

**ADvantage
Program
CD-PASS**

SELF-GUIDED

Employer Training

Consumer-Directed Personal Assistance Services & Supports

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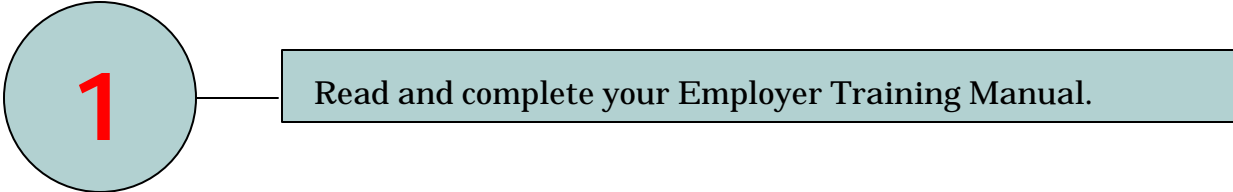
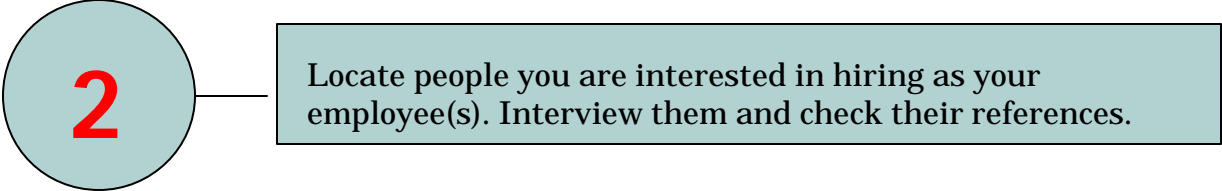
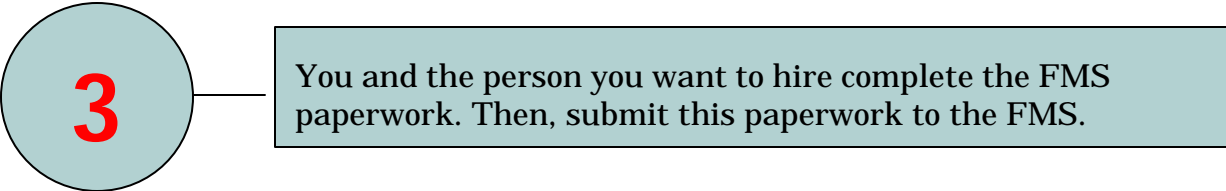
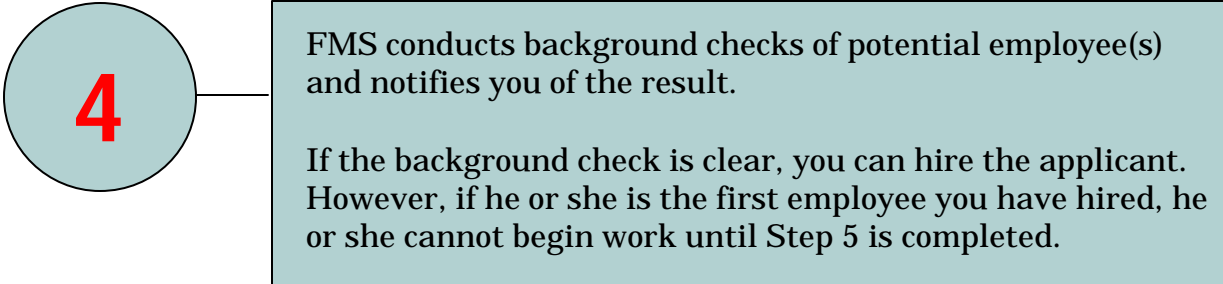
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CD-PASS Process

- 1 Read and complete your Employer Training Manual.
- 2 Locate people you are interested in hiring as your employee(s). Interview them and check their references.
- 3 You and the person you want to hire complete the FMS paperwork. Then, submit this paperwork to the FMS.
- 4 FMS conducts background checks of potential employee(s) and notifies you of the result.

If the background check is clear, you can hire the applicant. However, if he or she is the first employee you have hired, he or she cannot begin work until Step 5 is completed.

CD-PASS Process

5

Hold a transition meeting with your Case Manager/CDA to end your personal care services from a home health agency, start CD-PASS service, and create a back up plan. (Unless you leave CD-PASS and then return, you will only need to hold this meeting once.)

6

Your employee completes I-9, W-4, and direct deposit (if using) forms and faxes them to your Fiscal Agent, Acumen.

7

You begin acting as the employer for your employee.

Train, supervise, and evaluate your employee.

Set the employee's schedule and sign his or her timesheets.

Review monthly Acumen Fiscal Agent Account Statement.

If you want to pay your employee a bonus or have other employer-related expenses that you included in your budget, you complete and submit an Optional Expense form to the FMS.

If your employee cannot come to work, quits, or is dismissed by you, you use your back up plan.

If your employee quits or you decide to fire him or her, you will need to begin again at step 2.



Module One: Hiring an Employee

OVERVIEW

Hiring an employee who can meet your needs is a critical step in making sure CD-PASS works for you. This module will offer suggestions on how to create your budget, recruit, screen, interview, and check the references of potential employees. It will also explain how to complete forms related to your role as an employer.

LEARNING OBJECTIVES

After reviewing this module, you will be able to:

- Understand your role as an Employer and the roles and responsibilities of your team members
- Interpret your service plan
- Determine how much to pay your employees
- Read an Acumen Fiscal Agent Account Statement
- Understand how to access and use your optional expense account
- List the tasks in recruiting a new employee
- Identify what you should do before making an offer to a potential employee
- Decide what questions to ask a potential employee during a phone screening or interview
- Identify what questions to ask a potential employee's references
- Determine how to select an employee
- Complete all required employer/employee forms

Section 1: CD-PASS Roles and Responsibilities

Introduction

Before you hire an employee, you will need to understand your role as an employer, and the roles your CD-PASS team will play. When you are in CD-PASS, you will have many people to support you as an employer. Knowing what you are responsible for and who you can go to for assistance will make your job as an employer easier. The following descriptions detail “who” does “what” in the CD-PASS service option.

Member/ Employer

You are the Member/Employer.

As an employer, you will recruit, determine pay rates, hire, train, supervise, and fire (if necessary) your employee.

You will have other responsibilities, such as creating a plan that will keep you safe when your PSA can't come to work and keeping track of how many personal care hours you've used.

You have an entire team to help you — a Consumer-Directed Agent (CDA), the Fiscal Agent, the Financial Management Services Provider, the Administrative Agent, and, if you want, an Authorized Representative. Read on to find out the different roles of your team members.



I'll be your
**Financial Management
Services Provider (FMS).**

I'll provide you with Employer Training and assist you in developing a budget for your personal assistance services if you wish.

You'll fax your applicants' employee forms to me and I'll conduct background checks on individuals you want to hire as your employees to make sure they're safe to work for you.

**Fiscal
Management
Services
Provider
(FMS)**



**Consumer-
Directed
Agent
(CDA)**

I'll be your
**Consumer-Directed Agent (CDA)/
Case Manager.**

My job is to help you make the transition from using a home care agency for your personal care services to employing your own assistant.

I'll play the same role your Case Manager did, but I'll also lend a hand when you develop an emergency back up plan for when your PSA cannot come into work. I'll arrange training for you if your employee needs to learn to provide advanced personal care services for you.

If you decide that you no longer want to participate in CD-PASS, I'll support you in transitioning back to receiving assistance from a home care agency.



I'll be your
Fiscal Agent (Acumen).

I'll handle almost all of the financial issues related to employing your personal assistants. You'll fax timesheets to me, and I'll make sure your assistants are paid twice a month. At the first of the year, I'll mail your employees W-2 forms, so they can file their taxes. Each month, I'll mail you a budget report, so you can see how many hours you have for the rest of your service plan year and how much you have set aside for optional expenses, such as bonuses for your assistants.

**Fiscal
Agent**



**Administrative
Agent**

I'll be your
Administrative Agent.

My job is to provide you with information about the CD-PASS option.

I have a toll-free number you can call if you have questions or complaints about CD-PASS. You can reach me at 1-800-435-4711.

I'll call you every once and awhile to see if you're satisfied with the program.



**Personal
Services
Assistant
(PSA)**



I'll be your
**Personal Services
Assistant (PSA).**

My job is to provide personal services such as housecleaning and meal preparation and other tasks as needed, such as assisting you with bathing and grooming.

You'll be my employer, setting my schedule, deciding how much to pay me, and training me to do tasks the way you like them done.

**Advanced
Personal
Services Assistant
(APSA)**

I'll be your
**Advanced Personal
Services Assistant (APSA).**

If you need assistance with technical services such as suctioning, maintenance of a bowel program, or catheter care, you can hire me to provide that assistance.

You'll be my employer, setting my schedule, deciding how much to pay me, and training me to do tasks the way you like them done.



I'll be your
Authorized Representative.

If you appoint me as your Authorized Representative, I will handle employer responsibilities that you assign to me.

I can be a family member or a friend or anyone you trust.

You do not need me to participate in CD-PASS.

If I serve as your Authorized Representative, I cannot also be your PSA or APSA.

I do not get paid for serving as your Authorized Representative.

**Authorized
Representative**



Ask Yourself...

Are there any employer responsibilities that I am concerned about?

Will I appoint an authorized representative?

Who will I call if I have questions or need assistance?

Section 2: Financial Aspects of CD-PASS

Introduction

As an employer, you will need to budget to pay for your employee's wages and for employer expenses, such as bonuses and faxing costs. To determine how much to pay your employees, you will need to understand your service plan, how to accrue optional expenses, and how to read your monthly Acumen budget report.

Understanding Your Service Plan

Your service plan is prepared by your case manager and is based on decisions your team makes about the services and supports that would benefit you. You should receive a copy of your service plan. If you need changes made to your service plan, contact your *ADvantage* CDA/Case Manager to discuss them.

Each service plan contains valuable information about what services you will receive and how frequently you will receive them. Once you join CD-PASS, your service plan hours will be calculated on a yearly basis, rather than a weekly basis. This will give you some flexibility in how your hours are used week to week. However, you must keep in mind the average number of hours you have available per week. If you find yourself consistently needing more hours, contact your CDA/Case Manager to discuss your service plan hours.

If you are unsure of how many hours you have available, on average, for each week, contact your CDA/Case Manager. If you have both a PSA and an APSA, ask how many hours you have available each week for each service.

If you do have APSA services, your service plan will list them as "ASR" services. PSA services are listed as "Personal Care". If you are

not sure if you have APSA services, contact your CDA/Case Manager.

Your service plan is good for one year. Fourteen days before your plan ends, you and your CDA/Case Manager will need to renew it. You can find the end date for your service plan on your monthly Acumen Fiscal Agent Account Statement, which we will discuss later in this manual.

Ask Yourself...

How many personal care hours do I have for each week?

Do I have both PSA and APSA services or just PSA?

How will I make sure I don't run out of service plan hours?

Deciding How Much to Pay Your Employee(s)

Before you begin advertising for an employee(s), it may be helpful to decide how much you would like to pay your employee. When considering how much to pay your employee, there are several factors to keep in mind, such as:

- What is the going rate for personal services assistants in your area?
- Do you want to pay the maximum rate at the time of hire? Or do you want to reserve money to provide vacation pay, a bonus, or an increase in salary to reward an employee's good work?
- If you pay a low rate, will you get the kind of employee you want?

- Will you pay different wages based on the person's skill and experience?
- Does your employee need skills that require a higher wage?
- Will you give raises or bonuses to employee(s) who have been with you a long time or who work early mornings or late Saturday nights?
- Will you pay different rates for PSAs and APSAs?

Keep in mind that you must pay your employees at least minimum wage, which is currently \$5.85 per hour. However, beginning July 24, 2008, minimum wage will change to \$6.55 per hour. It will increase again on July 24, 2009 to \$7.25 per hour.

The maximum amount you can pay a PSA an hour, before employer FICA taxes, is \$12.34. However, employer FICA taxes of 7.65% (or .0765) must be paid on your employee's wages. So, once employer FICA taxes are deducted, the maximum amount you can pay a PSA is \$11.46 per hour.

You can pay an APSA a maximum of \$14.86 an hour before employer FICA taxes. However, after employer FICA taxes of 7.65% are deducted, the maximum rate for APSAs is actually \$13.80 an hour.

Please know that these amounts are subject to change. Contact the FMS to verify these pay rates are still accurate. If you pay the maximum amount, keep in mind that no money will be set aside in your Optional Expense account for employer expenses, such as bonuses or faxing or mailing costs.

If you do want money set aside in your Optional Expense account, you'll need to choose an hourly rate that is less than the maximum amount. Use the examples provided on the following pages to help you make this decision.

PSA Pay Rate

For example, Ruth, a CD-PASS Employer, decides she wants to pay her PSAs \$9.00 per hour. She thinks this is a reasonable amount and she likes the idea of being able to reward employees who do a good job with bonuses. This amount also leaves her the ability to give raises in the future. Ruth decides to work out in her notebook how much will add up in her Optional Expenses account if she pays \$9 per hour.

