



Community Choices Waiver

Self-Direction

Employer Handbook



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I. SELF-DIRECTION OPTION - INTRODUCTION

A. Overview

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

Throughout this document, “you” is used to refer to the employer, whether that be the participant or the participant’s responsible representative (if applicable). “Employee” and “worker” are used interchangeably.

Self-Direction is based on the principles of self-determination, which means that you have the ability or right to make your own decisions, and includes the following:

Freedom – the opportunity to choose where and with whom you live, as well as how you organize all important aspects of your life.

Authority – the ability to control some targeted amount of public dollars.

Support – the ability to organize support in ways that are unique to you.

Responsibility – the obligation to use public dollars wisely and to contribute to your community.

Confirmation – the recognition that program participants must be a major part of the redesign of the human service system of long-term care.

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

Participants in the Office of Aging and Adult Services (OAAS) Community Choices Waiver (CCW) are informed of Self-Direction by their support coordinators at the time of the initial assessment, annually, and as requested by participant(s) and/or their responsible representative(s). If a participant is interested in Self-Direction, the support coordinator will provide detailed information regarding the differences between service delivery options, roles and responsibilities of each option and benefits and risks associated with Self-Direction. There is a self-assessment tool to help participants in this decision-making process. This tool, titled [“OAAS Self-Assessment](#)

[for Self-Direction Option](#)”, can be found on the Fiscal Employer Agents’ websites and in Appendix H.

If a participant decides that they would like to participate in Self-Direction, the support coordinator will assist you in enrolling and continue to assist throughout the process including:

- Offering you Freedom of Choice (FOC) for you to select a Fiscal Employer Agent (FEA);
- Development of your Plan of Care (POC);
- Budget planning;
- Ongoing evaluation of supports and services; and
- Organizing the unique resources that you need.

The FEA will process payroll for your employees at least bi-weekly and make the required tax withholding and deposits with state and federal agencies on your behalf.

At least monthly, the FEA will mail you payroll reports/statements that give details regarding the amount of service hours you have used and the amount you have remaining for use. You can also review these statement/reports, in real time, using the FEA online system.

B. Participant Eligibility Criteria

Details of the CCW program are found in the LDH Medicaid [CCW Provider Manual](#) on the Louisiana Medicaid website.

To be eligible for participation in Self-Direction, an individual must:

- Be a Community Choices Waiver participant;
- Be able to participate in Self-Direction without a lapse in, or decline in, the quality of care or an increased risk to health and welfare;
- Complete the mandatory overview provided by the support coordinator, which includes an initial Self-Direction enrollment overview; as well as any applicable on-going training that may be provided by your support coordinator, the FEA or the OAAS Regional Office (OAAS RO);
- Understand the rights, risks and responsibilities of managing your own care and managing and using an individual budget; and
- Comply with all state and federal laws and regulations including but not limited to wage and overtime requirements.

If the participant is unable to make decisions independently, there must be a responsible representative who:

- **Will act as the employer;**
- **Understands the rights, risks and responsibilities of managing the care and supports of the participant within the individualized budget;**
- **Is willing to make decisions regarding the participant’s care; and**
- **Is listed on and signs the “OAAS Designation of Responsible Representative” form.**

1. Continued Eligibility

In order to remain in Self-Direction, you must use a self-directed service at least once every 90 calendar days.

In order to remain in the CCW program, you must receive one other CCW service besides support coordination at least once every 30 calendar days. Failure to meet these requirements can jeopardize eligibility in the OAAS CCW program.

C. Freedom of Choice for Fiscal Employer Agent

You have the freedom of choice to select your Fiscal Employer Agent (FEA). When you decide that you want to proceed with enrolling in self-direction, the support coordinator must present you with the Self-Direction Freedom of Choice (FOC) form and ensure that you complete this form.

You may make changes to your FEA as follows:

When You Can Choose a New FEA	When to Notify Your Support Coordinator	Example
Every 3 months and your start date with the new FEA must be at the beginning of the calendar quarter.	At least 45 calendar days prior to the beginning of the calendar quarter. This allows time for all paperwork to be completed and the PA to be issued at least 2 weeks prior to the beginning of the quarter.	If you would like to change to a new FEA effective January 1 st , you must notify your support coordinator no later than November 17 th .

If you decide that you want to select a new FEA, you must contact your support coordinator so they can provide you with a Self-Direction FOC form. Once you have selected your new FEA, the support coordinator will notify the new FEA so that all of your existing information/documents can be obtained from your current FEA.

D. Differences in the Service Delivery Models

This table explains some of the differences and responsibilities between Self-Direction versus Direct Service Provider (DSP) “traditional model”.

Questions Regarding Service Delivery Models	Self-Direction	Traditional
Who is the “employer”?	Employer = the participant or the responsible representative for a participant	DSP
Who is responsible for hiring and firing my direct service workers?		
Who is responsible for withholding and depositing employment related taxes and performing payroll functions?	FEA = Payroll Agent for employer	DSP
Who determines the compensation and work related budgets for the employee(s)?	Employer with assistance from your support coordinator	DSP
Who recruits, trains, manages, evaluates and dismisses employees?	Employer with assistance from your support coordinator	Participant and/or DSP
<p>Who must ensure that the following required checks for employers and employees are completed and documented:</p> <ul style="list-style-type: none"> • Criminal History Background Check; • La State Adverse Actions List database; and • Office of Inspector General (OIG) List of Excluded Individuals database? 	<p>FEA conducts the initial background and database checks;</p> <p>AND</p> <p>The employer is required to conduct and document all subsequent monthly database checks.</p>	DSP
Who is responsible for ensuring that time is entered accurately and service logs are filled out completely and correctly?	Employer	DSP
Who is responsible for on-the-job injury and other liabilities of the employee(s)?	Employer	DSP

Who is responsible for providing back-up coverage for Direct Service Workers (DSWs)?	Employer	Participant and DSP
Who is responsible for monitoring service delivery?	Employer, Support Coordinator and OAAS	Participant, DSP, Support Coordinator & OAAS
Who is responsible for monitoring employment related costs and staying in budget?	Employer and FEA	Participant and DSP

The Self-Direction “employer” is indicated in **ALL** of the responsibilities listed above for the Self-Direction model. The “participant” is indicated in only 4 of the responsibilities listed above under the traditional model. You, as the employer, will be much more involved with **ALL** aspects of your care through the self-direction model.

E. Summary of Employer Responsibilities

The following table is a summary of the employer’s responsibilities (Further details are covered in specific sections of this handbook.):

Managing Employees			
Abide by non-discrimination policies on the basis of race, religion, gender, sexual orientation, age or disability.	Determine an hourly wage for your employee(s). Employees MUST be paid according to state and federal wage requirements.	Inform the FEA and the participant’s support coordinator when an employee is terminated. Complete and submit an Employee Termination Form to the FEA.	Wait until the FEA clears your potential employees for hire before you allow them to do any work for you.
Plan of Care (POC)			
Cooperate with all assessments and care planning functions with your support coordinator.	Establish a mutually agreeable work schedule for your employees. You will be individually responsible for any employee wages or supports that exceed the hours	Establish a list of tasks to be performed by employees. Your employees’ tasks must correlate, or compare, with the program specifications for the service that they are providing and with your approved POC/POC Revision.	Participate in required training as requested by OAAS or its designee (if applicable).

	and services in your approved POC.				
Back-Up Staffing & Emergency Plans					
Have a working Back-Up Staffing Plan in place in the event that an employee does not show up for work.			Have a functional, or working, Emergency Plan in place in the event of a disaster.		
Service Documentation					
Ensure that you have access to internet, computer, and/or smart phone/device.	Complete all employer-related payroll paperwork and duties.	Review your payroll reports/statements upon receipt to ensure accuracy. (If not accurate, report the differences to your support coordinator and the FEA.)	Ensure that your employees complete the required service documentation, such as service logs, and progress notes; etc.	Maintain all required documentation as specified in this handbook.	Report Critical Incidents and complete all required paperwork to submit to the support coordinator.
Liability					
Require that employees report any and all injuries and/or illness received from the job (Inform the FEA IMMEDIATELY).			Ensure that your employees maintain current automobile insurance if they will be transporting you in their own car. (You may choose to get a copy of the employee's current automobile insurance before the employee provides any employment-related transportation to you or any other individual in their own car).		

II. GETTING STARTED

F. Introduction by the Support Coordinator

The support coordinator will provide an overview of the material covered in this handbook including but not limited to:

- Recruiting, hiring and training workers;
- Determining workers' duties consistent with service specifications;
- Determining workers' schedule consistent with services specifications and participant's approved Plan of Care (POC);

- Determining workers' wages;
- Scheduling workers;
- Orienting and instruction workers in duties;
- Supervising workers;
- Evaluating workers' performance;
- Verifying and approving time worked by workers;
- Terminating workers;
- Completing service documentation; and
- Reporting critical incidents.

G. Determining the Employer and Employee(s)

1. Employer

You must identify who will be your employer. This individual must be either:

- You (the participant); or
- Your (the participant's) designated responsible representative.
 - If your employer is also your responsible representative, this individual must:
 - Be a resident of Louisiana;
 - Live in the State of Louisiana; and
 - Live in close enough proximity of the participant to be able to manage the needed day-to-day activities of the participant.

If you want someone to act as your responsible representative, you must complete the “Designation of Responsible Representative” form and it must be signed by you, your responsible representative and an OAAS staff member or your support coordinator. The link to the “Designation of Responsible Representative” form is listed in Appendix H.

