

**The Department of Medical Assistance Services'
Consumer-Directed Services in the
Home and Community Based Care Waiver for Individuals with
Mental Retardation**

Employee Management Manual



Revised February 2006

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WELCOME TO CONSUMER DIRECTED SERVICES

You have chosen Consumer-Directed services through a Medicaid Community-Based Care Waiver. This means that you will be able to choose the person or people who work with you. You will be able to decide who, when and how your employee will work with you in the Consumer-Directed services you have chosen.

This Employee Management Manual will provide you with information about being an employer of your respite assistant, personal assistant or companion. You may use this manual when hiring, training, supervising and, if necessary, firing employees who will be providing your Consumer-Directed services.

If you are a parent of a minor (under 18 years of age), or the family member/caregiver of an adult with mental retardation who is unable to fulfill the duties of an employer, you will serve as the employer on behalf of your child/family member in using Consumer-Directed services. This manual will provide you with the information you need for hiring, training, supervising, and, if necessary, firing employees who will be providing services to your child/family member.

Your Consumer-Directed Services Facilitator will review this manual with you and help you in your new role as employer. You are encouraged to discuss employer concerns and questions with your CD Services Facilitator at any time. He or she should explain and have you sign the “Individual Selection of Consumer-Directed Services” form (in *Appendix A*), which shows that you want Consumer-Directed services. Make sure you have also signed the “Service Agreement Between the Individual and the Services Facilitation Provider” (in *Appendix B*).



DEFINITION OF TERMS USED IN CONSUMER-DIRECTED SERVICES

Assistant – The person you hire to provide Consumer-Directed Personal Assistance or Respite services.

Case Manager - The person at the Community Services Board (or Behavioral Health Authority) who helps you plan, find, and check on the services you need or receive.

Circle of Support- A group of people (friends, neighbors, and family) chosen by you to help plan your life and get the support you need.

Community Services Board (sometimes called “Behavioral Health Authority”) - The public agency in your community that provides mental health, mental retardation, and substance abuse services.

Companion – The person you hire to provide Consumer-Directed Companion Services.

Companion Services - Non-medical assistance, support and socialization provided to you.

Consumer Services Plan - A written plan of all the services you need.

Department of Medical Assistance Services (“DMAS”) is the state agency that is responsible for managing the MR Waiver.

Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) is the state agency that is responsible for day-to-day operations of the Mental Retardation Waiver.

Fiscal Agent – Pays your employee for you, makes sure that payment is within the approved number of hours of service, and follows all hiring and tax rules. Fiscal agents are “employers of record” for people with disabilities to hire their own staff. The fiscal agent for the MR Waiver Consumer-Directed Services is DMAS.

Individualized Service Plan (ISP) – A plan specific to one service (respite, personal assistance or companion) that is a part of the larger CSP.

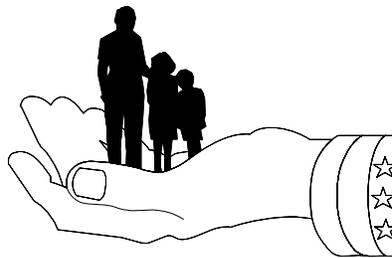
Individualized Services Authorization Request (ISAR) – A request to DMHMRSAS for the Waiver service you need.

Person-Centered Plan – A plans that builds on your natural, family or community supports and describes how to live the life you want.

Personal Assistance Services – Assistance with your daily needs, such as dressing, bathing, eating, and taking medication or other medical needs, etc. Assistance may also be provided at your work site.

Respite – Assistance and supports to you that give your usual, unpaid caregiver a break.

Services Facilitator – A person who guides you in hiring, training, and supervising your employees as needed. The CD Services Facilitator supports you in your role as an employer.



PROCESS FOR CONSUMER-DIRECTED SERVICES

STEP 1

You are newly enrolled in or receiving MR Waiver services.

STEP 2

At your initial or annual CSP meeting or at any other time you ask, your case manager explains your choices of Agency-Directed and Consumer-Directed services.

When you choose Consumer-Directed services or a combination of Consumer and Agency-Directed services, your case manager gives you the names and telephone numbers of possible CD Services Facilitators.

STEP 3

You interview and choose a CD Services Facilitator.
The CD Services Facilitator helps you decide what supports you need and helps you hire your own Consumer-Directed employee.

STEP 4

Your CD Services Facilitator develops an Individual Service Plan (ISP) and Individualized Service Authorization Request (ISAR) with you, which explain the supports you need.

STEP 5

The CD Services Facilitator sends the ISP and ISAR to your case manager.
The case manager sends the ISAR to the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services for final approval.

STEP 6

Your CD Services Facilitator trains you and your family on hiring, supervising and firing your employees, using the Employee Management Manual.

PROCESS FOR CONSUMER-DIRECTED SERVICES

continued

STEP 7

You hire your employee(s). You, your employee and your Services Facilitator complete all employment paperwork, and send it to the fiscal agent (DMAS), who makes sure all employment and financial rules are followed.

STEP 8

Your Services Facilitator completes the required paperwork to request a Criminal History Records check (and Child Protective Services check, if you are younger than 18) for your employee.

STEP 9

Every 2 weeks, you sign time sheets and send them to the fiscal agent, with the help of your CD Services Facilitator as needed.

STEP 10

The fiscal agent pays your employee for you.

CONSUMER-DIRECTED SERVICES

Consumer-Directed Personal Assistance includes, but is not limited to:

- Assisting with the care of your teeth and mouth;



- Assisting with the care of your hair, shaving, ordinary care of your nails, and other grooming needs;
- Assisting with your bathing in the tub or the shower or taking a sponge bath;



- Providing routine skin care;
- Assisting you with dressing and undressing;
- Assisting you to turn and change position, transfer (move around), and ambulate (walk or wheel);



- Assisting you to move on and off of the bedpan, commode, or toilet;

- Assisting you with eating;



- Assisting you with regularly self-administered medications and making sure that you receive medications at the right times. This DOES NOT include INJECTABLE MEDICATIONS OR MEASURING DOSAGES;
- Making sure you stay healthy and safe. Your employee can even help you with some special care tasks (like bowel/bladder programs, range of motion exercises and wound care) as long as a doctor has ordered these services and the employee has been trained by a nurse to help you with these. The nurse must write down that he/she trained your employee;
- Assisting you to take part in social, recreational or other activities in your community;



- Going with you to appointments or meetings. Your employee can go with you to places your ISP says you need to go.
- Assisting you with taking care of your home and fixing meals, if no one else can do this. Some examples are:
 - Fixing and serving your meals;

- Washing your dishes and cleaning the kitchen;



- Making your bed and changing linens;
- Cleaning your bedroom, your bathroom, and other rooms that are mostly used by you;
- Shopping for your necessary supplies; and
- Washing your laundry.



- Assisting you at work. Some examples are:
 - Getting work materials that are out of your reach;
 - Providing transportation if you are mobility impaired;



- Helping you to organize things;



- Reading mail to you; and
- If you have a hearing impairment, making sure an interpreter is available to you for all meetings.



SERVICES EXCLUDED FROM CD PERSONAL ASSISTANCE

- CD Personal Assistance does not include either practical or professional nursing services. If you have questions about what is a nursing service, talk to your CD Services Facilitator.
- CD Personal Assistance services may not be provided to other people in your household.



If your employee does any of these things during the time that Medicaid is paying for the service, you may be removed from these services.

Consumer-Directed Respite Services allow your usual, unpaid caregiver to take a break. Respite services include, but are not limited to, your employee:

- Assisting with the care of your teeth and mouth;
- Assisting with the care of your hair, shaving, ordinary care of your nails and other grooming needs;



- Assisting with your bathing in the tub or the shower or taking a sponge bath;



- Providing routine skin care;
- Assisting you with dressing and undressing;
- Assisting you to turn and change position, transfer (move around), and ambulate (walk or wheel);
- Assisting you to move on and off of the bedpan, commode, or toilet;
- Assisting you with eating;



- Assisting you with regularly self-administered medications and making sure that you receive medications at the right times. This DOES NOT include INJECTABLE MEDICATIONS OR MEASURING DOSAGES;



- Making sure you stay healthy and safe. Your employee can even help you with some special care tasks (like bowel/bladder programs, range of motion exercises and wound care) as long as a doctor has ordered these services and the employee has been trained by a nurse to help you with these. The nurse should write down that he/she trained your employee;
- Assisting you to take part in social, recreational or other activities in your community;



- Going with you to appointments or meetings. Your employee can go with you to places your ISP says you need to go.
- Assisting you with taking care of your home and fixing meals, if no one else can do this. Some examples are:
 - Fixing and serving your meals;



- Washing your dishes and cleaning the kitchen;
- Making your bed and changing linens;

- Cleaning your bedroom, your bathroom, and other rooms which are mostly used by you;



- Shopping for your necessary supplies; and
- Washing your laundry.

CD Respite services are only allowed during times when your usual, unpaid caregiver needs a break.

The most Respite services you can have in one calendar year is **720 hours**. This means CD Respite alone or some combination of CD and Agency-Directed Respite services may only total 720 hours.

SERVICES EXCLUDED FROM CD RESPITE SERVICES

CD Respite services do not include either practical or professional nursing services. If you have questions about whether a task is a “nursing service,” please talk to your CD Services Facilitator.



If your employee does nursing tasks during the time that Medicaid is paying for the service, you may be removed from these services.

Consumer-Directed Companion Services include, but are not limited to, your employee:

- Assisting you with fixing your meals, laundry and shopping;



- Assisting you with light housekeeping jobs;
- Assisting you with regularly self-administered medications and making sure that you receive medications at the right times. This DOES NOT include INJECTABLE MEDICATIONS OR MEASURING DOSAGES;
- Assisting and supporting you with community activities and socializing with others;



- Going with you to places your ISP says you need to go; and
- Supporting you to ensure your safety.



You may have no more than **8 hours per day** of Companion services.

You must be 18 years old or older to have Companion services.

SERVICES EXCLUDED FROM CD COMPANION

CD Companion services do not include either practical or professional nursing services. If you have questions about whether a task is a “nursing service,” talk to your CD Services Facilitator.



If the employee does nursing tasks during the time that Medicaid is paying for the service, you may be removed from these services.

WHO CAN BE YOUR EMPLOYEE?

You will hire and supervise your employee. There are several things you must be sure about the person before you can hire him or her. Basic qualifications for **Consumer-Directed employees** include the following:

- Being 18 years of age or older;
- Possessing basic math, reading, and writing skills;
- Being able to do the tasks in your ISP;
- Having a valid Social Security number;
- Completing a criminal history records check.
- Being willing to be trained at your request;



- Understanding and agreeing to follow the MR Waiver rules;
- Receiving annual tuberculosis (TB) screening, cardiopulmonary resuscitation (CPR) training, and an annual flu shot.



Your employee may NOT be your spouse or your parent if you are under 18 years old. Your employee may NOT be another family member who lives in your home, unless there is a

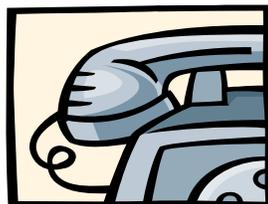
clear reason (written down by your CD Services Facilitator) why there are no other people available to provide the care. Your employee may NOT be your Case Manager or your CD Services Facilitator.

EMERGENCY BACKUP SUPPORT PLANS

What do you do when you suddenly find yourself without an employee? You must have a backup support plan so you are not left without someone to do the things your employee would usually do for you. If you do not have a backup support plan, you may not participate in Consumer-Directed Services.

To prepare for the time when, for any reason, you find yourself without an employee, please do the following. Your CD Services Facilitator or Case Manager may help you.

1. Know your basic support needs. Your CD Services Facilitator can help you decide what you most need, and if and how you would get along with less support than usual. Knowing your most important needs helps you be more specific when you ask people to serve as a backup support.
2. Make a list of people you know who can be available as emergency backup for you. This list would include family and friends, former workers, people you go to school with, work or volunteer with, or know from church or social groups. Your CD Services Facilitator and your Case Manager may NOT be your backup support.
3. Write a letter to ask for emergency backup support. It may be sent to places where people may be looking for extra work or volunteer jobs. There is a list of resources in the “Advertising for an Employee” section of this manual.
4. If the people you find to be backup supports are people you don’t know, interview them as you would any employee, give them a job description and information about things you will expect them to do and the salary (if they will be paid). Keep a list of names, phone numbers, and hours people are able to work as backup supports. If Medicaid is going to pay your backup support, he or she must sign the same employment forms as your regular employee, follow the same CD services rules and meet the same qualifications.
5. Every six months or so, update your backup support list. A quick phone call to check if the people are still interested and if they have any changes in the times they are available is a good idea.



