



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 or 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, role 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 “[LA OAAS Employer Assessment \(Self-Assessment Tool\)](#)”, can be found on the fiscal agent’s website.

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

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

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

B. Participant Eligibility Criteria

Details of the Community Choices Waiver program are found in the CCW Provider Manual found on the Louisiana Medicaid website at:

<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf>

To be eligible for participation in Self-Direction, a 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 (R.O.);
- Understand the rights, risks and responsibilities of managing your own care and managing and using an individual budget.

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 the supports of the participant within the individualized budget; and is willing to make decisions.

- Comply with all state and federal laws and regulations including but not limited to minimum wage and overtime requirements.

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 Community Choices Waiver (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. 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 = participant or the Responsible Representative for a participant	DSP
Who has responsibility 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
Who must ensure that criminal history and direct service registry checks are	FEA conducts the initial check AND	DSP

Questions Regarding Service Delivery Models	Self-Direction	Traditional
documented and that an applicant is eligible to be hired?	Employer is required to conduct all subsequent monthly and six-month checks	
Who is responsible for ensuring that timesheets 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?	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 & DSP

The Self Direction “employer” is listed in ALL of the responsibilities listed above for the self-direction service delivery. The “participant” is listed 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.

D. Summary of Employer Responsibilities

The following table is a summary of the Employer responsibilities (further detail is covered in specific sections of this handbook):

Managing Employees	POC	Back up/ Emergency	Service Documentation	Liability
Abide by non-discrimination policies on the basis of race, religion, gender, sexual orientation, age, or disability.	Cooperate for all assessments and care planning functions with your support coordinator.	Have a functional, or working, Back-Up Staffing Plan in place in the event that an employee does not show up for work.	Ensure that you have access to a fax machine, internet, computer, and/or smart phone/device.	Require employees to report any and all injuries and/or illness received from the job (Inform the FEA IMMEDIATELY).
Decide on a an hourly wage for your employee(s). (Employees MUST be paid at least minimum wage.)			Complete all employer-related paperwork and the duties related to payroll.	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 his/her own car.
Inform the FEA and the participant's support coordinator when an employee is terminated.	Establish a mutually agreeable work schedule for your employees. You will be individually responsible for any employee wages or supports that exceed the	Have a functional, or working, emergency plan in place in the event of a disaster.	Review your payroll reports upon receipt to ensure accuracy. (If not accurate, report the differences to your support coordinator and the FEA.)	

	hours and services in your approved POC.			
Wait until the FEA clears your potential employees for hire before you allow them to do any work for you.	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 / Revision.		Ensure that your employees complete the required service documentation, such as service logs, progress notes and timesheets; etc.	
	Participate in required training as requested by OAAS or its designee (if applicable).		Maintain all required documentation as specified in this manual	
			Report Critical Incidents and Complete all required paperwork to submit to the Support Coordinator.	

II. Getting Started

E. Introduction by the Support Coordinator

The support coordinator will provide an overview on 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 service specifications and participant's approved POC;
- Determining workers' wages;
- Scheduling workers;
- Orienting and instructing workers in duties;
- Supervising workers;
- Evaluating workers' performance;
- Verifying and approving time worked by workers;
- Terminating workers;
- Completing service documentation; and
- Reporting critical incidents.

F. Determining the Employer and Employee(s)

Employer

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

- You; or
- Your designated responsible representative.

A copy of the Responsible Representative form can be found on the OAAS website>Provider Resources>OAAS Forms>[Designation of Responsible Representative Form.](#)

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

Employee

Your potential employee must meet the following required qualifications:

- Be at least 18 years old;
- Be able to complete the tasks listed in your POC;
- Not be the employer or the employer's spouse;
- Not be the participant or the participant's spouse;

- Not be the responsible representative, or the responsible representative's spouse;
- Not be the participant's tutor, curator, or legal guardian;
- Not have Power of Attorney/Representative and Mandate Authority for the participant;
- Have a valid Social Security number; and
- Pass all criminal conviction history and background checks.

NOTE: The FEA will verify that the applicant is not barred from employment initially based on the results of the background and database checks;

Initial Pre-Hire Checks

A complete criminal conviction history and 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 provides assurance that individuals you hire do not have a criminal convictions history that would prevent them from working in a health care setting. Medicaid cannot reimburse the DSW until it has been verified they passed the complete criminal conviction history and background check.

