- Assisting with developing the Plan of Care;
- Assisting with developing the back-up staffing plan and emergency plan with participants / employers and employees;
- Assisting participants / employers with budget planning and with determining employees' wages within the limits established by the program;
- Advising participants / employers on how to schedule employees consistent with program specifications and the approved Plan of Care;
- Ensuring that all required information is kept up-to-date in the "Home Book;" The "Home Book" is defined in Section II: Service Planning and Documentation Requirements, "Record Keeping Requirements."
- Ensuring that services are provided according to the approved Plan of Care;

- Assisting participants with making changes to their Plan of Care if needed;
- Monitoring implementation and effective dates;
- Informing participants / employers of all Self-Direction rules, policies, and procedures and of all program rules, policies and procedures;
- Informing participants / employers of critical incident reporting requirements;
- Following critical incident reporting procedures upon report or discovery of a critical incident, in accordance with “OAAS’ Critical Incident Reporting Policies and Procedures (OAAS-ADM-10-020).

The fiscal agent is a required constituent of the Self-Direction option and will assist you in managing some of the financial responsibilities of being an employer. The fiscal agent will process your employer-related payroll and deposit and withhold the necessary employment-related taxes on your behalf.

The fiscal agent will verify that your employment-related paperwork, as found in the Start-Up Packet, is completed correctly. The fiscal agent will notify you if there are any errors which prevent your or your employees’ paperwork from being processed. It is important that you submit corrected forms to the fiscal agent in a timely manner to prevent any service delays.

The fiscal agent will also notify you once your potential employees are clear for hire. You must not allow any person / applicant / potential employee to begin working for you until the fiscal agent notifies you that the person / applicant / potential employee is clear for hire. Please note that it will take the fiscal agent approximately four (4) business days to process your employees’ required paperwork. If you do not receive notification from the fiscal agent within this timeframe, then you should contact your support coordinator or the fiscal agent.

Twice per month, the fiscal agent will send you payroll reports of your spending. A sample payroll report can be found in the Start-Up Packet. You should review each payroll report upon receipt to make sure that funds have been spent in a manner consistent with your Plan of Care

and the "Employee Rate Sheet." Any differences in the payroll report should be reported to your support coordinator and the fiscal agent.

If you do not receive your report at the end of each payroll, you should contact the fiscal agent or your support coordinator.

Types of Expenses in Self-Direction

Expenses for reimbursing an employee for services delivered in the form of wages, which includes:

- Hourly pay;
- Taxes; and
- Required payroll withholdings.

Voluntary Termination

You may choose to leave Self-Direction at any time to receive services from a traditional direct service provider agency. You will need to contact your support coordinator for assistance with transitioning to a direct service provider agency. Your support coordinator will provide you with a Freedom of Choice listing so that you can choose an enrolled direct service provider agency.

Participants who choose to voluntarily leave Self-Direction must wait at least 90 days (3 months) before returning to the Self-Direction option.

Involuntary Termination

Participants may be involuntarily terminated from the Self-Direction option if any of the following criteria are met:

- If the health and welfare of the participant is compromised by continued participation in the Self-Direction option;
- If the participant is no longer able to direct his or her care and there is no responsible representative to direct the care;

- If there is misuse of public funds by the participant or the responsible representative; or
- If the participant or his / her responsible representative places barriers to the payment of the salaries and related federal payroll taxes of direct support staff;
- If the participant or his / her responsible representative fails to follow the Plan of Care;
- If the participant or his / her responsible representative fails to provide required documentation of expenditures and related items;
- If the participant or his / her responsible representative fails to cooperate with the fiscal agent or support coordinator in preparing any additional documentation of expenditures and related items;
- If the participant or responsible representative violates Medicaid program rules or guidelines of the Self-Direction option;
- If the participant does not receive self-directed services for ninety (90) days or more.

Community Choices Waiver Participant Discharge Criteria

Participants will be discharged from the Community Choices Waiver and the Self-Direction option if one of the following criteria is met:

- The individual does not meet the target population criteria as specified in the approved waiver document;
- The individual does not meet the criteria for Medicaid eligibility;
- The individual does not meet the criteria for nursing facility level of care;
- The recipient resides in another state or has a change of residence to another state;
- Continuity of services is interrupted as a result of the recipient not receiving and / or refusing Community Choices Waiver services (exclusive of support coordination services) for a period of 30 consecutive days;

- The health and welfare of the individual cannot be assured through the provision of the Community Choices Waiver services;
- The individual fails to cooperate in the eligibility determination process or in the performance of the Plan of Care;
- Failure on behalf of the individual to maintain a safe and legal home environment;
- It is not cost effective to serve the individual in the Community Choices Waiver.

II. Service Planning and Documentation Requirements

Accessing services

The support coordinator/support coordination agency is a resource to assist participants in the coordination of needed supports and services. Participants choose a support coordination agency through a Freedom of Choice listing provided when a waiver opportunity is offered.

Before accessing waiver services, the participant must be determined to meet nursing facility level of care, Medicaid eligibility and the eligibility requirement of his / her respective waiver program.

Service Planning

The amount of services received by a participant is documented through a Plan of Care. The Plan of Care is developed using a person-centered planning process in collaboration with the participant, his / her support coordinator, his / her responsible representative, and others who the participant wishes to be involved.

The Plan of Care determines:

- Your needs and the types of tasks and services required to meet those needs;

- The amount of time, frequency and duration required for delivery of your services;
- Your personal outcomes, or goals, and the strategies to help you achieve or maintain your personal outcomes; and
- The people who will assist you in meeting your personal outcomes.

The Plan of Care is defined by a specific twelve (12) month period. Your Plan of Care is approved by the appropriate support coordinator designee or OAAS Regional Office (if applicable) and lasts for a twelve (12) month period, e.g., July1, 2010 through June 30, 2011.

How Many Hours Am I Approved to Receive Each Week?

Allocation of hours is based on the outcome of your Minimum Data Set-Home Care assessment. Authorized hours are approved in your Plan of Care by the appropriate support coordination agency designee or OAAS Regional Office (if applicable). These hours belong to you, not the employee.

The amount of services and supports that you can receive are listed in the Flexible Schedule section of your approved Plan of Care. It should be noted that you are free to use these approved services and supports in a flexible manner based on changes in your routine and your preferences as long as your health and welfare are not jeopardized. Although the Flexible Schedule in your approved Plan of Care specifies a maximum weekly amount of services, you are free to flexibly use the services within the prior authorized quarter (3 months). However, when the services and supports provided differ or deviate from what is specified in your approved Plan of Care, a progress note must be completed to describe the reason for the deviation, or difference.

NOTE: The following note in the OAAS service log instructions does not apply to the Self-Direction service delivery model: “The prior authorization week begins on Sunday at 12:00 a.m. and ends on the

following Sunday at 12:00 a.m. Unused portions of the prior authorized weekly allocation may not be saved or borrowed from one week for use in another week.”

Remember that you must use a self-directed service at least once every 90 days. You must also receive a Community Choices Waiver service other than support coordination at least once every 30 days. Failure to meet these requirements can jeopardize eligibility in the OAAS Community Choices Waiver.

Remember, you, as the employer, are responsible for keeping track of the hours available for use in Self-Direction. You should never ask your employees to work more than the maximum number of hours that have been approved in your Plan of Care or as prior authorized. If your employee does this, then he / she will not be paid for the extra hours unless the appropriate support coordination agency designee or OAAS Regional Office (if applicable) determines that the extra time was due to extenuating circumstances.

The semi-monthly (twice monthly) payroll report provided by the fiscal agent will let you know how many hours you have used and how many hours you have available for use in Self-Direction. When in doubt, contact your support coordinator for assistance.

Revisions to the Plan of Care

You or your responsible representative may request revisions to your Plan of Care by contacting your support coordinator.

You should contact your support coordinator at least ten (10) days before you know that a routine change in your Plan of Care is needed. Routine changes may include planned vacations, business trips, and day trips.

If there is an emergency situation, then you must notify your support coordinator as soon as possible so that arrangements can be made to modify your Plan of Care.

Emergency situations could include Acts of God (hurricanes, tornadoes, fires) or you responsible representative's emergency with a child or other family member.

Remember, there is flexibility in the schedule but you cannot implement any permanent changes to you Plan of Care without the prior approval of the appropriate support coordinator agency designee or OAAS Regional office (if applicable).

Back-Up and Emergency Planning

Your support coordinator will assist you in developing the following:

- A back-up staffing plan, which will outline what you will do if your employees don't arrive to work as planned; and
- An emergency plan, which will describe what you will do in the case of an emergency or disaster.

Your support coordinator will submit your back-up staffing plan and emergency plan with your Plan of Care to the appropriate support coordinator agency designee or Office of Aging and Adult Services (OAAS) Regional office (if applicable) for review and approval upon your enrollment in Self-Direction and annually thereafter.

More on Your Back-Up Staffing Plan

As you hire your primary employees, you must also make arrangements for "back-up" employees to fill in when your regular employee is not available and for emergency situations.

Potential back-up employees must complete all of the necessary paperwork to determine employment eligibility and be cleared to hire by the fiscal agent, unless they are providing the service as a non-Medicaid paid worker or volunteer. You may also rely on family, friends, and others to provide non-paid assistance in these situations without determination of employment eligibility.