6. Your CD Services Facilitator or Case Manager will help you develop a backup plan. Your backup plan will be included in your ISP and CSP.

The following list of ideas may help you when backup support is needed:

1. Begin calling your backup supports as soon as you find out you will need someone.



2. Take a few minutes to collect your thoughts before you begin calling people on your list. Make sure you know the answers to the following questions:

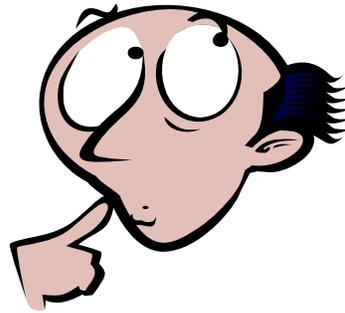
- What kind(s) of assistance am I requesting?
- What times and for how long do I need them?

Having a backup plan is so important to good Consumer-Directed services that it is **required!**

YOUR NEEDS AND PREFERENCES

It is important to decide what you need support with and when you need support before you hire your employee(s). The “MY NEEDS INVENTORY” worksheet has some questions to help you decide what kinds of support you need.

Your employee(s) must not only have a good understanding of your needs, but also be aware of your habits, likes, dislikes and skills. Completing the “MY LIKES AND DISLIKES” worksheet may help you discover areas in which you may need more information. For example, if you have not had to be responsible for housekeeping, you may need to learn what kinds of household products are needed and how they are used, because your employee may need your direction in this area. This worksheet may help you decide what your employee should know about your habits, likes and dislikes.



MY NEEDS INVENTORY

My Care Needs

Bathing:

How often do I bathe? times/

How do I bathe?

tub bath shower sponge bath other

How often do I shampoo my hair? times/

What time of the day do I usually bathe?

early AM mid-day evening late night

How long does it take me to bathe? minutes

What things do I need help with when I bathe?

water temp gathering materials washing body washing hair drying off

Dressing:

How much help do I need getting dressed? none a little some a lot

Can I button, zip, tie, or snap? I can button zip tie snap

Do I need help undressing? yes no

How long does it take for me to get dressed or undressed with help? Dressed: minutes
Undressed: minutes

What time of the day do I usually dress or undress? Dress for the day:
Undress/prepare for bed:

Do I need to change my clothes during the day? yes no

Oral Hygiene: times/day

How often do I brush my teeth? times/day

Do I need help brushing my teeth? yes no

How long does it take? minutes

NEEDS INVENTORY (cont'd)

Do I need someone to remind me to brush my teeth? yes no

Do I have special dental needs (dentures, gum treatments, etc.)?

Describe: _____

Shaving:

Do I need help shaving? Yes, help with: my face my legs my underarms No

What kind of razor do I use? Electric Straight

Toileting:

Do I need help going to the bathroom?

Yes, help with: reminders/toileting schedule undressing getting on/off toilet wiping
 redressing flushing hand washing no help needed

Do I use a bedpan or a commode? bedpan "potty chair" commode

When do I need help? every time I toilet at night only in public restrooms

How long does it take? _____ minutes

Transferring:

Do I need help getting from one place to another?

Yes, help with out of/into bed wheelchair to toilet into/out of tub
 wheelchair to shower chair into and out of vehicles no help needed other: _____

How often do I need help transferring each day? _____ times/day

Are there special considerations?

Describe: _____

Eating:

Do I need help preparing food? Yes: all food preparation cutting cooking No
Other: _____

Do I need help in serving or eating my food? Yes: serving eating No

NEEDS INVENTORY (cont'd)

How long does it take? minutes

Am I on a special diet? Yes: pureed chopped diabetic low calorie high fiber
 No Other:

Exercising:

Type of things I like to do or have to do? strength exercises walk bike ride
 swim bowl team sports other:

How often? daily times/day
 weekly times/week

What time of day? morning afternoon evening

How long does it take? minutes hours

Medications:

What medications do I take?

List:

What times do I take them? Check all that apply: morning noon afternoon
 evening must be at meal times

How long does it take? minutes

Do I need reminders or other help to take them? *

reminders that it's "time" opening bubble pack
 getting them out of drawer or cupboard other:

** Remember: CD employees are not allowed to prepare the proper dosage or administer your medications!*

Homemaking Needs

Laundry:

How often do I do my laundry? times/week times/month

NEEDS INVENTORY (cont'd)

Where do I do my laundry? at my home laundry room in building laundromat

What parts do I need help with?

all sorting measuring soap working machines folding none

Housecleaning:

How often do I clean my house or room? times/week

Are there specific chores I need help with?

bedmaking dusting vacuuming sweeping cleaning toilet washing dishes
others

How often do these chores need to be done?

daily times/week
times/month

Shopping:

How often do I buy groceries? times/week times/month

Where do I buy groceries? Store name:

Do I need help buying groceries?

Yes, help with getting to the store finding needed items paying putting items
away

Other shopping help I need?

clothes shopping toiletries cleaning products
 medications

Transportation:

Do I need transportation to activities? Yes No

Do I need specialized transportation or special equipment?

Yes: wheelchair lift other
 No

How often do I need transportation? times/week

NEEDS INVENTORY (cont'd)

Social, Recreational or Community Activities:

Do I need assistance to participate in social/recreational activities? yes no

What sorts of activities do I like?

sports events movies shopping eating out going to parks beach
others: _____

Personal Assistance and Respite ONLY:

Bowel or Bladder Care:

Do I have a bowel or bladder care program? bowel care bladder care none

How often will I need help and at what times?

Help at the following times: _____

Medical Care:

* CD employee needs RN training and monitoring to assist with many of these activities.

Do I need help with medical care? yes no

What kind of help do I need?

routine wound care external catheter care others: _____

How often do I need help? times/day days/week times/month

Do I have special instructions from my doctor?

Describe: _____

Do I need help getting to my doctor appointments? yes no

Do I need to do range of motion exercises? yes no

How often? times/day times/week

NEEDS INVENTORY (cont'd)

Personal Assistance ONLY:

Assistance at Work:

Do I need transportation to work? yes no

How often? times/week times/month

How long does it take to get to work? minutes hours

Do I have specific jobs at work I need help with?

personal care needs organizing getting materials that are out of reach
 making changes to my work-space getting a sign language interpreter
 reading mail filing others: _____

Are there specific times I need help at work? From _____ to _____ and
_____ to _____

MY LIKES AND DISLIKES

FOOD AND EATING ARRANGEMENTS

1. What kind of foods do I usually eat? Like? Dislike?

Usual breakfast foods: _____
Usual lunch foods: _____
Usual dinner foods: _____
Favorite foods: _____
Least favorite foods: _____

2. Do I eat at regular times or when I feel like it?

Regular times: breakfast _____ lunch _____ dinner _____
When I feel like it _____

3. How do I feel about eating with my employee?

That's OK with me _____
I'd rather my employee ate before _____ after _____ working with me.

4. How do I feel about giving cooking instructions to my employee?

That's OK with me _____ I don't feel comfortable/able to do that _____

5. If my employee doesn't know how to cook the kinds of foods I like, am I willing to eat what he or she can cook?

Yes _____ No _____

HOUSEKEEPING

1. Do I like things very neat or am I not particular?

I like things very neat _____ Things can be a little messy as long they are clean _____

2. How do I feel about giving cleaning instructions?

I like to give directions _____ I don't feel comfortable/able to do that _____

3. Would I like a definite schedule for cleaning and laundry?

Yes ___ No, just clean as needed ___

PERSONAL HABITS

1. Do I use any tobacco products?

Yes, cigarettes ___ cigar ___ pipe ___ chewing tobacco ___ No ___

2. Do I drink alcohol?

Yes, regularly ___ every once in a while ___ Not at all ___

3. Do I like to sleep late in the morning or get up early?

Always sleep late ___ Always get up early ___ Sleep late only on:

4. What time do I usually go to bed at night?

5. Do I go out to visit friends and to participate in other social activities?

Yes, on my own ___ Yes, but I need some help ___ No, but I would with help ___ No

6. Will I want to entertain friends and family in my apartment/home?

Yes ___ No ___

7. Do I usually like activities well planned or not?

I like things planned in advance ___
I want to make plans each day ___

8. Do I like to listen to music? What kind? What volume?

Yes, I like music ___ I like loud music ___ I like soft music ___
My favorite music is _____ No, I do not like music

9. Do I like peace and quiet?

Yes ___ No ___

10. Do I like to watch TV?

Yes ___ My favorite shows are: _____
No ___

11. What hobbies do I have?

Playing board games ___ Doing puzzles ___ Needlework ___ Painting ___
Collecting ___ Others: _____

12. Do I consider myself a flexible person? Example?

| |
|---|
| Yes ___ No ___ Examples: _____ _____ |
|---|

13. How do I react if I have to change my plans at the last minute?

| |
|--|
| I'm OK with it ___ I feel very worried ___ I get very angry ___ Other: _____ |
|--|

14. Is there a spiritual part of my life that is important?

| |
|----------------|
| Yes ___ No ___ |
|----------------|

15. In general, could it be said that I take responsibility for my own life?

| |
|-------------------------------|
| Yes ___ No ___ Example: _____ |
|-------------------------------|

EMPLOYEE JOB DESCRIPTIONS

Now that you know your needs, likes, and dislikes, you are ready to write a job description for your employee. Your CD Services Facilitator will help you write the description. The following are some reasons why it is important to have a job description:

1. You, the employer, will know exactly what help you need.
2. It can be used to ask questions when you interview applicants (people applying for the job of working with you).
3. It gives applicants a clear idea of what the position requires.
4. After your employee has been hired, it may serve as a checklist of duties.



5. It may be used as a way to evaluate your employee's job performance.
6. You can also use the job description so you are sure about what is and is not OK to ask the employee to do.
7. It may be used to help settle disagreements between you and the employee about the duties of the job.



8. A job description may help to keep communication open.

The key to your success as an employer is a specific, easy-to-understand job description for your employee. The JOB DESCRIPTION you prepare must agree with your ISP/CSP and be related to your needs.

A job description is used to define the duties, manage time, and schedule your employee. You should have the job description ready to hand out with each interview.

The purpose of a job description is to provide the person who might become your employee with a brief description of what he or she would be doing each day to support you. It is not meant to replace any training or other directions you give your employee. Be realistic about what the employee can do for you.

The following sample job description can serve as a guide when you write your employee's job description. Remember, your job description should match your needs.

**The pay rate for assistants and companions
Is \$10.61 for Northern Virginia
and \$8.19 per hour for the Rest of State.**

The Northern Virginia area includes:

1. The cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park; and
2. The counties of Clarke, ~~**Culpeper~~, Fairfax, Fauquier, ~~**King George~~, Loudoun, Prince William, Spotsylvania, Stafford, and Warren.

** removed as of 1/2006 as per 11/7/2005 DMAS Memo

SAMPLE JOB DESCRIPTION

I use an employee to assist and support me in the following ways.

WEEKDAY TIMEFRAMES: _____

WEEKEND TIMEFRAMES: _____

EVENINGS TIMEFRAMES: _____

I need my **personal or respite assistant** to help me with activities of daily living that include:

Bathing: _____

Transferring: _____

Grooming: _____

Hygiene: _____

Toileting: _____

Dressing: _____

I need my **personal assistant** to help me on the job:

Workplace assistance: _____

SAMPLE JOB DESCRIPTION (cont'd)

I need my **personal or respite assistant** to help me with the following special activities (after getting trained and being checked from time to time by a nurse):

Bladder Care: _____

Bowel Care: _____

Wound Care: _____

Range of Motion Exercises: _____

I need my **assistant or companion** to support me in these other ways:

Help with Medication Self-Administration: _____

Meal Preparation: _____

Housekeeping: _____

SAMPLE JOB DESCRIPTION (cont'd)

Laundry: _____

Grocery Shopping: _____

Making sure I am safe: _____

Going with me to appointments or social/recreational activities: _____

Transportation: _____

NOTE: I expect my employee to be on time, neat, honest, and to enjoy working with people. I ask that you dress casually.