Your potential employer **MUST** pass all adverse action list and exclusion database checks.

NOTE: The FEA will initially verify that your employer is not listed on the adverse actions list and exclusion databases. You, as the employer, must

continue to complete these required database checks monthly. (Please see Appendix B for details on these database screenings.)

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

2. Employee

Your potential employee must meet the following required qualifications:

- Be at least 18 years old;
- Be able to complete the tasks listed on your POC;
- Have a valid Social Security Number; and
- Pass all criminal history background, adverse actions list and exclusion database checks.

NOTE: The FEA will initially verify that the employee is not barred from employment based on the results of the criminal history background check and the adverse actions list and exclusions database checks. You, as the employer, must continue to complete these required database checks monthly. (Please see Appendix B for details on these database screenings.)

Your employee **CANNOT** be the following:

- The participant's employer;
- The participant; and/or
- The participant's responsible representative.

Your employee **CAN** be the following as long as they meet the worker requirements:

- The participant's curator;
- The participant's tutor;
- The participant's legal guardian;
- The participant's Power of Attorney; or
- The participant's spouse.*

*For the spouse to be the employee, the spouse, also known as the Legally Responsible Individual (LRI), must meet Extraordinary Care criteria and it must be approved by OAAS. (For specifics on LRI/Spouse and Extraordinary Care Criteria, refer to the LDH Medicaid CCW Provider Manual – Section 7.1 Covered Services – Legally Responsible Individual/Spouse and Extraordinary Care Criteria.)

If the participant believes that it is necessary for their spouse to be the employee, the participant **MUST** notify you, the employer.

You, as the employer, you must complete the LRI/Spouse Request Form (link to a copy of this form is in Appendix H) and email it to the OAAS RO for further review/processing. If additional information is needed, OAAS RO will request it from you. Once a final decision is made, OAAS RO will notify you, the FEA and the support coordinator.

- If approved:
 - The support coordinator will document in the beneficiary's POC documentation.
 - You and the FEA will proceed with hiring the spouse as the employee per the hiring processes outlined in this handbook and the licensing regulations.
- If NOT approved:
 - The support coordinator will contact you to ensure that you understand that the participant's spouse **CANNOT** be the employee.
 - You **MUST** find another employee that can meet the participant's needs.

3. Initial Pre-Hire Checks

A complete criminal history background check must be obtained and verified by the FEA **before** you can offer the applicant a job and **before** they perform **any** work for you. This check assures that individuals do not have a criminal history record with an offense that would prevent them from working in a health care setting. Medicaid **cannot** reimburse the DSW until it has been verified that they passed the criminal history background and database checks.

The specific lists of Convictions Barring Employment are listed in Appendix A.

Each potential employee must:

- Authorize the FEA to access their criminal history background check through the Criminal Background Check form;
- Provide specific information that is required for the criminal history background check to be accessed; and
- Complete all other required employee forms.

NOTE: The support coordinator will provide you with all of the employee forms.

H. Enrollment Process

The support coordinator will:

- Provide the Self-Direction Freedom of Choice (FOC) form for you to select an FEA;
- Inform the FEA of your decision to participate in Self-Direction;
- Provide you and assist you with completing the required employer forms;
- Begin developing your waiver POC/POC Revision, Back-Up Staffing Plan and Emergency Plan with your input (These topics are covered in detail in later sections of this handbook.);
- Assist you with completing the “Designation of Responsible Representative” form, if applicable (Link to this form is in Appendix H.); and

NOTE: If a “Designation of Responsible Representative” form is needed, it must be fully completed, including required signatures, and on file with your Support Coordination Agency (SCA) and FEA.

- Send the following required forms/documents to the FEA:
 - Self-Direction FOC document;
 - “Designation of Responsible Representative” form (if applicable); and
 - The required FEA employer and/or employee forms/documents. (Refer to the appropriate FEA’s website for a complete list of all forms/documents.)

The FEA will:

- Review the employer and employee forms and notify you if additional information and/or corrections are needed within 2 business days of receipt.
- Process all employer and/or employee forms within 4 business days of receipt when they are considered complete and correct.
- Conduct all required **INITIAL** criminal history background checks and the adverse actions list and exclusion database checks, and will let you know if there are any findings.
 - If the criminal history background check reveals any finding that DOES NOT prohibit you from hiring this employee, the FEA will provide you with an Employee Waiver Request form to sign. Therefore, you are able to proceed with the hiring process.

Your support coordinator will:

- Determine a projected start date for your POC with input from you, your employee and the FEA based on an estimate of when your Self-Direction option can begin.
- Notify the Direct Service Provider (DSP) of your plan to transition to the Self-Direction service delivery option (if applicable).
- Send copies of the required, approved POC/POC Revision pages and budget sheets "to the:
 - Data contractor; and
 - FEA.
- Send copies of the entire POC/POC Revision packet with a projected start date to the:
 - OAAS Regional Office (OAAS RO); and
 - Employer (participant/you).

The FEA will:

- Notify the support coordinator of the “Good to Go” date once the employee criminal history background and database checks and employee hiring paperwork are cleared and the prior authorization (PA) is received.

NOTE: The “Good to Go” date should be the POC/POC Revision start date or as close to the date as possible.

You will:

- Notify your employee(s) that they can begin providing services to you **on or after** the “Good to Go” date.

Your employee WILL NOT be paid for any work performed BEFORE the “Good to Go” date is issued by the FEA indicating the employee has passed the criminal history background check and their name is not listed in any of the adverse actions list and exclusion databases.

III. ONGOING SUPPORT AND RESPONSIBILITIES

You, your support coordinator and the FEA will each have responsibilities throughout the delivery of your self-directed services. Refer to the “OAAS Self-Direction Roles and Responsibilities” document. (Link to this documents in Appendix H.)

Your support coordinator will:

- Continue to assist you throughout your participation as a waiver participant.
- Conduct regularly scheduled and status change re-assessments as needed.
- Develop your annual POCs
- Assist you with developing the following:
 - Tasks lists;
 - Work schedule; and
 - Budget and wage options.
- Assist you with developing the following POC components:
 - Emergency Plans; and
 - Back-Up Staffing Plans.
- Provide guidance on the rules of the program.
- Review the “Home Book” to ensure that you have all required documentation.
- Monitor that services are provided according to your approved POC and make changes/revision (if needed).
- Enter Critical Incident Reports (CIRs) upon notification from you.

The FEA will:

- Process your employer-related payroll
- Bi-weekly and withhold the required employment-related taxes.
- Notify you if there are any errors (time entry, etc.) which would prevent payroll processing.
- Send payroll reports/statements at least once a month.

NOTE: You can review real time data in the FEA online system.

You will:

- Notify the FEA and support coordinator **IMMEDIATELY** anytime you are admitted to/discharged from a hospital or nursing facility to ensure proper service delivery and receive further instructions.
- Report critical incidents to your support coordinator and appropriate authorities (APS, EPS and/or law enforcement) within the required time lines.
- Validate/approve your employee's Electronic Visit Verification (EVV) time entries using a computer or a mobile application (cell phone app).
- Review each payroll report/statement to ensure that:
 - Your employee(s) are being paid the correct wage;
 - Your employee(s) are being paid for the correct number of hours worked; and
 - You have sufficient funds left in your account to continue receiving paid services through the remainder of the quarter.
- Report to your support coordinator and the FEA any differences in the payroll report/statement.
- Contact the FEA or your support coordinator if you do not receive your payroll reports/statements.
- Terminate an employee if their name appears on any routine/required database checks.
- Find another employer, if their name appears on any routine/required database checks.

See Appendix B for details on ROUTINE database checks.

IV. TERMINATION FROM SELF-DIRECTION OPTION

I. Voluntary Termination

You may choose at any time to leave Self-Direction to receive services from a traditional Direct Service Provider (DSP). You will need to contact your support coordinator for assistance with transitioning to a DSP. Your support coordinator will provide you with a Freedom of Choice listing so that you can choose an enrolled DSP.

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

J. Involuntary Termination

You may be involuntarily terminated from the Self-Direction option, without appeal rights, for any of the following:

- If your health and welfare is compromised by continued participation in Self-Direction;
- If you are no longer able to direct your care;
- If you misuse public funds;
- If you fail to follow the POC/POC Revision;
- If you and/or your employees fail to use the EVV system;
- If you violate Medicaid program rules or guidelines of Self-Direction including but not limited to cooperating with LDH, your support coordinator or FEA in submitting any required documentation; and/or
- If you do not receive self-directed services for 90 calendar days or more.

In addition to termination from the Self-Direction option, you may also be terminated from the Community Choices Waiver entirely if you do not adhere to the rules of the waiver program. These rules can be found in the LDH Medicaid [CCW Provider Manual](#) on the Louisiana Medicaid website.

V. HIRING EMPLOYEES

K. Job Description

The first step in selecting an employee is to create a job description so that you can hire the best individual to fit your needs. It is a good idea to give a copy of the job description to each individual you interview.

A job description:

- Must be easy to understand;
- Describes employees' duties/tasks (what they would be doing for you each day);
- Includes days and times you need the employee to report to work;
- Must be consistent with your approved POC and within the service specification of the waiver program;
- Specifies any special requirements you have for the employee; and
- Is not meant to replace any training or direction you give your employee.