Your Plan of Care must include a functional back-up staffing plan to assure that services determined critical to your health and welfare are

provided when service delivery is interrupted by the absence of your regular employee.

Methods you may employ for back-up staffing services include:

- Hire and use paid part-time and / or back-up employees.
- Discuss options with your family and friends to see what resources and supports may be available to you in your community.
- Arrange for someone you know to assist you without pay for a short-term period.
- Your support coordinator contacting other Self-Direction employers who may have employees that are part-time and / or want additional hours. As a group, a pool of back-up employees may be available. (The back-up employee for more than one Self-Direction employer must be an approved “employee” for each Self-Direction employer.)

More on Your Emergency Plan

An emergency plan specifies how you will be cared for in the event of an emergency situation, such as fires, hurricanes, hazardous material release, tropical storms, flash flooding, ice storms, and terrorist attacks.

You and your employees must participate in regular, planned opportunities to practice your emergency response plan to ensure that it will meet your needs.

Community Choices Waiver Services and Limits

You may self-direct the following services, as approved in your Plan of Care:

- Personal Assistance Services
- Personal Assistance Services shared by two (2) participants
- Personal Assistance Services shared by three (3) participants
- Personal Assistance Services “a.m. and/or p.m.”

Your Plan of Care identifies the type and amount of Personal Assistance Services (PAS) you are approved to receive under the Self-Direction option.

Personal Assistance Services

Definition

Personal Assistance Services (PAS) provides assistance and / or supervision necessary for you to remain safely in the community. Your worker can assist you with:

- Preparing your meals, cleaning...
- Taking you to the doctor, community events...

If you are receiving therapy services such asthen your worker may be trained by the therapist to assist you in performing.....

- Protective supervision provided solely to assure the health and welfare of a participant;
- Supervising or assisting with health related tasks (any health related procedures governed under the Nurse Practice Act) in accordance with applicable delegation/medication administration;
- Supervision or assistance in performing activities of daily living (ADLs);
- Supervision or assistance in performing instrumental activities of daily living (IADLs);
- Supervision or assistance while escorting/accompanying the individual outside of the home to perform tasks including instrumental activities of daily living, health maintenance or other needs as identified in the Plan of Care and to provide the same supervision or assistance as would be rendered in the home; and

- Extension of therapy services as defined as follows:

Licensed therapists may choose to instruct the attendants on the proper way to assist the participant in follow-up therapy sessions. This assistance and support provides reinforcement of instruction and aids in the rehabilitative process.

A Registered Nurse may instruct an attendant to perform basic interventions with participants that would increase and optimize functional abilities for maximum independence in performing activities of daily living, such as range of motion exercises.

PAS may be provided through the "a.m. /p.m." delivery option which allows your worker to provide services to you in the morning and in the evening.

A minimum of 1 hour and a maximum of 2 hours of PAS provided to assist the participant at the beginning of his / her day, referred to as the "a.m." portion of this PAS delivery method; and / or a minimum of hour and a maximum of 2 hours to assist the participant at the end of his / her day, referred to as the "p.m." portion of this PAS delivery method and a minimum of 4 hours break between the "a.m." and the p.m." portions of this PAS delivery method; **and**

Not to exceed a maximum of 4 hours of PAS being provided within a calendar day

PAS may be provided by one worker for up to three waiver participants who live together and who have a common direct service provider. Waiver participants may share PAS staff when agreed to by the participants and as long as the health and welfare of each participant can be reasonably assured. Shared PAS is to be reflected in the Plan of Care of each participant. Reimbursement rates shall be adjusted accordingly.

Participants are not permitted to receive PAS while living in a home of property owned, operated, or controlled by a provider of services who is not related by blood or marriage to the participant.

Place of Service

PAS is provided in the participant's home or in another location outside of the individual's home if the provision of these services allows the individual to participate in normal life activities pertaining to the activities of daily living and instrumental activities of daily living cited in the Plan of Care. IADLs may not be performed in the participant's home when the participant is absent from the home. There shall be no duplication of services. PAS may not be provided while the participant is admitted to or attending a program which provides in home assistance with activities of daily living or instrumental activities of daily living or while attending or admitted to a program or setting where such assistance is provided.

The provision of PAS services outside of the participant's home does not include trips outside of the borders of the state without prior written approval by the appropriate support coordinator agency designee or Office of Aging and Adult Services (OAAS) (if applicable) through the Plan of Care or otherwise.

Service Unit and Limitations

The participant must be present while PAS services are being provided in the participant's home. PAS will not be provided during the same designated hours or time period a participant receives Adult Day Health Care services or Caregiver Temporary Support services. Participants who receive PAS cannot receive Long-Term Personal Care Services. Employees must be with the participant, be awake, alert and available to respond to the participant's immediate needs.

Assistance or support with activity of daily living tasks shall not include teaching a family member or friend how to care for a participant who requires assistance with any activity of daily living.

PAS "a.m. /p.m." may not be provided on the same calendar day as other PAS delivery methods.

It is permissible to receive only the “a.m.” or “p.m.” portion of PAS within a calendar day. However, “a.m. / p.m.” PAS may not be provided on the same calendar day as other PAS delivery methods.

Shared PAS cannot be billed on behalf of a recipient who was not present to receive the service.

Regular PAS must be billed in 15 minute increments.

PAS “a.m. / p.m.” must be billed per visit.

Check the “Show Me the Money” document in the “Paying Your Supports” packet for information about rates. This can be found on the Fiscal Agent’s website.

OAAS does not allow time and a half.

PAS cannot be provided while the participant is admitted to a hospital.

Service documentation Requirements

You, as the employer, are responsible for ensuring that the following service documentation requirements are completed:

- Timesheets
- Service Logs/Progress Notes

Timesheets

Self-directed services must be documented on a timesheet approved by the OAAS, which can be found in the Start-Up Packet.

- Timesheets must be filled out correctly and completely and be submitted to the fiscal agent by the payroll due date in order for your employees to be paid timely. Each payroll due date is specified on the payroll schedule found in the Start-Up Packet.

- Timesheets may be faxed or submitted online at any time during the pay period, however, they must be sent by the payroll due date. Timesheets sent to the fiscal agent after the payroll due date will be paid on the next payroll.
- Timesheets will not be processed by the fiscal agent if required information is missing, such as the employee or participant identification number, service code, dates of services, or employee or employer signature.
- For Community Choices Waiver participants, there are four codes that are used to identify the type of self-directed service you have received:
 - PAS will be used to identify Personal Assistance Services.
 - PAS (2) will be used to identify Personal Assistance Services shared by two participants.
 - PAS (3) will be used to identify Personal Assistance Services shared by three participants.
 - PAM or PPM will be used respectively to identify services provided in the morning and / or evening when the PAS “a.m. / p.m.” service delivery method is used.
- You, with assistance from you support coordinator, will need to review your approved Plan of Care to ensure that you are able to identify the amount of services you are approved to receive for the prior authorized quarter (3 months) so this will coincide with the amounts of services you receive.
- The employer is responsible for reviewing every timesheet to ensure that it is filled out completely and accurately. Both the employer and the employee must sign each timesheet to attest, or agree, that the hours and services recorded on the timesheet were delivered and received in accordance with the participant’s approved Plan of Care. Do not sign blank timesheets.
- Medicaid fraud is committed when an employer or employee is untruthful regarding services provided, in order to obtain improper payment. Medicaid fraud is a felony and conviction can lead to

substantial penalties. Additionally, people convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid fraud include:

- Submitting timesheets for services not actually provided (e.g., signing or submitting a timesheet for services which were not actually provided);
 - Submitting timesheets for services provided by a different person (e.g., signing or submitting a timesheet for services provided by a different person);
 - Submitting twice for the same service (e.g., signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source).
- As required by the State of Louisiana, suspected cases of fraud will be referred to the Medicaid Program Integrity Unit for further investigation and possible prosecution.
 - Remember, any time you allow an employee to work hours that are not approved in your Plan of Care or which are not in agreement with the service definition and limitations, any of the following may occur:
 - You will be involuntarily terminated from the Self-Direction option;
 - Your employee will not be paid for the hours that he / she worked; and/or
 - If your employee is paid, the funds paid may be recouped, or taken back.
 - Employers who allow their employees to work more than the authorized hours are taking advantage of their employees and risk losing them.
 - Time Sheets, Progress Notes and Service Logs

Documentation Requirements

- It is the responsibility of the employee to adequately document services provided to Community Choices Waiver participants. The primary purposes of this documentation are to facilitate continuity of care/support for the participant, to document the participant's response to services received. This documentation is an on-going record of activities undertaken on behalf of the participant.
- It is the employer's responsibility to ensure that their employees adequately documents services provided.
- Effective October 1, 2011, the approved OAAS Service Log shall be used to document the provision of Community Choices Personal Assistance Services (Community Choices –PAS). OAAS' service log and instructions are found on the agency's website and accessed at the following web address <http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/ServiceLogs/CCWServiceLogAndInstructions.pdf>
- Service logs must support the provision of services billed by clearly identifying the tasks performed. The employee must initial on the service log next to each task performed. The timesheet is not to be used as a substitute for the required service log. The following not in the OAAS service log instructions does not apply to the Self-Direction service delivery model: *"The prior authorization week begins on Sunday at 12:00 a.m. and ends on the following Sunday at 12:00 a.m. Unused portions of the prior authorized weekly allocation may not be saved or borrowed from one week for use in another week."*
- The schedule for documentation requirements specific to Personal Assistance Service is outlined in the table entitled "Schedule of Documentation for Self-Directed employees." (see below)
- Timesheets are required to substantiate billing. The service log is not to be used as a substitute for the required timesheet.
- Written comments must be completed in accordance with the Department of Health and Hospitals Office of Aging and Adult