Please give me at least two hours notice if you are going to be late or sick and at least one week's notice for planned days off. Please give me two weeks to a month's notice if you have to leave this job.

When performing personal care to my body (or my child's body), please inform me (the employer) of any bruises, scrapes, or skin problems.

Please feel free to ask any questions about my personal care or other needs. I feel more comfortable when people understand the purpose behind the support I need.

The hourly wage for Consumer-Directed Services is set by the Virginia Department of Medical Assistance Services and is not negotiable. I am not allowed to pay you more.

ADVERTISING FOR AN EMPLOYEE

Now that you know your needs and have created a job description, you are ready to advertise for your employee, if you don't already have someone in mind. Your CD Services Facilitator will help you find applicants and has a registry (list) of people interested in working as personal assistants, respite assistants, and companions. There may not be anyone listed in the registry who meets your particular needs -- you may need to recruit elsewhere. No matter how you advertise, be sure to allow plenty of time for advertising for an employee before you really need him/her to start to work for you.

There are many ways to look for employees. The following suggests places to advertise.

NEWSPAPER ADVERTISING



One of the fastest ways to reach a lot of people is through newspaper advertising. Please remember that placing an ad in the paper will cost you money. The amount of money depends on the length of the advertisement and how long you run it in the paper. You may get a lot of phone calls from people reading your ad. Sometimes you may get more phone calls than you expected or wanted.

How to advertise is as important as where to advertise. The three most important parts of your ad will be:

- ❖ describing what you need the assistant or companion to do,
- ❖ listing what type of person you are seeking or what skills he/she must have, and
- ❖ telling how applicants can reach you.

In describing the job, you must describe yourself a bit. When you do this, you shouldn't tell too much about your disability, because some people may have fears about getting in touch with you because they don't understand your abilities.

Except when you need someone with special skills, do not be too specific in your ad about the responsibilities of the job. Use general phrases such as “assistance with personal care” or just “care.” It is also best not to give the specific pay rate in the ad.

When listing skills needed for the job, remember that the more skills you mention, the fewer applicants you will get.

Put your telephone number or post office box number in the ad so the applicants can reach you. It is not a good idea to put your name or address in the ad. Doing that might lead to some unwanted applicants bothering you if you don’t choose them. Some people who think you are a disabled person living alone may even try to harm you.

SCHOOLS AND COLLEGES



In addition to advertising in the newspaper, a good place to find employees is at local schools and colleges. Some ways to bring your job offer to the attention of students is:

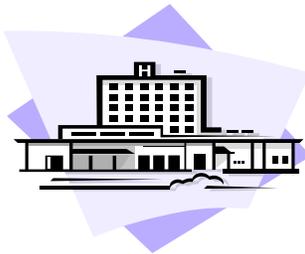
- 1) Have it listed at the student employment office of schools and colleges.
- 2) Call the school or college to place the ad over the telephone or mail the information to the correct office.
- 3) Write your ad like you would for the newspaper.
- 4) Use college off-campus housing offices and the Financial Aid offices as contacts.
- 5) Have notices posted on bulletin boards at schools that have programs in health care or rehabilitation.
- 6) Check your local yellow pages for local colleges or schools as possibilities.

OTHER IDEAS FOR WAYS TO ADVERTISE

- ❖ Local newsletters (e.g., community groups, special interest groups, church groups, etc.)
- ❖ Job service or employment office
- ❖ Bulletin boards in apartment buildings, grocery stores



- ❖ Word of mouth (friends who use assistants or companions)
- ❖ Social service agencies
- ❖ Health care agencies, community-based home care programs
- ❖ Hospitals, nursing homes



* It is not a good idea to use radio or television announcements to advertise for personal assistants or companions.

The costs of hiring an employee are your own expense. The Department of Medical Assistance Services does not reimburse you or your CD Services Facilitator for advertising or hiring expenses.

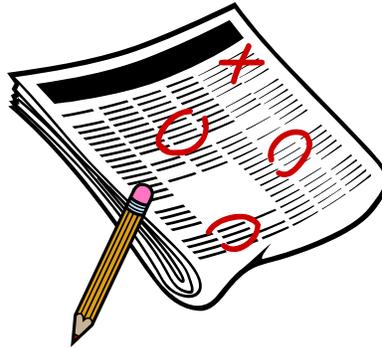
SAMPLE ADVERTISEMENTS FOR HIRING AN EMPLOYEE

“Part-time personal assistant needed for female with a disability. Assist with personal care, grocery shopping, and housekeeping. For more information, call or write...”

“Part-time personal assistant needed for male with a disability, 8:00 a.m. to 12 noon weekdays. Help with personal care, grocery shopping, and housekeeping. Call...”

“Young adult with a disability needs part-time companion to maintain independent lifestyle. Hourly wage. Call _____ after 9:30 a.m.”

“Part-time employee to provide respite care to teenage male. Assist with personal care and provide supervision. Call...”



SCREENING APPLICANTS AND SCHEDULING INTERVIEWS

After placing the job ad, be ready to receive phone calls, especially if you placed your ad in the local newspaper. Carefully screen calls from people who are calling in response to your ad. When talking on the phone, be friendly and pleasant. You will need to find out what hours applicants can work and what pay they will accept. If they want more pay than what is allowed or if they cannot work the hours you need, you do not have to interview them.

If the person's hours, pay and transportation needs are not a problem, you may want to give a brief description of the job, hours, and salary. Keep the job description near the phone, along with paper and pencil, in case you need to write information down. Your Services Facilitator can assist you. If the person is still interested in the job, you should now set up a time to conduct a formal, personal interview. You may know that a person would not be appropriate for this job after you and the applicant talk about the responsibilities. When this happens, you should thank him/her for calling you, but let the applicant know that you will not be interviewing him/her. This will save time for both of you.

It is recommended that you have the applicant come to your home or other place you choose to fill out an application and complete an interview. At that time, you can further assess the person. For example, is he or she dressed neatly; polite; willing to discuss job duties? The purpose of the interview is to learn as much as you can about the applicant and to give him or her information about yourself, so that both of you have enough information to make a good decision.

Sample "Employee Application" and "Qualifications for Employment" forms follow. You will need to change them to suit your specific needs.



SAMPLE EMPLOYEE APPLICATION (cont'd)

Are you willing and able to do emergency back-up work? _____

Do you have reliable, steady transportation to and from work? _____

Do you have a valid, current Virginia Driver's License? _____

Have you been convicted of a felony or misdemeanor or other offense within the past five years? _____ If so, please explain

Are there any jobs that you would not want to do (for example, work for opposite sex, duties listed in job description, etc.)?

Who referred you? _____

Salary Acceptable _____

Are there any locations you are not willing to work?

The answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

Applicant Signature _____ Date _____

QUALIFICATIONS FOR EMPLOYMENT

Name of Applicant () _____
Area Code Telephone #

Street Address City/Town State Zip Code

County

Because of the need to protect the health and welfare of the consumer, the Virginia Consumer-Directed Services Program has established the following standards for the employment of Assistants and Companions in the program:

Minimum Qualifications for Employment as an Assistant/Companion in the Virginia Consumer-Directed Services Programs

1. Be 18 years of age or older;
2. Have the required skills to perform services in the ISP;
3. Possess basic math, reading, and writing skills;
4. Possess a valid Social Security number;
5. Be willing to submit to a criminal history records check, and if the individual is a minor, the DSS child protective services registry; and
6. Demonstrate the capability to perform health maintenance activities required by the individual and/or specified in the individual's service plan, or be willing to receive training in performance of the specified health maintenance activity.

I acknowledge that I have received and read the "Minimum Qualifications for Employment as an Assistant/Companion in Virginia Consumer-Directed Services Programs" in the MR Waiver.

Applicant Signature _____ Date _____

INTERVIEWING FOR YOUR EMPLOYEE

After you have reviewed the applicants' written or telephoned information and you have noted a few who might be good for the job, you should plan your interviews. The main things you want to do in the interview are to learn about the applicant and decide if you would be comfortable having this person work with you. It's not easy to gather a lot of information in a short period of time, but there are ways to interview so that you get enough information to make a good choice.

When scheduling interviews, allow enough time between appointments to think about each applicant and maybe write down some notes about the person you just interviewed. If you interview several people in one day, it can be hard to remember things you liked or disliked. It may be helpful to list, in order, the things you feel are important in an employee. After each interview, you may check off which of these things you think the applicant has.



How to Run the Interview

1. When the applicant arrives, welcome him or her, introduce yourself, and try to make him or her comfortable.
2. Explain your disability, if you feel comfortable doing that.
2. Have your written job description ready to give to the applicant and take some time to explain it. Talk about the rate of pay, pay days, and lag time in first payment. You may also provide a copy of your schedule to show him or her the hours you would need help. Ask the applicant if he or she has any questions.
3. You may want to ask the applicant some of the questions on the “Questions You Might Want to Ask” page that follows.
4. Ask the applicant about jobs he or she has had in the past. For example:
 - a. What jobs and duties have you had in the past?
 - b. How do you feel about those jobs? What did you like or not like?

You could ask the applicant to fill out the “Employee Work Record” (several pages further into this manual) to help you remember and check references.

5. Ask for at least two (2) references from past employers. You may find the “Reference Check” form (several pages further into this manual) helpful for this.
6. Ask the applicant why he or she wants this kind of work.
7. Talk about how you will tell your employee if you think he or she is doing a good job. Let the applicant know that you want to be told how he or she is feeling about the job duties, if hired.
8. At the end of the interview, thank the applicant for his or her time. Tell the applicant that you will be in touch when you have made a decision. Give yourself some time to think about who you liked best before offering someone the job. Make sure you have a way to get in touch with each applicant before the interview ends.
9. After all the interviews are over, you will need to call or write each applicant to tell him or her whether or not he or she got the job. If you thought someone could do the job, but you decided to hire someone you liked better, ask if he or she would be able to be a backup support. If he or she says yes, keep that applicant’s application on file.

There are some things you may be able to learn about the applicant in the first few minutes.

- ✓ Is he or she on time?
- ✓ Is he or she clean and neat?
- ✓ Does he or she look you in the eye while you are talking?
- ✓ Does he or she seem interested in what you have to say?

While you are interviewing the applicant, listen carefully to what he or she is saying to you.

- ✓ Does he or she answer questions completely?
- ✓ Can he or she work the scheduled hours you need?
- ✓ Does this person seem to be someone you can count on?

You may want to have someone that you trust with you during the interviews.

If you are still not sure if an applicant you interviewed is able do the job, you may want to do a second interview. Ask more questions to find out if this is the person you want for your

employee. During the second interview, if you feel more comfortable, the employment agreement and payroll process can be explained.

NEVER MAKE A HASTY CHOICE. Please do not hire an employee over the telephone. Always try to interview more than one applicant.

Checking work references of applicants may help you decide whom to hire. Sometimes this is the only way to find out if an applicant has had work problems in the past. You can call previous employers and explain the job the person is applying for and ask if the applicant was dependable, honest and got along well with others. There may be other questions you want to ask. Keep in mind that not all applicants will have work references. Sometimes an applicant will have a bad reference he or she feels is unfair. When this happens, you may want to talk to someone else who knows the applicant before making a decision.



QUESTIONS YOU MIGHT WANT TO ASK WHEN YOU INTERVIEW AN APPLICANT

During the interview, keep in mind the qualities that you like in people who work with you. Your employee does not have to become your best friend, but should be someone you can like and respect. Some of the following questions may help you decide if you two will get along. You may ask other questions about things that are important to you.

FOOD AND EATING ARRANGEMENTS

1. What kinds of foods do you usually eat? What do you like or dislike?
2. Do you like to cook? Are you a good cook?
3. What do you cook?
3. Where do you shop for groceries?
4. Do you eat at regular times or when you feel like it?
5. How do you feel about eating together?
6. If you like different foods than I do, will you be willing to prepare my meals and yours?

TRANSPORTATION

1. How do you feel about helping me with errands?
2. Would you be willing to drive my car?
3. Would you be willing to drive me in your car? If so, what levels of insurance do you have?
4. What can you tell me about your driving record?