The specific lists of Convictions Barring Employment are listed in [Appendix A.](#)

Each potential employee must:

- Authorize the FEA to access his/her criminal convictions history through the "Criminal Background Search Authorization Form" found in the "Employee Enrollment Materials" on the FEA's website;
- Provide specific information that is required for the criminal convictions history check to be accessed.

G. Enrollment Process

The support coordinator will:

- Inform the FEA of your decision to participate in Self-Direction;
- Assist with completing the required forms in the "Participant Employer Forms" (located on the FEA's website); and

- Will begin developing your waiver POC/Revision, Back Up Plan and Emergency Plan with your input (These topics are covered in greater detail in later sections of this handbook).

You **OR** your support coordinator will:

- Send the following required forms/documents to the FEA :
 - Employer Agreement,
 - Employee Enrollment Packet
 - Employment Application,
 - Form L-4,
 - Form W-4,
 - Employee Agreement,
 - Pay Selection & Direct Deposit Form

The FEA will:

- Notify you and your support coordinator if additional information is needed.
- Conduct all required INITIAL criminal conviction history and background checks, and will let you know if there are ANY findings.
- Issue and notify both the Support Coordinator and you of the “good to go date” once ALL required documents have been received and processed.

Your support coordination (SC) will:

- Fill in the appropriate **start date** (which must be on **or after** the “good to go” date)
- Notify the Direct Service Provider (DSP) of your planned transition to Self-Direction service delivery option (If applicable).
- Send copies of the required approved POC/Revision pages and budget sheets to:
 - The data contractor; and
 - FEA
- Send copies of the entire POC/Revision packet with a “start date” to:
 - Regional office; and
 - Employer (participant/you)

You will:

- Notify your employee(s) that they can begin providing services to you based on the date shown on the approved POC/Revision.

Your employee WILL NOT be paid for any work performed BEFORE the POC/Revision START DATE and until receipt of the “Good-to-Go” date is issued by the FEA indicating the employee has passed the complete criminal background check.

III. Ongoing Supports and Responsibilities

You, your support coordinator and the FEA will each have responsibilities throughout the delivery of your self-directed services.

Your support coordinator will:

- Continue to assist you throughout your participation as a Waiver participant
- Conduct regularly scheduled and status change assessments as needed.
- Help to develop annual Plans of Care including, but not limited to:
 - Task lists;
 - Work schedule;
 - Emergency plans;
 - Back Up Plans;
 - Budget and wage options
- 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/revisions (if needed).
- Enter [Critical Incident Reports \(CIR\)](#) upon notification from you.

The FEA will:

- Process your employer-related payroll and withhold the necessary employment-related taxes.

- Notify you if there are any errors (time entry, etc.) which would prevent payroll processing.
- Send payroll reports twice a month

NOTE: The FEA's pay periods are defined as the 1st through the 15th of the month and the 16th through the last day of the month.

You will:

- Report Critical Incidents to your support coordinator within required time lines.

Notify the FEA and support coordinator IMMEDIATELY anytime you are admitted to/discharged from a hospital or nursing facility for care, to ensure proper service delivery and further instructions.

- Review each payroll report to ensure that:
 - Your employee(s) are being paid the correct rate;
 - 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
- Contact the FEA or your support coordinator if you do not receive your payroll reports.
- Conduct routine employee background checks and required screenings

See [Appendix B](#) for detailed instruction on ROUTINE database checks.

IV. Termination from Self Direction Option

H. Voluntary Termination

You may choose to leave Self-Direction at any time 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 to Self-Direction.

I. Involuntary Termination

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

- 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/Revision;
- If you violate Medicaid program rules or guidelines of Self-Direction including but not limited to cooperating with LDH, Support Coordinator or FEA in submitting any required documentation
- If you do not receive self-directed services for ninety (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 Medicaid CCW Provider Manual on the Louisiana Medicaid website :

<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf>

V. Hiring Employees

J. 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 he/she would be doing for you each day);
- Includes the days and times you need the employee to report to work;
- Must be consistent with your approved POC and within the service specifications of the waiver program;
- Specifies any special requirements you have for the employee; and
- Is not meant to replace any training or directions 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](#).

K. 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
 - Don't forget to ask family, friends and neighbors if they or someone they know would make a good employee for you. Let them know what qualifications you are looking for, and ask them to tell others about the position, too.
- Local Agencies/ Rehabilitation Agencies
 - Social service organizations may keep a registry or list of direct service workers who may have received some basic training or have work experience.
- Bulletin Boards in High Traffic Areas
 - Hang flyers on bulletin boards in high traffic areas, such as grocery stores, banks, apartment buildings, restaurants, community centers, colleges/universities, and churches.
- Local Employment Offices

- One source often overlooked is the Louisiana Workforce Commission (LWC).