NOTE: Employees are only allowed to help you with the tasks and individual outcomes indicated in your approved POC.

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

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

For a Sample Job Description, see Appendix C.

L. Recruitment and Advertising

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

Below are some suggestions for finding employees:

- Newspaper Advertisements
 - Classified ads reach a large audience. Neighborhood newspapers are cheaper than major citywide newspapers and are good to target potential employees who live closer to your home.
- Local Newsletters
 - Sometimes disability and other community organizations and churches will run short ads in their newsletter.
- Electronic Media
 - Social platforms such as Indeed, Next Door Neighborhood, Facebook, etc. reach a large audience and many have no cost associated with posting.
- Colleges and Universities

- Colleges can be an excellent source for finding employees. Many students are looking for extra income to help them through college (nursing, physical therapy, etc.). Students that have majors in the area of health and human services are often looking for work experience. To advertise a position, contact the career placement office or the student housing office on campus.
- Word of Mouth
 - Do not forget to ask family, friends and neighbors if they or someone they know would make a good employee for you. Let them know what qualifications you are looking for, and ask them to tell others about the position, too.
- Local Agencies/ Rehabilitation Agencies
 - Social service organizations may keep a registry or list of Direct Service Workers (DSWs) who may have received some basic training or have work experience.
- Bulletin Boards in High Traffic Areas
 - Hang flyers on bulletin boards in high traffic areas such as grocery stores, banks, apartment buildings, restaurants, community centers, colleges/universities and churches.
- Local Employment Offices
 - One source often overlooked is the Louisiana Workforce Commission (LWC).

1. Contents of an Advertisement

The more information included in your advertisement will help you attract job applicants that are truly interested and possibly qualified for the job.

You should include:

- Your first name (it is recommended that you do **NOT** use your last name);
- Job title;
- Short description of the job; and
- Phone number and/or email address.

You may also choose to include:

- Hours;
- Qualifications required;

- Compensation offered; and
- General location (i.e. near downtown New Orleans).

Do **NOT** include:

- Your exact address; and
- Other private information in the advertisement.

SAMPLE ADVERTISEMENT:	PERSONAL CARE ATTENDANT: Needed to assist male with quadriplegia with personal care, shopping and light housekeeping. Part-time, 4 days/week. Flexible schedule available. Driver's license preferred. This is an ideal position for a college student. Prime location near Southeastern Louisiana University. \$9.50/hr. Call (555) 111-1111 evenings for information.
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M. Selecting Employee(s)

1. The Initial Telephone Contact

During the initial telephone contact, inform the individual of the following:

- Brief description of the duties of the position;
- Amount of hours the job requires; and
- Amount and method of pay.

If the individual is interested, ask the applicable questions and record answers:

- Will you give me your name, phone number where you can be reached and address?
- Are you available to work the days/hours needed?
- Do you have any restraints on your schedule that I need to consider?
- Are there days that you definitely cannot work?
- Have you ever assisted or worked for an individual with a disability before? (If yes, tell me a little about the kinds of tasks you performed.)
- Do you have reliable transportation?
- Are you at least 18 years of age and do you have a valid Social Security number?
- Do you smoke?
- Are you allergic to pets? (If you have a pet in your home.)

- Are there tasks that you object to performing (e.g. bathing, toileting, dressing, etc.)?
- Do you have any experience in lifting, transferring and positioning? (If you need assistance with these activities.)
- Can you cook?
- Would you mind doing light housework?

If you are interested in interviewing the individual, you can make an appointment for a face-to-face interview at a “neutral” location outside of your home for personal safety purposes.

Inform the individual that they will need to bring:

- Louisiana Identification Card or driver’s license;
- Social Security Card;
- Proof of automobile insurance (if they will be driving their own car as a part of the job);
- Names and numbers of at least 3 references;
- Proof of address; and
- Completed Application form (which can be found on the FEA’s website).

At the end of the telephone contact, thank the individual for their interest, even if you think they are not a good fit for the position.

2. Conducting a Face-to-Face Interview

Call applicants that you would like to interview and schedule a face-to-face meeting, if you have not already done so. This interview is important because it gives you the opportunity to discuss the job in detail and gather more information about the individual that you may hire as an employee.

For the meeting you should:

- Consider asking a friend or family member join you so that you can compare your interview notes.
- Allow plenty of time between each interview (About an hour for each interview is usually good).

At the meeting:

- Obtain the completed Application form and references (have a blank application form available in case it is needed).

- Give them a copy of your job description to read while you review their employment application.
- Help the individual feel as comfortable as possible and get to know each other a little more.
- Tell the individual about your disability in general. (You will speak more in specifics during training if the applicant is hired.)
- Ask the applicant to see their identification. (Examples include a valid Louisiana Driver's license or identification card with a picture and Social Security card.)
- Explain the duties and responsibilities of the job thoroughly.
- Ask if they can safely perform the functions of the job (e.g. lifting, transferring, etc.).
- Ask the applicant to tell you about their work experience (e.g. past work history, reasons for leaving other jobs, any experience with personal assistance, etc.).
- Ask if you can contact current and/or former employees for a job reference.
- Describe the work schedule, pay method and your method of evaluating their performance.
- Ask any additional questions that you feel are important to selecting the right employee.
- Give the individual an opportunity to ask questions.
- Tell the individual that you will call them as soon as you make a decision. (Be sure to contact the individual even if you decide not to hire them.)

Thank the individual for their interest and time.

See Appendix D – Interview Guidance for samples of questions and a table of things that you CAN and CANNOT ask.

3. Checking References

Before you decide which individual(s) you want to hire, check their work and personal references. It will give you valuable information about the individual.

You can ask the following, but they are not legally required to provide you the information:

- Did (name of individual) work with you during (dates of employment)?

- What kind of work did they do for you?
- Why did (name of individual) stop working for you?
- Did they arrive to work on time?
- Would you hire them again?
- What were their strengths?
- What could have been improved about their job performance?

4. Making the Decision

It is important to think carefully about the individuals that you have interviewed.

Things to consider:

- Was there anything that stood out in the interviews?
- Did you feel comfortable with this individual?
- Did they seem uncomfortable about some of your questions? Which ones?
- Were the references favorable?

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

5. Initial Paperwork

Once you have decided on an employee(s), you must:

- Contact the potential employee.
- Ask if they are still interested in the job.
- Ask them to complete **ALL** of the required Employee forms (found on the FEA's website).
- Send (via mail, fax or email) all of the completed documents to the FEA.
- Wait until the FEA notifies you and your support coordinator that the applicant/employee is cleared for hire.
- Keep a copy of **ALL** completed employment documents indicated above in a secure place in your home following the record retention requirements. (These documents **do NOT** need to be included in your "Home Book".)

The FEA will notify you as soon as possible if additional information is needed to process the packet. Your employee's employment eligibility should be

completed within 4 business days of receiving all completed documents. If you do not hear back from the FEA within this 4 day period, call the FEA directly.

N. Employee On-Boarding

1. Overall Expectations for Your Employees

It is important for you and your employees to have open communication to discuss:

- Expectations of each other;
- How the employee's job performance will be evaluated;
- How issues will be addressed and resolved; and
- The communication style you prefer.

The following open-ended questions are a guide to start the communication process:

- What I expect from you is....
- What you should expect from me is...

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

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

2. Specific Tasks List

The only Community Choices Waiver (CCW) service that can be self-directed is Personal Assistance Services (PAS). PAS includes tasks that help you maintain your safety and independence in your own home.

PAS tasks include:

- Supervision or assistance in performing Activities of Daily Living (ADLs);
- Supervision or assistance in performing Instrumental Activities of Daily Living (IADLs);
- Protective supervision solely to assure your health and welfare;
- Supervision or assistance with health related tasks (including Medication Administration and/or Non-Complex Tasks) in accordance with the Direct Service Worker Registry Rule (LAC 48:Part I.; Subpart 3. Chapter 92) – Refer to Appendix H for the link to this rule;

- Supervision or assistance while escorting/accompanying you outside the home to perform tasks, including IADLs, health maintenance or other needs as identified in your POC and to provide the same supervision or assistance as would be provided in your home; and
- Extension of therapy services, defined as:
 - Assistance in reinforcing instruction and aids in the rehabilitative process by an attendant who has been instructed by a licensed therapist on the proper way to assist you in follow-up therapy sessions.
 - Performance of basic interventions by an attendant who has been instructed by a registered nurse on how to increase and optimize functional abilities in performing ADLs such as range of motion exercise.

NOTE: Further detail on Personal Assistance Services (PAS) may also be found in the LDH [Medicaid Community Choices Waiver Provider Manual](#), Section 7.1 – Covered Services.

If you go to the Emergency Room, your PAS employee may provide assistance **up until the time you are admitted to the hospital.**

PAS employees **CANNOT** receive payments on days that you are attending or admitted to a program or setting (e.g. hospitals, nursing facilities, etc.) that provides ADL or IADL assistance.

You will set your employee's specific tasks based on your personal outcomes and what is included in your approved POC.

Employee(s) must be awake, alert and available to respond to your immediate needs.

Your employee's specific tasks should be listed on their detailed task list.

See Appendix E for a sample Task List.

3. Types of PAS

There are different types of PAS:

- PAS – Individual Assistance Services provided by one worker to an individual.
- PA2 – Individual Assistance Services provided by one worker shared between two CCW participants who live in the same household and have a common Direct Service Provider (DSP).