A page from Ruth's notebook:

I want to pay my employee \$9/hr. If I pay her this amount, how much will go into my Optional Expense Account?

First, I **multiply** the amount I want to pay by the Employer FICA tax rate of 7.65%

$$\$9 \times .0765 = 69 \text{ cents}$$

Then I **add** this result to my pay rate to find out how much my pay rate with taxes will be. Looks like that will be \$9.69.

$$\$9 + .69 = \$9.69$$

Now, the maximum pay rate before any taxes is \$12.34/hr. If I **subtract** my pay rate with taxes from that amount, I'll find out how much will go into my Optional Expense Account.

$$\$12.34 - \$9.69 = \$2.65$$

So, for every hour my employee works, \$2.65 will go into

APSA Pay Rate

Another CD-PASS Employer, Mike, employs an APSA. While Mike can pay his APSA up to \$13.80, he would like to set aside a little money in his Optional Expense account for small expenses like faxing, and maybe a bonus for his employee during the holidays. He decides to pay his APSA \$13.00 an hour.

While Ruth wrote everything out in her notebook, Mike decides to use a table to figure out how much money will go into his Optional Expense Account. His table is shown below.

| APSA Pay Rate (Mike) | |
|---|-----------------|
| Amount Mike wants to pay | \$13.00 |
| Multiply by Employer FICA tax rate (7.65%)* | x 0.0765 |
| Equals Employer FICA taxes to be paid | = 99¢ |
| | |
| Amount Mike wants to pay | \$13.00 |
| Plus Employer FICA taxes to be paid | + 0.99 |
| Equals pay rate with taxes | = \$13.99 |
| | |
| Maximum pre-Employer FICA tax pay rate* | \$14.86 |
| Subtract pay rate with Employer FICA taxes | - \$13.99 |
| Equals amount that will go into Mike's Optional Expense Account for each hour his employee works | = 87¢ |
| *These numbers will remain the same no matter what Mike pays his employee. | |

If you will employ an APSA and are considering paying him/her less than the maximum rate of \$13.80, use the table on the next page to see the amount of money that will go into your Optional Expense account for every hour your APSA works.

Remember, not all CD-PASS Employers will have an APSA work for them. You will only have an APSA if you use advanced services. Contact your Case Manager if you are not sure if you will employ an APSA.

| APSA Pay Rate (You) | |
|--|----------------|
| Amount you want to pay | \$ |
| Multiply by Employer FICA tax rate (7.65%)* | x 0.0765 |
| Equals Employer FICA taxes to be paid | = |
| | |
| Amount you want to pay | \$ |
| Plus Employer FICA taxes to be paid | + |
| Equals pay rate with taxes | = |
| | |
| Maximum pre-Employer FICA tax pay rate* | \$14.86 |
| Subtract pay rate with Employer FICA taxes | - |
| Equals amount that will go into your Optional Expense Account for each hour your employee works | = |
| *These numbers will remain the same no matter what you pay your employee. | |

Ask Yourself...

How would I answer the questions on pages 18 and 19?

How much will I to pay my employees?

Note: If you need assistance answering these questions, call the FMS at 1-800-435-4711.

Optional Employer Expenses

If you pay your employee less than the maximum pay rate, the Fiscal Agent will set the leftover money aside in an account for Optional Expenses. The money in this account can pay for employer-related expenses, such as faxing costs when your employee, you, or your Authorized Representative fax a timesheet to the Fiscal Agent. This money can also be used to pay for advertising when you place an ad for employees.

You do not have to provide your employee(s) with benefits, but, if you choose to, you can use money in this account to pay for bonuses, vacation days, sick leave, or raises.

Process for accessing Optional Expense account:

1. Save your receipts if you want to be reimbursed for expenses related to your role as an employer. Note: There is no deadline for submitting expenses to the Fiscal Agent for reimbursement.
2. Complete the Individual Budget Optional Expense Request Form.
3. Fax or mail the form to the Fiscal Agent, Acumen.

Note: Money in this account that is not used is “rolled over” to the next year. Your monthly Acumen Fiscal Agent Account Statement

will tell you how much money you have accumulated in your Optional Expense account.

For information about completing the Optional Expense Request Form, see page 115.

Ask Yourself...

Will I put money into my Optional Expense account? How much?

What will I use the money for?

If I want to pay my employee a bonus of \$50 after 3 months, how much do I need to put in my Optional Expense Account?

Reading Your Monthly Acumen Fiscal Agent Account Statement

Once your employee begins working and timesheets are submitted, you will receive a monthly budget report from the Fiscal Agent, Acumen. Take a few minutes to review the report to make sure the information is correct. The report will contain information about how much your employee(s) are paid, how many hours they worked last month, the number of service hours you have remaining, and the amount of money available in your Optional Expense account. If any of this information does not match what you have in your records, contact Acumen, your Fiscal Agent.

When you are reading your report, keep two things in mind. First, know that the money listed in the Optional Employer Expense box does not necessarily list all of the money you have in your account. Acumen must bill and receive payment from the Oklahoma Health Care Authority (Medicaid) to transfer this money to your account,

and the billings may not be as up-to-date as your records.

Second, the amount listed in the Optional Employer Expense box is pre-tax dollars. If you request money from that account that will be a payment to your employee, such as a bonus, Acumen must deduct the Employer FICA taxes for the amount you requested. If you request money for reimbursement for employment costs, such as faxing or advertising, the amount you request will not be taxed.

An example of an Acumen Fiscal Agent Account Statement can be found on page 121.

Section 3: Recruiting

Introduction

There are many ways to find potential employees. This section will offer suggestions for how to recruit an employee and will detail employee qualifications.

Getting Started

Before recruiting, you must know what it is you want your employee(s) to do. You must consider the work to be done and the knowledge and skills a person will need to be able to do that work. You should have a good idea what you will be looking for when you begin recruiting.

Finding the right employee(s) may take time. It will depend on your needs, how well you have planned, and the resources available to you.

Think about whether or not you want to ask friends or family members to be your employee(s). Using people you know can make the process easier, but that might not be the right choice for everyone and it may be tough on your personal relationships.

Recruiting can be divided into several tasks:

- writing a job description
- writing job ads and posting flyers
- screening and interviewing potential employee(s)
- selecting your employee(s)

Places to Recruit

When you are looking for employees, you have several options. You can create a classified advertisement to use in local newspapers. You can also create a flyer to post on local bulletin boards. Here are some other ideas:

- Ask friends, family, neighbors, and anyone else you know if they know of anyone who would be interested in the position
- Post flyers on bulletin boards at area businesses, grocery stores, medical clinics, colleges, churches, senior centers, community centers, and hospitals
- Contact agencies that help people find jobs
- Place advertisements or announcements in local publications, newsletters, or internet websites

Whatever you use, keep a list of potential employees. Be ready to recruit on very short notice in case the situation changes with your employee(s). Don't forget about people you interviewed and liked, but did not hire at first. They might make good back-up employees, and they might some day become your regular employee(s).

Ask Yourself...

How will I recruit employees?

What will my flyer or newspaper ad look like?

(Review the sample job advertisements in the Appendix for ideas.)

Writing a Job Description

A well-written job description will help you when screening and interviewing potential employees. You want to know beforehand if a person is uncomfortable with anything you need done.

List in the job description the skills and experience you want employee(s) to have. State other capabilities you want in employee(s), such as physical strength, ability to balance check books, etc. The duties listed in your Service Plan Goals provide a good starting place when creating the job description.

A good job description can:

- Help you be clear about your needs
- Be used as the basis for your ads for employee(s)
- Provide applicants with a true picture of your limitations and lifestyle
- Help you and applicants ask careful questions during the interview
- Serve as a checklist of duties and responsibilities for your employee(s)

- Be used as a tool during employee evaluations
- Help solve disagreements between you and your employee(s) about their duties

Ask Yourself...

What does will my employees' job description look like?
(Review the Job Description Development Tool in the Appendix for ideas.)

What duties are listed?

Did I list how often a task should be completed?

Section 4: Screening and Interviewing

Introduction

Deciding who to hire as your employee(s) can be difficult, but screening and interviewing applicants will give you plenty of information to help you make your decision. This section will give you some ideas about how to conduct screenings and interviews.

Employee Qualifications

Legally, your employee(s) must meet certain qualifications. You are in charge of verifying some of these, while the FMS must check others.

You are in charge of making sure your employee:

- Is 18 years old or older
- Has a valid Oklahoma driver license and insurance
- Has the ability to perform personal care tasks
- Has a verifiable work history and personal references
- Has verifiable personal identification
- Completes training on “Universal Precautions” and “Confidentiality”
- Demonstrates ability to perform any APSA tasks you require

The FMS is in charge of making sure your employee:

- Is clear of notations related to abuse, neglect, or exploitation in the Health Nurse Aide Registry
- Is not included on OKDHS Community Services Worker Registry
- Is not convicted of a crime as listed on the Nurse Aide Registry Tracking Form
- Is not convicted of a crime relating to fraud or embezzlement

Screening

Screening people over the phone can save you time and effort by eliminating applicants who cannot meet your needs. Keep in mind that you do not have to interview or take an application from everyone you screen.

When you talk to interested people, ask them what kind of pay they are looking for and what kind of schedule they can work. With this information, you can screen out people who either want more than you are willing or able to pay or who cannot work your schedule. If the person sounds like she might work out, continue talking.

Ask brief and important questions that will help you decide if he or she will meet your needs. Ask the most important questions first and avoid those that are not job related.

For suggestions for questions to ask during the screening, see the “Telephone Screening Tool” located in the Appendix of this manual. Some people may seem great in a conversation, letter, or e-mail message, but you will want to meet them in person for an interview to make sure you will be comfortable working with them. If you are still interested after screening the applicant on the phone, set up an interview.

Ask Yourself...

Will I screen applicants?

What questions will I ask them?

How will I decide whether to invite them to an interview?

Interviewing

Interviews should be face-to-face meetings. Use this time to explore what it would be like to work together. Remember, the interview is when you and the applicant see if the situation will work for both of you.

Before you do your first interview, decide where and how it will happen. If you do not want strangers coming into your home, consider holding the interview in a public place, such as a restaurant or a public library.

If you hold an interview at your home, consider having a friend or family member there, too. Most importantly, hold the interview

when and where you are least likely to be interrupted. During the interview, keep your questions job-related; if you ask questions that are too personal or not relevant to the job, you may make applicants uncomfortable and they may be reluctant to answer any of your questions.

Ask the person you will be interviewing to bring a picture ID to the interview, such as a driver license or passport.

Plan your interview questions. Use questions that will reveal his or her character, abilities, and skills. Once you have an idea of the questions you want to ask, consider writing or typing them out so they will be easier to remember.

When you start the interview, try to put the person at ease. You are more likely to get a true sense of what a person is like if he or she is comfortable.

Start with questions that are more general like, "What did you like about your last job?" Then, move to more sensitive questions later in the interview like, "What do you see will be your biggest challenge working with people with a disability?"

Suggestions for the interview:

- Describe the job requirements in detail
- Ask work-related, open-ended questions
- Tell the person what you expect in an employee
- Tell the person about the work schedule
- Provide the person with a copy of the job description and employee qualifications (The list of CD-PASS Employee Qualifications is located in the Appendix.)
- Explain your disability as well as you can

- Be very up-front and clear, especially about duties that might make a person uncomfortable
- Notice not only what the person says, but also how he says it
- Give the person plenty of chances to ask questions, and give honest answers
- Give the person general information about wages, benefits, and the workings of CD-PASS

As you near the end of the interview, ask the person if she is still interested in the job. You don't have to make a decision right then. You can tell the applicant that you will be making a decision and will let them know.

Keep notes on your thoughts and feelings about the people and their answers to your questions. Use these notes to help you compare the good and bad points of the people you have interviewed. Give yourself time to think about who is most likely to meet your needs.

Generally, you will want to interview more than one person. This is an important decision, and you want to have as much choice as possible.

Ask Yourself...

Where will I hold interviews?

What questions will I ask during the interview?
(Review the "Face to Face Interviewing" aid in the Appendix for more ideas.)

What information will I provide during the interview?

Will I hire more than one person?

Section 5: Checking References

Introduction

After you have interviewed several people, decide which applicants you would like to hire. Once you have made that decision, check their references. References may give you important information that you could not get any other way, such as whether the person is difficult to work with. This section will give you ideas about who makes a good reference and what questions you should consider asking them.

Getting Started

Who are good references? The best references are usually those people who have used your applicant as a personal services assistant. They know about the person's work performance and habits when providing personal services assistance. If your applicant has no prior personal services assistant experience, then other good reference sources would be previous employers, teachers, and former co-workers. Try to avoid family members or friends as references. They will not know about the applicant's work habits and they are likely to tell you only the good things.

When talking to a reference, explain the type of work the person will be doing. Tell the reference that you will keep all information they share confidential. A reference must feel comfortable enough to give you an honest and accurate assessment of the person. Take notes of what the reference says. If you are checking many references, it will be easy to get confused about who said what about which person.