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 **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:

Personal Care Attendant –
Needed to assist male with quadriplegia with personal care, shopping, 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. \$ 8.90/ hr. Call (555) 111-1111 evenings for more information.

L. Selecting Employee(s)

The Initial Telephone Contact

During the initial telephone contact, you will 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 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 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 you object to performing (e.g. bathing, toileting, and 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 his/her own car as part of the job);
- Names and numbers of at least three (3) references;
- Proof of address; and
- Completed Employment Application form (which can be found on the FEA website)

At the end of the telephone contact, thank the individual for his/her interest, even if you think he/she is not a good fit for the position.

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 greater 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 to join you so that you can compare your interview notes.
- Allow plenty of time between each interview (About one hour for each interview is usually good).

At the meeting:

- Obtain the completed Employment Application form and references (have a blank application form available in case it is needed).
- Give him/her a copy of your job description to read while you review his/her 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 his/her 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 he/she can safely perform the functions of the job (e.g., lifting, transferring, etc.).
- Ask the applicant to tell you about his/her work experience. (e.g., past work history, reasons for leaving other jobs, any past experience with personal assistance, etc.)
- Ask if you may contact current and/or former employers for a job reference.
- Ask about his/her career goals and why they are interested in this job.
- Describe the work schedule, pay method, and your method of evaluating his/her performance

- Ask any additional questions that you feel are important to selecting the right employee.

See [Appendix D- Interview Guidance](#), for samples of questions and a table of things you CAN and CANNOT ask.

- Give the individual an opportunity to ask questions.
- Tell the individual you will call him/her as soon as you make a decision (Be sure to contact the individual even if you decide not to hire him/her.).
- Thank the individual for his/her interest and time.

Checking References

Before you decide which individual(s) you want to hire, check his/her 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 he/she do for you?
- Why did (name of individual) stop working for you?
- Did he/she arrive to work on time?
- Would you hire him/her again?
- What were his/her strengths?
- What could have been improved about his/her job performance?

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 he/she 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.

Initial Paperwork

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

- Contact the potential employee.
- Ask if he/she is still interested in the job.
- Ask him/her to complete the required Employee Enrollment forms (found on the FEA's website under the LA OAAS Employee Enrollment Packet):
 1. **USCIS Form I-9, Employment Eligibility Verification:** This is a Federal form used to make sure that your employee is able to work in the United States. You, as the employer, must fill out Section II of this form.
 - Obtain a photocopy of Social Security card and Identification card (see page 3 of Form I-9 for more information on acceptable Identification cards)
 2. **IRS Form W-4, Employee's Withholding Allowance Certificate:** This form must be completed so that the correct federal income tax can be deducted from your employee's pay.
 3. **Louisiana Form L-4, Louisiana Employee Withholding Exemption Certificate:** This form must be completed so that the correct state income tax can be deducted from your employee's pay.
 4. **Pay Selection Options form:** This form allows your employee to choose how he/she would like to be paid (paper check, pay card, or direct deposit).
 - Authorization for Direct Deposit (optional). This section of the form must be completed if your employee chooses to have payment deposited directly into his/her account.
 5. **Employee Information Form:** The form requests information to identify certain tax exemptions.
 6. **CCW Employee Agreement:** This form establishes a payment agreement between the FEA and your employee, and is a Federal requirement.
 7. **Criminal background Search Authorization form:** This form allows the FEA to conduct a criminal background check on your potential employee.

- Send (via mail, fax, or email) all of the above completed documents to the FEA
- Wait until the FEA notifies you and your support coordinator that the applicant is cleared for hire

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

- Keep a copy of ALL completed employment documents indicated above in a secure place in your home (They do not need to be included in your "Home Book") following the [record retention requirements](#).

M. Employee On-boarding

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
- 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 should address with each employee at the start of employment:

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

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 the 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:I.Chapter 92);
- 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 may also be found in the [Medicaid Community Choices Waiver Provider Manual, Section 7.1 – Covered Services](#).

You will set your employees' 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 his/her detailed task list.

See [Appendix E](#) for a Sample Task List.

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

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 [Confidentiality Consent Form](#). Reimbursement rates should be considered accordingly.