HOUSEKEEPING

1. What experience have you had with housekeeping and laundry?

QUESTIONS YOU MIGHT WANT TO ASK (cont'd)

2. Do you like things very neat or are you not particular? What does “very neat” mean to you?
3. How do you feel about taking cleaning instructions from me?
4. Do you work better with a definite schedule for cleaning and laundry (for example: vacuum on Monday, scrub floors on Tuesday, and so on), or do you like to decide for yourself?

PERSONAL CARE (for Personal Assistance and Respite only)

1. How will you handle helping me with toileting or suppositories, if necessary?
2. How will you handle bathing me, if necessary?
3. Is there any part of my personal care needs that make you feel uncomfortable?

PREFERRED ACTIVITIES AND OTHER QUESTIONS

1. Do you smoke?
2. Do you sleep late in the morning or get up early?
3. What time do you usually go to bed at night?
4. Do you go out to see your friends?
5. Do you usually like activities well-planned, or do you like to do things on the spur of the moment?
6. What do you like to do for entertainment?
7. Do you like to listen to music? What kind? How loud?
8. Do you like quiet surroundings?
9. Do you like to watch TV?

QUESTIONS YOU MIGHT WANT TO ASK (cont'd)

10. What hobbies do you have?
11. Do you consider yourself a flexible person? What examples can you give?
12. How do you react if you have to change your plans at the last minute?
13. Tell me about your personality!
14. What do you personally expect to give to this job?
15. Why do you want this job?
16. Do you have any emotional or health concerns that might keep you from doing this job?
17. Do you have any questions about the job description or what I have explained to you about the job?

EMPLOYEE WORK RECORD

Name: _____

PLEASE LIST MOST RECENT EMPLOYER FIRST:

(1) Employer: _____

Address: _____

ZIP Code: _____

Work you performed:

Dates of work: From: _____ To: _____

Reason for Leaving:

(2) Employer: _____

Address: _____

ZIP Code: _____

Work you performed:

Dates of Work: From: _____ To: _____

Reason for Leaving:

(3) Employer: _____

Address: _____

ZIP Code: _____

Work you performed:

Dates of Work: From: _____ To: _____

Reason for Leaving: _____

EMPLOYEE WORK RECORD (cont'd)

Name: _____

(4) Employer: _____

Address: _____

ZIP Code: _____

Work you performed:

Dates of Work: From: _____ To: _____

Reason for Leaving:

Please list two (2) work-related references, including the name, address, phone number, and the relationship of the reference:

1. _____

_____ Zip _____

Phone _____

Relationship _____

2. _____

_____ Zip _____

Phone _____

Relationship _____

I understand that the information provided will be used for employment purposes.

Signed: _____ Date: _____

REFERENCE CHECK

FOR: _____

DATE: _____

RELATIONSHIP TO ABOVE: _____

DATES EMPLOYED: _____

ATTENDANCE RECORD: _____

WOULD RATE WORK:

HIGH AVERAGE BELOW AVERAGE

STRONG POINTS:

WEAK POINTS:

WOULD YOU RECOMMEND?

YES YES, BUT ... NO

WOULD YOU RE-HIRE?

YES YES, BUT ... NO

CHECK DONE BY:

SPOKE TO:

DATE: _____

HIRING

When you hire an employee, you should talk about these things with him or her:

1. The written job description.
2. The written Employee Agreement, which is part of the “CD Services Employee Application” in the “hiring packet” at the end of this manual (*Appendix C*). At this time, you and your employee must sign the agreement. More information about this agreement is in the section of this manual titled “Employee Agreements.”
3. Review the schedule of days and times that you expect your employee to work and what days your employee will be off. This is important to keep things going smoothly with your employee. Your backup support plan should be used on your regular employee’s days off, if needed. Talk about the date you want him or her to start working.
4. Decide on a time to train your employee, if needed.
5. The employee must fill out and sign the “I-9” form (also in *Appendix C*) and prove that he or she is either a U.S. Citizen or an alien allowed to work (using a birth certificate, Social Security card, or driver’s license). See the sections of this manual titled “Payroll Requirements” and “Employment Eligibility Verification – Form I-9” for more information about this form.
6. You must talk with your employee about the payroll dates and the fact that the first payroll check will be mailed to the employee **at least** 1 1/2 weeks after the end of the first payroll period.
7. You should explain the probationary work period. That means that if the employee is not able to do the job properly in 21 days, he or she will be fired.
8. Your CD Services Facilitator will do a Criminal History Record Request and Child Protective Services Check if appropriate for each employee you hire. If the employee has been convicted of crimes as described in 12 VAC 30-120-770 and the Code of Virginia (Section 32.1-162.9:1), you must fire him or her and begin the hiring process for another employee. A list of the specific crimes is provided in the section of this manual titled “Criminal History Record Request.” Your employee will be paid for the time worked until the criminal record was verified. You must sign the time sheets up to the date of firing and send them to the Fiscal Agent.

REMEMBER!! For each new employee you hire, you must fill out a **hiring packet**, which you'll find in the Appendix C at the end of this manual, and send the information to the Fiscal Agent. Here is a listing of the **forms that have to go to the Fiscal Agent** for each new employee:

- ❑ “CD Services Employee Application”
- ❑ “Employment Eligibility Verification” (or I-9) form

One form that must go to the Fiscal Agent **after** the person is hired, IF you find out that the employee has been convicted of a misdemeanor crime and you want to keep this person as an employee:

- ❑ “Individual/Employer Acceptance of Responsibility for Employment” (*Appendix E*).

THESE FORMS ARE SENT TO THE FISCAL AGENT FOR EACH NEW EMPLOYEE ONLY ONCE.

The address for the Fiscal Agent is:

Department of Medical Assistance Services
Consumer-Directed Payroll
P.O. Box 662
Richmond, Virginia 23218-0662

REMEMBER!! WITH THIS SERVICE, YOU CANNOT HIRE YOUR SPOUSE, NOR CAN YOU HIRE YOUR PARENT IF YOU ARE UNDER 18 YEARS OLD.

Other family members, who live under the same roof as you, cannot be your employee, unless the reason why no one else is able to provide the supports you need is clear and written down by the CD Services Facilitator.



EMPLOYEE AGREEMENTS

A written agreement between you and your employee will help you to start off with and keep a good working relationship. It will help each of you know your responsibilities. Problems may and probably will arise between you and your employee from time to time. Going back and looking at a written agreement may help clear up many work-related disagreements.

When you hire your employee, you must have him or her sign the “Employment Agreement,” which is a part of the “CD Services Employee Application” in the hiring packet. You send the original Application to the Fiscal Agent, keep a copy for yourself and give a copy to your employee. Your CD Services Facilitator may help you with this.



CRIMINAL HISTORY RECORD REQUEST

The CD Services Facilitator will help you get the Criminal History Record Request results. You must submit one for every employee you hire for Consumer-Directed services. If the individual to receive CD services is a minor, the Services Facilitator must also complete a Department of Social Services Child Protective Services Request for Search of the Central Registry and Release of Information form.

The following list of crimes applies to applicants for employment for the Consumer-Directed services of the Mental Retardation Waiver. Your CD Services Facilitator must tell the fiscal agent if the criminal history record check finds that your employee has been convicted of one of these crimes or if the employee has a founded complaint confirmed by the DSS Central Registry. If he or she has, he or she will not be reimbursed for services provided to you after the record check comes back. The employee will not be allowed to continue to provide MR Waiver Consumer-Directed services. The following crimes are listed in the Code of Virginia (Section 32.1-162.9:1) and the state Medicaid regulations (12 VAC 30-120-770).

- 1) Murder,
- 2) Abduction for immoral purposes (as set out in § [18.2-48](#));
- 3) Assaults and bodily woundings (as set out in Article 4 (§ [18.2-51](#) et seq.) of Chapter 4 of Title 18.2);
- 4) Robbery (as set out in § [18.2-58](#));
- 5) Sexual assault (as set out in Article 7 (§ [18.2-61](#) et seq.) of Chapter 4 of Title 18.2);
- 6) Arson (as set out in Article 1 (§ [18.2-77](#) et seq.) of Chapter 5 of Title 18.2);
- 7) Pandering (as set out in § [18.2-355](#));
- 8) Crimes against nature involving children (as set out in § [18.2-361](#));
- 9) Taking indecent liberties with children (as set out in § [18.2-370](#) or § [18.2-370.1](#));
- 10) Abuse and neglect of children (as set out in § [18.2-371.1](#));

- 11) Failure to secure medical attention for an injured child (as set out in § 18.2-314);
- 12) Obscenity offenses (as set out in § 18.2-374.1 or § 18.2-379); or
- 13) Abuse or neglect of an incapacitated adult (as set out in § 18.2-369).

The Code of Virginia (Section 32.1-162.9:1) also says that a person may be hired if he or she was convicted of one misdemeanor that did not involve abuse or neglect or low morals, as long as five or more years have passed since he or she was found guilty.

If you find out that you have hired an employee who was convicted five or more years ago of a misdemeanor crime, and want him or her to keep working for you, you must sign the “Individual/Employer Acceptance of Responsibility For Employment” form (in *Appendix E*). Your CD Services Facilitator can help you make a copy for your records and for the Services Facilitator, and send the original to the Fiscal Agent.



PAYROLL REQUIREMENTS

As each employee is hired, he or she must fill out an I-9 form in order to get paid. Employees will not be paid until the forms are completed correctly and processed by the Fiscal Agent. This is a requirement of the Federal government. The original I-9 is to be sent to the Fiscal Agent within three (3) days of hiring each employee. Your CD Services Facilitator can help you, if needed. A copy of the I-9 form and instructions are in the hiring packet.



EMPLOYMENT ELIGIBILITY VERIFICATION - FORM I-9

The United States (U.S.) government requires all employers to make sure that their employees are who they say they are and that they can legally work in this country. The government needs to be sure all employees are U.S. citizens or aliens allowed to work in the United States.

The government requires employers to have their employees fill out an I-9 form **within three days of hire**. This is for everyone hired after November 6, 1986 and should help you and the government make sure that your employee can work in the U.S. This is how to complete this form:

1. The employee must fill out and sign the top part of the I-9 form on the first day of work. The employee must print or type his or her complete name, address, date of birth, and Social Security number.
2. The employee must show you **two** (2) kinds of identification from the list, usually a valid driver's license and Social Security card, or birth certificate. See the list of possible documents on page 3 of the I-9.
3. After you have seen the identification, check off the correct boxes and sign the bottom of the I-9. Send the original Form I-9 **with photocopies** of the two kinds of identification that the employee showed you (from the list on page 3 of the I-9 form) to the Fiscal Agent.

Your CD Services Facilitator can help you, if needed.

This form is kept as a permanent record in each employee's file. You should keep a copy too.

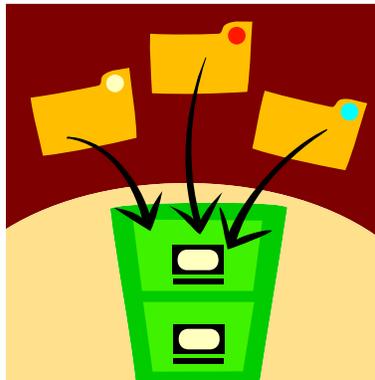
RECORD KEEPING

As an employer, you should have some type of record keeping system. This system may be by using a three-ring notebook or by using folders to keep all papers related to your employee.

Some documents you should keep include:

- ❑ the employee's job application,
- ❑ notes from the interview,
- ❑ reference checks,
- ❑ copies of time sheets,
- ❑ the agreement between you and your employee,
- ❑ any other forms with your signature.

Good records can solve disagreements and you will find it is easier to fill out any reports that are needed.



TRAINING NEW EMPLOYEES

The most important part of training your assistant or companion is giving clear directions that can be easily understood.

When training your employee, be prepared so that you are comfortable giving instructions. A checklist may help your new employee learn the routine. After you review the checklist with the employee, it should be posted. Use your job description or Individual Services Plan (ISP) to make sure all areas are covered. You may want to re-explain the types of things that you need help with.



When explaining how you need something done, especially something that may be hard or new to your employee, go over each step simply and clearly. To make sure that your employee UNDERSTANDS, have him or her repeat it back and show you if he/she can. This will help both of you to be less worried and there will be fewer mistakes.