Services' instructions for completing the service log. OAAS' service log and instructions are found on the agency's website and accessed at the following web address <http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/ServiceLogs/CCWServiceLogAndInstructions.pdf>

- A daily progress note is required and shall be completed in accordance with the Department of Health and Hospitals Office of Aging and Adult Services' instructions for completing the service log. These entries must be made in a narrative form and must provide detailed descriptions of activities, the participant's response to and progress with the services. They must not be so general that a complete picture of the services, response to the services, and progress cannot be drawn from the content of the note. General terms such as "supported participant" or "assisted participant" are not sufficient and do not reflect adequate detailed content. This section of the service log is also to be used by the direct service worker to indicate why a particular activity or service was not provided, or differed from the Plan of Care as described above.
- All notes and service log entries in a participant's record shall include:
 1. Printed name of person making entry;
 2. Signature of person making entry;
 3. Job title of person making entry;
 4. Full date (month, day , and year) of documentation;
 5. Entries must be in ink and legible.
 6. Narrative documentation indicating type of service rendered must reflect adherence to program service definitions and to the individual's approved Plan of Care.
- The participant's home book must at a minimum contain two (2) weeks' worth of direct service documentation for the most current two (2) full weeks of services.
- Proper error correction shall be utilized in the making of all corrections. Only the person who made the entry is allowed to

correct the error. Corrections shall be made by drawing a single line through the incorrect entry, writing “error” above the entry, initialing the correction, and placing the correct information on the document.

Schedule of employee documentation for self-directed Community Choices Waiver – Personal Assistance Services	
Type of Documentation	Required Documentation
Payroll / Timesheet	Yes – to reflect dates and hours worked
Service Log *	Yes -- after each activity has been performed and / or supports have been provided
Daily Progress Notes *	Yes – to reflect all activities performed and supports provided and the participant’s response to the services
Comments RE: Deviation from Plan of Care	Yes – as applicable

*See program manual and service log instructions for specific documentation requirements.

Service logs with progress notes do **not** need to be submitted to the fiscal agent. Your, support coordinator will review your service logs every quarter to determine if you are receiving services according to your approved Plan of Care, monitor how you are progressing towards your personal outcomes, and determine if your Plan of Care needs to be changed.

Record Keeping Requirements

The “Home Book” contains all of the necessary information about your care, supports, and services, which is typically organized in a binder, and must be kept in your home.

You, as the Community Choices Waiver participant, are required to keep the following records in your “Home Book:”

- The toll-free number for your support coordination agency and the Waiver Helpline number;
- Your approved Plan of Care and any Revisions;
- The “OAAS Rights and Responsibilities for Applicants / Participants of Home and Community –Based waiver Services” form (OAAS-RF-10-005) (known as the “OAAS Rights and Responsibilities” form);
- A “Physician Delegation” form, signed by your Louisiana physician, for each employee who administers medication to you or performs any medical-related tasks for you;
- The past three (3) months of employee timesheets. All other timesheets must be kept in a secure place in your home;
- The past three (3) months of service logs with progress notes. All other service logs with progress notes must be kept in a secure place in your home;
- The past three (3) months of payroll reports (as provided by the fiscal agent). All other payroll reports must be kept in a secure place in your home;
- Any critical incident reports;
- If the participant is hospitalized and receives self-directed services on the date of admit and/or the date of discharge from the hospital, a copy of hospital documents that include the date and time of admit and the date and time of discharge must be retained on file and submitted with corresponding time sheets to the fiscal agent.
- Documentation of employee training as outlined in the documentation

An initial training verification and documentation form is provided in the Employee Packet. A sample of that form is included in this handbook. Also included in this handbook is a sample Training

Documentation Form that can be used to document the completion of non-on-line training provided by the participant/employer.

- Job Description(s) for your employee(s);
- Copy of the employee's automobile insurance or waiver letter;
- Seizure logs (if applicable).

These employment documents must be kept in a secure place in your home, but do not need to be included in your "Home Book:"

- A copy of the Employee's employment documents, which includes the following:
 - Employee rate form;
 - Form I-9;
 - Form W-4;
 - Employment Application;
 - Provider Agreement; and
 - Photocopy of the employee's Social Security card and ID card.

All of the above named records must be kept in a secure place for the following time period:

- Five (5) years from the date of the last payment, or
- Until records are audited and all audit questions are answered.

Record requirements include the following agreements by the employer and participant:

- Access: The Office of Aging and Adult Services (OAAS) or its designee and all applicable federal, state, and local agencies or their representatives must have access to records to inspect, monitor, or evaluate your records, books, and supporting documents pertaining to services provided and services purchased and compliance with federal and state regulations.

- **Retention:** The employer must retain most forms while in effect, plus five years after service delivery or termination of the employee, or until all outstanding litigation (lawsuits), claims and audits are resolved. Medical records must be maintained for five (5) years following service delivery.
- **Maintenance:** Active records must be accessible. Inactive records must be stored and maintained in a safe area to ensure the confidentiality and condition of the records. The stored records must be accessible for inspection. The employer is responsible for adequately maintaining and accessing the records.
- **Confidentiality:** The employer must not release information about an employee without the written permission of the individual outside of providing the information to the fiscal agent and to related federal and state agencies as required and requested, to include your support coordinator and the OAAS or its designee.

Service Monitoring

Your support coordinator is responsible for contacting you at least monthly to make sure that the information contained in your Plan of Care is still accurate, to track progress on your personal outcomes as identified on your Plan of Care, and to obtain updated information about your supports.

Once every quarter, or every three (3) months, your support coordinator will meet with you to:

- Determine if your personal outcomes, identified on your Plan of Care, have been achieved;
- Determine if your needs are being met (this includes reviewing service logs and timesheets that document services provided to you and may include observing your worker providing services to you);
- Review the information contained in your “Home Book” for accuracy and completeness;

- Assess your satisfaction with services; and
- Make necessary changes to you Plan of Care.

III. Employee Qualifications

Who Can Be An Employee?

The potential employee / applicant must meet the following required qualifications:

- Be at least 18 years old;
- Be able to complete the tasks listed on the participant's Plan of Care;
- Not be the employer or the employer's spouse;
- Not be the participant or the participant's spouse;
- Not be a responsible representative, or spouse of a responsible representative, of the participant;
- Not be the participant's tutor curator, or legal guardian;
- Not have power of attorney / Representative and Mandate for the participant;
- Pass criminal history background and direct services worker registry checks. The fiscal agent will verify that the applicant is not barred from employment initially based on the results of the criminal background and direct service worker registry checks.

Note: See "Employer Responsibilities" Section in this Handbook for employer obligations related to subsequent direct service worker registry checks.

- Have a valid Social Security number.
- Successfully complete required training as specified by the Office of Aging and Adult Services and as outlined below. Training provided by a licensed personal care services agency can be accepted in place of the fiscal agent's on-line training as long as the course content is comparable and the employee provides documentation of the training. **The employee will not be paid for providing services unless he or she has**

completed the required training and his/her training certifications are current and on file with the fiscal agent.

- The following training is required within 90 days of the employee's "good to go" hire date and annually thereafter:
 - Basic First Aid with Certification (initially and 5.5 hour on-line First Aid Refresher Course or comparable recertification course annually thereafter);
 - 2 hour on-line Abuse course;
 - 1.25 hour on-line Confidentiality and Health Information Portability and Accountability Act (HIPAA) course;
 - 4.25 hour on-line Overview of Principles of Positive Behavior Supports for Direct Support Professionals course;
 - 3 hour on-line Supporting Everyday Lives of People with Disabilities course and;
 - 2 hour on-line Guidelines for Documentation course.
- The following training is required within 90 days of the employee's "good to go" hire date or 90 days from January 1, 2013, whichever comes first and as needed thereafter:
 - 2 hour employer-provided Implementing the Service Plan – Participant Specific Services and Supports course to include:
 - Any health issues the participant has that will require special actions on the employee's part;
 - Nature of participant's disability or reduced level of functioning;
 - How to correctly use any special equipment that helps the participant with daily activities and to maintain his/her health;
 - Any allergies or special dietary concerns and how the participant would like the employee to respond to these concerns;
 - Emergency preparedness; and

- Universal precautions.
- 1.5 hour employer-provided Responsibilities of the OAAS Self-Direction Employee (as outlined in the OAAS Self-Directed Option Employer Handbook) course.

Criminal Convictions History Check

A criminal conviction history check must be obtained and verified by the fiscal agent before an applicant / potential employee can be hired. This check provides assurance that persons you hire do not have a criminal convictions history that would prevent them from working in a health care setting.

Each applicant must have a criminal convictions history check completed before you can offer the applicant a job and before they perform any work for you. The applicant must authorize the fiscal agent to access his / her criminal convictions history through the “Criminal Background Search Authorization Form” found in the Start-Up Packet. The applicant must provide specific information that is required for the criminal convictions history check to be accessed.