Place of Service

PAS may be provided in your home, or in another location outside of your home, if the provision of these services allows you to participate in normal life activities (ADLs and IADLs) and are written in your approved POC. You must be present while PAS services are being provided in your home.

Service Limitations

- IADLs must not be performed in your home when you are not there.
- There must not be any duplication of services.
- PAS must not be provided while you are admitted to, or attending, a program which provides assistance with ADLs or IADLs whether in-home or in another setting.
- The provision of PAS outside of your home does not include trips outside of the borders of the state unless your detailed request is approved or already included in your approved POC/Revision. (Requests must be pre-approved and should be sent at least 24 hours prior to the anticipated travel.)
- PAS must not be provided during the same designated hours or time period a participant receives Adult Day Health Care (ADHC) services or Caregiver Temporary Support services.

NOTE: ADHC providers use the Electronic Visit Verification (EVV) system. Therefore, it is your responsibility to ensure that the PAS you receive is documented and billed correctly. Service times that reflect an overlap between PAS and the ADHC provider will be blocked for payment.

- You cannot receive PAS and Long Term - Individual Care Services (LT-PCS).
- Assistance or support with ADL tasks must not include teaching family/friends/others how to care for you.
- Shared PAS cannot be billed on your behalf when you were not present to receive the service.
- PAS must be billed in 15 minute increments (Each 15 minute increments is referred to as a unit of service)
- **PAS CANNOT be provided once you are admitted to an acute care hospital, long term care hospital, or nursing facility and throughout your stay.**
- You may not live in an employee's home unless you are related by blood or marriage.

Determining Hourly Wage

Things to consider when determining your employee(s) hourly wage:

- It **MUST** be at least minimum wage.
- It costs more than just the hourly wage to employ someone (Social Security, Medicare and Unemployment taxes, etc. must also be factored in).

Check the [“Show Me the Money”](#) document on the FEA’s website to calculate the actual “Cost to You”.

- You may choose to pay different workers different wages.
- The wage you can afford is subject to your annually approved budget. (Your annual budget includes **ALL** waiver services being delivered to you including Support Coordination, PAS, etc.)
- Once you and your employee have decided on a wage, you must complete the “Employee Wage Notice” found on the FEA’s website.

If you want to change your employee's hourly pay wage, you must:

- Contact your support coordinator for a POC Revision, **and**
- Submit a new Employee Wage Notice to the FEA within the required timelines noted on the form.

Setting Employee's Work Schedule

You will set your employees' 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 employees.
- Give advance notice for schedule changes (both you and the employee). For example, if you are going on vacation, tell your employees ahead of time about the change in the work schedule.

Stress the following with your employee:

- 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.

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 him/her 1 ½ times the regular hourly pay wage for all hours worked over the 40 hours in that work week.

Example #1: If your employee is currently being paid \$8.00 an hour (regular wage) and works 42 hours a week, you will pay him/her \$8.00 an hour for the first 40 hours and \$12.00 an hour ($\8.00×1.5) for the other 2 hours worked in excess of the 40 hours.

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.

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: 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.

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.

TRAINING

Mandatory

If supervision or assistance with [medication administration](#) and/or non-complex tasks is required, your employee **MUST** complete training in accordance with the Direct Service Worker Registry Rule (LAC 48:I.Chapter 92).

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 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 Support 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 which method works best for him/her. When you provide training to a new employee, here are things that you may want to do:

- Talk about your disability or reduced level of functioning and how it affects your life.
- Give a lot of examples (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.).
- As you go through your daily routine, explain why tasks need to be done. This will help your employee 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 to be effective at the job. Be patient with your employees; learning how to do new things may take a while.

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/Revision.

On your employee’s first work day, 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 timesheets and 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 he/she will perform for you;
- The hours and days he/she is expected to work and the need for advanced notice to you when he/she is unable to work the scheduled hours;
- The rate of pay, pay period, and pay days;
- Overall expectations related to his/her job performance; and
- Under what conditions he/she may be released or fired from his/her duties.

VI. Following the Plan of Care (POC)

N. 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/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 will cover a span of 12 months.

Example: If the POC begin date is July 26, 2018, the end date will be July 25, 2019. 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.

How Many Hours Am I Approved to Receive Each Week?

The amount of authorized hours are approved in your POC by the support coordination agency designee or OAAS regional office. The amount of hours is:

- 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;
- Is affected by the wage you set for paying your employees; and
- 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 provided by the FEA will let you know how many

hours you have used and how many hours you have available. When in doubt, contact your support coordinator for assistance.