You may not get many answers from references. Some people do not want to say anything bad about another person. If a reference does not give you much information, be thankful for what you do get, and move on to the next reference. You cannot know why a

reference gives you little information or if the lack of information means something bad.

For ideas for questions you can ask when speaking to references, see the “Reference Checking” aid in the Appendix.

Ask Yourself...

What are the benefits of checking references?

What questions will I ask references?
(Review the “Reference Checking” aid in the Appendix for more ideas.)

Section 6: Selecting an Employee

Introduction

When you are finished screening, interviewing, and checking references, it is time to make a decision about which applicant(s) you want to hire.

Questions to Consider

When you are deciding which applicant to hire, you may want to consider the following questions:

- What important skills and experience does each person have?
- What is your feeling about each person, based on the interview and other contacts you have had?
- What useful information did you get from each person's references?

- What useful information did you get from the FMS's background check on each person?
- How would it feel working with each of the people you interviewed?
- Would you feel comfortable giving these people directions and even corrections? This is especially important if you are thinking about hiring a friend or relative.

Remember that you can hire more than one employee. Consider asking the applicants you decide not to hire if they would be interested in working as a backup employee for you.

Ask Yourself...

How would I answer the questions above about people I've interviewed?

Section 7: Completing Employer/ Employee Forms

Introduction

Before you can offer a job to an applicant, both of you will need to complete several forms. Filling out all the forms can be overwhelming, but Module 3 will provide instructions on how to complete the forms and where to send them when they are completed. Blank copies of each form are located in the folders included with your packet.

Keep in mind that your employee will not be paid for any services they provide until all the paperwork below has been completed

and processed and he or she passes a background check conducted by the FMS. An FMS representative will call you when your applicant passes the background check and he or she can begin working for you.

See Module 3: Completing CD-PASS Forms for job aids and samples of all forms that need to be completed.

Making the Job Offer

Once the FMS has called to tell you your applicant has cleared his or her background check, you can make a job offer. If the offer is accepted, you will complete a “Personal Services Assistant: Agreement to Terms of Employment” form together. See page 125 for information about completing the Agreement to Terms of Employment.

Along with completing the form, you will want to agree on a starting date, starting time, and work schedule. If you plan to offer your employee benefits, review those at this time. If you have not already, exchange phone numbers so that you can contact each other if plans change or in case of an emergency.

You will also want to give your new employee a copy of the Personal Service Assistant Handbook, which is included in your packet.

If this is the first employee you hire in CD-PASS, he or she will not be able to begin work until you and your CDA/Case Manager have a transition meeting during which your service plan is formally changed to include CD-PASS instead of a home health agency.

Timesheets

Although your employee(s) will be paid on the 10th and 25th of each month, his or her first paycheck will arrive 2 ½ weeks after his or her

first day of work.

A copy of the payroll schedule is located on page 113. This schedule will tell you when your employee(s) timesheets need to be sent to Acumen. If you do not have a current payroll schedule, contact Acumen.

Your employee(s) cannot work more than 40 hours a week. If you have more than 40 hours on your service plan, you will need to hire more than one employee.

If you employ APSAs, you can pay them a slightly higher rate because they perform services that require more training and skill. If your employees perform both PSA and APSA tasks and you pay them different rates for different tasks, be sure to complete different timesheets for each rate.

If your employee writes false or inaccurate information on his/her timesheet and you sign it knowing the statements are false or inaccurate, you will no longer be eligible for CD-PASS services. You would also be ineligible for CD-PASS services if you add false or inaccurate information to your employee's timesheet. Once you are determined ineligible for CD-PASS, your personal services assistance would be provided by a home health agency only.

See page 111 for information about completing timesheets.

Ask Yourself...

Where will I keep information and papers related to my employees?

Will I keep notes and evaluations about my employees?

Hospital and Nursing Home Stays

During the course of your time in CD-PASS, you may need a temporary stay in a hospital or a nursing home for an extended period of time; for instance, if you needed time to recover after surgery. Because you would be receiving assistance from the hospital or nursing home, you would not be eligible for CD-PASS services and your employee could not deliver services while you are in the hospital or nursing home.

Since your employee would not be providing assistance to you during this time, he/she could not be paid for the time you are gone. Once you leave the hospital or nursing home, you would be able to start CD-PASS again and return to receiving assistance from your employee.

Documentation and Keeping Records

Documentation and keeping records is important in CD-PASS. Develop a system for keeping track of all letters, forms, and agreements that are related to your role as a CD-PASS employer.

Keeping good records will help you remember important events and conversations. And it can help you in dealing with an employee problem or with a problem with the FMS or Acumen.

Make sure you keep written copies of all agreements and arrangements you make with your employee(s). This includes applications, hiring agreements, schedules, instructions, timesheets, evaluations, etc.

Keep a separate file for each employee with all the documents that pertain to that employee. Include any notes you've made to yourself about that employee. This will really come in handy if you need to terminate an employee.

See pages 125 - 138 for information about forms that you will need to keep in your files.

Module One Notes



Module 2: Employer Responsibilities

OVERVIEW

As an employer, you will have many responsibilities. Fulfilling these responsibilities will protect you, make your role as an employer easier, and improve your relationships with your employee(s). This module will explain the importance of creating a backup plan to protect your health and safety. It will also offer tips on creating a work schedule for your employee(s) and training and supervising your employee(s). Suggestions for preventing abuse and theft will be offered, as well as information on firing an employee, should you ever need to.

Learning Objectives

After reviewing this module, you will be able to:

- Identify tips for developing your emergency back up plan
- Explain how to create a work schedule
- Describe how an employee should be trained
- Identify ways to monitor/evaluate your employee's performance
- Identify types of abuse
- List ways to prevent theft
- Explain when and how to fire an employee
- Explain situations which will cause CD-PASS services to end

Section 1: Creating Your Backup Plan

Introduction

While you have always been in charge of your health and safety, becoming a CD-PASS employer increases that responsibility. Instead of a home health agency making sure that a personal care assistant comes to your home to provide assistance with getting out of bed or bathing or toileting, you will have that responsibility. Even if you hire a wonderful employee, there will be days when he or she is sick and cannot come to work or he or she may want to take off a few days for a vacation. While he or she is gone, you will need someone to provide you with assistance.

Developing the Backup Plan

In CD-PASS, you need to have a plan for managing emergencies. You will be required to develop a back-up plan to identify exactly what you will do when your employee does not show up as scheduled.

No matter how carefully you plan, and no matter how good your employee(s) are, you are likely to have some emergencies. Your employee(s) may get sick or have a family problem. Be prepared for this. No one will come to your rescue if you don't have a back-up plan. Your CDA/Case Manager will work with you to complete your Scheduling and Backup Plan.

Here are some ideas for covering employee emergencies:

- Hire more than one employee to work for you. If one employee is sick or something comes up, the other one can fill in.
- Keep an updated list of people you liked, but could not or did not hire. Check with them from time to time to see if they are still able to work for you as a backup employee.

- Ask family, friends, or neighbors if they would fill in when you have an emergency.

Note: If you want to pay your emergency backup staff, you and they will need to complete all the employee paperwork and have the FMS run background checks before you use their services. Acumen is not able to pay people who have not filed employee paperwork and not passed a background check. No payment is available for services that were provided before the paperwork was completed and background checks were conducted.

As you train your employee(s) and your emergency backup staff, make sure they know what to do in case of emergencies. After all, if you have a medical emergency, you may not be able to tell your employees what to do. Provide all your employee(s) with a list of emergency contacts and procedures. If you have life support equipment, make sure your employee(s) know how and when to use it.

See page 127 for information about completing the Scheduling and Backup Plan.

Ask Yourself...

Who can serve as my backup?

Would they need to be paid to provide services?

How many days would I be able to go without any assistance and still be safe?

Section 2: Creating a Work Schedule

Introduction

Creating a work schedule for your employee(s) will make sure that your needs are met and that your employee(s) understands what tasks you want done and when.

Developing Your Employee's Schedule

In CD-PASS, you create the work schedule for your employee(s). If you only have one employee, this may be simple. But, if you have more than one, scheduling may be more difficult. You will need to decide when you want tasks done, and, if you have more than one employee, who you want to perform certain tasks.

Consider how important the schedule is to you. If you are someone who takes things easy and doesn't care much about time, then scheduling may not matter much to you. You may not care what time your employees arrive or leave. You may be fine if you sometimes don't get the services you need. If this is you, skip the rest of this section.

However, if the employee schedule is important to you, tell your employee(s). If you don't tell them, they won't know. When you hire an employee, be very clear about your expectations on scheduling. Also, tell your employee(s) what he can expect when he does not follow the schedule. Post your schedule in a place where all will see it.

Who decides on the schedule? Ultimately, you do. Remember, though, that you and your employee(s) have to be concerned with the schedule. You will have a better relationship with your employee(s) if they feel you have thought about their needs when putting the schedule together. Talk to your employee(s) about the schedule as you are putting it together.

After you get their input, give them a written draft to review. As much as you can, include their input into the final schedule. But, try as you might, you may not meet everyone's scheduling needs. If you can't, explain how and why you created the schedule the way you did.

How do you set up a schedule? There is no one right way to set up an employee schedule. To begin, you might review a checklist of support tasks you need completed. Decide which employees should do what tasks on which days. You might divide the tasks among your employees equally. Or, you may assign employees based on their skills and abilities. However you set up the schedule, remember you will have to do it again as things change. You may never have a perfect schedule.

How does the schedule get changed? Stress to your employee(s) that everyone must respect the schedule. Remember, this means you, too. There could be times when you or your employee really need to change the schedule. Decide how this will happen and be sure all employees understand the process. Decide, for example, how much notice you need before changing the schedule. Also, tell them how much notice you will give them when making a change. Explain when you might not be able to give that much notice. Decide if you must approve all schedule changes or if your employees can decide among themselves.

If the schedule is important to you, you want your employee(s) to be on time, not late. Decide how you will handle employees being late and let them know what you intend to do. Likewise, be very careful about asking employees to stay late without warning. Respect your employees' time in the same way you want them to respect yours. If you often ask employees to stay late, you may cause problems in your relationships, and you may lose employees.

Ask Yourself...

What will my schedule look like?

What will I do if my employees are late?

Will my employees be allowed to change the schedule? If yes, what process will I use to change the schedule?

Section 3: Training Your Employee

Introduction

Most people have preferences for the way their personal assistance services are delivered. If you are one of these people, you will need to train your employee to provide assistance in the way you prefer. If your employee will be providing assistance for advanced care services, such as suctioning or colostomy care, you will need to document in the employee's file that he or she can perform the tasks you require.

Training Methods

All employees will need some training. Even if your new employee is a Certified Nurse Aide (CNA) or has worked as a personal services assistant for others, he does not know how you like things done. Train your employee to do tasks the way you want them done. There are lots of ways to train. Here are some suggestions:

Prepare. Before you start training, have all the equipment and supplies you will need for the training. If possible, schedule training when you will not be disturbed.

Explain your disability. Tell your employee everything about your

disability and how it affects your daily life. Don't leave anything out. Does your disability have symptoms that could be alarming to a new employee? If so, talk about it. If your disability has symptoms that could be alarming to the uninformed public, prepare your employee to deal with this also. Use lots of examples. The more your employee knows of your disability, the better support she can give you.

Have a training plan. Begin each training lesson with an overview of what you will cover. At the end of the lesson, sum up what you have taught. If you need more than one lesson to cover a topic, review what you have taught in earlier lessons first. Answer any questions, and then move onto new material.

Explain the task. When explaining a task that must be done a certain way, tell your employee she must do it in a certain way and explain why. If the task must be done at a certain time, say why.

Describe each step carefully. Your employee must understand all parts of a task and how they fit together.

Demonstrate new tasks. A good way for your employee to learn a new task is to have him watch someone else do it first. Have a friend, family member, or another skilled employee show him how to do the new task. Make sure he sees several times how the task is to be done. Then, let the employee practice it and tell him how he is doing.

Cover the steps in the task. If you are using a checklist, have your employee review the checklist as you work through each step of the task. Or, you could have your employee write down each of the steps as you explain them. Review what your employee writes to be sure he got all the steps correct.

Stress safety. Stressing safety is critical. If you have life support equipment, make sure the employee knows how and when to

use it. Train your employee to understand and use "universal precautions" whenever needed. Make sure your employee knows what to do in case of an emergency.

Be patient. Your employee may not get all your directions right the first or even the second time. Making mistakes is part of learning. Ask for feedback and give her plenty of chances to ask questions.

Be sensitive to your employee. Some people may be able to learn a whole task at once. Others may need a slower pace. Pay attention to your employee's feelings and reactions as you train. Give thought to how much new knowledge your employee is able to learn at one time.

Respect your employee. Respect your employee's ability to learn and how much he already knows. Also, tell your employee clearly that you have to be sure he understands exactly what you want and how you want it done.

Give your employee feedback. Giving your employee feedback during training as well as on the job is very important. Talk about what is working and, more importantly, what is not working. Like most people, your employee needs both positive and corrective feedback.

Correct mistakes. When your employee does a task differently than the way you wanted it done, point it out. Patiently remind her how you want it done. Remember that you are trying to fix the mistake, not the person.