The Department of Health and Hospitals’ (DHH) policy for covering the cost of criminal history background checks is as outlined below:

- Current participants /employers will be allowed up to three (3) background checks each year at no cost to them. The year period is July 1st through June 30th of each year.
- New participants / employers may be allowed up to five (5) background checks during their first year of enrolling in self-direction if it is determined that the participant will receive 56 or more hours per week of self-directed personal care services. DHH must approve these exceptions in advance. Your support coordinator must submit your approved budget sheet to the DHH Waiver Compliance Section contract monitor in order to process your request.

- Any unused background checks will not roll forward to the next year.
- The background check count will reset July 1st of each year.
- If additional background checks are needed, the participant / employer must contact AccuScreen, a background check company, at 1-800-383-6476. The cost of a background check was quoted in August 2012 to be \$25.00. This cost is subject to change.

The fiscal agent will notify you once the applicant is cleared for hire. It will take the fiscal agent approximately four (4) business days to process the criminal conviction history check. If you do not receive the results within this timeframe you should contact the fiscal agent.

Some criminal convictions prevent employment as a paid home care worker under 42 CFR 441.404 (b) and La.R.S. 40:1300.51 et seq. There are no exceptions to these federal and state laws.

If there is a criminal conviction history that does not bar employment, you will be given a choice by the fiscal agent to decide if you want the applicant working in your home. If you decide that you still want to hire the applicant then you must complete a form to acknowledge that you have been informed of the applicant's criminal conviction history and still want to hire him/her. The completed form must be signed by you, as the employer, and submitted to the fiscal agent before an applicant will be allowed to work for you.

Note: Eligibility for a former employee must be re-established based on the date he / she is re-applying for employment. Eligibility must be confirmed and current as if the employee had never worked for the employer before.

Convictions Barring Employment

A person may not be employed if he / she has been convicted of an offense listed below or if the criminal history background check indicates an attempt or conspiracy to commit any of the offenses listed below:

- R.S. 14: 28.1 (solicitation for murder)
- R.S. 14: 30.1 (first and second degree murder)
- R.S. 14: 31 (manslaughter)
- R.S. 14: 32.6-32.7 (first and second degree feticide)
- R.S.14: 32.12 (criminal assistance to suicide)
- R.S. 14: 34 (aggravated battery)
- R.S. 14: 34.1 (second degree battery)
- R.S. 14:34.7 (aggravated second degree battery)
- R.S. 14:35.2 (simple battery of the infirm)
- R.S. 14:37 (aggravated assault)
- R.S. 14:37.1 (assault by drive-by shooting)
- R.S. 14:37.4 (aggravated assault with a firearm)
- R.S. 14:38.1 (mingling harmful substances)
- R.S. 14:421 – 14:45 (aggravated rape)
- R.S. 14:42.1 (forcible rape)
- R.S. 14.43 (simple rape)
- R.S. 14:43.1 (sexual battery)
- R.S. 14:43.2 (second degree sexual battery)
- R.S. 14:43.3 (oral sexual battery)
- R.S. 14:43.5 (intentional exposure to AIDS virus)
- R.S 14:44 (aggravated kidnapping)
- R.S. 14:44.1 (second degree kidnapping)
- R.S. 14:44.2 (aggravated kidnapping of a child)
- R.S. 14:46.2 (human trafficking)
- R.S. 14:51 (aggravated arson)
- R.S. 14:60 (aggravated burglary)
- R.S. 14:62.1 (simple burglary of a pharmacy)
- R.S. 14:64 (armed robbery)
- R.S. 14:64.1 (first degree robbery)
- R.S. 14:64.4 (second degree robbery)
- R.S. 14:66 (extortion)
- R.S. 14:67.21 (theft of the assets of an aged person or disabled person)

- R.S. 14:80 (felony carnal knowledge of a juvenile)
- R.S. 14:81.2 (molestation of a juvenile or a person with a physical or mental disability)
- R.S. 14:89 –14:89.1 (crime and aggravated crimes against nature)
- R.S. 14:91 (contributing to the delinquency of a minor)
- R.S. 14:93 (cruelty to juveniles)
- R.S. 14:93 (cruelty to the infirmed)
- R.S. 14:93.43 – 14:93.5 (exploitation of the infirmed)
- R.S. 14:93.5 (sexual battery of the infirmed)
- Distribution or possession with intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.
- All other offenses as stated in 42 CFR 441.404 (b) and LA.R.S. 40:1300.51 et seq.

IV. Recruiting, Interviewing and Hiring Applicants

Job Description

Before talking with job applicants, you should write out a brief description of the job to provide the person who might become your employee with a description of what he / she would be doing each day he / she works to support you. A job description is used to define the duties and manage the time of your employees. A job description is not meant to replace any training or directions you give your employee. You should have the job description ready to hand out with each interview.

The following are some reasons why it is important to have a job description:

- You, as the employer, will know exactly what help you need;

- It can be used to ask questions when you interview applicants;
- It gives applicants a clear idea of what the position requires;
- After your employee has been hired, it may serve as a checklist of duties;
- It may be used as a way to evaluate your employee's job performance;
- It will help you know what is and what is not okay to ask the employee to do;
- It may help settle disagreements between you and the employee about the duties of the job;
- It helps keep the lines of communication open.

A job description must include the days and times you want the employee to report to work, the employee's duties (including the assistance you need in reaching your personal outcomes as identified in your approved Plan of Care), and any special requirements you have for the employee you hire.

One key to your success as an employer is a specific, easy-to-understand job description for your employee. The job description you prepare must be consistent with your approved Plan of Care and with the service specifications of your program.

Remember, employees are only allowed to help you with the tasks and personal outcomes authorized and approved in your Plan of Care.

Sample Job Description

Critical Job Elements:

1. Provide assistance or supervision as assigned with the following activities: bathing dressing, bowel and bladder management, transferring from bed to wheelchair, meal preparation, light housekeeping, and other related tasks as requested.
2. Job involves lifting and bending.
3. Limited amount of travel.

Hours:

Monday – Friday: Hours are from 8:00 A.M. to 2:00 P.M.

Saturday and Sunday: Hours are from 10:00 A.M. to 6:00 P.M.

Knowledge, Skills, Abilities:

- Assistant must be reliable, punctual, neat, and organized, willing to perform tasks as requested, willing to learn job requirements, able to follow instructions. I am looking for someone who wants a job on a long-term basis and who agrees to follow health and safety precautions.
- No prior experience is required; must be willing to learn.

Other Requirements / Considerations:

- If assistant decides to discontinue employment, he / she must be willing to continue working until a replacement is found.
- Prefer non-smoker, no pets, no children brought into my home and no personal visitors while on the job; not to use any of my personal possessions including food and my telephone.

Compensation:

Assistant receives salary equal to minimum wage or more.

Excerpt from *Recruiting, Managing and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities

Recruitment and Advertising

Now that you have completed the job description, you are ready to recruit and advertise for potential employees. There are many methods of advertising and recruitment that you can utilize when looking for good,

dependable employees. Do not discount any possibility. Below are some suggestions for finding prospective employees:

- **Newspaper Advertisements**

Classified ads in newspapers are an efficient method to reach a large audience. Neighborhood newspapers are cheaper than major citywide newspapers, and are good to target potential employees who live closer to your home.

- **Local Newsletters**

Sometimes disability and other community organizations and churches will run short ads in their newsletter.

- **Colleges and Universities**

Colleges can be an excellent source for finding employees. Many students are looking for extra income to help them through college. Students that have majors in the area of health and human services are often looking for work experience. To advertise a position, contact the career placement office or the student housing office on campus. You might also try health related education departments such as physical therapy, occupational therapy, and nursing.

- **Word of Mouth**

Don't forget to ask family, friends and neighbors if they or someone they know would make a good employee for you. Let them know what qualifications you are looking for, and ask them to tell others about the position, too.

- **Local Agencies**

Social service organizations often keep a registry or list of direct service workers who may have received some basic training or have work experience.

- **Bulletin Boards in High Traffic Areas**

Hang flyers on bulletin boards in high traffic areas, such as grocery stores, banks, apartment buildings, restaurants, community centers, and churches.

- **Local Employment Offices / Rehabilitation Agencies**
One source often overlooked is rehabilitation agencies
- **Networking**
Exchange of information, names, resources, and services among and between individuals.

Contents of an Advertisement

The more complete the information in the advertisement, the more you can be sure that the job applicants who contact you are truly interested, and potentially qualified for the job. It is a good idea to include:

- Your first name (It is recommended that you **not** use your last name.)

Job title and a short description of the job

Phone number

Helpful information you may include:

- Hours
- Qualifications required
- Compensation and benefits offered
- General Location (i.e., near downtown New Orleans)

It is **not** a good idea to include your address or other private information in the advertisement.

You may want to have your first meeting with an applicant in a public place rather than in your home.

The following is a sample advertisement that you can use as a guide:

Personal Attendant – Needed to assist male with quadriplegia with personal care, shopping, light housekeeping. Part-time, 4 day/week. Flexible schedule available. Driver's license preferred. This is an ideal position for a college student. Prime location near Southeastern Louisiana University. \$ ___ / hr. Call (555) 111-1111 evenings for more information.

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Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities.