- PA3 – Individual Assistance Services provided by one worker and shared among three CCW participants who live together and who have a common DSP.

You may share PAS staff when agreed to by other CCW self-directed participants in your household as long as the health and welfare of each participant can be reasonably assured. Shared PAS must be reflected in the POC of each participant. Due to the requirements of privacy and confidentiality, if you choose to share PAS, you must agree to sign a consent form, “OAAS Release of [Confidentiality for Shared PAS or LT-PCS](#)” form. (Link to this form is in Appendix H.) Reimbursement rates should be considered accordingly.

4. Setting Employee’s Work Schedule

You will set your employee’s work schedule based on the amount of units approved in your POC. The schedule that is developed should meet your needs and be clear to both you and your employee(s).

Here are some suggestions to develop a schedule:

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

Stress the following with your employee(s):

- The hours, number of hours per day, start and end times of shifts and days per week that you expect him/her to be on the job;
- The importance of a regular schedule;
- Necessity of giving advance notice of days or hours they are not available; and
- Arriving and leaving on time.

5. Overtime Requirements

Pursuant to Federal law, all employees **MUST** receive overtime pay for any hours worked over 40 hours in a work week.

NOTE: Work week is defined as beginning on Sunday at 12:00 a.m. (midnight) and ending the following Saturday at 11:59 p.m.

If your employee works more than 40 hours in a given work week, you must pay them 1 ½ times the regular hourly pay wage for all hours worked over the 40 hours in that work week.

Example #1:	<p>If your employee is currently being paid \$10.00 an hour (regular wage) and works 42 hours a week, you will pay them \$10.00 an hour for the first 40 hours and \$15.00 an hour (\$10.00 X 1.5) for the other 2 hours worked in excess of the 40 hours.</p> <p>As the employer, you MUST ensure that you have sufficient funds and units of service remaining within your allocated annual budget to pay any applicable overtime to your employee(s). You WILL NOT receive an increase to your budget, funds, or units of service in order to cover the costs of any overtime payments. You must work within your allotted annual budget/units and make necessary adjustments.</p>
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In the instance that you have multiple employees, the overtime requirements apply only to each individual employee, not to the total number of hours of support you receive in a given work week.

Example #2	<p>If you have two (2) employees and one (1) works 30 hours in a given work week, and the other employee works 15 hours in the same given work week, the total hours of support you receive in that work week is 45 hours. Since no individual employee worked over 40 hours in that given work week, no overtime is owed to the employees.</p> <p>If you have two (2) employees and one (1) works 45 hours in a given work week, and the other employee works 10 hours in the same given work week, the total hours of support you receive in that work week is 55 hours. The individual employee who worked 45 hours in that given work week is due overtime payment for the 5 hours worked over the 40 hours in that given work week.</p>
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6. Training

a. Mandatory

If supervision or assistance with [medication administration](#) and/or non-complex tasks is required, your employee **MUST** complete training and be deemed

competent in accordance with the Direct Service Worker Registry Rule (LAC 48:I.Chapter 92).

b. Optional

You are encouraged to provide disability-related training for your employees regarding:

- Implementing your POC;
- Any health issues you have that will require special actions on the employee's part;
- Nature of your disability or reduced level of functioning;
- How to correctly use any special equipment that helps you with daily activities and to maintain your health; and
- Any allergies or special dietary concerns and how you would like the employee(s) to respond to these concerns.

You may choose to have your employee complete optional training. Some example topics include, but are not limited to the following:

- Basic First Aid with Certification;
- Abuse;
- Confidentiality and Health Information Portability and Accountability Act (HIPAA);
- Overview of Principles of Positive Behavior Supports for Direct Service/Support Workers/Professionals;
- Supporting Everyday Lives of People with Disabilities;
- Guidelines for Documentation;
- Emergency preparedness; and
- Universal precautions.

Some people respond well to oral directions while others may respond better to hands-on demonstrations or checklists. Discuss with your employee(s) which method works best for them. When you provide training to a new employee, here are things that you may want to do:

- Talk about your disability or reduced level of functioning and how it affects your life.
- Give many examples (e.g. preferences, limitations, common situations, etc.).

- Explain any health/medical terms you use in reference to your disability.
- Talk about any symptoms or health concerns they need to be aware of (include anything that may arise and how to handle the situation).
- Explain why tasks need to be done as you go through your daily routine. This will help your employee(s) realize the importance of these tasks.
- Ask for feedback about how you are explaining things. Maybe there is a way you could be clearer in your explanations.
- Stress the importance of proper documentation including shifts/times worked. By providing good training up front, you enable your employee(s) to be effective at the job.
- Be patient with your employee(s), learning how to do new things may take a while.

7. Start Working

You MUST wait until the employee has been cleared for hire (“Good-to-Go”) by the FEA AND you have a start date from the approved POC/POC Revision.

On your employee’s first workday, you should:

- Summarize many of the things you discussed during the job interview and training.
- Go over the employee’s work schedule.
- Review the authorized tasks that the employee will be doing for you.
- Show the employee where necessary supplies are kept and how you would like things done.
- Show them the procedure for completing service logs with progress notes.
- Discuss how to get out of the house in case of an emergency.
- Exchange preferences for the best times for you to contact each other and the phone numbers where each of you can be reached.

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

- The specific tasks that he/she will perform for you;
- The hours and days they are expected to work and the need for advanced notice to you when they are unable to work the scheduled hours;
- The rate of pay, pay period and pay days;
- Overall expectations related to their job performance; and

- Under what conditions they may be released or fired from their duties.

VI. FOLLOWING THE PLAN OF CARE

O. Plan of Care (POC)

The POC is based on the results and the needs identified in your assessment. The support coordinator will develop your POC/POC Revision using an individual-centered planning process with input from you, your responsible representative and any others you wish to involve. The POC is done annually and covers a span of 12 months.

Example: If the POC begin date is January 2, 2023, the end date will be January 1, 2024. If/when you have a change in status, the support coordinator will complete a POC Revision.

The POC identifies:

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

1. How Many Hours Am I Approved to Receive Each Week?

The amount of authorized hours is approved in your POC by the support coordination agency designee or OAAS Regional Office (OAAS RO).

The amount of hours:

- Are based on your needs;
- May **NOT** exceed your annual budget allocation which is based on the outcome of your assessment;
- Belong to you, not the employee;
- Are affected by the wage you set for paying your employee(s); and
- Are listed in the Flexible Schedule section of your approved POC.

You must keep track of your annual budget and the number of prior authorized units remaining for use in the calendar quarter throughout the entire POC year. The semi-monthly (twice-monthly) payroll report/statement provided by the FEA will let you know how many hours you have used and how many hours you still have available. **When in doubt, contact your support coordinator for assistance.**

2. Flexing Your Schedule

You are free to flexibly use the services within the prior authorized calendar quarter (3 months), based on changes in your routine, preferences, and needed as long as your health and welfare are not jeopardized.

P. Revisions to the POC

You may request revisions to your POC by contacting your support coordinator.

You should contact your support coordinator at least 14 calendar days before you know that a routine change in your POC is needed.

Routine changes may include:

- Planned vacations;
- Business trips;
- Out of town medical appointments; and/or
- Day trips.

If there is an emergency situation, you must notify your support coordinator as soon as possible so that arrangements can be made to revise your POC.

Emergency situations may include:

- Acts of God (hurricanes, tornadoes, fires); and/or
- Medical emergencies (for yourself, caregiver or family member).

NOTE: There is flexibility in the schedule but you cannot implement any permanent changes to your POC without the prior approval of your support coordinator agency designee or OAAS RO (if applicable).

Q. Back-Up Staffing Plan

Your POC packet includes a functional Back-Up Staffing Plan to assure that services determined critical to your health and welfare are provided when service delivery is interrupted by the absence of your regular employee.

Your support coordinator will assist you in developing your Back-Up Staffing Plan and will submit it with your POC to the appropriate support coordinator agency designee for review and approval upon your enrollment in Self-Direction and annually thereafter.

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

- Hire and use paid part-time and/or back-up employees.

- Potential back-up employees must have completed all of the same paperwork necessary for your primary employee, and be cleared to hire by the FEA.
 - Other Self-Direction employers who may have employees that are part-time and/or want additional hours. As a group, a pool of back-up employees may be available. (The back-up employee for more than one Self-Direction employer must be an approved “employee” for each Self-Direction employer.)
- Arrange for someone you know (e.g. family, friends, neighbors, etc.) to assist you without pay for a short-term period.
 - Explore other options to see what resources and supports may be available to you in your community.

R. Emergency Plan

Another essential part of your POC packet is your Emergency Plan. (Link to this document is in Appendix H.) This plan specifies what you will do and how you will be cared for in the event of an emergency situation (such as fires, hurricanes, hazardous material release, tropical storms, flash flooding, ice storms, terrorist attacks, etc.).

The Emergency Plan includes the following information:

- Emergency contact information;
- Planned evacuation destinations;
- Need for shelter;
- Transportation plan;
- Identification of essential medications and/or equipment; and
- Individual care needs.