Praise good work. When your employee does tasks the way you want them done, point this out. Praise your employee for good work, and don't forget to say, "Thank you." This is a powerful motivator for employees.

Evaluate your employee's work and behavior. Let your employee

know you will be evaluating his work and behavior regularly. Share copies of your evaluations. You will read more about supervising and evaluating employees in the next section.

Ask Yourself...

How will I train my employees?

What tasks will I train?

Will I ask any family members or friends to help with training?

How will I provide feedback and correct mistakes?

Section 4: Supervising and Evaluating Your Employees

Introduction

Supervising and evaluating your employee(s) will be an on-going task for you as an employer. Good supervision can improve both the quality of assistance you receive and your relationship with your employee(s).

Supervising

In CD-PASS, you are the supervisor for your employee(s). This means you direct, oversee, and manage them in order to receive the services you need.

In supervising, consider:

1) quality

2) quantity

3) time

4) rules

Quality looks at how well tasks are being done. Do your employees do tasks the way they were taught or some other way?

Quantity looks at the amount. Are your employees doing every task as required or are they skipping some?

Time is about the schedule. Do your employees do tasks when they are scheduled?

Finally, **rules look at whether or not employees are following your guidelines.** Let's say that you don't want your employees to have your television on while they are completing their tasks. Although having the television on or off may not have a direct impact on your services, it is your rule and it is to be followed.

Supervising Tips and Techniques

Keep in mind that supervising is more art than science. You will need to work with your employee(s) on what style of supervision works best for you and them.

Be ready to keep training. Since things change, good supervision will require on-going training. If your situation changes, training on new tasks may be necessary. Your employee(s) may have questions that training did not cover. Even though something is clear to you doesn't mean it is clear to your employee(s).

Monitor your employees' work. Monitor your employee(s), so you can tell if they are doing their tasks the way you taught them. If not, more training may be necessary. If training doesn't help, you may need to take a different tact with them, as we will discuss later. The main point is, pay attention to what your employee(s) are doing.

Be clear about what you want. By agreeing to take the job, your employee has agreed to do tasks the way you need them to be done. And, you have a right to expect that, as well. Be clear about what you want and how you want it. If you are not clear, your employee has to guess how you want something done, and that will increase the chance that you are not happy with your assistance.

Work together. Work with your employee as a partner to solve problems. Listen to your employee's suggestions. She may have some good ideas or some useful experience to draw on. Remember that "two heads are better than one."

Learn to say "No". If you do not agree with your employee's suggestions or ideas, say so. But, be respectful – it will help to develop a stronger relationship.

Be in charge. Although your employee may have suggestions, you are in charge. Even if he has worked in situations where clients or patients had little control, in CD-PASS you do have control and the right to live your life as you choose. Also, you do not need your employee's approval of what you do. Respect your employee, but know that he is there to assist you, not to decide things for you.

Deal with problems. When your employee performs poorly, point it out. With patience, remind her how to do things the way she was taught. Deal with problems when they happen. Problems that are not handled quickly may get worse. Be respectful when correcting. Remember: you are trying to fix the problem, not the person.

Take disciplinary action when necessary. If correction and more training don't help, the problem is performance, not skills. In this case, discuss the situation with the employee. Try to discover if the employee understands that his current performance is not acceptable. If after the discussion he does not improve, try giving him a warning. If the performance still does not improve, it will be necessary to take disciplinary action, up to and including

termination. Make sure the employee is aware of the consequences of his behavior. Consider using "If-Then" statements: "If _____ continues, then _____ will happen."

Praise your employee. Thank your employee when she does something the way you asked and especially when she does something more than what was required. Let her know that you value the support she gives you. Most people will appreciate being recognized for good work.

Treat your employee like a person. In all things, treat your employee(s) the way you want to be treated. Treat your employee(s) respectfully. Talk to your employee like he is a partner.

Evaluating

To insure you are getting the best services from your employee(s), evaluate them regularly. Even though you supervise your employee(s) daily, you may want to do a formal evaluation from time to time.

How often you evaluate employee(s) will be different for each person. You may wish to evaluate your new employees weekly until you are confident of their work. For more experienced employee(s), evaluations can be scheduled further apart. Essentially, the more confidence you feel about an employee's performance, the less you'll need to do formal evaluations.

If you are having problems with an employee's performance, plan to evaluate her more often. For formal evaluations, use a prepared evaluation form. Be sure your form has the same or similar items as the employee's job description. Include items on the evaluation important to your services and comfort.

Using a formal evaluation can help you remind your employee of his duties. Keep copies of all evaluations, and give copies to your employee(s). If he has had problems, refer back to past evaluations

with him. Reviewing past evaluations can be very helpful to you if you are thinking you may have to fire him.

Evaluations can also be a time to praise your employee for the good work they have done. Remember, everyone appreciates sincere praise.

A sample employee evaluation form is located in the Appendix.

A Note About APSAs

As an employer, you are responsible for making sure your employees are able to perform their job to your satisfaction. If you receive APSA services, you must document the APSA's competency to perform the tasks you need completed. One way to document his/her competency is to complete the "Documentation of Qualifications to Provide Advanced Personal Care Services (APSA)". For information on how to complete this form, please see page 135.

Ask Yourself...

How often will I evaluate my employees?

What criteria will I use to evaluate my employees?

Creating a Respectful Workplace

As a Member in the *ADvantage* Program, you are familiar with your home being someone else's workplace. However, now that you are also the employer and supervisor, you have a greater responsibility for making sure your home is a respectful workplace for you and your employee(s).

Making your home a pleasant place to work in will reward both you

and your employee(s). If you treat your employees with respect, they are much more likely to want to continue working for you and to give you quality service and support.

Creating a respectful workplace will be an on-going process. To maintain a respectful workplace, the necessary elements are listening and relationship building. “The relationship that matters most is the one between workers and their direct supervisors. It is essential that supervisors communicate with workers and begin to understand what respect feels, sounds, and looks like to them” (McDonald, 2007, p.12).

Here are some ideas for creating a respectful workplace:

- Try to build a personal relationship with your employees – you can start with something as simple as asking how their day is going and build from there
- Show you are listening when your employee talks to you by maintaining eye contact or responding with questions or comments
- Avoid comments or jokes that could be considered racist or sexist
- Before acting, consider the impact of your words and actions on others
- Understand your triggers or “hot buttons.” Knowing what makes you angry and frustrated enables you to manage your reactions and respond in a more appropriate manner
- When problems arise, address them in a positive and solution-driven manner
- Rely on facts rather than assumptions. Gather relevant facts, especially before acting on assumptions that can damage relationships

- View today's difficult situations from a broader and more realistic perspective by considering what they mean in the overall scheme of things

(Richman, 2007)

Section 5: Preventing Abuse and Theft

Introduction

Because you will receive assistance in the privacy of your home, you are at risk for abuse and theft from your employee(s). However, there are steps you can take to protect yourself.

Preventing Abuse

Through CD-PASS, you should have good employee support, and you should make sure your employee(s) treat you well. No one likes to admit it, but sometimes employees abuse the people they are hired to support. For your own safety, know what abuse really is and how to deal with it.

Physical Abuse includes hitting, slapping, pinching, kicking, and other forms of rough treatment. If an employee does something intending to cause you pain, that may be physical abuse.

Verbal Abuse means any use of spoken or written words or gestures that are meant to insult, attack, or make you feel bad.

Psychological Abuse includes actions or statements that are meant to humiliate or threaten you or to cause you emotional harm.

Sexual Abuse includes sexual annoyance, touching, fondling, or attack. Any sexual behavior by an employee that makes you uneasy is sexual abuse.

Neglect means an employee is not meeting your basic needs for food, hygiene, clothing, or health maintenance. After you have given your employee directions about these things, your employee should make sure your basic needs are met.

If you feel an employee is abusing you, take action. Remember, in CD-PASS, you are responsible for dealing with employee problems. No home health agency or other provider is there to take care of things for you.

You have to decide what to do about an abusive employee. If the abuse is slight, you can try talking to the employee. Tell him what actions or behaviors you do not like. Also, tell the employee that if the behaviors do not stop right away, you will find someone else. This may work for some employees who may not be aware of how you are feeling. For instance, they may not realize they are being rough with you when helping you transfer to a car or a bathtub. However, be ready to take action right away if the behaviors do not stop.

In most abuse cases, you should fire the employee immediately. Don't put up with it; protect yourself. From your training, your employee should already be aware of those guidelines. You have every right to fire the employee right away. Just be sure you are safe and that you have other supports in place.

Ask Yourself...

What will I do if an employee abuses me?

Preventing Theft

Being in CD-PASS means being responsible for dealing with employees who may try to steal from you. Below we share some ideas to help prevent theft and suggestions for what to do if an employee does steal from you.

Check out references. Always check a person's references. Ask the reference about the person's honesty. If a reference causes you to believe the person may not be honest, think carefully about hiring her. You could be taking a risk.

Keep track of your money and valuables. Don't keep a lot of cash around your home. Keep small valuables, such as jewelry and cash, locked away. Keep track of how much money you have on hand. Know where your purse or wallet is at all times. If you need your employee to handle cash for you, make sure she does so under your direction and only in such a way that you can watch. If you have several employees, consider giving only one of them access to your valuables. In this way, you will only have one person to be concerned about.

Be careful with checks and credit cards. DO NOT give an employee your credit card, credit card number, or a blank signed check to use when you are not with him. Doing so gives your employee the chance to steal from you. If your employee must shop for you, always get a receipt showing what was spent. In these cases, keep careful watch on your bank statements and credit card bills.

Keep track of your medications. Some medications are more valuable than cash. Many Members say stealing medications is a bigger problem than stealing money. Store your medications in a locked drawer or cabinet. Keep track of when you need to reorder your medications. Know how much medication you have on hand and how much you order. If you have more than one employee, consider giving only one of them access to your medications. This limits the number of people to be concerned about regarding your

medications.

Keep track of your possessions. Keep an up-to-date list of all your valuables such as TVs, stereos, computers, antiques, and jewelry. Should something turn up missing, this list will be helpful to police and to your insurance company. Let your employee know you have such a list. Knowing that you have such a list may discourage the employee from stealing from you.

Be careful about use of your car. Don't let your employee use your car or van without you. If you must, make sure you have known your employee(s) very well for a long time before allowing use of your car. Even then, keep track of the miles that your employee puts on the car.

Be careful with house and car keys. In many cases, you choose to give your employee(s) a key to your home. At the same time, you do not want your employee(s) to get into your home without your permission. One idea for keeping your home safe is to have two door locks, which take different keys. Give your employee(s) a key to one lock. You keep the key to the other one. This way, if you need to, you can lock the door so even your employee(s) cannot enter. If an employee stops working for you, or you have to fire an employee, change your locks, even if the employee returns your keys.

Consider a combination lock system. Give the combination to your employee while he's with you. You can easily change the code if he stops working for you.

Talk about honesty in your hiring agreement. Consider creating a hiring agreement with your employee(s) and discuss honesty in this agreement. In the agreement, talk about what happens if your employee is not honest. Be clear that you expect honesty, and that you will not allow an employee who is not honest to work for you.

The above tips will help prevent theft. Sometimes, no matter what you do, an employee will steal from you. If that happens, remember

you are responsible for dealing with the issue. If you find small things missing here and there, tell your employee. Don't accuse him or her of stealing without proof. Say something like "I seem to be missing things. I'm going to have to pay more attention to where we put things." Letting your employee(s) know you are paying attention may prevent any more theft.

If the stealing is more serious, call the police.

Ask Yourself...

What steps will I take to protect myself from theft?

What will I do if an employee steals from me?

Section 6: Dismissing an Employee

Introduction

Most people don't like having to dismiss or fire someone. However, sometimes a great employee you hired will not always work out. People change, situations change, and so on. So, if you find at some point your employee is not meeting your needs, you may have to dismiss that person. Keeping a hiring agreement up to date and keeping a regular schedule for reviewing your employee's job performance can help you decide if you have grounds for dismissal.

Some Grounds for Dismissal

The reasons to dismiss someone immediately will vary. Here are some of the most common reasons:

- The employee's work does not meet your expectations
- The employee doesn't learn fast enough to meet your changing needs
- The employee is late or fails to show up regularly
- The employee's personal habits bother you
- The employee doesn't pay attention to your instructions
- You find you are having too many arguments. You don't feel safe and comfortable with the employee, even after working with her for several weeks
- The employee has a schedule that isn't flexible enough for you
- The employee violates your employment conditions

Grounds for Immediate Dismissal

Some actions by an employee may be grounds for dismissing him right away. Hopefully you covered these with your employee when he started working for you. These grounds include actions such as:

- Drinking on the job
- Taking illegal drugs on the job
- Coming to work under the influence
- Stealing from you
- Abusing you in any way

Dismissing Employees

Weigh all your options before you dismiss an employee. Maybe trying to work things out with an employee might be better. Trying to

hire a new one will take time and effort and there is no guarantee your new employee will be a better worker.

If you are uncomfortable or unsure about how to fire an employee, the FMS is available to provide suggestions and methods that protect your safety and make the dismissal process more manageable.