Screening Applicants

The initial Telephone Contact

- Give a brief description of the duties of the position, amount of hours the job requires and the amount and method of pay and any benefits you will be providing. If the applicant is interested, ask the applicable questions, and record answers:
 - Will you give me your name, phone where you can be reached, and address?
 - What days/.hours are you available to work? Do you have any restraints on your schedule that I need to consider? Are there days you definitely cannot work?
 - Have you ever assisted or worked for a person with a disability before? (If yes) Tell me a little about the kinds of tasks you performed.
 - Do you have reliable transportation?
 - Are you at least 18 years of age and do you have a valid Social Security number?
 - Do you smoke?
 - Are you allergic to pets? (If you have a pet in your home)
 - Are there tasks you object to performing (i.e., bathing, toileting, and dressing)?
 - Do you have any experience in lifting, transferring and positioning? (If you need assistance with these activities)
 - Can you cook and would you mind doing light housework?

Tell the person you will call back to make an appointment for an interview (if you are interested in a face-to-face interview). Ask them to

bring a Louisiana Identification Card or Driver's license, Social Security Card, proof of automobile insurance (if they will be driving his / her own car as part of the job), names and numbers of at least three (3) references, and proof of address when they come for an interview. You may consider meeting at a "neutral" location outside of your home for personal safety purposes.

Even if the person is unsuitable for the job, always thank them for their interest.

*Excerpt from **Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities** by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities.*

Conducting an Interview

The Personal Interview:

Call those applicants that appeared to be good prospects and schedule each for a face-to-face interview, preferable in a nearby neutral location. Allow plenty of time between each interview. About one hour for each interview is usually good. The interview is important because this is the time when you let the applicant know about the job in detail and gather information about the person that you may hire as an employee. Consider asking a friend or family member to join you so that you can compare your assessments of the applicant.

When the applicant arrives there are a few suggestions that can make the interview successful. Some things may need to be repeated from the telephone contact for clarification purposes:

- Help the person feel as comfortable as possible, and get to know each other a little.
- Tell the person about your disability in general. You will speak more in specifics during training if the applicant is hired.

- Ask the applicant to see his / her identification. Examples include a valid Louisiana Driver's license or Identification Card with a picture, and Social Security card.
- Ask the applicant to fill out an employment application. Employment applications are useful because they are a good way to keep up with the persons that you have interviewed. They also simplify record keeping and are an easy way to have quick access to the information you will need to make a final decision. It will give you good information to ask questions about during the interview as well as provide a good resource for back-up or substitute workers if your regular employee is unable to get to work.
- Give him/her a copy of your job description to read and explain the duties and responsibilities of the job thoroughly. Ask if he / she can safely perform the functions of the job (i.e., lifting, transferring, etc.).
- Ask the applicant to tell you about him/herself. Be sure to ask questions about past work history, reasons for leaving other employment, any past experience with personal assistance, and why they are interested in this position. Ask if you may contact former employers for a job reference. Ask about their career goals and why they are pursuing this type of work.
- Describe the work schedule, pay method, any benefits and leave plan, and your method of evaluating an employee.
- Give the applicant an opportunity to ask questions.
- Tell the applicant you will call as soon as you make a decision (Be sure to contact the applicant even if you decide not to hire him/her.). Thank them for their interest and time.

Sample Questions for a Face-to-Face Interview with an Applicant

The following are a few sample questions you can ask during the personal interview to help choose your assistant:

- How far do you live from here? (Turnover tends to be higher among workers who commute long distances.)
- Have you had an experience giving personal care:
- Tell me how you approach multiple tasks to ensure that all are performed.
- Are you comfortable performing personal care duties such as bathing and toileting?
- What do you think will be the best and worst part of this job? What did you like best and least about your last job?
- What are your best and worst qualities?
- Why are interested in being a personal assistant?
- Give me an example of how you have handled disagreements with your past employers.
- Describe a hypothetical “scenario,” and ask what the applicant would do in that situation.

When interviewing applicants, apply the same standard that is applied to selection of job applicants – ask only about things that are directly related to the job requirements for the position under consideration. Do not ask personal questions that do not apply directly to the job requirements. Remember, it is against the law to discriminate against an applicant because of his / her race, color, religion, gender, sexual orientation, national origin, or disability.

The following are guidelines on what you can or cannot ask during an interview:

Subject	Do NOT Ask or Do	May Ask or Do
Marital Status	Are you married? Divorced? Engaged? Separated? Maiden Name?	AFTER hire, marital status for insurance or tax purposes
Children	Do you have children at home? How old? Who takes care of them? Do you plan to have children?	AFTER hire, number and ages of children for insurance needs only
Housing	Do you own your home? Do you rent? Do you live in an apartment or a	If you have no telephone, how can I reach you?

	house?	
Criminal Record	Have you ever been arrested or spent time in jail?	Have you ever been convicted of a serious crime?
Military Status	What type of military discharge do you have? In what branch did you serve?	Are you a veteran? Do you have job-related military experience?
National Origin	Of what country are you a citizen? Nationality of your parents? Native born or naturalized? What languages do you use?	Are you a U.S. citizen? If not, do you have the legal right to remain permanently in the U.S?
Age	How old are you?	Are you over 18? AFTER hire, exact age or date of birth can be asked.
Ethnic Background	Any questions about ethnic origin are not permitted nor are any comments regarding complexion or color of skin.	
Religion		AFTER hire, you may ask about any religious observances that may interfere with work.

Checking References

Before you decide which applicant(s) you want to hire, check his / her work and personal references. Checking references is essential. It will give you valuable information about the applicant. Be sure to ask the applicant if you may contact his / her current employer for a reference check.

You can ask the following, but the previous employer is not legally required to provide you the information:

- Did (name of applicant) work with you during (dates of employment)?
- What kind of work did he / she do for you?
- Why did (name of applicant) stop working for you?

- Did he / she arrive to work on time?
- Would you hire him/her again?
- What were his / her strengths?
- What could have been improved about his / her job performance?

According to Americare, Inc., if the applicant has held three or more jobs in the last five years, it is a sign he / she may not last.

Be sure to check work and personal references.

*Excerpt from **Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities** by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities.*

Making the Decision

It is important to think carefully about the people that you have interviewed. Think about the information you received from the interviews and how the person responded. **How something is said can be as important as what is said.** Think about what the references told you.

Here are some questions you may want to ask yourself as you consider the people you interviewed:

- Was there anything that stood out in the interviews?
- Did you feel comfortable with this person?
- Did he / she seem uncomfortable about some of your questions?
Which ones?

If you are having trouble deciding, talk to a friend or relative. Sometimes talking about things with someone else can help you decide which applicant is the best choice.

If you have decided on a person to hire, contact the potential employee and ask if he / she is still interested in the job. If he / she is, then ask them to complete the required forms in the Start-Up Packet which are listed on the following page.

Steps for Hiring Employees

The following steps will need to be completed in order to hire an employee:

- Select the applicant(s) who you think would be the best employee(s) for you, based on your individual needs, and have him/her complete an Employment Application. You will find a standard Employment Application form in the Start-Up Packet and are free to use it at your preference.
- Have your support coordinator complete the “Applicant Verification” form to ensure that the applicant meets the requirements of your program.
- Have the potential employee fill out the required forms located in the Start-Up Packet. These forms include:
 1. Form I-9, Employment Eligibility Verification. This is a Federal form used to make sure that your employee is able to work in the United States. You, as the employer, must fill out Section II of this form.
 2. Photocopy of Social Security card and Identification card (see the back of Form I-9 for more information on acceptable Identification cards)
 3. Form W-4, Employee’s Withholding Allowance Certificate. This form must be completed so that the correct federal income tax can be deducted from your employee’s pay.
 4. Form L-4, Louisiana Employee Withholding Exemption Certificate. This form must be completed so that the

correct state income tax can be deducted from your employee's pay.

5. Pay Selection Option for Employee form. This form allows your employee to choose how he / she would like to be paid (paper check, pay card, direct deposit)
 6. Authorization for Direct Deposit (optional). This form must be completed if your employee chooses to have payment deposited directly into his / her account.
 7. Provider Agreement. This form establishes a payment agreement between the fiscal agent and your employee, and is a Federal requirement.
- Criminal background Search Authorization form. This form allows the fiscal agent to conduct a criminal background check on your potential employee.
 - Waiver for Proof of Insurance form. This form is needed if your employee will not provide transportation to you. If your employee will provide transportation to you then he / she must provide proof of minimum automobile insurance as required by the state of Louisiana.
 - Complete the "Employee Rate Form" to set a rate of pay for your employee within the limits specified.

Fax all the above items in numbers 2 through 4 to this fiscal agent.

Wait until the fiscal agent notifies you that the applicant is clear for hire before you allow the applicant to do any work for you. The fiscal agent must notify you of an applicant's employment eligibility within four (4) business days.

Notify the applicant of his / her start date, which can be no earlier than the date the fiscal agent clears the applicant for hire.

Complete the "Verification of Employment or Termination" form and mail it to your support coordinator.