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

VII. DOCUMENTATION REQUIREMENTS

S. The Home Book

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

The Home Book must contain:

- The toll-free number for your SCA and the OAAS Help Line number;

- The [“OAAS Rights and Responsibilities for Applicants/Participants of Home and Community-Based Services for Waiver” form \(Link to this form in in Appendix H.\)](#);
- Your approved POC and any revisions;
- Job Description(s) for your employee(s) (if applicable);
- Documentation of employee training (if applicable);
- Copy of your employee’s automobile insurance or waiver letter (if the employee transports you in their personal vehicles);
- Copies of blank CIR forms; and
- The past 3 months of:
 - Service logs;
 - Payroll reports or Account statements (as provided by the FEA); and
 - Completed Critical Incident Reports (if applicable) submitted to your support coordinator.

NOTE: All other service logs with progress notes, payroll reports/statements and CIR forms older than 3 months must be kept in a secure place in your home and retained for a period of 6 years after service delivery or termination of the employee.

T. Electronic Visit Verification (EVV)

Your employees must use Electronic Visit Verification (EVV) to check in/out of shifts in real time using one of the following EVV options:

- Mobile application (accessed on a cell phone or tablet with internet connectivity);
- Landline telephone (in your own home, as the participant); OR
- Security device (also known as a “fob”).

NOTE: The landline telephone and security device (fob) options DO NOT require internet connection to capture the EVV data.

If you have any questions about the 3 options listed above or how to have your employee set up to use one of these options, please contact your FEA for help.

Since EVV is mandatory, it is the responsibility of the FEA to document each time they provide assistance to you, as the employer and/or your employees.

If you fail to use EVV, you will receive a warning and further training, if needed. After 30 calendar days, your EVV records will be reviewed again to make sure that you and your employees are using EVV. If you are not using EVV, you may be terminated from Self-Direction (**Refer to Section J. Involuntary Termination**).

You, as the employer, must approve that your employees' submitted hours were actually worked, using the mobile application or computer.

1. Medicaid Fraud

Medicaid fraud is committed when an employer or employee is untruthful regarding services provided, in order to obtain improper payment. Medicaid fraud is a felony and conviction can lead to substantial penalties. Additionally, individuals convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

MEDICAID FRAUD IS SERIOUS BUSINESS

Some examples of Medicaid fraud include submitting and or approving time for the following:

- Services not actually provided;
- Time worked when the employer and/or employee was not present; and/or
- Services provided by an individual other than who is identified as your employee/worker.

As required by the State of Louisiana, suspected cases of fraud will be referred to the Medicaid Program Integrity Unit for further investigation, recoupment of funds and/or possible prosecution.

Remember, any time you allow an employee to work:

- Hours that are not approved in your POC;
- Hours that are not in agreement with the service definition and limitations; and/or
- On days that you are admitted and receiving care in a hospital or nursing facility,

Any of the following may occur:

- Involuntary termination from Self-Direction;
- Employee(s) will not be paid for the hours that they worked; and/or
- If the employee is paid, these funds may be recouped from you.

U. Service Logs

The primary purpose of this documentation is to:

- Serve as the “paper-trail” for services delivered to you;
- Support the delivery of services billed by clearly identifying the tasks they performed;
- Record the services provided; and
- Coordinate your care/supports.

Your employee must adequately document services provided. You must ensure that your employee(s) complies with this requirement.

Service logs are made up of:

- Task list; and
- Progress Notes.

The **OAAS Community Choices Waiver Personal Assistance Services (PAS) Log, also referred to as the “service log”, MUST** be used to document the provision of PAS.

The CCW service log and instructions may be found on the OAAS website and in Appendix H:

[CCW Service Log and Instructions](#)

The fillable CCW Service log form can be found at the following:

[CCW Service Log](#)

When filling out the service log, please refer to the instructions and note the following:

- Provider’s Name = Self-Direction
- Direct Service Worker’s Name = Employee’s Name
- Participant’s Name = Your name

NOTE: Service logs with progress notes DO NOT need to be submitted to the FEA.

Your support coordinator will:

- Review your service logs every quarter to determine if you are receiving services according to your approved POC;
- Monitor how you are progressing towards your individual outcomes; and
- Determine if your POC needs to be changed.

V. Critical Incident Requirements

If an incident or situation is an emergency, call 911 immediately. If in doubt about an emergency, call 911.

A critical incident is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or welfare of a participant.

The following are types of critical incidents that **MUST** be reported to your support coordinator within 2 hours of occurrence or becoming aware of the incident:

- Major Injury;
- Loss or Destruction of Home;
- Falls;
- Major Medical Event;
- Death;
- Major Medication Incident;
- Involvement with Law Enforcement;
- Participant is a Victim of a Crime; and
- Major Behavioral Incident.

The following are types of critical incidents that must be reported **IMMEDIATELY to BOTH your support coordinator and Protective Services** (Adult Protective Services [APS] or Elderly Protective Services [EPS]):

- Abuse;
- Neglect (including self-neglect and caregiver neglect);
- Exploitation; and
- Extortion.

NOTE: You are responsible for reporting all incidents requiring law enforcement to the appropriate authorities. The support coordinator will follow-up and ensure that the appropriate authorities are contacted.

Important contact information is as follows:

- For incidents requiring law enforcement involvement, contact your local law enforcement agency (police or sheriff).
- For expected abuse, neglect, exploitation or extortion of an adult aged 18-59, or an individual under the age of 18 who has been legally declared an adult, contact APS at 1-800-898-4910.
- For expected abuse, neglect, exploitation or extortion of an elder aged 60 and over, contact EPS at 1-833-577-6532.
- For suspected child abuse or mistreatment, contact the Department of Children & Family Services (DCFS) Child Protection Hotline at 1-855-452-5437.

NOTE: For definitions and explanations of the CIR categories and reporting requirements, refer to the [OAAS Critical Incident Reporting Manual and the CIR Quick Guide for Self-Directed CCW Participants document \(Links to these documents are found in Appendix H.\)](#).

W. Record Requirements

- **Access:** OAAS or its designee and all applicable federal, state, and local agencies or their representatives must have access to inspect, monitor, or evaluate your records, books, and supporting documents pertaining to services provided and services purchased in compliance with federal and state regulations.
- **Maintenance:** Active records must be accessible. Inactive records must be stored and maintained in a safe area to ensure the confidentiality and condition of the records. The stored records must be accessible for inspection. You are responsible for adequately maintaining and accessing the records. Inadequate or no documentation is a major reason for recoupment of funds.
- **Death:** Upon the death of a Self-Direction participant, the support coordinator will obtain all of the records. These records are to be delivered to the OAAS Regional Office, who will provide for retention of the documents in accordance with the record retention requirements.
- **Confidentiality:** You must not release information about an employee without the written permission of the individual outside of providing information to the FEA and to related federal and state agencies as required and requested, including your support coordinator and OAAS or its designee.
- **Retention:** You must keep ALL Self-Direction documents (including, but not limited to administrative, personnel, POC/POC Revision, Service Logs, etc.) for a minimum of six years from the date of the last payment period. If records are under review as part of a departmental or government audit, the records must

be retained until all audit questions are answered and the audit is completed (even if that time period exceeds six years).

X. Additional Documentation by the Employer

1. Employee Performance Evaluations

You should have on-going conversations with each employee so that they will know if they are meeting your expectations. It is suggested that you complete an Employee Performance Evaluation at least annually.

You should:

- Be proactive in dealing with employees' job performance issues and conflicts;

NOTE: Proactive means to address a situation before it becomes a problem. There should be no negative issues in the performance evaluation that have not already been discussed with your employee.

- Address any issues with the employee immediately when they occur and document these incidents.
- Acknowledge and document exceptional performance by your employee(s).
- Give positive feedback to encourage outstanding performance.

When you meet with your employee for the evaluation:

- There should be open communication between the both of you.
- Have some ideas of what you want to say in each area of the evaluation.
- Listen to comments from your employee.

**See Appendix F for a sample evaluation you can use or
adapt for use with your employee.**

2. Conflict Resolution

There may be some areas of conflict at times between you and your employee.

Examples:

- Poor job performance on the part of the employee;
- Personality differences;
- Training received did not address procedures and techniques that you need your employee to perform; and

- If you suspect this might be the case, re-train your employee on the aspects of the job that are causing him/her difficulty.
- Punctuality (arriving on time, following work schedule, doing tasks at specified time, etc.).

If a pattern begins:

- Discuss with your employee as soon as possible;
- Stress the importance of timeliness, following your schedule, etc.; and
- Document:
 - Issues;
 - Conversations addressing the issues;
 - Trainings; and
 - Other steps taken for resolution.

Below are some recommendations before you give up completely on your employee:

- When a conflict arises:
 - Keep the lines of communication open.
 - Do **NOT** shut down.
 - Do **NOT** ignore the problem.
 - Keep talking to find out the true reasons behind the issue.
 - Consider bringing in a third individual to help settle the conflict, who:
 - Can be objective and neutral about the situation; and
 - Can help find a resolution that both parties can live with.
 - Re-visit all of your written agreements between you and your employee.
 - Look for compromises in differences of opinion.

3. Importance of Employer Documentation

Documentation of events leading up to termination of an employee is necessary to:

- Prevent misunderstandings;
- Avoid confusion;

- Document how you have tried to resolve the issue; and
- Prevent your budget from being charged additional unemployment taxes.

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

4. Termination of Employment

If you decide to terminate an employee, below are some suggestions on how to handle the task:

- Make arrangements for back-up coverage prior to terminating an employee;
- Do it in person or do it over the phone (if you feel more comfortable with this approach);
- Consider having a third party (a neighbor, friend or relative) with you when you terminate an employee; and
- Do not drag it out (be direct and get straight to the point).