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 needs, as long as your health and welfare are not jeopardized.

When the services and supports provided differ or deviate from what is specified in your approved POC, a progress note must be completed to describe the reason for the deviation or difference.

O. Revisions to the POC

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

You should contact your support coordinator at least fourteen (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)
- Medical emergency (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 Regional Office (if applicable).

P. 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 or OAAS Regional Office (if applicable) 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.

Q. Emergency Plan

Another essential part of your POC packet is your Emergency Plan. 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, and 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

R. 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 support coordination agency and the OAAS Help Line number;
- The “[OAAS Rights and Responsibilities for Applicants / Participants of Home and Community-Based waiver Services](#)” form (OAAS-RF-10-005);
- 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 vehicle);
- Copies of blank [Critical Incident Report \(CIR\) forms](#); and
- The past three (3) months of:
 - [Employee timesheets](#);
 - [Service logs](#);
 - Payroll reports/Account Statements (as provided by the FEA); and
 - Completed [Critical Incident Reports](#) (if applicable) submitted to your support coordinator.

NOTE: All other timesheets, service logs with progress notes, payroll reports, and Critical Incident Report Forms older than 3 months must be kept in a secure place in your home and retained for a period of six (6) years after service delivery or termination of the employee.

S. Timesheets

Self-directed services must be documented on the OAAS approved timesheet. The timesheet can be found on the FEA website under Participant Employer Forms, [OAAS-CCW-Timesheet](#).

Timesheets MUST be:

- Filled out correctly and completely.
- Faxed, or submitted online, at any time during the pay period, however, they must be sent by the payroll due date to be paid timely.

NOTE: Timesheets sent to the FEA after the payroll due date will be paid on the next payroll.

Timesheets will not be processed by the FEA if any of the following is incorrect or missing:

- Employee or participant identification number;
- Service code – PAS, PA2, PA3;
- Dates of services;
- Employee signature; and/or
- Employer signature

[OAAS-CCW Timesheet Instructions](#) can be found on the FEA's website.

You must:

- Review every timesheet to ensure that it is filled out completely and accurately.
- Check the timesheets against your current POC and account statement to ensure that you remain within the amount of services approved in the prior authorized quarter.

You and your employee must:

- Sign each timesheet to attest, or agree, that the hours and services recorded on the timesheet were delivered and received in accordance with the approved POC.

When time web entries are entered online, paper timesheets MUST still be completed, OR a hard copy print out of the entered time is to be kept, for your documentation; the hardcopy DOES NOT need to be submitted to the FEA if you are using web entry.

If you receive self-directed services on the same date of admission to/discharge from a hospital or nursing facility, a copy of the admit/discharge documents that include the date and time of admit/discharge MUST be submitted to the FEA and support coordinator with the employee’s time sheets for the corresponding billing period.

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.
<p>Examples of Medicaid fraud include signing and/or submitting timesheets:</p> <ul style="list-style-type: none"> ➤ For services not actually provided; ➤ For time worked when the employer and/or employee was not present; and/or ➤ For services provided by an individual other than who is identified on the timesheet.
Do not sign blank timesheets!
<p>As required by the State of Louisiana, suspected cases of fraud will be referred to the Medicaid Program Integrity Unit for further investigation and possible prosecution.</p> <p>Remember, any time you allow an employee to work hours that are not approved in your POC or which are not in agreement with the service definition and limitations, any of the following may occur:</p> <ul style="list-style-type: none"> ➤ Involuntary termination from Self-Direction; ➤ Employee(s) will not be paid for the hours that he/she worked; and/or ➤ If the employee is paid, these funds paid may be recouped from you <p>Employers who allow their employees to work more than the authorized hours are taking advantage of their employees and risk losing them.</p>

T. Service Logs

The primary purpose of this documentation is to:

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

It is the responsibility of your employee to adequately document services provided and 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 Service Log (OAAS-PF-11-015) MUST** be used to document the provision of PAS.

The log and instructions may be found on the OAAS website and accessed at the following we addresses:

Instructions:

<http://www.ldh.la.gov/assets/docs/OAAS/publications/ServiceLogs/CCWServiceLogAndInstructions.pdf>

Fillable Form: <http://www.ldh.la.gov/assets/docs/OAAS/publications/Forms/CCW-PAS-Service-Log.pdf>

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 = Your employee(s)
- Participant’s Name = You

NOTE: The FEA offers Electronic Visit Verification (EVV) that allows employees to check in/out of shifts in real time using a mobile application or computer. Employers validate entries also using the mobile application or computer.