Once you dismiss an employee, contact Acumen, the Fiscal Agent right away to allow necessary changes to the employee's work file and to your records.

Employee Changes

When an employee quits or is dismissed or if his or her name or address changes, you will need to complete an "Employee Change/Termination" form and send it to Acumen.

See pages 117 for more information about completing the Employee Change/Termination form.

Ask Yourself...

How will I decide to fire an employee?

How would I fire an employee?

How would I fire an employee who is also a friend or family member?

Section 7: Ending CD-PASS Services

Introduction

While CD-PASS may be the best option for you now, that may not always be the case. Let's review how your CD-PASS services can end.

Voluntary Termination of CD-PASS

You can end CD-PASS services at any time and for any reason. If you decide you no longer want to participate in CD-PASS, contact your CDA/Case Manager to start the process. Once you end CD-PASS services, you will receive personal service assistance from a home health agency only. Please know that you can return to CD-PASS services should you change your mind.

Involuntary Termination of CD-PASS

There are circumstances that will cause you to lose CD-PASS services even when you want them to continue. Currently, four situations will lead to termination of CD-PASS services.

Situation One:

Abusing or exploiting your employee. For example, if you verbally abuse your employee using profanity or personal attacks.

Situation Two:

Adding false information to your employee's timesheet or knowingly signing a timesheet that your employee has falsified.

Situation Three:

You cannot operate within your budget of personal service assistance hours, meaning you consistently use more personal service assistance hours than you have available. (Remember, if you need more service hours, contact your CDA/Case Manager.)

Situation Four:

Your employee provides such low quality personal service assistance that your health and safety are at risk.

Under any of these circumstances, your CD-PASS services would be permanently terminated and you would return to receiving personal service assistance from a home health agency only.

Module Two Notes

References

Department of Health and Human Services (2001). Coordinated Invitation to Apply for Systems Change Grants for Community Living. Retrieved May 31, 2007 from www.cms.hhs.gov/RealChoice/downloads/2001Solicitation.pdf

McDonald, Ingrid J. (2007, April). Respectful Relationships: The Heart of Better Jobs Better Care. Retrieved May 29, 2007, from www.bjbc.org

Richman, Barbara. (2007, April). Ten Tips for Creating Respect and Civility in Your Workplace. Employment and Labor Update. Retrieved May 30, 2007, from www.lorman.com

A close-up photograph of a person's hands writing on a document. The person is using a silver fountain pen. The document has some faint, illegible text. The image is overlaid with a semi-transparent teal color. There are also solid teal rectangular blocks in the top right and bottom right corners of the page.

Module 3: Completing CD-PASS Forms

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OVERVIEW

One of the responsibilities of a Member-Employer is completing paperwork related to you and your employee. Included in this module are instructions and samples to help you and your employee complete all the required forms.

Forms Schedule

Before Hire:

- Employer Hiring Checklist
- Appointment of Agent (one time only)
- Acknowledgement of Employer Training (one time only)
- Personal Services Assistant Application for Employment
- Employment Application Supplement
- Criminal History Information and Qualification Report
- Oklahoma State Department of Health Nurse Aide Tracking Form
- OSHA Notice
- Individual Provider Contract
- Liability Notice to Employees
- Notice of Employee Pay Rates

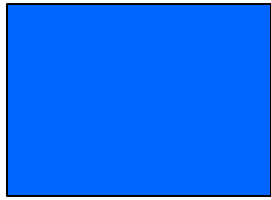
After Hire:

- I-9
- W-4
- Authorization for Direct Deposit (optional)
- Agreement to Terms of Employment
- Confidentiality Agreement
- Acknowledgement of Understanding and Practice of Universal Precautions
- Documentation of Qualifications to Provide Advanced Personal Care Services (APSA)
- Documentation of Qualifications to Provide Personal Assistant Services

On-going:

- Oklahoma Timesheet
- Acumen Fiscal Agent Account Statement
- Individual Budget Optional Expense Request Form
- Employee Change/Termination Form

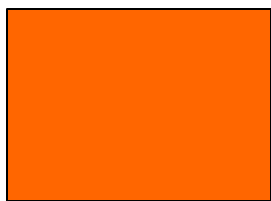
Forms Legend



Forms backed by this color are sent to the FMS.



Forms backed by this color are sent to the Fiscal Agent, Acumen.



Forms backed by this color are kept in your personal files.

Blank forms are located in folders included in this packet.

If you have questions about completing forms, contact the FMS at 1-800-435-4711.

FMS Forms

**ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS) Personal Services Assistant (PSA)**

EMPLOYER HIRING CHECKLIST

This form along with the following information can be faxed to LTCA at (918) 879-1267 or sent to LTCA 130 N. Greenwood, Tulsa, OK 74120.

Employee Name: _____

- **Explanations and samples of all the forms listed on the Employer Hiring Checklist are available in your Employer Training Manual.**
-
- Criminal History Information and Qualification Report
- Oklahoma State Department of Health Nurse Aide Tracking Form
- OSHA Notice
- Individual Provider Contract (**Fax in copy and mail original**)
- Liability Notice to Employees

**Send this form, along with the forms listed, to the FMS.
You can send these forms in one of the following ways:**

- 1. Fax to (918) 879-1267**
- 2. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**
- 3. Bring the form to the address above**

- Agreement to terms of employment was discussed and completed with employee

Employer

Date

ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS) Personal Services Assistant (PSA)

EMPLOYER HIRING CHECKLIST

This form along with the following information can be faxed to LTCA at (918) 879-1267 or sent to LTCA 130 N. Greenwood, Tulsa, OK 74120.

Employee Name: James Hollingsworth

- Appointment of Agent (ONE TIME ONLY)
- Acknowledgement of Employer Training (ONE TIME ONLY)
- Personal Services Assistant Application for Employment
- Employment Application Supplement
- Criminal History Information and Qualification Report
- Oklahoma State Department of Health Nurse Aide Tracking Form
- OSHA Notice
- Individual Provider Contract (**Fax in copy and mail original**)
- Liability Notice to Employees
- Notice of Employee Pay Rates
- I certify the following:
 - Copy of Universal Precautions training, Statement of Confidentiality provided to applicant
 - Applicant's signature obtained to acknowledge receipt/understanding of each of these documents
 - Signed document copies available in personnel file for administrative review
 - Agreement to terms of employment was discussed and completed with employee

Harvey Olson
Employer

2/5/07
Date

07.05.07

APPOINTMENT OF AGENT

The Long Term Care Authority of Tulsa has received authority from the IRS and State of Oklahoma to file quarterly and annual payroll reports on your behalf. The Long Term Care Authority has appointed a subagent, Acumen, to serve as the Fiscal Agent. Acumen will consolidate all payroll reporting, and there will be no need for contact or

You will only need to complete this document once.

The purpose of this form is to legally allow the FMS to collect state and federal taxes from your employees' paychecks.

personal assistance service employment taxes.

In technical terms, your appointment will grant the Long Term Care Authority of Tulsa authority to act as your agent for acts required under Section 3504 and Revenue Procedure 80-4 for taxes required under 3301. Furthermore, you are appointing the Long Term Care Authority to act as your agent for the Oklahoma State Tax Commission and for the Oklahoma Employment Security Commission. The Long Term Care Authority has appointed Acumen to serve as its subagent.

You have three options for submitting this form:

- 1. Fax to (918) 879-1267**
- 2. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**
- 3. Bring the form to the address above**

Signature

Print

Street

City

Phone Number

*If signed by an "X" witness must sign: _____

(Witness)

APPOINTMENT OF AGENT

The Long Term Care Authority of Tulsa has received authority from the IRS and State of Oklahoma to file quarterly and annual payroll reports on your behalf. The Long Term Care Authority has appointed a subagent, Acumen, to serve as the Fiscal Agent. Acumen will consolidate all payroll reporting, and there will be no need for contact or correspondence between you and the IRS or State of Oklahoma regarding this matter. The only detailed information these entities will require of you is the employee information necessary for W-2 tax forms, which you will provide to Acumen. All other information for IRS and State of Oklahoma purposes will be managed by Acumen on your behalf.

In order for this to happen, please sign and date below. This will appoint the Long Term Care Authority of Tulsa as your collection agent for ADvantage CD-PASS Program personal assistance service employment taxes.

In technical terms, your appointment will grant the Long Term Care Authority of Tulsa authority to act as your agent for acts required under Section 3504 and Revenue Procedure 80-4 for taxes required under 3301. Furthermore, you are appointing the Long Term Care Authority to act as your agent for the Oklahoma State Tax Commission and for the Oklahoma Employment Security Commission. The Long Term Care Authority has appointed Acumen to serve as its subagent.

| | | | |
|--------------------------------|-------------------|--------------------------------|-------------|
| Signature of Consumer/Employer | Harvey Olson | Date | 2/5/07 |
| Print Full Name | Harvey Olson | Social Security Number | 445-00-0000 |
| Street Address | 1452 N. Largo Ln. | Mailing Address (if different) | n/a |
| City, State, Zip | Tulsa, OK 74100 | | |
| Phone Number | (918) 742-0000 | | |

*If signed by an "X" witness must sign:

(Witness)

ADvantage Program
 Consumer-Directed Personal Services and Supports (CD-PASS)
Acknowledgment of CD-PASS Employer Training

Consumer/Member Information

You will only need to complete and submit this form once.

Last Name _____ First Name _____ M.I. _____
 Address _____
 City _____
 Acknowledgment
 Please follow

You have three options for submitting this form:
 1. Fax to (918) 879-1267
 2. Mail to CD-PASS/LTCA
 130 N. Greenwood Ave.
 Tulsa, OK 74120
 3. Bring the form to the address above

| | | |
|----|--|--|
| 1. | I have received and completed the Self Guided <u>Employer Training</u> and understand my role and responsibility as an employer in CD-PASS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <div style="border: 2px solid red; padding: 5px; display: inline-block;">Complete Box #1 if you complete the Employer Training by reading the Employer Training Manual.</div> | |
| | Date Completed _____ Authorized Representative Signature* _____ | |
| 2. | I chose to complete the <u>Employer Training</u> facilitated by the FMS in my home and understand my role and responsibility as an employer in CD-PASS. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <div style="border: 2px solid red; padding: 5px; display: inline-block;">Complete Box #2 if the FMS comes to your home to facilitate the Employer Training.</div> | |
| | Date Completed _____ Authorized Representative Signature* _____ | |

*You will only have an Authorized Representative if you've appointed one. If you do not have one, leave this line blank.

ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)
Acknowledgment of CD-PASS Employer Training

Consumer/Member Information

SoonerCare ID Number 043100000 Date of Birth 4 / 18 / 1932
 Last Name Olson First Name Harvey M.I. T
 Address 1452 N. Largo Ln.
 City Tulsa State OK Zip 74000 Phone (918) 742-0000

Acknowledgment of Responsibilities for CD-PASS Services

Please check the Yes or No box indicating your completion and agreement of the following:

| | | |
|----|---|---|
| 1. | I have received and completed the Self Guided <u>Employer Training</u> and understand my role and responsibility as an employer in CD-PASS. <u>1 / 15 / 07</u> Date Completed _____ Date Completed <u>Harvey Olson</u> Consumer/Member Signature _____ Authorized Representative Signature* | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | I chose to complete the <u>Employer Training</u> facilitated by the FMS in my home and understand my role and responsibility as an employer in CD-PASS. _____ Date Completed _____ Date Completed <u>n/a</u> Consumer/Member Signature _____ Authorized Representative Signature* | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*You will only have an Authorized Representative if you've appointed one. If you do not have one, leave this line blank.

ADvantage Program CD-PASS 06.25.07

ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)

**Personal Services Assistant
Application for Employment**

Employer: _____

Applicant Information for Personal Services Assistant

Anyone you are interested in hiring will need to complete this Employment Application, even if you create your own application.

Please have applicants complete both pages of the application.