Explain any health or safety emergencies that might happen. Make sure your medical conditions are written down and include anything that the employee must do in an emergency. Keep a list in the same place near the phone with the name of your doctor and telephone number, allergies, preferred hospital, disability, and the rescue/fire department phone number.



Training does not happen in just the first day or week of employment. Review how things are to be done from time to time with your employee to make sure that he or she is following your plan. This also keeps you in practice at giving directions.

FLEXIBLE SERVICE DELIVERY

You may need Consumer-Directed services at two separate times of the day (for example, some hours in the morning and some hours in the evening). Your Consumer Service Plan (CSP) must show the need for flexible hours of services, and your Consumer-Directed services Individual Services Plan (ISP) must show what activities will be done during each time period. You may have two different employees: one for the morning and one for the evening, or you may have one employee who works both times.



Either way, the total number of hours of services provided must be preauthorized by DMHMRSAS. You are encouraged to contact your CD Services Facilitator when unusual situations occur or you think you need changes in hours and times of services.

JOB EVALUATIONS

In evaluations you give your employee *feedback* about how he or she is doing on the job. Evaluations are important because they let employees know what they are doing well (through praise) and how they can do better (through recommendations).

When you evaluate your employee, you should give him or her time to react to your feedback. Give the employee your full attention and really **listen** during this time. Show your respect for your employee and what he or she is saying. Look him or her in the eye when each of you is talking. After your employee has finished speaking to you, repeat in your own words what was said to make sure that you understand. You might begin with saying, “So what you are telling me is...” or “So you are saying...?” This gives you a chance to make sure you understood what your employee has said.

You may use the written job description or a checklist that includes all of the job duties that you expect your employee to perform to help you evaluate your employee.

Using the checklist system gives you a chance to solve small problems before they become too big. Checklists can also protect both you and your employee by providing a written record of the parts of the job. They are also helpful if you are ever asked for a job reference for an ex-employee or if you need to show why you fired an employee. On the following page you will find a *sample* checklist that will help you in designing your own.



SAMPLE
PERSONAL ASSISTANT DUTIES CHECKLIST

EMPLOYEE: _____

DATE: _____

| | SATISFACTORY | NEEDED IMPROVEMENT |
|--|--------------|--------------------|
| A. <u>PREPARATION</u> | | |
| 1. Get clothes ready | | |
| 2. Prepare bath water | | |
| 3. Check bathroom temperature | | |
| 4. Make sure needed materials are available | | |
| 5. Ensure privacy | | |
| | | |
| B. <u>ROUTINE</u> | | |
| 1. Assist in clothing removal | | |
| 2. Move from bed to bath | | |
| 3. Wash and rinse hair | | |
| 4. Assist with hair care | | |
| 5. Move from bath to dressing area | | |
| 6. Dry body thoroughly | | |
| 7. Conduct skin check (check for pressure sores) | | |
| 8. Apply lotion or powder | | |
| 9. Apply deodorant / makeup, or shave | | |
| 10. Assist in dressing | | |
| 11. Move to wheelchair | | |
| 12. Assist with dental care | | |
| 13. Move to breakfast area | | |
| | | |
| C. <u>CLEAN-UP</u> | | |
| 1. Put away all materials | | |
| 2. Clean bathroom | | |
| | | |

COMMUNICATING WITH YOUR EMPLOYEE

Employers want employees to be happy and satisfied with their work. This helps an employee to become someone that you can count on. Good communication between you and your employee may help do this.



Communication Tips:

1. In addition to being paid, employees like to hear praise for their work. Employees want to feel that their work is appreciated, needed and important. [NOTE: You cannot pay your employee more than what Medicaid pays them, even if he or she does a great job for you or says more money is needed.]



2. When you tell your employee you are not pleased with something, be open and honest; you may make suggestions about how you need the tasks completed.
3. Don't let small things that bother you add up until an angry explosion occurs. Letting out anger in this way is often hurtful. If you feel upset about something that is happening, talk about it as soon as possible. This may happen every day, especially if you have just begun to work together.



4. Respect your employee. Treat your employee the way you would like to be treated. Be honest, fair, kind, respectful and patient.

5. Although your employee works for you, you should not ask your employee to do more than he or she should. Employees need time off for their personal lives. The hours and times on the job description should be followed. Employees should not be asked to complete tasks that are not on the job description.
6. Ask your employee how he or she feels about the work and about you as an employer. Set up a regular time to share concerns and ideas about the work. Together you may talk about making changes in the routine, in your attitudes or in anything else that can correct a work-related problem.



To bring it all together, you as the employer have a chance to make a good work place for your employee. This will help him or her to be happy and want to work well for you. Good communication is the key. An employee who is pleased in the work setting may stay with you longer and do a better job.

WORKING OUT PROBLEMS

If you find you are having a problem with your employee, do your best to talk about the problem together. Most of the time, talking it over and telling him or her what you expect from an employee will help.



Sometimes small problems can pile up or “mushroom” and become large problems, if they are not taken care of when they happen. Talking about the small things right away will keep them from growing into bigger problems. Even if you and your employee have a serious problem or disagreement, you may try to work it out rather than fire him or her right away.

When you talk to your employee, you might find it helpful to follow these suggestions:

1. Describe the employee’s **actions** without calling names, blaming or insulting. Make sure the disagreement is over *actions*, not *personalities*. An example of a way to describe actions is, “You have been late for work the last four mornings.”



2. Describe the problem as one that you both have, and one that you want to solve. Don’t describe it as a win or lose battle. An example of how to do this is, “When you are late, I am late for work. What can we do to solve this problem?”
3. Describe the problem as specifically and clearly as possible and give examples. For example you could say, “When you are late for work, I can’t get ready for work in time to catch the bus.”

4. Describe your feelings and reactions to your employee's job performance. You might say, "I feel angry when you don't show up for work on time."



5. Describe any part of the problem that may be your responsibility. An example is, "I know I didn't tell you that the next bus that goes by my work place gets me there an hour late."

After listening and talking together, try to agree on a plan that will solve the problem.

Sometimes it's hard to tell people that you're unhappy with them. If you have problems talking about what's bothering you, ask a family member you trust or your CD Services Facilitator for help in working things out with your employee.



FIRING YOUR EMPLOYEE

You know that if you are having problems with your employee, you should first try to sit down and talk about the problem. Most of the time, this will help. But if talking does not fix the problem you might have to give your employee a warning. Let your employee know that you are not happy with the way he or she is doing the job for you. Tell your reasons for being unhappy and give examples. Give your employee a certain amount of time (maybe a week or so) to get things right. It might be a good idea to write (or have someone write down for you) the problems that you are having with your employee, including examples, and give it to your employee.

If things don't get any better, fire the employee. As the employer, you have the right to fire your employee. Some reasons you may need to fire your employee include the following:

- being very late to work again and again,



- not showing up for work on a scheduled day,
- stealing your money or things,



- using your things without permission, or
- abuse (which means hurting you on purpose, touching you in a way that makes you feel bad, yelling at you, saying mean things to you or calling you names).



Be sure to tell the employee to return your house or apartment key and any other things of yours before his or her last workday. Write down (ask for help, if you need it) the reason why you fired your employee. The “Notice of Discontinued Employment” form is a good way to do this (in *Appendix F*).

If you can, try to give your employee some notice (in other words, let him or her keep working for you for a week or two more). This gives you time to find a new employee and gives the employee time to get another job. If you are firing your employee because of **abuse**, **fraud** (that means trying to get paid for hours he or she did not work), or **neglect** (that means not taking proper care of your health or safety), *fire the person right away*. You do not have to give the employee notice.

Having to fire an employee immediately is another good reason to have a backup support plan. Having a list of substitute employees allows you to fire an employee if you need to, without worrying about finding a new employee right away or having to use volunteer backup supports.

HAVING A HARD TIME FINDING A NEW EMPLOYEE



If your backup employee cannot help you until you hire a new employee, you may request a list of people who are on your CD Services Facilitator's registry. You may use this list to find a new employee or a substitute until you find another employee.

If hiring or keeping an employee is difficult for you, your health and safety may be at risk. This may especially be a problem if your backup support plan cannot meet all your needs over time. In this case, you, your CD Services Facilitator and your Case Manager may need to talk about Agency-Directed services for you.

You may decide that, hiring or keeping employees is not working out for you and you are no longer interested in Consumer-Directed services. You may ask your CD Services Facilitator and your Case Manager to help you get other services meet your needs.

SAFETY AND PRECAUTION

Your employee and you should be safe at all times. You and your employee must be careful when handling human body fluids, such as:

- Blood;
- Any body fluid you can see has blood in it;
- Mucous;
- Urine;
- Feces;
- Vomit;
- Saliva;
- Semen; and
- Vaginal fluid.

If there is a chance that your employee will touch blood or any of the other body fluids above, broken skin, or your eyes or nose, he or she should always wear disposable (plastic gloves that can be thrown away) gloves and coverings, such as aprons or eye goggles. These will help keep your and your employee from becoming sick or making you sick.

- Employees should wear gloves when they are changing bandages and bathing you if you have broken skin. Disposable gloves are not to be washed or re-used. They are to be thrown away as soon as they become soiled, torn, get a hole, or if they seem like they won't protect the employee for any reason. A new pair of gloves should then be used.



- Face masks or goggles are to be used when there is a chance your employee might be splashed or sprayed with blood or another body fluid from the list above. For example: splashing could include a cut that is bleeding so much that some might splash on the employee after hitting the floor, or a container of urine that is accidentally spilled or dropped on the floor.



- Sometimes a plastic apron or other protective clothing should be worn by the employee to protect his or her own clothes from getting blood or other body fluids on them.

After taking off gloves, goggles or other protective items, your employee should wash his or her hands and any other skin areas that might have touched the body fluid with soap and water right away. If your employee touched any body fluid and is worried, he or she should contact the local Department of Health as soon as possible.



Your employee must get CPR training, a flu shot and be tested for Tuberculosis every year, and you should encourage your employee to get a shot for the Hepatitis B virus. Your Services Facilitator can help your employee pay for these things and DMAS will reimburse the Services Facilitator.



All of this information should be given to your employee while you are training him or her. Remind him or her each day, if your employee has trouble remembering to follow this important health practice. If your employee will be exposed to your blood or other body fluids with blood in them, you may be able to get disposable gloves, gowns or masks through Medicaid from a Durable Medical Equipment provider of your choice. Gloves are only available for this reason.



ACCIDENTS ON THE JOB

No one *expects* an injury to occur to your employee while he or she is working for you. However, that can and sometimes does happen.



As the employer, you must be aware of any dangers in your home that might cause an injury. You are also expected to give your employee clear, safe directions while he or she assists you or does household tasks. EMPLOYEE SAFETY FIRST is at the top of the list of your duties as an employer.

If you aren't sure how to tell your employee to do a certain task in the safest way (for example, help you transfer from your wheelchair to the toilet) let your CD Services Facilitator know. He or she is available to help you develop a way to safely transfer and train your employee to do this. Another idea is to have someone who has done this sort of thing before and knows the right way to do it to work with you and your new employee to show the best way. Some employers have made a videotape of the transfer techniques and show this to new employees as part of their training. *Remember, it is much easier and costs less to keep an accident or injury from happening than it is to take care of it after it happens.*



If your employee is hurt while working for you, it is recommended that you call your CD Services Facilitator to notify him or her. Make sure your employee gets the medical help he or she needs.



IMPORTANT: Employees do **not** receive Worker's Compensation through this program and are responsible for their own medical bills.

UNEXPECTED DEATH AND YOUR EMPLOYEE

What happens to your employee if you die? This is not something most people like to talk about, but it is something that you should think a little about.

It's a good idea for you to have a list written down of people to call and things that will need to be done if you should die. It's a good idea that you talk this over and give a copy of this list to someone you know and trust. It's probably best to have a family member, close friend or your Case Manager to help you with this planning, rather than your assistant or companion who may not be with you for years and years.



Your employee will be paid up until the day of your death. Your employee needs to know to submit his/her timesheet to the Fiscal Agent as usual. As always, the payment will be mailed to the assistant or companion.