Some suggested wordings to communicate the termination to them are:

- “I’m sorry but I do not feel you are appropriate for this job.”
- “You are not fulfilling your job obligations.” or
- “I won’t need your services anymore.”

You must:

- Notify the FEA and support coordinator;
- Complete the Employee Termination form;
- Collect any individual items (keys, credit cards, ATM card, etc.) from the employee;
- Submit the Employee Termination form to the FEA;

NOTE: When you terminate an employee, the FEA must process the last paycheck within a certain number of days based on state law.

- Be careful of what you say to others about the situation, especially to other employees; and

- Maintain confidentiality related to employee issues.

NOTE: Remember that it is against the law to terminate or lay off an employee because of their age, race, religion, gender, sexual orientation, national origin or disability.

You should also:

- Analyze what went wrong to avoid similar situations in the future with other employees.
- Notify neighbors and others that you have terminated the employee.
 - Ask neighbors to check on you if they see the ex-employee's car or the ex-employee around your house.
- Consider changing your locks, passwords, PIN numbers for anything your employee may have had access to.

If an ex-employee threatens you, notify your support coordinator of the threat and you may even contact the police.

VIII. SERVICE MONITORING

Your support coordinator is responsible for monitoring the delivery of your services.

Your support coordinator will contact you **at least monthly** to:

- Make sure that the information contained in your POC is still accurate;
- Track progress on your individual outcomes as identified in your POC is still accurate; and
- Obtain updated information about your supports.

Your support coordinator will meet with you once every quarter to:

- Determine if your outcomes identified on your POC have been achieved;
- Determine if your needs are being met by:
 - Reviewing service logs;
 - Reviewing payroll reports/statements; and
 - Direct observation of your employee providing services.
- Review the information contained in your "Home Book" for accuracy and completeness;
- Assess your satisfaction with services; and
- Make any necessary revisions to your POC.

IX. LIABILITY

Y. General Employer Liability

Your employees must not be subjected to circumstances that would create a hostile work environment, such as:

- Sexual harassment;
- Belittlement;
- Offensive jokes; and/or
- Prejudice because of age, race, color, religion, gender/identity, sexual orientation, national origin or disability.

In addition:

- The work environment must be free from recognized hazards that are causing or likely to cause death or serious physical harm.
- You are liable for any negligent acts or omissions by yourself or your employee.
- Worker's compensation insurance is required as part of participation in Self-Direction.
 - Worker's compensation insurance covers an employee's on-the-job injury. Upon enrollment in Self-Direction, your employees are automatically covered by worker's compensation insurance.

Employees of Self-Direction participants are not employees of the FEA, OAAS, any other state or federal agency or the support coordination agency.

1. Work Related Injuries

Employees must immediately report all injuries or illnesses received on the job.

You may:

- Require that the employee document the injury (what, how, when, where, witnesses, injury, etc.) in a written report to file in the employee's file.
- Determine that additional training and/or safety measures are needed to prevent a reoccurrence of each injury/incident.

You **MUST** notify the FEA **IMMEDIATELY** of any injuries or illnesses received on the job by your employee.

2. Non-Work Related Injuries

Your employee is not covered – on or off the job – if/when:

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

Z. Protecting Yourself

1. Property

To protect your property, you may:

- Make an inventory
 - List all valuable items along with the date of purchase, original price/receipt and serial numbers (if possible).
- Take photographs or make a video recording of your valuables.
- Give a copy of your inventory to your insurance agent, family member, friend, and/or put a copy in a safe or safety deposit box.
- Identifiably mark valuable items with your name or initials (e.g. TV, Stereo, etc.).
- Keep items in a designated place.
- Make it evident, through casual conversation, that you are aware of your surroundings, your possessions and where items belong.
- Keep an inventory of your consumables (e.g. food, supplies, etc.). Keeping close tabs on your consumables can help to control purchasing.
- Consider purchasing a homeowner's or rental insurance policy to help you recover some of your property in case of fire, flood, theft or other loss.
- Check telephone and credit card bills for charges that you did not make.
- Change your PIN number(s) frequently if you allow your employee to withdraw money with your ATM card, credit card, etc.

2. Individual Safety

You have the right to receive services in a safe environment. See the “OAAS Rights and Responsibilities for Applicants/Participants of HCBS for Waiver” document (Link to this document is in Appendix H.) for additional information on your rights and responsibilities as a CCW participant.

You should:

- Keep doors and windows locked – especially at night.
- Ask friends and family to call before coming over so you are expecting them.
- Ask visitors to identify themselves before opening the door.
- Trust your gut feeling. If you feel unsafe, terminate the relationship.
- Talk to someone you can trust if you feel that a behavior/situation is inappropriate.
- Have trusted friends and family handle things that you do not feel comfortable delegating to an employee (e.g. assistance with financial matters, etc.).
- Let your employees know that your friends and family are watching out for your well-being.
 - Let neighbors you trust know your schedule and ask them to keep an eye on your home – especially when a new employee is in your home.

NOTE: Always dial 911 in an emergency and for immediate assistance if you feel you are in danger.

Appendix A: Convictions Barring Employment

Some criminal convictions prevent employment as a paid home care worker under 42 CFR 441.404 (b) and La. R.S. 40:1203.1 et seq. **There are NO exceptions to these federal and state laws.**

An individual **CANNOT** be employed if they have been convicted of an offense listed below or if the criminal history background check indicates an attempt or conspiracy to commit any of the offenses listed below:

- R.S. 14: 28.1 (solicitation for murder)
- R.S. 14: 30-30.1 (first and second degree murder)
- R.S. 14: 31 (manslaughter)
- R.S. 14: 32.6-32.7 (first and second degree feticide)
- R.S. 14: 32.12 (criminal assistance to suicide)
- R.S. 14: 34 (aggravated battery)
- R.S. 14: 34.1 (second degree battery)
- R.S. 14:34.7 (aggravated second degree battery)
- R.S. 14:35.2 (simple battery of the infirmed)
- R.S. 14:37 (aggravated assault)
- R.S. 14:37.1 (assault by drive-by shooting)
- R.S. 14:37.4 (aggravated assault with a firearm)
- R.S. 14:38.1 (mingling harmful substances)
- R.S. 14:42 (first-degree rape)
- R.S. 14:42.1 (second-degree rape)
- R.S. 14:43 (third-degree rape)
- R.S. 14:43.1 (sexual battery)
- R.S. 14:43.2 (second degree sexual battery)
- R.S. 14:43.3 (oral sexual battery)
- R.S. 14:43.5 (intentional exposure to AIDS virus)
- R.S. 14:44 (aggravated kidnapping)
- R.S. 14:44.1 (second degree kidnapping)
- R.S. 14:44.2 (aggravated kidnapping of a child)
- R.S. 14:46.2 (human trafficking)
- R.S. 14:51 (aggravated arson)
- R.S. 14:60 (aggravated burglary)
- R.S. 14:62.1 (simple burglary of a pharmacy)
- R.S. 14:64 (armed robbery)
- R.S. 14:64.1 (first degree robbery)
- R.S. 14:64.4 (second degree robbery)
- R.S. 14:66 (extortion)
- R.S. 14:67 (theft)
- R.S. 14:67.21 (theft of the assets of an aged person or disabled person)

- R.S. 14:80 (felony carnal knowledge of a juvenile)
- R.S. 14:81.2 (molestation of a juvenile or a person with a physical or mental disability)
- R.S. 14:89 –14:89.1 (crime and aggravated crimes against nature)
- R.S. 14:93 (cruelty to juveniles)
- R.S. 14:93.3 (cruelty to the infirmed)
- R.S. 14:93.4 (exploitation of the infirmed)
- R.S. 14:93.5 (sexual battery of the infirmed)
- Distribution or possession with intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.
- All other offenses as stated in 42 CFR 441.404 (b) and LA.R.S. 40:1203.1 et seq.

If there is a criminal history background offense listed on their report that does not bar employment, you will be given the choice to hire the individual as your employee. **NO exceptions will be made for offenses that are on the barred list above.**

If you choose to hire this individual, you must complete an Employee Waiver Request form stating that you have been informed of the applicant's criminal history background offense and still want to hire them. The completed form must be signed by you, as the employer, and submitted to the FEA before an applicant will be allowed to work for you.

NOTE: Eligibility for a former employee must be re-established based on the date that they are re-applying for employment. Eligibility must be confirmed and current as if the employee had never worked for the employer before.

Appendix B: Instructions for Completing Required Employer and Direct Service Worker Checks

Potential and active employees and employers are screened using the following databases:

- **Louisiana State Adverse Actions List; and**
- **Office of Inspector General (OIG) List of Excluded Individuals.**

Potential employees must be screened for any adverse actions **AND** exclusions upon hire before providing services to waiver participants in the OAAS Self-Direction program. Additionally, all employers must also be screened for adverse actions **AND** exclusions. The Fiscal Employer Agent (FEA) completes these initial screenings.

Employees and employers must be screened monthly using the adverse actions database **AND** the exclusions database. The employer is responsible for completing these screenings.

I. Louisiana State Adverse Actions List Search

The FEA and/or employer will:

- Go to <https://adverseactions.ldh.la.gov/selsearch>
- Check for employees:
 - Type in the employee's SSN, name and/or any other names the worker typically goes by (if applicable).
 - Click on the search button to bring up existing records.
- Check for employers:
 - Type in the employer's SSN, name and/or any other names that the employer typically goes by (if applicable).
 - Click on the search button to bring up existing records.