In an emergency, please notify:

Name _____ Relationship _____
Address _____ Telephone (____) _____

Applicant Availability

Are you available to start work on _____? Yes No
Are you available to work _____ days a week? Yes No
Where do you live? _____
Are you currently employed? Yes No

You have three options for submitting this form:

- 1. Fax to (918) 879-1267**
- 2. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**
- 3. Bring the form to the address above**

Ap _____
Spec _____
_____ state _____
_____ state _____
_____ state _____
_____ state _____

Have you had Universal Precautions training? Yes No If yes, when? _____ / _____ / _____

Are there any tasks as a Personal Services Assistant that you would not want to do? (examples: driving, bowel/bladder care, lifting)
 Yes No If Yes, please explain: _____

**ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)**

**Personal Services Assistant
Application for Employment**

Employer: Harvey Olson

Applicant Information for Personal Services Assistant

| | | | |
|--|--|---|--|
| Last Name <u>Hollingsworth</u> | | First <u>James</u> | Middle <u>Perry</u> |
| Street Address <u>2861 S. Cole Rd.</u> | | Telephone <u>918, 567-0000</u> | Other Telephone <u>n/a</u> |
| City <u>Tulsa</u> | State <u>OK</u> | Zip <u>74000</u> | E-mail address (if applicable) <u>_____</u> |
| Position Desired <u>Personal Services Assistant</u> | Pay Expected \$ <u>10.50</u> / Hour | Social Security # <u>445 - 00 - 0000</u> | |
| Have you ever been employed under any other names? If yes, please list: <u>n/a</u> | | | |
| In an emergency, please notify: | | | |
| Name <u>Martha Klein</u> | | Relationship <u>friend</u> | |
| Address <u>756 S. Circle Dr., Tulsa</u> | | Telephone <u>918, 748 - 0000</u> | |

Applicant Availability

| | |
|---|--|
| Are you currently employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are you related to the Employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are you over age 18? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is your relationship? _____ |
| When will you be available to begin work? <u>immediately</u> | Can you transport the Employer if requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you legally eligible for employment in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Conviction will not necessarily disqualify an applicant from employment.</small> |

Applicant Personal History

| | |
|---|---|
| Special Training/Skills | Certifications <u>n/a</u> expiration date _____ |
| | Licenses <u>n/a</u> expiration date _____ |
| | CPR <u>yes</u> expiration date <u>2/05</u> |
| | First Aid <u>n/a</u> expiration date _____ |
| Have you had Universal Precautions training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, when? _____ / _____ / _____ | |
| Are there any tasks as a Personal Services Assistant that you would not want to do? (examples: driving, bowel/bladder care, lifting) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain: _____ | |

Applicant Employment History

Please give accurate, complete employment history, including full-time and part-time employment, starting with your present or most recent employer.

| | | | | |
|---|--|---|-----------------------------------|------------------------|
| 1 | Company Name | Baron's Steakhouse | Telephone | (918) 592-0000 |
| | Address | 6348 E. Sand St., Tulsa | Employed - (State month and year) | From 6/05 To present |
| | Name of Supervisor | Brad Stock | Hourly Wage | Start \$5 Last \$5 |
| | State Job Title and Describe Your Work | waiter - take food orders, maintain drink station | Reason for Leaving | Continue to work there |

| | | | | |
|---|--|--|-----------------------------------|---------------------------|
| 2 | Company Name | Daily Beacon News | Telephone | (918) 478-0000 |
| | Address | 148 E. 3rd St., Tulsa | Employed - (State month and year) | From 8/05 To present |
| | Name of Supervisor | Nancy Stein | Hourly Wage | Start \$9/hr Last \$10/hr |
| | State Job Title and Describe Your Work | newspaper carrier - continue to work there | Reason for Leaving | Continue to work there |

| | | | | |
|---|--|---|-----------------------------------|-----------------------|
| 3 | Company Name | Dan Baxter | Telephone | (918) 342-0000 |
| | Address | 2515 E. Main St., Sapulpa | Employed - (State month and year) | From 3/04 To 5/05 |
| | Name of Supervisor | Dan Baxter | Hourly Wage | Start \$7 Last \$7.50 |
| | State Job Title and Describe Your Work | personal care attendant - provided Mr. Baxter's personal care | Reason for Leaving | moved to Tulsa |

Applicant References

Give name, address and telephone number of three references who were your supervisor, a co-worker, or someone you supervised and who agrees to answer work reference questions regarding your previous employment.

| | | | | |
|---|----------------|------------------|----------------|-------------------|
| 1 | Name | Brad Stock | Telephone | 918-592-0000 |
| | Street Address | 6348 E. Sand St. | City/State Zip | Tulsa, OK 74000 |
| 2 | Name | Nancy Stein | Telephone | 918-478-0000 |
| | Street Address | 148 E. 3rd St. | City/State Zip | Tulsa, OK 74000 |
| 3 | Name | Dan Baxter | Telephone | 918-342-0000 |
| | Street Address | 2515 E. Main St. | City/State Zip | Sapulpa, OK 74000 |

| | | |
|--|-----------------------|-----|
| Employer may contact the employers listed above unless you indicate those you do not want us to contact. | Do Not Contact | |
| | Employer | u/a |
| | Reason | |

Applicant Statement

I understand this application is not an employment contract. I certify that all the statements made in this application are true and that any falsification of willful omission shall be sufficient cause for dismissal or refusal of employment. I authorize the employer or delegate to investigate my work and personal history and verify all data given on this application, on related papers and interviews, including, but not limited to OSBI, nurse aide registries, criminal background, driving record, and licensure. I authorize all individuals, schools, and employers named to provide any information requested about me, and I release them from all liability for damage in providing this information.

Signature: James Hollingsworth Date: 2/5/07

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

EMPLOYMENT APPLICATION SUPPLEMENT

| | |
|---------------------------|------|
| Name of applicant (Print) | Date |
| Name of provider agency | |

As I apply for a job as a community services worker, I understand that:

This form is completed by the applicant along with the Employment Application. It explains that background checks will be conducted and the results may affect his or her employment.

- the community services provider is also forbidden to hire, contract with, or use as a volunteer, any person whose name appears on the Community Services Register.

You have three options for submitting this form:

- 1. Fax to (918) 879-1267**
- 2. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**
- 3. Bring the form to the address above**

I have received a copy of this signed Form DDS-39.

Signature of applicant

Date

OKLA. DHS REVISED 12-27-2001

DDS-39

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

EMPLOYMENT APPLICATION SUPPLEMENT

| | |
|---|-----------------------|
| Name of applicant (Print) <i>James Hollingsworth</i> | Date <i>2/5/07</i> |
| Name of provider agency <i>_____</i> | |

As I apply for a job as a community services worker, I understand that:

- prior to employing me, the community services provider is required by Oklahoma law to conduct:
 - a criminal history records search with the Oklahoma State Bureau of Investigation (OSBI); and
 - a check of the Community Services Registry.
- the community services provider is prohibited by Oklahoma Statute from hiring, contracting with, or using as a volunteer, any person who has been convicted, pled guilty, or pled nolo contendere to a felony or to a misdemeanor assault and battery, except under circumstances described in OAC 340:100-3-39.
- the community services provider is also forbidden to hire, contract with, or use as a volunteer, any person whose name appears on the Community Services Registry.
- my employment may be terminated if my name appears on the Community Services Registry, even though my name may not have been on the Registry at the time of my application or hiring.
- I must report to the community services provider all of my current and previous employers who provide services to vulnerable adults.
- giving false information regarding my previous employers may result in termination of my employment.

I have received a copy of this signed Form DDS-39.

James Hollingsworth *2/5/07*
Signature of applicant Date

**Personal Services Assistant /
Advanced Personal Services Assistant**

Criminal History Information and Applicant Qualifications Report

| Criminal History Information | |
|--|----------------------------|
| In order to obtain a Criminal History Report on your applicant, the FMS needs the following information: | |
| Name of applicant _____ | |
| Other _____ | |
| Address _____ | |
| City, State _____ | |
| Social Security # _____ | |
| Drivers License # _____ | |
| You have three options for submitting this form: 1. Fax to (918) 879-1267 2. Mail to CD-PASS/LTCA 130 N. Greenwood Ave. Tulsa, OK 74120 3. Bring this form to the address above | |
| As an employer, you must verify: <ul style="list-style-type: none">• Applicant is at least 18 years old• Has a valid driver's license (if driving is a job requirement)• Has current automobile insurance (if driving is a job requirement) | |
| I have checked references and verified work history. | |
| Employer: _____ | Employers Sign Here |

Personal Services Assistant /
Advanced Personal Services Assistant

Criminal History Information and Applicant Qualifications Report

Criminal History Information

In order to obtain a Criminal History Report on your applicant, the FMS needs the following information:

Name of applicant James Hollingsworth
Other names the applicant has used n/a
Address 2861 S. Cole Rd.
City, State, Zip Code Tulsa, OK 74000
Social Security # 445-00-0000
Drivers License # 000086516 Date of Birth 11, 5, 1974

Qualifications of Applicant

As an employer, I verify that the applicant is:

- At least 18 years old
- Has a valid driver's license (if driving is a job requirement)
- Has current automobile insurance (if driving is a job requirement)

I have checked references and verified work history.

Employer: Harvey Olson Date: 2/5/07

Oklahoma State Department of Health • Nurse Aide Registry Tracking Form

1000 N.E. 10th Street • Oklahoma City, OK 73117-1299 • Telephone: (405) 271-4085

Submit this form to the Nurse Aide Registry, within 30 days of applicant's employment start date.

Personal Information

Name: _____
(Last) (First) (Middle) (Maiden or Any Other)

Address: _____

Date of Birth: _____

Previous Employment.
If you have ever been employed as a nurse aide, please provide the following information:
Category: _____ Training Days: _____
Category: _____ Training Days: _____
Category: _____ Employer Name: _____ Number of Training Days: _____

Your applicants will complete the top of this form and sign near the bottom. Even if they have not been nurse aides, they still need to complete this form.

Criminal Arrest Check List

Employment at this employer shall not be considered if the below signed individual has been convicted of one of the following crimes as stated by Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section):

- A. Assault, battery or assault and battery with a dangerous weapon.
- B. Aggravated assault.
- C. Murder of the first degree.
- D. Manslaughter of the first degree.
- E. Rape, incest or sexual abuse of a minor.
- F. Indecent exposure.
- G. Pandering.
- H. Child abuse or neglect.
- I. Abuse, neglect or financial exploitation of any person entrusted to his care or custody.

You have three options for submitting this form:
1. Fax to (918) 879-1267
2. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120
3. Bring the form to the address above

It is further required that the applicant be a resident of Oklahoma. If I have no knowledge of any criminal record of the applicant, I hereby certify that the applicant is not on the list in this section through P of the list in this section).

My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Department of Health and the Oklahoma State Bureau of Investigations authority to proceed with criminal record history checks as required by law.

Signature of Applicant: _____ Date of Signature: _____

This section to be completed by the employer. Please do not detach this section, submit the whole page to the department.

Employer/Applicant Information

Employment Start Date: _____

- The applicant is: A Certified Nurse Aide in the state of Oklahoma
 Providing services as a Personal Care Assistant in a Medicaid-certified home health agency.
 Enrolled in a training program. Training Start Date: _____
(The training date must be within 30 days of the start date of employment.)

Employer Name: _____ Employer Type: _____
Employer Address: _____ License Number: _____

Employers sign here.

Oklahoma State Department of Health • Nurse Aide Registry Tracking Form

1000 N.E. 10th Street • Oklahoma City, OK 73117-1299 • Telephone: (405) 271-4085

Submit this form to the Nurse Aide Registry, within 30 days of applicant's employment start date.

Personal Information

Name: Hollingsworth James Perry n/a
(Last) (First) (Middle) (Maiden or Any Other)

Address: 2861 S. Cole Rd. Tulsa OK 74000 Social Security Number: 445-00-0000
(Street or P.O. Box) (City) (State) (Zip)

Date of Birth: 11-5-1974 Sex: X M ___ F Race: Caucasian Daytime Phone Number: 918-567-0000

Previous CNA Training - Complete this section only if you will require training at this place of employment.

If you have had CNA Training in the past for any of the categories of LTC, HHA, ADA, RCA or DDA, please fill out the following:

Category: ___ Employer Name: ___ Number of Training Days: ___
Category: ___ Employer Name: n/a Number of Training Days: ___
Category: ___ Employer Name: ___ Number of Training Days: ___

Criminal Arrest Check List

Employment at this employer shall not be considered if the below signed individual has been convicted of one of the following crimes as stated by Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section):

- A. Assault, battery or assault and battery with a dangerous weapon
- B. Aggravated assault and battery
- C. Murder or attempted murder
- D. Manslaughter except involuntary manslaughter
- E. Rape, incest or sodomy
- F. Indecent exposure and Indecent exhibition
- G. Pandering
- H. Child abuse
- I. Abuse, neglect or financial exploitation of any person entrusted to his care or possession
- J. Burglary in the first or second degree
- K. Robbery in the first or second degree
- L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm
- M. Arson in the first or second degree
- N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act.
- O. Grand larceny, or
- P. Petit larceny or shoplifting within the past seven (7) years.

It is further understood that if I am hired, it will be as a temporary employee until my criminal background check is received by the employer. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

I hereby certify that I have no previous convictions as listed in the Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Department of Health and the Oklahoma State Bureau of Investigations authority to proceed with criminal record history checks as required by law.

James Hollingsworth
Signature of Applicant

2/5/07
Date of Signature

This section to be completed by the employer. Please do not detach this section, submit the whole page to the department.

Employer/Applicant Information

Employment Start Date: _____

The applicant is: A Certified Nurse Aide in the state of Oklahoma
 Providing services as a Personal Care Assistant in a Medicaid-certified home health agency.
 Enrolled in a training program -- Training Start Date: n/a
(The training date must be supplied unless applicant is certified or a PCA)

Employer Name: Harvey Olson Employer Type: CD-PASS
Employer Address: 1452 N. Largo Ln., Tulsa, OK 74000 Phone Number: (918) 742-0000

OSHA Notice

Consumer-Directed Personal Assistance Services and Support (CD-PASS) Option Occupational Exposure to Bloodborne Pathogens/Hepatitis B Acknowledgement

Occupational Safety and Health Administration (OSHA) standards effective June 4, 1992 require that employers make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The cost to provide vaccinations is an

Anyone who works for you is eligible for a free Hepatitis B vaccination. Your employee would be reimbursed by the FMS for the vaccination.