COMPLETING CD SERVICES TIME SHEETS

Time sheets must be filled out completely (see sample form in *Appendix G* and blank form in *Appendix D*). This includes being signed by you and your employee. Unsigned forms will be returned to you for signatures and no check will be sent to the assistant or companion until the time sheet is signed and returned to the Fiscal Agent.

If the Department of Social Services (DSS) says that you have a Patient Pay, you must pay the part of your employee's wages that equals your monthly Patient Pay. If you have other MR Waiver services, you may be paying this Patient Pay to another provider. If CD services are your only MR Waiver service, you are to subtract your Patient Pay from your employee's total wages as listed on the time sheet. The amount left over will be paid to your employee by the Fiscal Agent (DMAS). The fiscal agent WILL NOT reimburse your employee for the money owed to him or her that is to be paid by your Patient Pay amount. For example, a Personal Assistant worked two weeks and you owe him \$300.00. Your monthly patient pay is \$100.00. The \$100.00 will be subtracted on the time sheet and it will be your responsibility to pay your Personal Assistant the \$100.00. The fiscal agent will pay the assistant the rest of the wages for that time period (\$200.00).

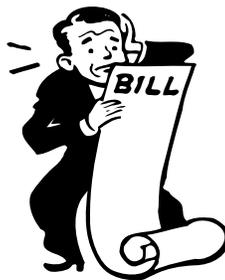


If you do not pay your employee the Patient Pay amount you owe him or her, you may be removed from CD Services.

A time sheet is required for each employee that you have. So, if you use two Personal Assistants, then you will send in two time sheets. If you have one employee providing two services, he/she needs to fill out a time sheet for each service. Send time sheets at the end of the pay period to:

Department of Medical Assistance Services
Consumer Directed Payroll
P.O. Box 662
Richmond, Virginia 23218-0662

You must make sure that the Fiscal Agent receives the time sheet by the **third business day after the last day of the pay period**. The Fiscal Agent will process the time sheet and send the paycheck to your employee. The pay periods are listed on the “Pay Schedule” sheet in the hiring packet you received from your CD Services Facilitator. Also make sure you keep a copy of the time sheets for the Services Facilitator to review when he or she visits you. You might find it easiest to put a piece of carbon paper in between two copies of the time sheet form, so that you’ll have a copy to show the CD Services Facilitator. You will be billing for services that have been provided by your assistant or companion, so make sure you do not bill for more hours than are authorized in your Individual Services Plan.



Tips for handling time sheets

- Mail each time sheet(s) to the Fiscal Agent after you receive services on the last Wednesday of the pay period;
- When you mail the time sheet, be sure to check the time that the mail will be picked up by the Post Office to make sure that it will be picked up in time; and
- Keep a copy of each time sheet.

Holidays and bad weather

The Post Office is closed on federal holidays. The Fiscal Agent’s offices are closed on state holidays. If there is a holiday during the time that you would usually mail your timesheets, you may want to mail them as soon as possible or contact the Fiscal Agent for special instructions. Tell your employee that, if the Fiscal Agent’s offices are closed during the time payroll checks would normally be handled, he or she will need to allow an extra day or two for the check to arrive. Also keep in mind that bad weather, especially in the winter, may cause the offices that handle the time sheets and cut the payroll checks to close unexpectedly.

APPENDICES

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[Completed originals of forms in **bold print** must be sent to the Fiscal Agent at the appropriate times.]

Appendix A

INDIVIDUAL SELECTION OF CONSUMER-DIRECTED SERVICES

I have selected _____ (hereafter referred to as “Services Facilitator”) as the approved Services Facilitation provider to coordinate my Consumer-Directed services through the Virginia Consumer-Directed Services Programs. The Services Facilitator has informed me regarding how much control I have over the employees who will provide my Personal Assistant, Companion, or Respite Services. I understand that the Virginia HIV/AIDS, IFDDS, EDCD, or MR Waiver will allow me to exercise my right to direct and supervise my Consumer-Directed services in a manner that is consistent with my needs, capacity, and interest in directing my own services.

Individual As The Employer

1. Under the HIV/AIDS, EDCD, IFDDS or MR waiver, I choose to employ the assistants or companions who will provide my services. In selecting Consumer-Directed services, I understand that I choose to be the legal employer of the assistants or companions who will provide my services. As their employer, I have the right and responsibility to hire and direct them in the provision of my services and to perform and fulfill the duties of an employer, including recruiting, selecting, hiring, training, supervision, the authorization of the payment of wages, and dismissing employees, as necessary. I understand that I can also receive, at my request and as needed, assistance from the Services Facilitator in performing these tasks. I also understand that the Department of Medical Assistance Services will fulfill my payroll and fiscal duties and obligations as an employer by being appointed as my payroll and fiscal agent, to act on my behalf, by signing the “CD Services Employee Application” form.
2. Once I select and hire an assistant or companion I will notify the Services Facilitator. I will have the assistant or companion sign a Criminal History Record Request form, and the Services Facilitator will submit the form to the Virginia State Police on my behalf. If the assistant or companion has been convicted of a crime as specified in Section 32.1-162.9:1 of the Code of Virginia or 12 VAC 30-120-770, I agree to dismiss him or her and search for another assistant or companion.
3. I will establish the assistant’s or companion’s schedule to provide services within the limits established in the plan of care.

4. I understand that I have the primary responsibility for making arrangements for back-up services in the event an assistant or companion is unable to work on a regularly scheduled work-day. I agree to use family, friends, and neighbors as sources of back-up services where possible.
5. I am responsible for supervising the employee's record of hours worked. The employee's and my signatures on the time sheet attest that all times submitted for payment are actual and accurate. I understand that the Virginia Consumer-Directed Services Programs will only pay for hours consistent with my plan of care.

My signature indicates that I have been informed of and accept my rights and responsibilities as an employer in the HIV/AIDS, IFDDS, EDCD, or MR Waiver.

Employer's Signature _____ Date _____

This form must be signed before services begin and a copy maintained in the employer's and SF's records.

Appendix B

SERVICES AGREEMENT BETWEEN THE INDIVIDUAL AND THE SERVICES FACILITATION PROVIDER

This agreement is made between _____ hereafter referred to as “Services Facilitator”, and _____, hereafter referred to as “Individual,” for the purpose of establishing the relationship, roles, and responsibilities of the parties. The Services Facilitator is a Services Facilitation provider enrolled in and authorized to provide services through the Virginia Consumer-Directed Service Programs of the HIV/AIDS, EDCD, MR, or IFDDS Waiver(s). The individual is eligible to receive Consumer-Directed Personal Assistance, Companion, or Respite services, depending upon the service that is allowed in his/her waiver.

A. Individual

1. By this agreement, the individual chooses the Services Facilitator as the qualified provider of Services Facilitation Services that the Individual is authorized to receive through the Medicaid waiver. The Individual understands that the services that the Services Facilitator will provide are limited to those activities and tasks related to the Individual’s approved plan of care.
2. The Individual agrees to follow the policies and procedures of the Services Facilitator, of the Services Facilitator’s designees, and of the Virginia Consumer-Directed Services Programs, including:
 - a) Reporting to the Services Facilitator any changes that would affect the Individual’s eligibility or need for Consumer-Directed Services;
 - b) Receiving training and assistance from the Services Facilitator and participating in training for employees, as necessary, to ensure the Individual’s health and safety and the Individual’s continued participation in the Consumer-Directed Services Program(s);
 - c) Allowing the Services Facilitator and/or representatives of the Virginia Consumer-Directed Services Program(s) into the Individual’s home to monitor the Individual’s participation in the Program(s); and
 - d) Making available for the Services Facilitator’s inspection and copying documents and records required for the Individual’s continued participation in the Virginia Consumer-Directed Services Programs.

The Individual understands that failure to follow these policies and procedures may result in the Individual's termination from the Virginia Consumer-Directed Services Programs.

3. The Individual understands his or her right to select employees, make decisions about, direct the provision of, and control the Consumer-Directed Service to the maximum extent that the Individual desires and is capable. The Individual understands that he or she may request and receive assistance and support from the Services Facilitator in coordinating the Individual's Consumer-Directed Services.
4. The Individual is responsible for timely completion and delivery of employee time sheets according to the payroll schedule established by the Services Facilitator. The Individual understands that late arrival of time sheets may result in delays in the employee being paid.
5. The Individual agrees to pay through a Fiscal Agent the employee's wages in full on a regular schedule for the approved hours worked by the employee.
6. When an assistant's or companion's employment ceases, the Individual agrees to notify the Service Facilitator of the date and reason the employment ceased.

B. Service Facilitator

1. As an authorized service provider in the HIV/AIDS, EDCD, MR or IFDDS Waiver(s) and as the Services Facilitation provider selected by the Individual, the Services Facilitator agrees to provide service facilitation services.
2. The Services Facilitator will provide the following resources to the Individual as requested and/or needed by the Individual:
 - a) Training and skills development for the Individual and for the Individual's employees; and
 - b) A Consumer-Directed Services Registry.
3. The Services Facilitator agrees to supervise the plan of care in a manner that ensures the Individual's health, safety, welfare, and personal autonomy, including periodic monitoring of the provision of the services. The Services Facilitator agrees to ensure that services provided to the Individual are authorized and appropriate.

4. The Services Facilitator agrees to maintain appropriate records and to provide the Individual with information necessary for the Individual's continued participation in the Virginia Consumer-Directed Services Program(s).

C. Regulations

Any applicable federal, state, or local regulations pertaining to the provision and receipt of the Consumer-Directed Services are hereby incorporated by reference in this agreement.

D. Duration and Modification of Agreement

This written agreement constitutes the entire agreement and understanding between and among the Individual and the Services Facilitator. This agreement will be in effect as of the date the agreement is signed by the Individual and the Services Facilitator. The agreement can be modified by agreement of both parties. This agreement may be terminated immediately by either of the parties upon breach of any of its terms. This agreement may be terminated without cause upon ten (10) days' written notice of one party to the other.

Individual Signature _____ Date _____

Services Facilitator Signature _____ Date _____

This document must be signed before services begin and a copy kept in the employer's and SF's records.

APPENDIX C
Hiring Packet

The following documents must be completed and sent to the Services Facilitator and Fiscal Agent before your employee can be paid.

Dear Employer:

As an Employer of an Attendant, Assistant or Companion in the HIV/AIDS, Elderly or Disabled with Consumer Direction, Individual and Family Developmental Disabilities Support Waiver, or the Mental Retardation Waiver you must have your new employee complete all the forms in the enclosed packet. It includes important information for both you and your personal assistant/companion. All forms and requested documents must be completed or your employee cannot be paid. These forms must be returned prior to or included with the first timesheet.

All forms must be returned to:

Consumer Directed Payroll
P.O. Box 662
Richmond, VA 23218-0662

Thank you,
CD Fiscal Agent

Patient Pay

Some participants in the waivers are responsible for paying a portion of the personal assistant's or companion's salary. Patient Pay is the amount the employer pays directly to his or her employee, and is noted on the personal assistant's/companion's timesheet. **IF** you must contribute a Patient Pay amount, the full amount will automatically be deducted by the payroll system from the employee's first paycheck of the month. The first of the month is determined by the changing of the months during a pay period. For example, if the pay period is April 19, 2001 through May 2, 2001, then this would be the first pay period for May. If the employer fails to pay the Patient Pay to the assistant/companion, the employee may choose to terminate employment, but resolution is between employer and employee.