NOTE: All employers newly enrolling in the Self-direction starting January 1, 2019 and after MUST utilize EVV; Current employers will have until March 31, 2019 to switch over to using EVV.

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.

U. Critical Incident Reporting Requirements

“Any individual having cause to believe that an adult’s physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation, or extortion shall report to the Adult Protective Services and/or to law enforcement (as applicable).” (Louisiana Revised Statute 14:403:2)

This means the following critical incidents must be reported within two (2) hours to your support coordinator:

- **Major Injury:** Any suspected or confirmed wound or injury to a individual of known or unknown origin which requires medical attention by a physician, nurse, dentist, or any other licensed health care provider.
- **Loss or Destruction of Home:** Damage to or loss of the participant’s home that causes harm or the risk of harm to the participant. This may be the result of any action, manmade or natural. (Examples include fire, flooding, eviction, unsafe or unhealthy living environment, etc..)
- **Fall:** A fall occurring when the individual is:
 - Found down on the floor (un-witnessed event): or
 - Comes to rest on the floor unintentionally, whether or not the individual is being assisted at the time, assisted or un-assisted, apparently due to one of the ten most likely risk factors for falls (i.e., muscle weakness, history of falls, gait deficit, use of assistive device, visual deficit, arthritis, impaired activities of daily living, depression, cognitive impairment, and age greater than 80 years) and / or other risk factors such as use of psychotropic medications, anti-arrhythmic medications, dioxins, and diuretics.

- **Major Medical Event:** An occurrence in which the participant receives a medical procedure by a physician, nurse practitioner, dentist, or other licensed health care provider either during an inpatient or outpatient visit, and a new diagnosis is identified or new orders for medications, services (such as Home Health), therapy, equipment, health-related tasks, or treatments are prescribed.
- **Death:** All deaths are reportable regardless of the cause or the location where the death occurred.
- **Major Medication Incident:** The administration of medication in an incorrect form, not as prescribed or ordered, or to the wrong individual, or the failure to administer a prescribed medication, which requires treatment by a physician, nurse, dentist or any other licensed health care provider.
 - Medication errors may be due to the following: staff, pharmacy, participant, or family.
- **Involvement with Law Enforcement:** resulting in participant's arrest.
- **Participant is Victim of a Crime:** The participant is victim of a reportable offense under local state or federal statutes.
- **Major Behavior Incident:** The occurrence of an incident that can reasonably be expected to result in harm or may affect the safety and well-being of the individual. The following are examples of major behavioral incidents:
 - Attempted Suicide – The intentional and voluntary attempt to take one's life.
 - Suicidal Threats – Any verbal expression by a individual of intent to voluntarily take one's life
 - Elopement/Missing – The individual is missing and unaccounted for a period of time in excess of any unsupervised period provided in the individualized support plan or other plan, or a individual with no supervision requirements in the plan is missing or whereabouts are unknown for provision of services.
 - Self-Injury – Any suspected or confirmed self-inflicted wound or injury which requires treatment by a physician, nurse or any other health care provider.
 - Offensive Sexual Behavior – Imposing non-physical sexually oriented activities upon another individual such as threatening to rape another, exposing to others, public masturbation, etc.

- Sexual Aggression – Any act of physically forcing sexually oriented activities upon another individual, such as touching another’s breast, touching private parts, or attempting to disrobe another individual, etc.
- Physical Aggression – The individual physically attacks a direct service worker or another individual which results in injury or harm to the other individual.

NOTE: Please refer to OAAS’ Critical Incident Reporting Policies and Procedures

(<http://new.dhh.louisiana.gov/assets/docs/OAAS/CIR/CIR-Policy.pdf>) for additional information on Major Medical Events.