Even if your employee does not need or want the vaccination, he or she still needs to complete this form.

- injections over a six-month period. Dose 1 is followed 30 days later by Dose 2. Dose 3 is administered five months after Dose 2.
2. The employee may elect to receive or decline the Hepatitis B vaccination.
 3. The employee is responsible for requesting from the healthcare provider administering the vaccination additional information specific to the efficiency, safety, benefits, method of administration, and potential side effects of the Hepatitis B vaccination.

You have three options for submitting this form:

1. Fax it to (918) 879-1267
2. Mail it to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120
3. Bring the form to the address above

vaccinated with Hepatitis B vaccine, at no cost to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no cost to me.

EMPLOYER AND EMPLOYEE ACKNOWLEDGE "UNIVERSAL PRECAUTIONS" AND "HEPATITIS B VACCINATION" INFORMATION PRESENTED IN THIS DOCUMENT.

Employer Signature/Date

Employee Signature/Date

OSHA Notice

Consumer-Directed Personal Assistance Services and Support (CD-PASS) Option Occupational Exposure to Bloodborne Pathogens/Hepatitis B Acknowledgement

Occupational Safety and Health Administration (OSHA) standards effective June 4, 1992 require that employers make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure. The cost to provide vaccinations is an administrative expense and reimbursable through the Financial Management Services (FMS).

Universal Precautions

Information is provided and reviewed by the employer and the employee regarding the use of Universal Precautions. Universal Precautions will be used during the provision of services as applicable and appropriate.

Hepatitis B Vaccination

1. Employer hereby notifies employee of the availability of the Hepatitis B vaccine at no cost to the employee. The vaccine is administered in a prescribed series of three injections over a six month period: Dose 1 is followed 30 days later by Dose 2. Dose 3 is administered five months after Dose 2.
2. The employee may elect to receive or decline the Hepatitis B vaccination.
3. The employee is responsible for requesting from the healthcare provider administering the vaccination additional information specific to the efficiency, safety, benefits, method of administration, and potential side effects of the Hepatitis B vaccination.

Employee Statement:

I AGREE to receive the Hepatitis B vaccination and understand that I will be reimbursed by the FMS by faxing to (918) 879-1267 within 30 days of presenting a "paid" receipt for each vaccination of the series received **while employed** by the CD-PASS Member/Employer.

Employee Statement:

I DECLINE the Hepatitis B vaccination at this time and further understand and agree: Due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring a Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no cost to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no cost to me.

EMPLOYER AND EMPLOYEE ACKNOWLEDGE "UNIVERSAL PRECAUTIONS" AND "HEPATITIS B VACCINATION" INFORMATION PRESENTED IN THIS DOCUMENT.

Harvey Olson 2/5/07
Employer Signature/Date

James Hollingsworth 2/5/07
Employee Signature/Date

ADVANTAGE PROGRAM CD-PASS INDIVIDUAL PROVIDER AGREEMENT

Based upon the following recitals, the Oklahoma Health Care Authority (OHCA hereafter) and _____ (PROVIDER hereafter) enter into this Agreement:
(Print Provider's Name)

ARTICLE I. PURPOSE

The purpose of this Agreement is for OHCA and PROVIDER to contract for provision of Consumer Directed Personal Assistance Services and Support (CD-PASS) services to eligible SoonerCare members.

**This is a four page document.
The "Provider" refers to your potential employee.
For the last page, your potential employee will need a Notary Public to witness the signing of the document. Notary Publics can be found at banks and offices of lawyers.**

- personal references;
- (c) Has demonstrated competence to perform required tasks to employer/member's satisfaction; and,
 - (d) As verified by LTCA, has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry, and name does not appear on the OKDHS Community Services Workers Registry.

2.3 The parties agree that the mailing addresses for the parties to this Agreement are as follows:

Oklahoma Health Care Authority
Legal Division
Attention: Provider Contracting

Provider Mailing Address

The FMS must have the original of this form.

You have two options for submitting this form:

- 1. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**
- 2. Bring the form to the address above**

To speed up the employment process, you may fax to (918) 879-1267 with your other documents and then mail the original.

- parties.
- (d) Provision of services for purposes of this Agreement shall be limited to those CD-PASS services within the scope of the ADvantage Program as defined by properly promulgated rules. To the extent that services are not compensable services under SoonerCare, the services may be provided but shall not be compensated by OHCA.

ADVANTAGE PROGRAM CD-PASS INDIVIDUAL PROVIDER AGREEMENT

Based upon the following recitals, the Oklahoma Health Care Authority (OHCA hereafter) and James Hollingsworth (PROVIDER hereafter) enter into this Agreement:
(Print Provider's Name)

ARTICLE I. PURPOSE

The purpose of this Agreement is for OHCA and PROVIDER to contract for provision of Consumer Directed Personal Assistance Services and Support (CD-PASS) services to eligible SoonerCare members.

ARTICLE II. PARTIES AND DEFINITIONS

2.1 Oklahoma Health Care Authority

OHCA is the single state agency that the Oklahoma Legislature has designated through 63 Oklahoma Statutes (O.S.) § 5009(B) to administer Oklahoma's Medicaid program, known as **SoonerCare**. OHCA has authority to enter into this Agreement pursuant to 63 O.S. § 5006(A). OHCA's Chief Executive Officer has authority to execute this Agreement on OHCA's behalf pursuant to 63 O.S. § 5008(B).

2.2 PROVIDER

PROVIDER states that PROVIDER is employed by a **SoonerCare** member eligible for ADvantage Program CD-PASS services and that PROVIDER meets the following minimum qualifications for eligible providers of CD-PASS ADvantage Program services:

- (a) Has documented age of 18 years or older to employer/member;
- (b) Has documented to employer/member a verifiable identification and verifiable work history and/or personal references;
- (c) Has demonstrated competence to perform required tasks to employer/member's satisfaction; and,
- (d) As verified by LTCA, has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry, and name does not appear on the OKDHS Community Services Workers Registry.

2.3 The parties agree that the mailing addresses for the parties to this Agreement are as follows:

Oklahoma Health Care Authority
Legal Division
Attention: Provider Contracting
P.O. Box 54015
Oklahoma City, Oklahoma 73154

Provider Mailing Address
2861 S. Cole Rd.
Tulsa, OK 74000
City, State, Zip Code

2.4 DEFINITIONS

- (a) **SoonerCare** means all OHCA medical benefit packages.
- (b) **Member** means a person receiving health care benefits from a SoonerCare program.

ARTICLE III. TERM

- 3.1** This Agreement shall be effective upon completion when; (1) it is executed by Provider, (2) it is received at the Oklahoma City offices of OHCA and (3) all necessary documentation has been received and verified by OHCA. The term of this Agreement shall expire February 28, 2009.
- 3.2** PROVIDER shall not assign or transfer any rights, duties, or obligations under this Agreement.

ARTICLE IV. SCOPE OF WORK

4.1 General Provisions

- (a) PROVIDER agrees to provide CD-PASS services as defined in Oklahoma Administrative Code (OAC) 317:30-5-763 to PROVIDER's employer as specified in the Individual Care Plan for PROVIDER's employer.
- (b) PROVIDER agrees to comply with all applicable statutes, regulations, policies, and properly promulgated rules of OHCA.
- (c) PROVIDER agrees that the state has an obligation under 42 United States Code (USC) §1396a(a)(25)(A) to ascertain the legal liability of third parties who are liable for the health care expenses of SoonerCare members under the care of PROVIDER. Because of this obligation, PROVIDER agrees to assist OHCA, or its authorized agents, in determining the liability of third parties.
- (d) Provision of services for purposes of this Agreement shall be limited to those CD-PASS services within the scope of the ADvantage Program as defined by properly promulgated rules. To the extent that services are not compensable services under SoonerCare, the services may be provided but shall not be compensated by OHCA.

- (e) PROVIDER shall provide LTCA with all information necessary to maintain a clinical record system. PROVIDER shall comply with LTCA requirements regarding records policies, procedures, and information contained in each record.

4.2 Payment

- (a) OHCA shall pay LTCA or its agent on behalf of PROVIDER for services in accordance with the Individual Care Plan for PROVIDER's employer. PROVIDER understands and agrees that LTCA or its agent serves as fiscal intermediary for the CD-PASS services and is responsible for submitting claims to OHCA on PROVIDER's behalf, withholding income and other taxes, and issuing required IRS forms to PROVIDER.
- (b) PROVIDER agrees and understands that payment cannot be made by OHCA to vendors providing services under federally assisted programs unless services are provided without discrimination on the grounds of race, color, religion, sex, national origin or handicap.
- (c) Pursuant to 42 CFR § 447.15, payments made by OHCA shall be considered payment in full for all covered services provided to a SoonerCare member. PROVIDER shall not bill a SoonerCare member for such service and shall not be relieved of this provision by electing not to bill OHCA for the service. This provision shall not apply to co-payments allowed by OHCA.
- (d) PROVIDER shall release any lien securing payment for any SoonerCare compensable service. This provision shall not affect PROVIDER's ability to file a lien for non-covered service or OHCA-permitted co-payment.
- (e) Satisfaction of all claims will be from federal and state funds. Any false claims, statements, or documents, or any concealment of a material fact may be prosecuted.
- (f) PROVIDER certifies with each claim for payment submitted to LTCA or its agent that the services or products for which payment is billed by or on behalf of PROVIDER were personally rendered by PROVIDER.

4.3 Billing Procedures

- (a) PROVIDER agrees all claims shall be submitted to LTCA or its agent in a format and time frame acceptable to LTCA or its agent. PROVIDER accepts any terms and requirements of the LTCA or its agent.
- (b) PROVIDER shall be responsible for the accuracy and integrity of all claims submitted on PROVIDER's behalf by the LTCA or its agent.

ARTICLE V. LAWS APPLICABLE

- 5.1 The parties to this Agreement acknowledge and expect that over the term of this Agreement laws may change. Specifically, the parties acknowledge and expect (i) federal Medicaid statutes and regulations, (ii) state Medicaid statutes and rules, (iii) state statutes and rules governing practice of health-care professions, and (iv) any other laws cited in this agreement may change. The parties shall be mutually bound by such changes.
- 5.2 As applicable, PROVIDER shall comply with and certifies compliance with:
 - (a) Drug-Free Workplace Act, 41 USC § 701 et seq.;
 - (b) Title XIX of the Social Security Act), 42 USC § 1396 et seq.;
 - (c) 31 USC § 1352 and 45 C.F.R. § 93.100 et seq., which (1) prohibits the use of federal funds paid under this Agreement to lobby Congress or any federal official to enhance or protect the monies paid under this Agreement and (2) requires disclosures to be made if other monies are used for such lobbying; and;
 - (d) Protective Services for Vulnerable Adults Act, 43A O. S. § 10-101 et seq.;
- 5.3 The explicit inclusion of some statutory and regulatory duties in this Agreement shall not exclude other statutory or regulatory duties.
- 5.4 All questions pertaining to validity, interpretation, and administration of this Agreement shall be determined in accordance with the laws of the State of Oklahoma, regardless of where any service is performed or product is provided.
- 5.5 The venue for legal actions arising from this Agreement shall be in the District Court of Oklahoma County, State of Oklahoma

ARTICLE VI. AUDIT AND INSPECTION

- 6.1 PROVIDER shall cooperate with LTCA in keeping such records as are necessary to disclose fully the extent of services provided to SoonerCare members.
- 6.2 Authorized representatives of OHCA, MFCU, and the Secretary shall have the right to make physical inspection of PROVIDER's place of business and to examine records relating to financial statements or claims submitted by PROVIDER under this Agreement and to audit PROVIDER's financial records as provided by 42 C.F.R. § 431.107.

- 6.3 Pursuant to 74 Okla. Stat. § 85.41, OHCA and the Oklahoma State Auditor and Inspector shall have the right to examine PROVIDER's books, records, documents, accounting procedures, practices, or any other items relevant to this Agreement.

ARTICLE VII. CONFIDENTIALITY

- 7.1 PROVIDER agrees that SoonerCare member information is confidential pursuant to 42 U.S.C. § 1396a(7), 42 C.F.R. § 431:300-306, and 63 Okla. Stat. § 5018. PROVIDER shall not release the information governed by these requirements to any entity or person without proper authorization or OHCA's permission.
- 7.3 PROVIDER agrees to comply with the provisions of the Health Insurance and Portability Accounting Act of 1996 (HIPAA), specifically the privacy provisions of that act found at 45 C.F.R. Part 164.

ARTICLE VIII. TERMINATION

- 8.1 This Agreement may be terminated by three methods. (i) Either party may terminate this Agreement for cause with a thirty-day written notice to the other party; (ii) either party may terminate this Agreement without cause with a sixty-day written notice to the other party; or (iii) OHCA may terminate the agreement immediately a) to protect the health and safety of SoonerCare members, b) upon evidence of fraud, or c) pursuant to Paragraph 4.2 (e) above.
- 8.2 In the event that LTCA is no longer the Financial Management Services provider for the Advantage CD-PASS services, this Agreement shall terminate immediately.
- 8.3 In the event funding of SoonerCare from State, Federal or other sources is withdrawn, reduced, or limited in any way after the effective date of this Agreement and prior to the anticipated Agreement expiration date, this Agreement may be terminated immediately by OHCA.
- 8.4 In the event of termination, PROVIDER shall provide any records or other assistance necessary for an orderly transition of SoonerCare patients' health care.