There are also times when the assistant's/companion's check could be a negative amount after deducting taxes and patient pay from gross pay. This means the employee is over paid. For example:

| | |
|--------------|---------------|
| Total Wages | \$300. |
| Taxes | <u>-\$ 50</u> |
| Net Amount | \$250 |
| Patient Pay | <u>\$300</u> |
| Final Amount | -\$50 |

In this example, a \$50 negative balance from this pay period would be subtracted from the next paycheck. The waiver payroll databases will automatically deduct a negative balance carried from the previous period. If you have any questions regarding this notice, the following resources are available:

| | |
|-----------------------|----------------|
| Toll Free Number | 1-866-225-1768 |
| Richmond Local Number | 804-786-0176 |
| Long Term Care Number | 804-786-1465 |

**Department of Medical Assistance Services (DMAS)
Consumer Directed Services Employee Application**

Employer Information

| | | | |
|-------------------------------|-----|--------------------------------|------|
| Individual's Last Name | | Individual's First Name | |
| Address | | | City |
| State | Zip | Medicaid Number | |
| Telephone Number | () | Social Security Number | |

Employee Information

| | | | |
|--|-------|---|-----|
| Attendant's/ Assistant's/ Companion's Last Name | | Attendant's/ Assistant's/ Companion's First Name | |
| Address | | | |
| City | State | Zip | |
| Social Security Number | | Telephone Number | () |
| Alternate Telephone | () | Relationship to Employer* | |

Service Facilitator Information

| | | | |
|--------------------|-------|---------------------------|-----|
| Agency Name | | Facilitator's Name | |
| Address | | | |
| City | State | Zip | |
| Telephone Number | () | Alternate Telephone | () |

Signature Authentication

Individuals selecting consumer directed services are required to sign documentation confirming that services were delivered as stated. Individuals must provide their original signature so that all future signatures can be verified as authentic.

- 1) If the individual is directing his/her own care and will be signing forms then the signature at end of this form will be used to verify future signatures.
- 2) If the individual makes a mark or has an illegible signature then someone other than the attendant/assistant/companion must witness the form and this section must be completed.

| | | | |
|---------------------------|----------------------------|-------------|--|
| Recipient's Mark | | Date | |
| Witness' Last Name | Witness' First Name | | |
| Signature | | Date | |

- 3) If a person other than the individual will be the ~~employee~~ employer of record then he/she must complete and sign this form. Whenever signing the authorized signer must sign their name and then print the individual's name after his/her signature.

| | | | |
|--|--------------|---|------|
| Authorized signer's Last Name | | Authorized signer's First Name | |
| Signature | Signing for: | | Date |
| Back-up Authorized signer's Last Name | | Back-up Authorized signer's First Name | |
| Signature | Signing for: | | Date |

Permission for DMAS to act as Fiscal Agent for Employer

The Internal Revenue Service ("IRS") has determined that you and your Personal Assistant/Companion have a common-law employer-employee relationship, which means that you are the employer of your Personal Assistant/Companion.

Social Security laws require that all employers pay FICA (Federal Insurance Contributions Act) tax to the federal government to allow the employee to have Social Security benefits. In addition, employers must pay federal and state unemployment taxes for their employees. As such, FICA and federal and state unemployment taxes must now be paid for your attendant.

The Department of Medical Assistance Services will make these tax payments on your behalf to the federal government once you authorize the agency to act as your fiscal agent. These tax payments will be made without cost to you. The Department of Medical Assistance Services will keep this statement on file. Without your signed authorization, services cannot be provided, and payment of these taxes would be your responsibility.

Authorization

I authorize the Department of Medical Assistance Services to act as my fiscal agent in withholding FICA taxes from the wages being paid on my behalf to the person who provides care to me in my home. I also understand that the Department of Medical Assistance Services will collect and pay the necessary Social Security taxes; pay federal and state unemployment taxes as needed; and issue W-2 forms as required for payment made to my service provider on my behalf.

Employee Agreement

Parties to Agreement

This employment agreement is made this ____ day of _____, 20 ____, by and between _____, hereinafter called "Attendant/Assistant/Companion," and _____, hereinafter called "Employer." The purpose of this agreement is to establish the responsibilities of the parties to each other. The Attendant/Assistant/Companion is an employee at will.

Compensation

The Attendant/Assistant/Companion shall be compensated for his or her services at the hourly rate of \$ _____. The Attendant/Assistant/Companion will not be paid for providing services until the Fiscal Agent receives both a notice of approved authorization for services and a completed, approved attendant application.

Duration of Agreement

This agreement will be effective when both parties sign it. Either party may terminate this Agreement and the employment contemplated herein at any time and without liability for doing so, by giving the other party hereto at least 5 (five) days prior notice. Notice may be provided either orally or in writing.

Modification of Agreement

The only terms that may be modified are the scheduling terms. Modification of this agreement must be in writing.

Scheduling

If the Attendant/Assistant/Companion is unable to work a scheduled time, the Attendant/Assistant/Companion shall provide at least _____ hours advance notice to the Employer, in order for the Employer to find an alternate. A change in time by the Employer or Attendant/Assistant/Companion must be scheduled at least _____ hours in advance. In case of emergency, the Attendant/Assistant/Companion will notify the Employer or another designated person. Such person shall be designated in advance, in writing. If an

Attendant/Assistant/Companion is knowingly going to be late, he or she shall notify the Employer by telephone.

Attendant/Assistant/Companion Qualifications

The Attendant/Assistant/Companion attests that he or she meets these minimum qualifications:

- 1) is 18 years of age or older;
- 2) has the required skills to perform services as specified in the Employer's service plan;
- 3) possesses basic math, reading, and writing skills in English;
- 4) possesses a valid Social Security number;
- 5) is a citizen of the United States, or is otherwise eligible to work in this country as verified on the Employment Eligibility Verification Form (I-9).
- 6) is willing to submit to a criminal record check upon employment; Employer agrees to select or employ Attendant/Assistant/Companion **on an interim basis pending completion of a criminal history record check, for those crimes as specified in 12 VAC 30-90-180**. The Employer has discussed with the Attendant/Assistant/Companion and reserves the right to dismiss the Attendant/Assistant/Companion based on the results of the criminal history record check. and
- 7) Attendant/Assistant can demonstrate the capability to perform health maintenance activities required by the Employer or specified in the Employer's service plan, or be willing to receive training in performance of the specified health maintenance activities (DOES NOT apply to Companions).
- 8) For EDCD Waiver, Personal Attendant is not the spouse or parent or stepparent if individual is a minor. For IFDDS Waiver, Personal Attendant is not the spouse, parent, if individual is a minor, or legally responsible relative of the individual. For MR Waiver, Assistant/Companion is not the spouse or parent, if individual is a minor. I understand that I may not be paid for services furnished if I am a family member/caregiver living under the same roof as the individual unless there is objective written documentation attached to this application as to why there are no other providers available to provide the care and that this situation must be approved by the recipient's Services Facilitator and the Fiscal Agent.
- 9) Attendant/Assistant/Companion will not be paid while the individual is in the hospital or nursing facility. The Attendant/Assistant/Companion will not be paid for time he or she does not work.
- 10) Attendant/Assistant/Companion is responsible for filing and paying Federal and State income taxes. I understand that Social Security and Medicare payments (FICA) will be withheld from my check and forwarded to Social Security on behalf of my employer.

Attendant/Assistant/Companion Duties

Duties of the Attendant/Assistant/Companion include, but are not limited to, the following:

- 1) assisting the Employer by providing the services and performing the activities specified in Employer's service plan;

- 2) protecting the health and welfare of the Employer by providing authorized services in accordance with the policies and standards of the EDCD, IFDDS, MR, or HIV/AIDS Waiver Programs, including the Minimum Qualifications for Employment as an Attendant/Assistant/Companion;
- 3) providing services as specified in the Employer's service plan on a schedule mutually agreed upon between the Employer and the Employee. Occasional variations in tasks and in the schedule may occur, based on mutual agreement of the parties;
- 4) notifying the Employer as soon as possible in the event of illness, emergency, or incident preventing the Attendant/Assistant/Companion from providing scheduled service to the Employer, so that the Employer can obtain assistance from someone else;
- 5) participating in training in providing services, including training in performing any allowable health activities, as required by the Employer or as specified in the Employer's service plan;
- 6) confidentially maintaining all information regarding the Employer and respecting the Employer's privacy. All private matters discussed during working times shall be kept confidential;
- 7) paying all required federal, state, and/or local wage and/or income taxes levied against the Attendant's/Assistant's/Companion's wages. The Attendant/Assistant/Companion agrees to cooperate with the Employer and the Employer's Fiscal Agent in providing information needed to comply with all income and unemployment taxation laws and regulations;
- 8) understanding that this agreement does not guarantee employment or payment of wages for any time period;
- 9) understanding that the Attendant/Assistant/Companion is employed by the Employer and not by the Services Facilitator, the Employer's Fiscal Agent, or the Commonwealth of Virginia;
- 10) not using the Employer's property for the Attendant's/Assistant/Companion personal use, unless mutually agreed upon by both parties prior to use of property. The Employer's telephone may be used only with prior permission on each occurrence; and
- 11) being punctual, neatly dressed, and respectful of all family members. All instructions as to care and assistance shall be carried out carefully.

Employer Responsibilities include:

- 1) selecting or employing Attendant/Assistant/Companion **on an interim basis pending completion of a criminal history record check, for those crimes as specified in 12 VAC 30-90-180**. The Employer has discussed with the Attendant/Assistant/Companion and reserves the right to dismiss the Attendant/Assistant/Companion based on the results of the criminal history record check;
- 2) orienting, training, and directing the Attendant/Assistant/Companion in providing the services that are described and authorized by the Employer's service plan or that are requested by the Employer;
- 3) establishing a mutually agreeable schedule for the Attendant's/Assistant's/Companion's services either orally or in writing;

- 4) providing adequate notice of changes in the Attendant's/Assistant's/Companion's work schedule in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed; and
- 5) in consideration of Attendant's/Assistant's/Companion's satisfactory job performance, the Employer agrees to authorize completed time sheets which allow net wages to be paid on a regular and timely basis, according to a predetermined payroll schedule. Net wages will include gross earnings calculated according to the pay rate minus payroll deductions for employee's share of FICA and other deductions as appropriate.

Mutual Responsibilities

The parties agree to follow the policies and procedures of the Employer's Services Facilitator, of the Services Facilitator's Agency's designees, and of the EDCD, IFDDS, MR, or HIV/AIDS Waiver Programs. The Personal Attendant and Employer agree to hold harmless, release, and forever discharge the Department of Medical Assistance Services and the Services Facilitator from any claims and/or damages that might arise out of any action or omissions by the Attendant/Assistant/Companion or the Employer.

| | |
|---|------|
| | |
| Employer's Signature (state signing for if not the recipient) | Date |
| | |
| (If Guardian) Relationship to Employer | Date |
| | |
| Attendant/Assistant/Companion Signature | Date |
| | |
| Services Facilitator Signature | Date |

You must attach a completed U.S. Department of Justice, Employment Eligibility Verification (I-9) form for the hire packet to be complete.

Insert I-9 – pdf here.

Insert I-9 page 2– pdf here.

Insert I-9 page 3– pdf here.

APPENDIX D

CD Employee Payment Packet

The following items are part of the Fiscal Agent packet and should be given to each CD employee you hire. They will help the CD employee get paid promptly and have important tax information.

Be sure to give a copy of your CD Services ISP / Plan of Care to the employee as well, so that he/she can deliver the services you need.

Dear Attendant/Assistant/Companion:

Congratulations! You have made the choice to make a difference in the life of an individual with disabilities by providing services to an individual in a Medicaid Waiver program, which will allow that individual to be independent in daily living.

Enclosed is a packet of information, along with a contract that needs to be completed by you and your employer, to complete the hiring process. The information requested will be used to produce payroll information, correspondence, and federal reporting. It is important that the information furnished by you is accurate and complete. This information must be submitted to the Department of Medical Assistance (“DMAS”) at the following address

Consumer Directed Payroll
P.O. Box 662
Richmond, VA 23218-0662

If all completed paperwork is not received by DMAS, it will prevent you from being paid.

As an employee of an individual of a Waiver program, DMAS is required by regulation from the Internal Revenue Service to withhold FICA (Social Security Tax) on your behalf. DMAS is also required to report any payments made in excess of \$600 during the calendar year. You are classified by the IRS as a “household employee,” therefore, DMAS is not required to withhold federal and state income taxes. You are responsible for paying your federal and state income taxes. In January of each year, you will receive a W-2 form from the DMAS bookkeeping company that will show your total income for the year and total FICA taxes paid by you.

If you have any questions concerning the information in this packet, please feel free to contact the DMAS office at the toll free number 1-866-225-1768. If you have concerns about lost or late checks, please contact Access Independence at 1-800-835-2716.

It is important that you advise DMAS of any changes in the information you have furnished. If you have a change of address or name change, you must submit a new I-9 form to the Fiscal Agent. If you are returning to work as a personal attendant for a recipient that you provided care for in the past then you must submit a new I-9 if your leave of absence was greater than one year.