If the incident involves abuse, neglect, exploitation, or extortion, then protective services or law enforcement must be contacted immediately. The following incidents must be reported to **BOTH** protective services and the SCA:

- **Abuse:**
 - Physical – Contact or actions that result in injury or pain such as hitting, pinching, yanking, shoving, pulling hair, etc.;
 - Emotional – Threats, ridicule, isolation, intimidation, harassment;
 - Sexual of an adult when any of the following occur:
 - a. The adult is forced, or otherwise coerced by a individual into sexual activity or contact.
 - b. The adult is involuntarily exposed to sexually explicit material, sexually explicit language, or sexual activity or contact.
 - c. The adult lack the capacity to consent, and a individual engages in sexual activity or contact with that adult.
- **Neglect:**
 - Caregiver – Means withholding or not assuring provision of basic necessary care such as food, water, medical, or other support services, shelter, safety, reasonable individual and home cleanliness or any other necessary care;
 - Self – Means failing, through one’s own action or inaction, to secure basic essentials such as food, medical care, support, shelter, utilities or any other care needed for one’s well-being.
- **Exploitation:** The misuse of someone’s money, services, property or the use of a power of attorney or guardianship for one’s own purposes.

You are responsible for completing all of the following actions:

- Reporting critical incidents as soon as possible but within two hours of discovery to the support coordination agency and (when applicable) protective services and/or law enforcement.
- Assisting in gathering information about the circumstances and details of the critical incident; and
- Participating in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

Emergency Situations

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

- If you suspect abuse, neglect, exploitation or extortion of an adult aged 18-59, or a individual under 18 who has been legally declared an adult, you are required to report it to Adult Protective Services (APS) at 1-800-898-4910.
- If you suspect abuse, neglect, exploitation or extortion of an elder aged 60 and over, you are required to report it to Elderly Protective Services (EPS) at 1-833-577-6532.
- If you suspect a child has been abused or mistreated, you are required to report it to the Child Welfare Office at 1-855-452-5437.

V. Record Requirements

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

- **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 recouplement 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 the 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/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).

W. Additional Documentation by the Employer

Employee Performance Evaluations

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

You should:

- Be proactive in dealing with employee 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/if they occur and document these incidents.
- Acknowledge and document exceptional performance by your employee.
- 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 E](#) for a sample evaluation you can use or adapt for use with your employee.

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.

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 account 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 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.

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;
- 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;
- It is your choice as to whether or not you give the traditional two-weeks' notice; and
- Do not drag it out (be direct, and get straight to the point).

Some suggested wordings to communicate the termination to him/her are:

- "I am sorry but I do not feel you are appropriate for this job."
- "you are not fulfilling your job obligations." or
- "I won't need your services anymore."

You must:

- Notify the FEA and support coordinator;
- Have your employee sign his/her current timesheet before leaving;
- Complete the “ [Employee Termination](#)” form;
- Collect any individual items (keys, credit cards, ATM card, etc.) from the employee before submitting their timesheet for the final paycheck;
- Submit the timesheet to the FEA along with the [Employee Termination](#) form;

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 his/her 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 delivery of your services.

Your support coordinator will contact you at least monthly to:

- Make sure that the information contained in you POC is still accurate;
- Track progress on your individual outcomes as identified in your POC; and

- Obtain updated information about your supports.

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

- Determine if your individual outcomes identified on your POC have been achieved;
- Determine if your needs are being met by:
 - Reviewing service logs;
 - Reviewing timesheets ; 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 necessary changes to you POC.

IX. Liability

X. 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, 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.

Work-Related Injuries

Employees must immediately report any and 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.

Non-Work Related Injuries

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

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

Y. Protecting Yourself

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 (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.

Individual Safety

You have the right to receive services in a safe environment. See the Rights and Responsibilities for Applicants/Participants of HCBS waiver services 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.

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

See “[Emergency Situations](#)” section in this handbook.

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 he/she has been convicted of an offense listed below or if the criminal history background check indicates an attempt or conspiracy to commit any of the offenses listed below:

- R.S. 14: 28.1 (solicitation for murder)
- R.S. 14: 30-30.1 (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)

Appendix A - Convictions Barring Employment (cont'd)

- 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 conviction history that does not bar employment, you will be given a choice to decide if you want 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 acknowledgement form stating that you have been informed of the applicant's criminal conviction history and still want to hire him/her. The completed form must be signed by you, as the employer, and submitted to the 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 he/she is 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 Direct Service Worker Checks

CNA/DSW Registry and LOUISIANA STATE ADVERSE ACTIONS LIST SEARCH

1. Go to <https://adverseactions.ldh.la.gov/SelSearch>
2. Type in the employee's name and/or any other names the worker typically goes by (if applicable).
3. Click on the search icon to bring up existing records.
4. You can verify the identity using the employee's valid Social Security Number.