Getting Started with a New Employee

After the applicant has been cleared for hire by the fiscal agent, he / she may begin working with you. On your employee's first work day, you should summarize many of the things you discussed during the job interview and remind them of the required training they will need to complete. You will review the authorized tasks that the employee will be doing for you, showing the employee where necessary supplies are kept and how you would like things done, and you will go over the employee's work schedule so that you are both clear on what days the employee will work, how many hours the employee will work each day, and the procedure for completing timesheets and service logs with progress notes. Then, you will want to share with the employee all of the information that he / she needs to give you the best care and protect you if an emergency occurs. Employees need to know the following information:

- Any health issues you have that will require special actions on the employee's part.
- How to correctly use any special equipment that helps you with your daily activities or maintains your health.
- Any allergies or special dietary concerns and how you would like the employee to respond to these concerns.
- If you need assistance with self-administration of medication. Your physician will need to sign a "Physician Delegation" form for each employee who will need to administer medication to you or perform any medical-related tasks for you.
- Who to contact in case of an emergency.
- How to get out of the house in case of an emergency.
- The best times for you to contact each other and the phone numbers where each of you can be reached.

You should be sure that each employee agrees to the following:

1. The specific tasks he / she will perform for you;

2. The hours and days he / she is expected to work and the need for advanced notice to you when he / she is unable to work the scheduled hours;
3. The rate of pay, pay period, and pay days;
4. Overall expectations related to his / her job performance; and
5. Under what conditions he / she may be released or fired from his / her duties.

Training Related to Disability or Reduced Level of Functioning

You, as the employer, are responsible for providing disability-related training for your employees including:

- Nature of your disability or reduced level of functioning;
- Types of care you need;
- Emergency preparedness; and
- Steps in carrying out assigned tasks and procedures.

Training is one of the most important parts of managing your employees. You are the expert in knowing your care needs. Even experienced employees need to be trained in how you want things done.

There is more than one way to train employees. Some people will respond well to oral directions while others may respond better to hands-on demonstrations.

When you provide training to a new employee, here are things that you may want to do:

- Talk about your disability or reduced level of functioning and how it affects your life.
- Give a lot of examples and explain any technical terms you use.

- Talk about any symptoms or health concerns they need to be aware of. Include anything that may arise and how to handle the situation.
- As you go through your routine, explain why tasks need to be done. This will help your employee realize the importance of these tasks.
- Provide training on how to operate any life support equipment you have. Include how to properly handle and clean this equipment or other medical supplies you use.
- Ask for feedback about how you are explaining things. Maybe there is a way you could be clearer in your explanations.
- Stress the importance of documentation of tasks and times.

By providing good training up front, you may increase the chances of your employee being able to be more effective at the job. Taking more time to provide training in the beginning can lead to better overall results. Be patient with your employees; learning how to do new things may take a while. Don't become frustrated if your employee does not catch on right away.

You must document the training provided to your employees and keep a copy of the documentation in your "Home Book." A "Verification of Initial Employee Training Requirements Form" is provided in the Employee Packet. A sample of the completed form is included below. Instructions for use of this form are included on the form. Also included below is a sample "Documentation of Subsequent Employee Training Form". This form can be used to document any subsequent training provided by you. It or similar documentation of training provided by you must be kept on file but does not have to be sent to the fiscal agent.

Sample “Verification of Initial Employee Training Requirements Form”

Participant’s Name (printed): Mary Jones

Employer’s Name (if not participant): _____

Employee’s Name (printed): Brenda Williams

Employee’s ID #: L12345

Each employee is required to successfully complete the below listed training within 90 days of his/her “good to go” hire date. Write in information and place check marks in the places provided below, to indicate all requirements have been met. Complete and submit a copy of this document to Acumen once all training requirements are met. *Indicates the training is available on-line.

Separate Certificate Required for the following:

Course Title/Content (Credit Hours if applicable)	Date Completed (write in month, day and year)	Verification on File (place check in box)
Basic First Aid (note: a 5.5 hour on-line *first aid refresher course is available for use annually after have met initial requirement.)	April 20, 2013	Certificate attached <u>and</u> on file with employer <input checked="" type="checkbox"/>
*Abuse (2 hours)	April 22, 2013	Certificate on file with employer <input checked="" type="checkbox"/>
*Confidentiality and Health Information Portability and Accountability Act (HIPAA) (1.25 hours)	May 15, 2013	Certificate on file with employer <input checked="" type="checkbox"/>
*Overview of Principles of Positive Behavior Supports for Direct Support Professionals (4.25 hours)	May 20, 2013	Certificate on file with employer <input checked="" type="checkbox"/>

*Supporting Everyday Lives of People with Disabilities (3 hours)	April 16, 2013	Certificate on file with employer <input checked="" type="checkbox"/>
*Guidelines for Documentation (2 hours)	April 23, 2013	Certificate on file with employer <input checked="" type="checkbox"/>

Separate Certificate Not Required for the following initial training sessions:

<u>Course Title/Content (Required Clock Hours)</u>	<u>Date(s) of Training (write in month, day and year for each training date)</u>	<u>Clock Hour Requirement Met (place check in box)</u>
Implementing the Service Plan- Participant Specific Services and Supports (<u>2 hours</u>)	April 15, 2013	Requirement met <input checked="" type="checkbox"/>
Responsibilities of the OAAS Self-Direction Employee (as outlined in OAAS Self-Directed Option Handbook) (<u>1.5 hours</u>)	April 14, 2013	Requirement met <input checked="" type="checkbox"/>

I do hereby affirm that all required self-direction employee training has been successfully completed by the specified employee whose name is printed above and signed below.

I understand that successful and timely completion of all specified training and necessary forms are required for the employee to be paid and to continue to work as a Community Choices Waiver self-direction employee.

Mary Jones
Signature of Participant

May 21, 2013
Date Signed (month, day and year)

Signature of Employer (if not participant)

Date Signed (month, day and year)

Brenda Williams
Signature of Employee

May 21, 2013
Date Signed (month, day and year)

Reissued April 8, 2013

Sample “Documentation of Subsequent Employee Training Form”

EMPLOYEE’S NAME: Stephanie Smith	DATE: January 4, 2010 Time: 1:00 p.m. to 3:00 p.m.
TRAINING TOPICS COVERED: 1. Seizure protocol 2. Emergency evacuation procedure practice	
EMPLOYER’S SIGNATURE: <i>Justin Harper</i>	EMPLOYEE’S SIGNATURE: <i>Suzanne Smith</i>

Setting Employee’s Work Schedule

You will set your employees’ work schedule based on the self-directed hours and types of services that are available and approved in your Plan of Care and based on the service specifications for the service that your employees will be providing. The schedule that is developed should meet your needs and be clear to both you and your employee(s).

Here are some suggestions to develop a schedule:

- Set the schedule with your employee(s) on a monthly basis. If changes need to happen, there is time to work out the details.
- Post the schedule in at least one place.
- Give a copy of the schedule to your employees.
- Give advance notice for schedule changes (both you and the employee). For example, if you are going on vacation, tell your employees ahead of time about the change in the work schedule.

Specify with your employee the hours, the number of hours per day, and days per week that you expect him/her to be on the job. Stress the importance of a regular schedule and advance notice of days or hours they are not available. Stress arriving and leaving on time.

Setting Employees' Hourly Pay Rates and Benefits

You, as the employer, will set an hourly pay rate for your employees. The "Employee Rate Form" is found in the fiscal agent's Start-Up Packet and must be completed for each employee and signed by the employer to establish an hourly pay rate for your employees.

Check the "Paying for Your Supports" section in the Start-Up Packet to find out how much you can pay your employees for each service. Remember the different delivery method or PAS have different maximum pay rates.

If you want to change your employee's hourly pay rate, then you will need to complete a new "Employee Rate Form." The completed form must first be sent to your support coordinator for approval and inclusion in your Plan of Care. Once approved, your support coordinator will forward the new "Employee Rate Form and a revised Plan of Care to the fiscal agent for processing.

Setting Your Employees' Specific Tasks

Tasks are activities that employees do to assist you in maintain your independence and meeting your personal outcomes. Examples of tasks include assistance with bathing, driving, cleaning and cooking. Remember, employees need to use the service log to document the tasks they complete and complete progress notes on a daily basis.

Tasks can be scheduled on a daily basis and / or on a weekly basis.

Here is an example of a morning task schedule:

6:00 – 6:30 Get up; assist with showering, dressing, and brushing hair and teeth.

6:45 – 7:15	Make breakfast, assist with eating, clean up dishes
7:15 – 7:45	Assist with toileting, make lunch, and take medications
8:00	Wait and assist with carpool to work
	Shift done after leaving for work with carpool

Here is an example of a weekly task schedule:

Monday	Daily tasks and pool therapy
Tuesday	Daily tasks, ironing, clean bathrooms
Wednesday	Daily tasks, clean kitchen and refrigerator
Thursday	Daily tasks and pool therapy
Friday	Daily tasks and clean bathroom and living room
Saturday	Daily tasks and laundry
Sunday	Daily tasks, grocery shopping, and errands

Remember, you will set your employees’ specific tasks based on your personal outcomes based on what is included in your approved Plan of Care, and on the service specifications for the service your employee will be providing. Your employee’s specific tasks should be listed on his / her job description.

V. Managing Employees

Managing Your Employees

Overall Expectations for Your Employees

It is important for you, the employer, and your employees to discuss your expectations, the importance of having open communication, and how the employee’s job performance will be evaluated. Both you and the employee will have expectations of each other. You will want to talk about how issues will be addressed and resolved and the communication style you respond to best. The following open-ended questions are a guide to start the communication process:

Discussions you should have with each employee:

- What I expect from you is

- What you should expect from me is

Issues you should address with each employee at the start of employment:

- My approach to dealing with problems or issues is ...
- Your performance will be evaluated using the following criteria....
- Some of the reasons for dismissal from this job are (examples: poor job performance, abuse, neglect, exploitation, unexcused absences, etc.).