II. Office of Inspector General (OIG) List of Excluded Individuals

The FEA and/or employer will:

- Go to <https://exclusions.oig.hhs.gov/>.
- Check for employees:
 - Type in the employee's name and/or any other names that the worker typically goes by (if applicable).

- Click on the search button to bring up existing records.
- If a record with the employee's name is found, click verify.
- Enter the SSN to verify the match.
- Check for employers:
 - Type in the employer's name and/or any other names that the worker typically goes by (if applicable).
 - Click on the search button to bring up existing records.
 - If a record with the employer's name is found, click verify.
 - Enter the SSN to verify the match.

What to do with the results of these checks?

For both of the searches/lists/databases stated above, if no results are found, this individual is not currently excluded and may begin/continue employment as the Direct Service Worker (DSW) or act as the employer/continue to act as the employer for the participant.

The FEA and employer MUST print the web page that shows “Your search did not return any results” to keep as documentation.

If the employer's/employee's name appears on one of the searches/lists/databases above, you **CANNOT**:

- Allow that individual to act as the employer;
- Allow that individual to continue to act as the employer;
- Hire that individual as the employee; and/or
- Allow the employee to continue working.

Appendix C: Sample Job Description

CRITICAL JOB ELEMENTS:

- Provide personal assistance services, including bathing, dressing, bowel and bladder management, transferring from bed to wheelchair, meal preparation, light housekeeping and other tasks as requested.
- Job involves lifting and bending.
- Routine travel for errands and community outings (e.g. grocery shopping, medical appointments, etc.).

HOURS:

- Weekdays (Monday-Friday) Hours: 8:00 am to 2:00 pm and from 6:00 pm to 8:00 pm.
- Weekend (Saturday & Sunday) Hours: 10:00 am to 6:00 pm.

KNOWLEDGE, SKILLS, ABILITIES:

- Must be reliable, punctual, neat and organized, willing to perform tasks as requested, willing to learn job requirements and able to follow instructions.
- Training will be provided by the participant and/or by family members. No prior experience is required but must be willing to learn.
- Looking for someone who wants this job on a long-term basis.

OTHER REQUIREMENTS/CONSIDERATIONS

- If worker decides to discontinue employment, he/she must be willing to continue working until a replacement is found, which could be 6-8 weeks, and be willing to train replacement.
- Prefer non-smoker.
- No pets, no personal visitors and no children brought into my home and especially while worker is on the job.

COMPENSATION:

- Pay is equal to minimum wage or more.

Appendix D: Interview Guidance

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

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

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

When interviewing applicants:

- Apply the same standard that is applied to the selection of other job applicants.
- Only ask about things that are **directly related to the job requirements** for this position; and
- **Do NOT ask personal questions** that do not apply directly to the job requirements.

NOTE: It is against the law to discriminate against an applicant because of their race, color, religion, gender, sexual orientation, national origin or disability.

The following are guidelines on what you **CAN** and **CANNOT** ask during an interview:

Subject	Do NOT ask or do:	MAY Ask or Do:
Marital Status	<ul style="list-style-type: none"> • Are you married? Divorced? Engaged? Separated? • What is your maiden name? 	AFTER hire, marital status for insurance or tax purposes.
Children	<ul style="list-style-type: none"> • Do you have children at home? How many? How old? • Who takes care of your children? • Do you plan to have children? 	AFTER hire, number and ages of children for insurance needs only.
Housing	<ul style="list-style-type: none"> • Do you own your home? • Do you rent your home? • Do you live in an apartment or house? 	If you have no telephone, how do I reach you?
Criminal History Record	<ul style="list-style-type: none"> • Have you ever been arrested or spent time in jail? 	Have you ever been convicted of a serious crime?
Military Status	<ul style="list-style-type: none"> • What type of military discharge do you have? • In what branch of the military did you serve? 	Are you a veteran? Do you have job-related military experience?
National Origin	<ul style="list-style-type: none"> • Of what country are you a citizen? • What is the nationality of your parents? Are they native born or naturalized? • What languages do you use? 	Are you a U.S. citizen? If not, do you have the legal right to remain permanently in the U.S.?
Age	<ul style="list-style-type: none"> • How old are you? 	Are you over 18? AFTER hire, exact age or date of birth can be asked.
Ethnic Background	<ul style="list-style-type: none"> • Questions about ethnic origin are not permitted. • Questions or comments about color of skin or complexion are not permitted. 	
Religion	<ul style="list-style-type: none"> • What are your religious beliefs? 	AFTER hire you may ask about any religious observances that may interfere with work.

Appendix E: Sample Task List

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

Example of a morning weekday task schedule:

Times	Tasks
6:00 am – 6:44 am	Get up out of bed, assist with showering, dressing, combing hair and brushing teeth.
6:45 am – 7:15 am	Make breakfast, assist with eating, clean up food and wash dishes.
7:16 am – 7:45 am	Assist with toileting, make lunch and take medications.
7:46 am - 8:00 am	Wait and assist with tasks until the ADHC center transportation arrives.

Example of a weekly task schedule:

Days	Tasks
Monday	<ul style="list-style-type: none"> • Daily tasks. • Drive to physical therapy.
Tuesday	<ul style="list-style-type: none"> • Daily tasks. • Iron clothes and clean bathroom.
Wednesday	<ul style="list-style-type: none"> • Daily tasks. • Clean kitchen and refrigerator.
Thursday	<ul style="list-style-type: none"> • Daily tasks. • Drive to physical therapy.
Friday	<ul style="list-style-type: none"> • Daily tasks. • Clean bathroom and living room.
Saturday	<ul style="list-style-type: none"> • Daily tasks. • Grocery shopping and run errands.
Sunday	<ul style="list-style-type: none"> • Daily tasks. • Laundry.

Appendix F: Sample Employee Performance Evaluation

Employee's Name: _____ Date of Hire: _____

Each area is coded as follows: 1 = Poor Expectations 4 = Meets Expectations
 2 = Below Expectations 5 = Exceeds Expectations
 3 = Mostly Meets Expectations

Area Evaluated:	1	2	3	4	5
1. Punctuality Comments:					
2. Reliability Comments:					
3. Ability to Complete Required Tasks Comments:					
4. Respectful Comments:					
5. Shows Initiative Comments:					
6. Organized Comments:					
7. Other Comments:					

Goals for the next 6 months/year:

Employee Comments:

Signature of Employer: _____

Date: _____

Signature of Employee: _____

Date: _____

Appendix G: Contacts

Fiscal Employer Agents (FEAs):

Fiscal Employer Agent (FEA)	Website	Telephone #
Acumen Fiscal Agent	www.acumenfiscalagent.com	1-855-514-9938
Morning Sun Financial Services	https://morningsunfs.com/states/louisiana/	1-833-239-3768

Support Coordination Agency (SCA) Contacts:

Name of SCA: _____

SCA's Telephone Number: _____

Support Coordinator's Name: _____

Support Coordinator's Telephone Number: _____

Program Contacts:

OAAS Regional Office Telephone Number: _____

Appendix H: Forms/Documents/Website Names and Links

The following forms, documents, website names, and manuals are available at the following website addresses:

Forms/Documents/ Website Names:	Website Addresses:
OAAS Back-Up Staffing Plan (OAAS-PF-10-015)	http://ldh.la.gov/assets/docs/OAAS/EmergencyPrep/BackupStaffingPlanForm.pdf
OAAS Community Choices Waiver (CCW) Personal Assistance Services (PAS) Log (OAAS-PF-11-015) and Instructions (OAAS-P-18-005)	http://www.ldh.la.gov/assets/docs/OAAS/publications/ServiceLogs/CCWServiceLogAndInstructions.pdf
OAAS HCBS Critical Incident Reporting (CIR) Form (OAAS-PF-10-014)	http://www.ldh.la.gov/assets/docs/OAAS/CIR/Critical-Incident-Report-Form.pdf
OAAS Critical Incident Reporting Manual (OAAS-MAN-19-002)	http://ldh.la.gov/assets/docs/OAAS/SIMS/OAAS_MAN_19_002_Critical_Incident_Reporting_Manual_for_SIMS_1_5_3_19.pdf
OAAS Critical Incident Reporting (CIR) Quick Guide for Self-Directed CCW Participants (OAAS-R-23-005)	https://ldh.la.gov/assets/docs/OAAS/SelfDirection/OAAS-R-23-005-Self-Direction-CIR-Quick-Guide-I-4-10-23.pdf
OAAS Designation of Responsible Representative Form (OAAS-RF-06-003)	http://www.ldh.la.gov/assets/docs/OAAS/publications/Forms/Designation-of-Responsible-Representative-Form.pdf
OAAS Emergency Plan (OAAS-PF-09-004)	http://www.ldh.la.gov/assets/docs/OAAS/EmergencyPrep/EmergencyPlanandAgreementForm.pdf
Louisiana Adverse Actions List Search Database	https://adverseactions.ldh.la.gov/SelSearch
Office of the Inspector General (OIG) List of Excluded Individuals Database	https://exclusions.oig.hhs.gov/