Monthly Office of Inspector General (OIG) list of Excluded Individuals

- To search the Office of Inspector General's (OIG) national exclusions database, use this link: <https://exclusions.oig.hhs.gov/>

Findings:

For each of the above searches, if no results are found, this individual or entity (if it is an entity search) is not currently excluded and may begin/continue employment as the Direct Service Worker.

****Print the Web page that shows “Your search did not return any results” to keep in your documentation.****

If the individual's name appears on the Direct Service Worker Registry or the LDH Adverse Actions database, you cannot hire that individual or allow him/her 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:

- Weekday (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 his 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.)
- Have you had an experience giving personal care?
- Tell me how you approach multiple tasks to ensure that all are performed.
- Are you comfortable performing personal care duties such as bathing and toileting?
- What do you think will be the best and worst part of this job?
- What did you like best and least about your last job?
- What are your best and worst qualities?
- Why are interested in being a personal 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 his/her race, color, religion, gender, sexual orientation, national origin, or disability.

Appendix D - Interview Guidance (cont'd)

The following are guidelines on what you CAN or CANNOT ASK during an interview:

Subject	Do NOT Ask or Do	May Ask or Do
Marital Status	Are you married? Divorced? Engaged? Separated? Maiden Name?	AFTER hire, marital status for insurance or tax purposes
Children	Do you have children at home? How old? Who takes care of them? Do you plan to have children?	AFTER hire, number and ages of children for insurance needs only
Housing	Do you own your home? Do you rent? Do you live in an apartment or a house?	If you have no telephone, how can I reach you?
Criminal Record	Have you ever been arrested or spent time in jail?	Have you ever been convicted of a serious crime?
Military Status	What type of military discharge do you have? In what branch did you serve?	Are you a veteran? Do you have job-related military experience?
National Origin	Of what country are you a citizen? Nationality of your parents? Native born or naturalized? What languages do you use?	Are you a U.S. citizen? If not, do you have the legal right to remain permanently in the U.S?
Age	How old are you?	Are you over 18? AFTER hire, exact age or date of birth can be asked.
Ethnic Background	Any questions about ethnic origin are not permitted nor are any comments regarding complexion or color of skin.	
Religion	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 on a weekly basis.

Example of a morning weekday task schedule:

Times:	Tasks:
6:00 am – 6:30 am	Get up; assist with showering, dressing, and brushing hair and teeth.
6:45 am – 7:15 am	Make breakfast, assist with eating, and clean up the dishes.
7:15 am – 7:45 am	Assist with toileting, make lunch, and take medications.
8:00 am	Wait and assist until the ADHC center transportation picks up.

Example of a weekly task schedule:

Days:	Tasks:
Monday	Daily tasks and drive to physical therapy
Tuesday	Daily tasks, iron clothes and clean bathrooms
Wednesday	Daily tasks, clean kitchen and refrigerator
Thursday	Daily tasks and drive to physical therapy
Friday	Daily tasks and clean bathroom and living room
Saturday	Daily tasks, grocery shopping and run errands
Sunday	Daily tasks and laundry

Appendix F – Sample Employee Performance Evaluation

Employee's Name: _____ Date of Hire: _____

Each area is coded as follows:

- 1 = Poor 3 = Mostly meets expectations 5 = Exceeds expectations
2 = Below expectations 4 = Meets expectations

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

Appendix F – Sample Employee Performance Evaluation (cont'd)

Goals for next 6 months/year:

Employee comments:

Signature of Employer: _____

Date: _____

Signature of Employee: _____

Date: _____

Appendix G – Contacts

Support Coordination Agency's Contacts:

Name of Support Coordination Agency: _____

Support coordinator's name: _____

Support coordinator's number: _____

Program Contacts:

Office of Aging and Adult Services Regional Office number:

Appendix H – 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 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/Reassessments -The process of assessing the individual by completing the Resident Assessment Instrument (RAI) Minimum Data Set-Home Care (MDS-HC) for all initial, annual, status change and follow-up assessments/reassessments. 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 documentation ([OAAS-PF-10-014](#)) which details a critical incident and is completed by the employer and entered in the Critical Incident Reporting (CIR) system by the support coordinator.

Appendix H – Glossary (cont'd)

Direct Care Staff – 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.

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.

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 Care Staff.) Direct Care Staff 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. 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 his/her medication as prescribed by the physician.

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)

Appendix H – Glossary (cont'd)

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 the elderly and adults with disabilities.

OAAS Regional Office – 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, his/her 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 his/her 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.

Start Date – The date indicated on the POC or 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.

Appendix H – Glossary (cont'd)

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).