Documentation of Management Activities

You should document employee-related issues that may or may not lead to termination of the employee.

Documentation of events leading up to termination of an employee may be necessary to prevent your account from being charged additional unemployment taxes.

- If the employee files a wrongful termination complaint with the Louisiana Workforce Commission, the documentation will be required to defend your actions in a hearing.
- If the employee files a complaint of discrimination with Louisiana Workforce Commission or the Equal Employment Opportunity Commission, the documentation will be required to defend your actions in a hearing or a wrongful discharge or discrimination lawsuit.

Documentation of events leading up to termination of an employee should be documented to prevent misunderstandings and confusion and to document how you have tried to resolve the issue.

Conflict Resolution

As with any employment situation, there will be some areas of conflict at times between you as the employer, and your employee. Sometimes conflict is due to poor job performance on the part of the employee. Perhaps the training received did not address procedures and techniques that you need the employee to perform. If you suspect this might be the case, re-train your employee on the aspects of the job that are causing him/her difficulty. Many times this “refresher course” will solve what seems to be a serious problem.

Punctuality (arriving on time, following work schedule, doing tasks at specified times) is a frequent problem for some people. If a pattern begins, confront the employee as soon as possible. Convey the importance of timeliness to your life. Get him/her to agree to a timeframe. If the employee continues to violate that timeframe, let him/her go. Be sure to document all problems and conversations about problems.

There are other times when an employee and employer simply just do not get along due to personality differences. Perhaps the person you thought would be a perfect employee turns out just the opposite. Document problems, conversations, training, and other steps used. Before you give up completely on the relationship here are a few suggestions to try to solve the problem:

- Keep the lines of communication open. When a conflict arises, do not shut down. Keep talking, and try to find out the true reasons behind the misconduct. The problem will not go away by ignoring it.
- Bring in a third person to help settle the conflict. A mediator, who is objective and neutral about the situation, can often find a resolution that both parties can live with.
- Look to your written agreement for resolution. A written agreement helps prevent or clear up disagreements about duties, salary, time off and benefits. This is another good reason to have a complete, clearly written agreement between you and your employee.

- Look for compromise in genuine differences of opinion.

Termination of Employment

If all else fails, then you must take the responsibility of terminating (firing or dismissing) the employee. It may be due to failure to follow safety procedures, chronic lateness, inability to follow directions, or personality conflicts, but whatever the reason, it is never easy to do. The exact method you use is up to you.

You must notify the fiscal agent whenever you terminate an employee or when an employee stops working for you. You must also mail the completed "Verification of Employment or Termination" form to your support coordinator.

It is recommended that you make arrangements for back-up coverage prior to terminating an employee. You may refer to "Protecting Your Personal Property and Personal Safety" section in this packet for more information.

Below are suggested ways to handle the difficult task of terminating an employee:

- Do it in person (yourself), or do it over the phone if you feel more comfortable with this approach. (You may want to have a third party [a neighbor, friend or relative] with you when you terminate an employee.) It is your choice as to whether or not you give the traditional two-week notice.
- Do not drag it out; be direct, and come straight to the point.
- Some suggested methods of communicating the termination are: "I am sorry, but...I do not feel you are appropriate for this job"... "you are not fulfilling your job obligations"...or "I won't need your services anymore."
- Be sure to have the employee sign his / her current timesheet before leaving. Submit the timesheet to the fiscal agent with termination information. When the employer terminates an

employee, the fiscal agent must process the last paycheck within a certain number of days based on state law.

- If the employee has a key to your residence or anything (credit cards, ATM card, etc.) that must be returned to you, be sure to collect the items before the last paycheck is delivered.
- Watch what you say to others about the situation, especially to other employees. It is best to maintain confidentiality related to employee issues.
- Analyze what went wrong to avoid similar situations in the future with other employees. Be proactive when similar situations occur with others.

Remember, it is against the law to terminate or lay off an employee because of his / her age, race, religion, gender, sexual orientation, national origin, or disability.

Performance Evaluations

Give your employees a copy of the job description when they first start working so they will know the areas in which they will be reviewed. Also let them know if a pay raise is attached to results of their evaluation. You should have on-going conversations with each employee so that he / she will know if he / she is meeting your expectations. If there are problems, you should address the issues with the employee immediately (document these incidents).

As an employer, you should be proactive in dealing with employee job performance issues and conflicts. Proactive means to address a situation before it becomes a problem. There should be no negative issues in the performance evaluation that have not already been discussed with your employee.

When you meet with your employee for the evaluation, there should be a two way communication – you listen to the employee and the employee listens to you. Have some ideas of what you want to say in each area of the evaluation but also be prepared to listen to comments from your employee.

It is a good idea to conduct at least an annual evaluation of your employee's job performance.

The following is a sample evaluation you can use or adapt for use with your employee.

Performance Evaluation

Employee's Name: _____ Date of Hire: _____

Each area is coded as follows:

1 (poor)

4 (meets expectations)

2 (below expectations)

5 (exceeds expectations)

3 (mostly meets expectations)

Area Evaluated	1	2	3	4	5
1. <u>Punctuality</u> Comments:					
2. <u>Reliability</u> Comments:					
3. <u>Ability to do required tasks</u> Comments:					
4. <u>Respectful</u> Comments:					
5. <u>Shows initiative</u> Comments:					
6. <u>Organized</u> Comments:					
7. <u>Other:</u> Comments:					

Goals for next 6 months / year:

Employee comments:

Signature of Employer: _____ Date: _____

Signature of Employee: _____ Date: _____

VI. Safety and Welfare

Employer Liability

Your employees should not be subjected to circumstances that would create a hostile work environment. Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of his / her age, race, color, religion, gender natural origin, or disability. In addition, the work environment must be free from recognized hazards that are causing or likely to cause death or serious physical harm.

The employer retains control over the hiring, training, managing, and firing of employees providing services, and as such only the employer is responsible and liable for any negligent acts or omissions by the employee, the employer, the participant, the responsible representative, or by other people in the workplace.

Worker's compensation insurance is required as part of participation in the Self-Direction option. Worker's compensation insurance covers an employee's on-the-job injury. Upon enrollment, your employees are automatically covered by worker's compensation insurance.

Remember, employees of participants in the Self-Direction option are not employees of the fiscal agent, the Office of Aging and Adult Services (OAAS), any other state or federal agency or the support coordination agency.

Work-Related Injuries:

Employers should require employees to immediately report an/all injuries or illnesses received on the job. The employer may also require that the employee document the injury (what, how, when, where, witnesses, injury, etc.) in a written report to file in the employee's file. The employer may determine from the report that additional training and / or safety measures are needed to prevent a reoccurrence of each injury/incident. The employer must notify the fiscal agent as soon as possible of any injuries or illnesses received on the job by the employee.

Non-Work Related Injuries:

The employee is not provided coverage/benefits in these programs, on or off the job, if/when:

- The injury occurred while the employee was intoxicated,
- The employee injured himself or herself intentionally or while unlawfully attempting to injure someone else,
- The employee was injured while voluntarily participating in an off-work activity,
- The employee was injured by an Act of God,
- The injury occurred during horseplay, and/or
- The injury was not sustained while at work or during work.

Universal Precautions

Universal Precautions requires that ALL blood and body fluids be regarded as potentially infectious and appropriate protective action taken in ALL situations, with ALL people.

- Wash your hands for 30 seconds after contact with blood and other body fluids that have come in contact with blood. (Wash inside and outsides of hands, between fingers and under fingernails.)
- Wear disposable latex gloves when you encounter large amounts of blood, especially when you have open cuts or chapped skin. Wash your hands as soon as you take off your gloves. (Put gloves, on, perform task, remove gloves, dispose of gloves and then wash hands as noted in item #1.)
- Throw away blood stained material in a sealed plastic bag and place it in a lined, covered garbage container. (Put gloves and paper towels in a plastic bag, tie the bag shut and dispose of the bag in a lined, covered garbage container.)
- Cover cuts and scratches with a bandage until healed. (Place a clean bandage over wound prior to beginning work each day.)
- Use disposable absorbent material, such as paper towels, to stop bleeding. (Fold several paper towels together and apply direct pressure to a wound; review proper disposal of used paper towels in item #3.)
- Immediately clean up blood-soiled surfaces and disinfect with a fresh solution of one part bleach and nine parts water. (Measure the bleach and water solution into the spray bottle. Spray the blood or other fluids and wipe up with paper towels. Dispose of paper towels as reviewed in item #3).
- Put blood stained laundry in sealed plastic bags until ready to launder. Machine-wash separately in hot soapy water. (Place blood-soiled laundry in a plastic bag and tie the bag; wash the

contents of the bag in hot water, separate from any other laundry, dispose of the plastic bag as noted in item #3.

- **QUESTION:** Why is it important to protect yourself and your employee from blood and body fluids?
- **ANSWER:** Diseases and viruses are carried in blood and other body fluids.

- **QUESTION:** If someone is injured and bleeding, what steps should you take?
- **ANSWER:** Check to make sure it is safe for you, check the victim, call 911 for help, and apply pressure to the wound until help arrives.