LDH Medicaid Community Choices Waiver Provider Manual	https://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf
OAAS Release of Confidentiality for Shared Personal Assistance Services (PAS) or Long Term-Personal Care Services (LT-PCS) – (OAAS-RF-11-016)	http://www.ldh.la.gov/assets/docs/OAAS/publications/Forms/Confidentiality-Consent-Shared-Services.pdf
OAAS Rights and Responsibilities for Applicants/Participants of Home and Community-Based Services (HCBS) for Waiver (OAAS-RF-10-005)	https://ldh.la.gov/assets/docs/OAAS/CCWForms/Waiver-Rights-and-Responsibilities.pdf
OAAS – CCW Personal Assistance Services DSW/ Participant Relationship and Living Arrangements Guidance (OAAS-PC-16-001)	https://ldh.la.gov/assets/docs/OAAS/CCWForms/OAAS-PC-16-001-CCW-PAS-DSW-Participant-Relationship-and-Living-Arrangements-Guidance-I-6-25-24.pdf
OAAS CCW Self-Assessment for Self-Direction Option (OAAS-RF-12-005)	http://www.ldh.la.gov/assets/docs/OAAS/CCWForms/Self-Direction-Self-Assessment-CCW.pdf
OAAS Self-Direction Roles and Responsibilities (OAAS-RC-19-001)	https://ldh.la.gov/assets/docs/OAAS/SelfDirection/OAAS-RC-19-001-SD-Roles-and-Responsibilities-RI-10-18-22.docx
OAAS Self-Direction Option for CCW Employer Agreement (OAAS-RF-17-013)	https://ldh.la.gov/assets/docs/OAAS/SelfDirection/OAAS-RF-17-013-Self-Direction-Employer-FEA-Service-Agreement-Issued-10-25-17.docx
OAAS Self-Direction Option for CCW Employee Agreement (OAAS-PF-11-016)	https://ldh.la.gov/assets/docs/OAAS/SelfDirection/OAAS-PF-11-016-Self-Direction-Employee-Agreement-RI-10-25-17.docx

<p>DSW Medication Administration and Non-Complex Tasks in HCBS Guidelines (for the Didactic Training and Establishment of Competency)</p>	<p>http://ldh.la.gov/assets/medicaid/hss/docs/DSW/document2016-03-15-155908.pdf</p>
<p>Legally Responsible Individual (LRI)/Spouse Request Form (OAAS-PF-24-002)</p>	<p>https://ldh.la.gov/assets/docs/OAAS/CCWForms/OAAS-PF-24-002-LRI-Spouse-as-DSW-Request-Form-l-6-26-24.pdf</p>
<p>Have you heard about self-directed services? (OAAS-RC-13-002)</p>	<p>https://ldh.la.gov/assets/docs/OAAS/SCResources/have-you-heard-self-directed-services.pdf</p>
<p>Community Choices Waiver Rule – LAC Title 50: Part XXI. Subpart 7. Community Choices Waiver</p>	<p>https://www.doa.la.gov/media/vs3btetk/50.pdf</p>
<p>Direct Service Worker Registry Rule – LAC Title 50: Part I. Subpart 3. Chapter 92. Direct Service Worker Registry</p>	<p>https://www.doa.la.gov/media/52pfpizc/48v2.pdf</p>

Appendix I: Glossary

This is a list of abbreviations, acronyms and definitions used in this handbook.

Activities of Daily Living (ADL) – The functions or basic self-care tasks which are performed by an individual in a typical day, either independently or with supervision/assistance for mobility. Activities of Daily Living (ADL) include bathing, dressing, eating, grooming, walking, transferring and/or toileting. The extent to which a person requires assistance to perform one or more of these activities often is a level of care criterion.

Adult Day Health Care (ADHC) Center – Any place owned or operated for profit or nonprofit by a person, society, agency, corporation, institution, or any group wherein two or more functionally impaired adults who are not related to the owner or operator of such agency are provided with adult day health care services. This center type will be open and providing services at least five continuous hours in a 24-hour day for at least five days a week.

Assessments/Re-assessments -The process of assessing the individual by completing the interRAI (Resident Assessment Instrument) Home Care (iHC)) for all initial, annual, status change and follow-up assessments/re-assessments. It provides the opportunity to gather information for re-evaluating and revising the overall Plan of Care (POC).

Community Choices Waiver (CCW) – An optional Medicaid program under section 1915 (c) of the Social Security Act that provides services in the community as an alternative to institutional care to individuals who: are age 65 or older, or aged 21-64 and have a physical disability, and meet nursing facility level of care requirements.

Confidentiality – The process of protecting a participant’s or an employee’s personal information as required by the Health Insurance Portability and Accountability Act (HIPAA).

Critical Incident – Events involving abuse, neglect, exploitation, extortion, major injury, major medical events, death, falls, major medication incidents, major behavioral incidents, involvement with law enforcement (participant arrested or victim of a crime), and loss or destruction of a participant’s home.

Critical Incident Report (CIR) - The specific OAAS HCBS Waiver Critical Incident Reporting Form ([OAAS-PF-10-014](#)) details a critical incident and is completed by the employer and entered in the Critical Incident Reporting (CIR) system by the support coordinator.

Direct Service Provider (DSP) – A person or entity licensed by the Louisiana Department of Health (LDH) under the provisions of LAC 48.I. Chapter 50 that delivers services to participants.

Direct Service/Support Worker – Unlicensed staff paid to provide personal care or other direct service and support to qualified waiver participants to enhance their well-being, and who are involved in face-to-face direct contact with the participant.

Electronic Visit Verification (EVV) – A web-based system that electronically records and documents the precise date, start and end times that services are provided to participants. The EVV system will ensure that participants are receiving services authorized in their POCs, reduce inappropriate billing/payment, safeguard against fraud and improve program oversight.

Employee - (See Direct Service/Support Worker.) Direct Service/Support Worker hired by you.

Employer – The individual that must be recorded by and registered with federal and state government agencies as the employer for legal purposes.

Fiscal Employer Agent (FEA) – A Fiscal Employer Agent, also known as a fiscal intermediary, is the entity that manages the tasks of administering payroll, state and federal tax withholdings, and benefits.

Good-to-Go Date – The date given by the FEA which indicates that all documentation has been received and processed. Only after a Good-to-Go date is issued by the FEA will the support coordinator be able to determine the actual start date of self-directed PAS.

Instrumental Activities of Daily Living (IADL) - Activities that are considered essential but may not require performance on a daily basis. Instrumental Activities of Daily Living (IADLs) include tasks such as light housekeeping; food preparation and storage; shopping; laundry; assisting with scheduling medical appointments when necessary; accompanying the participant to medical appointments when necessary; assisting the participant to access transportation; reminding the participant to take their medication as prescribed by the physician.

Home Book - The “Home Book” contains all of the necessary information about the participant’s care and supports/services. It is usually organized in a binder and must be kept in the participant’s home.

Louisiana Department of Health (LDH) -The state agency responsible for administering the Medicaid Program and health and related services including public health, mental health, developmental disabilities, and alcohol and substance abuse services.

Medicaid Fraud – An act of any person with the intent to defraud the state through any medical assistance program created under the federal Social Security Act and administered by LDH or any other state agency. (LA RS 14:70.1)

Office of Aging and Adult Services (OAAS) – The office within the Louisiana Department of Health (LDH) that is responsible for the management and oversight of certain Medicaid Home and Community-Based Services (HCBS) waiver programs, state plan programs, Adult Protective Services (APS) for adults ages 18 through 59, and other programs that offer services and supports to seniors and people with adult-onset disabilities.

OAAS Regional Office (OAAS RO) – Nine regional offices throughout the state and functions under the supervision of OAAS State Office.

Participant – The individual who is receiving services.

Plan of Care (POC) – A written person-centered plan developed by the participant, their responsible representative and support coordinator based on assessment results. The plan specifies services to be accessed and coordinated by the support coordinator on the participant’s behalf and includes long-range goals, assignment of responsibility, and time frames for completion or review by the support coordinator.

Person Centered Planning - This is the process of assisting participants to plan their life by gathering and integrating formal and informal supports relevant to the development of an individualized Plan of Care (POC).

Personal Assistance Services (PAS) - Assistance with ADLs and/or IADLs, as well as supervision necessary for the participant with functional impairments to remain safely in the community.

Prior Authorization (PA) – The amount of services in a given time period approved based on the Plan of Care (POC).

Responsible Representative - This individual is designated by a participant to act on their behalf when dealing with LDH and/or its designee (i.e. Support Coordination Agency). In the case of an interdicted individual, the responsible representative must be the curator appointed by the court of competent jurisdiction.

Service Logs – The OAAS CCW Personal Assistance Service Logs documents (OAAS-PF-11-015) must be completed by the employee to record the dates and tasks performed for the waiver participant receiving Personal Assistance Services (PAS).

Start Date – The date indicated on the POC/POC Revision which establishes the date PAS may begin. The start date must be on or after the Good-to-Go date; it cannot be before the Good-to-Go date.

Support Coordination – Services provided to eligible participants to help them gain access to the full range of needed services including medical, social, educational, housing, and other support services regardless of the funding source for these services. Activities also include assessment, Plan of Care (POC) development, service monitoring, critical incident management, and transition/discharge.

Support Coordination Agency (SCA) - An agency that is certified by OAAS and responsible for providing support coordination services to waiver participants.

Support Coordinator – An individual who meets the required qualifications and who is employed by a Support Coordination Agency and provides support coordination services to participants.

Unit of service – The standard increment of reimbursable time for a service (For PAS, a unit = 15 minutes).

Quarter – A calendar year includes 4 quarters: January-March; April-June; July-September; and October-December.