Enclosures

INCOME TAXES FOR CONSUMER-DIRECTED SERVICES

As an Attendant/Assistant/Companion you will be responsible for filing any State and/or Federal income taxes you may incur. Listed below are some tips to remember for keeping your taxes in order and reducing the chance of any excessive liability at the end of the tax year.

1. If you expect to owe more than \$500.00 in federal taxes for the year, you should make estimated tax payments.
2. Estimated tax payments are made four (4) times a year.

April 15th
June 15th
September 15th
January 15th

3. To file Federal withholdings, you need form:

1040-ES

You may get these forms by calling the IRS.

To file state withholdings, you need form:

760S

You may get these forms by calling the State Department of Taxation.

4. At the end of the tax year you will receive a W-2 form, which is a statement of all your earnings and Social Security and Medicare payments for the year. This information is also provided to the IRS, so it is important that you maintain good records so that you can avoid any excessive tax liability at the end of the year.

PAY SCHEDULE

The pay periods will begin and end on the following dates. For example, if the pay period ends on the 31st and the Attendant/Assistant/Companion starts work on the 29th, the first timesheet would only be for those 3 days.

2005

| PERIOD BEGINNING | PERIOD ENDING |
|-----------------------------|--------------------------|
| 01-06-05 | 01-19-05 |
| 01-20-05 | 02-02-05 |
| 02-03-05 | 02-16-05 |
| 02-17-05 | 03-02-05 |
| 03-03-05 | 03-16-05 |
| 03-17-05 | 03-30-05 |
| 03-31-05 | 04-13-05 |
| 04-14-05 | 04-27-05 |
| 04-28-05 | 05-11-05 |
| 05-12-05 | 05-25-05 |
| 05-26-05 | 06-08-05 |
| 06-09-05 | 06-22-05 |
| 06-23-05 | 07-06-05 |

| PERIOD BEGINNING | PERIOD ENDING |
|-----------------------------|--------------------------|
| 07-07-05 | 07-20-05 |
| 07-21-05 | 08-03-05 |
| 08-04-05 | 08-17-05 |
| 08-18-05 | 08-31-05 |
| 09-01-05 | 09-14-05 |
| 09-15-05 | 09-28-05 |
| 09-29-05 | 10-12-05 |
| 10-13-05 | 10-26-05 |
| 10-27-05 | 11-09-05 |
| 11-10-05 | 11-23-05 |
| 11-24-05 | 12-07-05 |
| 12-08-05 | 12-21-05 |
| 12-22-05 | 01-04-06 |

2006

| PERIOD BEGINNING | PERIOD ENDING |
|-----------------------------|--------------------------|
| 1-5-06 | 1-18-06 |
| 1-19-06 | 2-1-06 |
| 2-2-06 | 2-15-06 |
| 2-16-06 | 3-1-06 |
| 3-2-06 | 3-15-06 |
| 3-16-06 | 3-29-06 |
| 3-30-06 | 4-12-06 |
| 4-13-06 | 4-26-06 |
| 4-27-06 | 5-10-06 |
| 5-11-06 | 5-24-06 |
| 5-25-06 | 6-7-06 |
| 6-8-06 | 6-21-06 |
| 6-22-06 | 7-5-06 |

| PERIOD BEGINNING | PERIOD ENDING |
|-----------------------------|--------------------------|
| 7-6-06 | 7-19-06 |
| 7-20-06 | 8-2-06 |
| 8-3-06 | 8-16-06 |
| 8-17-06 | 8-30-06 |
| 8-31-06 | 9-13-06 |
| 9-14-06 | 9-27-06 |
| 9-28-06 | 10-11-06 |
| 10-12-06 | 10-25-06 |
| 10-26-06 | 11-8-06 |
| 11-9-06 | 11-22-06 |
| 11-23-06 | 12-6-06 |
| 12-7-06 | 12-20-06 |
| 12-21-06 | 1-3-07 |

If you have questions regarding pay periods, please call your Services Facilitator or Case Manager.

**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Consumer Directed Services Timesheet**

| | | | |
|-----------------------------|--------------|------------------------------|--------------|
| Employee's Last Name | Please Print | Employee's First Name | Please Print |
| Social Security Number | | | |

| | | | |
|-------------------------------|--------------|--------------------------------|--------------|
| Individual's Last Name | Please Print | Individual's First Name | Please Print |
| Social Security Number | | | |

| | | | | | | | | | |
|-------------------------|---------|-----------|----------------|--|---|----------------|--|---|---------------------|
| Circle One: | | | | | | | | | |
| Assistant/ Attendant | Respite | Companion | WEEK 1: | | + | WEEK 2: | | = | TOTAL HOURS: |

My signature certifies that I have provided a service on the dates listed below. I understand that payment for this service will be from federal and state funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws. I also understand that, if applicable, I will receive as part of payment for my services the individual's patient pay amount.

Employee's Signature: _____ Date: _____

Patient Pay: I understand that, if applicable, I must pay the attendant(s) my patient pay amount when they receive their pay stub. The amount that I am responsible to pay to the attendant who had the patient pay amount deducted as indicated on their payroll stub is \$_____. This payment goes toward the cost of services provided and will be deducted from the payment made by DMAS to the attendant(s).
My signature certifies that I received service on the dates listed below.

Employer's/Authorized Signature: _____ Date: _____

| WEEK 1 | THURS. | FRI. | SAT. | SUN. | MON. | TUES. | WED. |
|---------------|--------|------|------|------|------|-------|------|
| Date: | | | | | | | |
| Time In: | | | | | | | |
| Time Out: | | | | | | | |
| Time In: | | | | | | | |
| Time Out: | | | | | | | |
| TOTAL: | | | | | | | |

| WEEK 2 | THURS. | FRI. | SAT. | SUN. | MON. | TUES. | WED. |
|---------------|--------|------|------|------|------|-------|------|
| Date: | | | | | | | |
| Time In: | | | | | | | |
| Time Out: | | | | | | | |
| Time In: | | | | | | | |
| Time Out: | | | | | | | |
| TOTAL: | | | | | | | |

DMAS-91 (12/04)

**PAYMENT PROCESS
CONSUMER-DIRECTED SERVICES**

Time sheet signed and mailed to DMAS
at the end of the pay period

Received at DMAS by the 3rd
business day following the end of the pay period (Schedule enclosed)

Processed at DMAS Office by the end of the 4th
business day

Check is cut and mailed or direct deposit posted the 7th
business day

The check is mailed directly to the employee.

You can help assure that there is no breakdown in the cycle by making sure that your time sheet is accurate, properly signed and received in this office by the 3rd business day following the end of the pay period. It is your responsibility to have the time sheets here. Any questions concerning payment, please contact Access Independence at (800) 835-2716.

Appendix E

INDIVIDUAL/EMPLOYER ACCEPTANCE OF RESPONSIBILITY FOR EMPLOYMENT

As an employer, I have the right to choose to hire and employ an employee who I know has been convicted of a crime that is **not specified** in Section 32.1-162.9:1 of the Code of Virginia and 12 VAC 30-120-770. These specified convictions are:

1. Murder;
2. Abduction for immoral purposes as set out in § 18.2-48, Code of Virginia;
3. Assaults and bodily woundings as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title § 18.2;
4. Robbery as set out in § 18.2-58;
5. Sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2
6. Arson as set out in Article I (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2;
7. Pandering as set out in § 18.2-355;
8. Crimes against nature involving children as set out in § 18.2-361;
9. Taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1;
10. Abuse and neglect of children as set out in § 18.2-371.1;
11. Failure to secure medical attention for an injured child as set out in § 18.2-314;
12. Obscenity offenses as set out in § 18.2-374.1; or
13. Abuse or neglect of an incapacitated adult as set out in § 18.2-369.

In doing so, I understand that this decision and the consequences thereof are my sole responsibility. In making any and all hiring decisions as an employer, I agree to hold harmless from any claims and responsibility the Department of Medical Assistance Services, the Services Facilitator that I have chosen and the Fiscal Agent.

Employer Signature _____ Date _____

This form must be signed and sent to the Fiscal Agent after receiving the results of the Criminal History Record Request. Copies are kept in the employer's and SF's records.

Appendix F
NOTICE OF DISCONTINUED EMPLOYMENT

The purpose of this form is to provide notice of the end of an employment agreement between the Individual/Employer and the Employee. The form provides an opportunity for either or both parties to document the reasons(s) for the termination of employment.

This form can be completed individually by the Employer or the Employee, or by both parties (the Employer and the Employee).

| |
|-----------------------------------|
| <u>INDIVIDUAL/EMPLOYER</u> |
| Name: _____ |
| Address: _____ |
| Phone: _____ |

| |
|------------------------|
| <u>EMPLOYEE</u> |
| Name: _____ |
| Address: _____ |
| Phone: _____ |

| |
|-------------------------------------|
| Date employment ended: _____ |
|-------------------------------------|

Briefly state below the reasons for ending the employment agreement between the two parties:

Employer Signature: _____ Date _____

Employee Signature: _____ Date _____

This form must be signed and mailed to the Fiscal Agent, with a copy kept in the employer's and SF's records.

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

Consumer Directed Services Timesheet

SAMPLE

| | | | |
|-------------------------------|---------------------------|--------------------------------|----------------------------|
| Employee's Last Name | Please Print: <i>Doe</i> | Employee's First Name | Please Print <i>Jane</i> |
| Social Security Number | 999-99-9999 | | |
| Individual's Last Name | Please Print <i>Smith</i> | Individual's First Name | Please Print <i>Robert</i> |
| Social Security Number | 000-00-0000 | | |

| | | | | | | | | | | |
|-------------------------|---------|-----------|----------------|------|---|----------------|------|---|---------------------|----|
| Circle One: | | | | | | | | | | |
| Assistant/ Attendant | Respite | Companion | WEEK 1: | 22.5 | + | WEEK 2: | 22.5 | = | TOTAL HOURS: | 45 |

My signature certifies that I have provided a service on the dates listed below. I understand that payment for this service will be from federal and state funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws. I also understand that, if applicable, I will receive as part of payment for my services the individual's patient pay amount.

Employee's Signature:

Jane Doe Date: 2/18/04

Patient Pay: I understand that, if applicable, I must pay the attendant(s) my patient pay amount when they receive their pay stub. The amount that I am responsible to pay to the attendant who had the patient pay amount deducted as indicated on their payroll stub is \$_____. This payment goes toward the cost of services provided and will be deducted from the payment made by DMAS to the attendant(s).

My signature certifies that I received service on the dates listed below.

Individual's/Authorized Signature: *Jocelyn Jones (Guardian for child) Robert Smith* Date: 2/18/04

| WEEK 1 | THURS. | FRI. | SAT. | SUN. | MON. | TUES. | WED. |
|---------------|---------|---------|------|------|---------|---------|---------|
| Date: | 2/5 | 2/6 | 2/7 | 2/8 | 2/9 | 2/10 | 2/11 |
| Time In: | 7:30 am | 7:30 am | | | 7:30 am | 7:30 am | 7:30 am |
| Time Out: | 9:00 am | 9:00 am | | | 9:00 am | 9:00 am | 9:00 am |
| Time In: | 4:30 pm | 4:30 pm | | | 4:30 pm | 4:30 pm | 4:30 pm |
| Time Out: | 7:00 pm | 9:30 pm | | | 7:00 pm | 7:00 pm | 7:00 pm |
| TOTAL: | 4.0 | 6.5 | | | 4.0 | 4.0 | 4.0 |
| WEEK 2 | THURS. | FRI. | SAT. | SUN. | MON. | TUES. | WED. |
| Date: | 2/12 | 2/13 | 2/14 | 2/15 | 2/16 | 2/17 | 2/18 |
| Time In: | 7:30 am | 7:30 am | | | 7:30 am | 7:30 am | 7:30 am |
| Time Out: | 9:00 am | 9:00 am | | | 9:00 am | 9:00 am | 9:00 am |
| Time In: | 4:30 pm | 4:30 pm | | | 4:30 pm | 4:30 pm | 4:30 pm |
| Time Out: | 7:00 pm | 9:30 pm | | | 7:00 pm | 7:00 pm | 7:00 pm |
| TOTAL: | 4.0 | 6.5 | | | 4.0 | 4.0 | 4.0 |