Be sure to ALWAYS use Universal Precautions in ALL settings and to clean up blood and body fluids as outlined above.

Protecting Your Property and Personal Safety

Following are tips on protecting your property and personal safety.

To protect your property:

- Make an inventory. You should list valuable items, the date of purchase, and the original price.
- Save receipts and serial numbers if possible.
- If possible, take photographs or make a video recording of your valuables.
- Give a copy of your inventory to your insurance agent, family member, and friend; and / or put another in a safe or safe deposit

box. If you have a loss, it will help establish proof of value for filing an insurance claim.

- Mark valuable items. Marking things a thief would be likely to steal, like the TV and stereo, will help police trace them and return them to you if they are recovered. Use an engraving pen. Many times they're available for loan from your police station. Ask the police which numbers to use. Usually your driver's license number with state abbreviation is recommended.
- Everything should have a place known to you and should be kept in that place. Make it evident that you are aware of your surroundings, your possessions, and where those items belong through casual conversation.
- Keep an inventory of your consumables (food, supplies, etc.). Keeping close tabs on your consumables can help to control purchasing.
- You may consider purchasing a homeowner's or rental insurance policy to help you recover some of your property in case of fire, flood, theft, or other loss.
- When you must terminate an employee, check your telephone bill and make sure there are no phone calls charged to your number by an ex-employee.
- Check credit card bills for charges you did not make, and if you allowed your employee to withdraw money with your ATM card, change your PIN number.
- Be sure to get your keys from your employee when you terminate him/her. Change your locks if the employee does not return your keys.
- If the ex-employee threatens you during the termination conference, be sure to notify your support coordinator of the threat. You may need to contact the police.
- You should notify neighbors and others that you have terminated the employee. Ask neighbors to check on you if they see the ex-employee's car or the ex-employee around your house.

To Protect Your Personal Safety:

- You have the right to receive program services without being taken advantage of sexually, financially, or in any other manner, and to terminate exploitive or abusive relationships.
- If you feel that a behavior an employee or anyone is displaying toward you is inappropriate, talk to someone you can trust about the situation. It can help to get a second opinion of the situation and how to handle it.
- Remember that criminals often enter through unlocked doors or windows. Keep you doors locked – especially at night. If it is a friend at the door, he or she won't mind waiting for you to open the door. You may want to ask friends and family to call before coming over so you are expecting them.
- If you suspect someone is trying to get into your home, call 911. Even if you are not sure, it is best to call 911. If it is an employee or someone else you know, but they are acting suspiciously, call the police.
- Most sexual abuse happens with someone known to the person. Remember you have the right to say no to any unwanted touch, whether it is an employee, a romantic partner, friend, or family member.
- If you receive an unwanted sexual touch from an employee, be aware that it is a violation of professional ethics, your rights and the law. Report it as soon as you can to the police by calling 911. For support, call your local rape crisis center and / or a personal counselor.
- Trust your gut feeling. If you feel unsafe, terminate the relationship with the other person.
- Have trusted friends and family handle things that you do not feel comfortable delegating to an employee (i.e., assistance with financial matters).
- Let your employees know that your friends and family are watching out for your well-being. Let neighbors you trust know your

schedule and ask them to keep an eye on your home. You may also want to ask friends and family members to call or drop by to visit while a new employee is in your home.

- **If you are experiencing abuse, neglect, exploitation, or extortion call law enforcement immediately. Then notify your support coordinator as soon as possible.**
- Always dial 911 in an emergency and for immediate assistance.

Excerpt from *Recruiting, Managing and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities*

Critical Incident Reporting Requirements

Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation, or extortion shall report to the adult or elderly protective agency or to law enforcement. (Louisiana Revised Statute 14:403:2)

This means the following critical incidents must be reported within two hours to the participant's support coordinator:

- Major Injury: Any suspected or confirmed wound or injury to a person of known or unknown origin which requires medical attention by a physician, nurse, dentist, or any other licensed health care provider.
- Loss or destruction of home – damage to or loss of the participant's home that causes harm or the risk of harm to the participant. This may be the result of any action, manmade or natural. (Examples include fire, flooding, eviction, unsafe or unhealthy living environment.)
- Fall: A fall occurring when the person is:
 - Found down on the floor (un-witnessed event): or

- Comes to rest on the floor unintentionally, whether or not the person is being assisted at the time, assisted or un-assisted, apparently due to one of the ten most likely risk factors for falls (i.e., muscle weakness, history of falls, gait deficit, use of assistive device, visual deficit, arthritis, impaired activities of daily living, depression, cognitive impairment, and age greater than 80 years) and / or other risk factors such as use of psychotropic medications, anti-arrhythmic medications, dioxins,, and diuretics.
- Major Illness: Any substantial change in health status, illness, or sickness (suspected or confirmed) which requires treatment, or other medical intervention by a physician, nurse, dentist, or other licensed health care providers (such as a visit to MD, ER, hospital, or mental health practitioner, or hospitalization of 30 days or more.
- Death: All deaths are reportable regardless of the cause or the location where the death occurred.
- Major Medication Incident: The administration of medication in an incorrect form, not as prescribed or ordered, or to the wrong person, or the failure to administer a prescribed medication, which requires treatment by a physician, nurse, dentist or any other licensed health care provider.
 - Medication Incident – Staff Medication Incident – Pharmacy Medication Incident – Person Medication Incident – Family.
- Involvement with Law Enforcement: A participant or his / her staff or others responsible for his / her care is/are involved directly or indirectly in an alleged criminal manner, resulting in law enforcement becoming involved such as:
 - The participant is arrested.
 - Person is a victim of a crime
 - An on-duty staff person is arrested / charged
 - An on-duty staff person is ticketed for a moving violation.
- Major behavior incident – the occurrence of an incident that can reasonably be expected to result in harm or may affect the safety

and well-being of the person. The following are major behavioral incidents:

- Attempted suicide – the intentional and voluntary attempt to take one’s life.
- Suicidal threats – any verbal expression by a person of intent to voluntarily take one’s life
- Elopement / Missing – the person is missing and unaccounted for a period of time in excess of any unsupervised period provided in the individualized support plan or other plan, or a person with no supervision requirements in the plan is missing or whereabouts are unknown for provision of services.
- Self-injury – any suspected or confirmed self-inflicted wound or injury which requires treatment by a physician, nurse or any other health care provider.
- Offensive sexual behavior – imposing non-physical sexually oriented activities upon another person such as threatening to rape another, exposing to others, public masturbation, etc.
- Sexual aggression – any act of physically forcing sexually oriented activities upon another person, such as touching another’s breast, touching private parts, or attempting to disrobe another person, etc.
- Physical aggression – the person physically attacks a direct service worker or another person which results in injury or harm to the other person.

If the incident involves abuse, neglect, exploitation, or extortion, then protective services or law enforcement shall be contacted immediately. The following incidents shall be reported to both protective services and the support coordination agency:

Abuse:

Physical – contact or actions that result in injury or pain such as hitting, pinching, yanking, shoving, pulling hair, etc.;

Emotional – threats, ridicule, isolation, intimidation, harassment;

Sexual of an adult when any of the following occur:

- a. The adult is forced, or otherwise coerced by a person into sexual activity or contact.
- b. The adult is involuntarily exposed to sexually explicit material, sexually explicit language, or sexual activity or contact.
- c. The adult lack the capacity to consent, and a person engages in sexual activity or contact with that adult.

Neglect:

Caregiver – means withholding or not assuring provision of basic necessary care such as food, water, medical, or other support services, shelter, safety, reasonable personal and home cleanliness or any other necessary care;

Self – means failing, through one’s own action or inaction, to secure basic essentials such as food, medical care, support, shelter, utilities or any other care needed for one’s well-being.

Exploitation:

The misuse of someone’s money, services, property or the use of a power of attorney or guardianship for one’s own purposes.

You, as the employer, are responsible for completing all of the following actions:

- Reporting critical incidents as soon as possible but within two hours of discovery to the support coordination agency and protective services and / or law enforcement when applicable.

- Assisting in gathering information about the circumstances and details of the critical incident; and
- Participating in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

Where to Get Help

Emergency Situations

Call your local law enforcement agency (police or sheriff) or 911 if the situation is an emergency. **If in doubt about an emergency situation, dial 911.**

- If you suspect an adult between the ages of 18 and 60 or a person under 18 who has been legally declared an adult has been abused or mistreated, you are required to report it to the Adult Protection Services at 1-800-898-4910.
- If you suspect an adult who is age 60 or older has been abused or mistreated, you are required to report to the Elderly Protective Services at 1-800-259-4990 (if calling from within Louisiana) or at 1-225-342-2297 (if calling from outside of Louisiana).
- If you suspect a child has been abused or mistreated you are required to report it to the Child Welfare Office at 1-855-452-5437.

For more information see the “Office of Aging and Adult Services Critical Incident Reporting Policies and Procedures,” (OAAS-ADM-10-020) posted at the following web address:

<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/OAASADM10020CIRpoliciesOAASRI62210HENLEYLEVELLE.pdf>

Support coordination contacts

Support coordination Agency: _____

Support coordinator's Name: _____

Support coordinator's Number: _____

Program Contacts

Office of Aging and Adult Services

Regional Office Number: _____