ARTICLE IX. OTHER PROVISIONS

- 9.1 The representations made in this memorialization of the Agreement constitute the sole basis of the parties' contractual relationship. No oral representation by either party relating to services covered by this Agreement shall be binding on either party. Any amendment to this Agreement shall be in writing and signed by both parties, except the address in Article 2.3 which requires PROVIDER's signature only.
- 9.2 PROVIDER's Affidavit attached to this Agreement is made part of the Agreement and incorporated by reference.
- 9.3 If any provision of this Agreement is determined to be invalid for any reason, such invalidity shall not affect any other provision, and the invalid provision shall be wholly disregarded.
- 9.4 Titles and subheadings used in this Agreement are provided solely for the reader's convenience and shall not be used to interpret any provision of this Agreement.

445-00-0000

PROVIDER's Social Security Number

James Holmgren

PROVIDER's Signature

2/5/07

Date

The Advantage Program Administrative Agent, LTCA, certifies that this PROVIDER has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry, and that the PROVIDER name does not appear on the OKDHS Community Services Workers Registry. Furthermore, LTCA attests that training and support has been provided to the Employer/member of this PROVIDER regarding PROVIDER qualification requirements and documentation of PROVIDER age, identification, work history and training/competence to perform CD-PASS services and procedures for documentation of compliance with required PROVIDER requirements and that Employer/member is to keep original documentation on file and provide copies to LTCA.

Signature for LTCA

Consumer Directed Personal Assistance Services and Supports (CD-PASS)
Liability Notice to Employees

Employer Acknowledgement

The Consumer or his/her court appointed guardian is the employer in CD-PASS. The employer retains control over hiring, supervision, management, and firing of employees.

The CD-PASS service governing agency, the Oklahoma Department of Human Services (OKDHS), any other state or federal agency, or any other contracted provider agency does **not** employ the employee(s) providing these services through OKDHS Advantage Program. The employer is solely responsible and liable for any negligent acts or omissions by the employer, employee(s), service providers, the Consumer or, if applicable, the Designated Authorized Representative.

I acknowledge that I have read and understand information in the Employer Acknowledgement:

Harvey Olson 2/5/07 James Hollingworth 2/5/07
Signature-Employer Date Signature-Employee Date

Liability Notice to Employees

Section I:

Employer indicates the correct option:

- I **AM** a subscriber of Workers' Compensation.
- I am **NOT** a subscriber of Workers' Compensation.
(Complete Section II below if you have chosen this option.)

Section II:

Employer indicates the correct option in this section if the employer is **NOT** a subscriber to Workers' Compensation.

- I have made the following arrangement(s) for employee injuries/illnesses:
 - Self-insurance;
 - Homeowner's personal liability insurance;
 - Renter's personal liability insurance;
 - Medical coverage insurance; and/or
 - Risk pool insurance.
- I have **NO** insurance or other protection against work-related injuries/illnesses for my employee(s).

Employee/Employer Acknowledgement

I acknowledge that I have read and understand the information in Liability Notice to Employees.

Harvey Olson 2/5/07 James Hollingworth 2/5/07
Signature-Employer Date Signature-Employee Date

**ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)**

Notice of Employee Pay Rates

A. NEW HIRE (Complete this section when hiring a new employee)

Employee _____

Address: _____

Pay rate for _____

Member/_____

Member/_____

Date: _____

Use this form to notify the FMS of how much you will pay your employee.

If you later increase or decrease the amount you pay, complete the bottom section and send to the FMS. They will notify Acumen of your decision.

B. PAY RATE CHANGE (Complete this section when changing an existing employee's pay rate)

You have three options for submitting this form:

- 1. Fax to (918) 879-1267**
- 2. Mail to CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**
- 3. Bring the form to the address above**

Member/Employer (Printed Name): _____

Member/Employer Signature: _____

Date: _____

Please Fax this form to LTCA at: 918-879-1267

OR

Mail to: LTCA 130 N. Greenwood Tulsa, OK 74120

06.06.07

**ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)
Notice of Employee Pay Rates**

A. NEW HIRE (Complete this section when hiring a new employee)

Employee: Hollingsworth James
Last Name First Name

Address: 2861 S. Cole Rd. Tulsa OK 74000
Street City State Zip code

Pay rate for PSA: 10.50 Pay rate for APSA: n/a

Member/Employer (Printed Name): Harvey Olson

Member/Employer Signature: Harvey Olson

Date: 2/5/07

B. PAY RATE CHANGE (Complete this section when changing an existing employee's pay rate)

Employee: _____
Last Name First Name

Address: _____
Street City State Zip code

Current pay rate for PSA: _____ New pay rate for PSA: _____

Current pay rate for APSA: _____ New pay rate for APSA: _____

***The New Pay Rate will be effective on the first day of the next pay period.**

Member/Employer (Printed Name): _____

Member/Employer Signature: _____

Date: _____

Please Fax this form to LTCA at: 918-879-1267

OR

Mail to: LTCA 130 N. Greenwood Tulsa, OK 74120

06.06.07

Acumen (Fiscal Agent) Forms

Employment Eligibility Verification

Please read instructions carefully. Do not fill out this form until you have been hired. Do not fill out this form during completion of this form. AN INDIVIDUAL CANNOT specify a future expiration date.

After hire, employees complete this form.

Do not fill out this form during completion of this form. AN INDIVIDUAL CANNOT specify a future expiration date.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|---|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | | | |
| I am aware that I am not eligible for employment if I have been imprisoned, deported, or otherwise barred from the United States, or if I have been convicted of a crime involving moral turpitude. | | | |
| Employee's Signature | | | |
| Preparer's/Translator's Signature | | | |
| Print Name | | | |
| Address (Street Name and Number, City, State, Zip Code) | | | |
| Date (month/day/year) | | | |

You have two options for submitting this form:
1. Fax to Acumen at (877) 567-5602
2. Mail to Acumen
4542 E. Inverness Ave., Ste. 210
Mesa, AZ 85206

See "List of Acceptable Documents" to find out what documents you can use. List the title, number, and expiration date, if any, of the documents. Send a photocopy of the documents you use along with this form.

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR one document from List B and one from List C, as listed on the reverse side of this form, and record the title, number and expiration date, if any, of the document(s).

| | |
|--|--------|
| AND | List C |
| Signature of Employer or Authorized Representative | |
| Title | |
| Business or Organization Name | |

Employer Signs Here

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)

B. Expiration Date (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below to establish current employment eligibility.

| | | |
|-----------------|-------------|------------------|
| Document Title: | Document #: | Expiration Date: |
|-----------------|-------------|------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and valid for the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

Use this as your title

NOTE: This is the 1991 edition of the Form I-9. It is being rebranded with a current printing date to reflect the recent transition of INS to DHS and its components. Form I-9 (Rev. 05/31/05) Page 2

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|---|-----------------------|----------------------------|--|
| Print Name: Last <u>Hollingsworth</u> | First <u>James</u> | Middle Initial <u>J</u> | Maiden Name <u>n/a</u> |
| Address (Street Name and Number) <u>2861 S. Cole Rd.</u> | | Apt. # | Date of Birth (month/day/year) <u>11-5-1974</u> |
| City <u>Tulsa</u> | State <u>OK</u> | Zip Code <u>74000</u> | Social Security # <u>445-00-0000</u> |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

| | |
|--|---|
| Employee's Signature <u>James Hollingsworth</u> | Date (month/day/year) <u>2/12/07</u> |
|--|---|

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|---|-----------------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------|----|---------------------------------|-----|-------------------------------------|
| Document title: | | <u>Driver's License</u> | | <u>Social Security Card</u> |
| Issuing authority: | | <u>State: OK</u> | | <u>Name: James P. Hollingsworth</u> |
| Document #: | | <u>No. 000086516</u> | | <u>No. 445-00-0000</u> |
| Expiration Date (if any): | | <u>Expiration Date: 5/20/09</u> | | |
| Document #: | | | | |
| Expiration Date (if any): | | | | |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|--|-----------------------------------|--|
| Signature of Employer or Authorized Representative <u>Harvey Olson</u> | Print Name <u>Harvey Olson</u> | Title <u>Household Employer</u> |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CD-PASS 1452 N. Largo Ln., Tulsa, OK 74000</u> | | Date (month/day/year) <u>2/5/07</u> |

Section 3. Updating and Reverification. To be completed and signed by employer.

| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

| | | |
|-----------------|-------------|---------------------------|
| Document Title: | Document #: | Expiration Date (if any): |
|-----------------|-------------|---------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exempt. If you are exempt from withholding, complete Form W-4 to indicate this.

Withhold. You may want to withhold more than the interest and dividends and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed

After hire, employees complete this form. Employers will only complete the last line (squares 8 and 10).

You have two options for submitting this form:
1. Fax to Acumen at (877) 567-5602
2. Mail to Acumen
4542 E. Inverness Ave., Ste. 210
Mesa, AZ 85206

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. B _____

C Enter "1" for more than one job C _____

D Enter number of allowances you want withheld from each paycheck D _____

E Enter "1" if you are claiming the exemption for a dependent child plus another dependent child E _____

F Enter "1" if you are claiming the exemption for a dependent child plus another dependent child F _____

G Child Tax Credit G _____

H Add lines A through F. For accuracy, complete all worksheets that apply. H _____

and Adjustments Worksheet on page 2.

- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0047

Department of the Treasury Internal Revenue Service **2006**

1 Type or print your first name and middle initial Last name 2 Your social security number

Home address (number and street or rural route) 3 Single Married Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 _____

6 Additional amount, if any, you want withheld from each paycheck 6 \$ _____

7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here 7 _____

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature Date

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending Form W-4 to the IRS) 9 Employer identification number (EIN)

Use this EIN: **20 2621732**

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Form W-4 (2006)

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|---|---|---|----------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | <u>1</u> |
| B | Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. | B | <u>0</u> |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C | <u>0</u> |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | <u>0</u> |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | <u>1</u> |
| F | Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit | F | <u>0</u> |
| (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | |
| G | Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child. • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. | G | <u>0</u> |
| H | Add lines A through G and enter total here. Note. This may be different from the number of exemptions you claim on your tax return. For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | H | <u>2</u> |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

| | | |
|---|--|---|
| Form W-4 Department of the Treasury Internal Revenue Service | Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | OMB No. 1545-0047 2007 |
| 1 Type or print your first name and middle initial: <u>James P.</u> Last name: <u>Hollingsworth</u> | | 2 Your social security number: <u>445 00 0000</u> |
| Home address (number and street or rural route): <u>2861 S. Cole Rd.</u> City or town, state, and ZIP code: <u>Tulsa, OK 74000</u> | | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): <u>2</u> | | 6 Additional amount, if any, you want withheld from each paycheck: <u>\$ 0</u> |
| 7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7 | | |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature: <u>James Hollingsworth</u> Date: <u>2/12/07</u> | | |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <u>Harvey Olson 1452 N. Larga Ln, Tulsa, OK 74000</u> | | 9 Office code (optional): <u>20</u> 10 Employer identification number (EIN): <u>2621732</u> |
| For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2007) | | |

AUTHORIZATION FOR DIRECT DEPOSIT

Payroll Agent: Acumen Fiscal Agent, LLC
4542 E Inverness Ste 210
Mesa, AZ 85206

Phone: 877-299-4568
Fax: 877-567-5602

I hereby
necessa
provide

▶ *C*

▶ *S*

accoun
to cred

You can
check y

a saving account(s). Any change to your account must be submitted immediately. When you resubmit the change, you must notify us if you want the next 1-2 pay periods direct deposited into your old account, or if you want paper checks sent to you in the mail until the new account is authorized.

You have two options for submitting this form:
1. Fax to Acumen at (877) 567-5602
2. Mail to Acumen
4542 E. Inverness Ave., Ste. 210
Mesa, AZ 85206

1. Financial Institution Name

Branch Name and Phone Number

After hire, your employees would complete this form if they want their paychecks directly deposited into their bank accounts. They will need to include a voided check with this form.

Direct deposit is optional. If your employees prefer, they can have checks mailed to them instead.

This authority is to remain in full force and effect until Company and Financial Institution has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Print Name _____ Social Security Number _____
Signature _____ Date _____ Phone Number _____

Authorization will take effect not less than 10 days after acceptance by Financial Institution



AUTHORIZATION FOR DIRECT DEPOSIT

Payroll Agent: Acumen Fiscal Agent, LLC

Phone: 877-299-4568

Fax: 877-567-5602

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to my account provided I am notified in writing of such debit; to my

▶ **checking** (attach a voided check) and/or

▶ **savings** (attach a deposit slip)

account indicated below and I further authorize the Financial Institution named below to accept such entries and to credit the amount thereof to such account.

You can have your check deposited into more than one account. Please be sure to indicate the **percentage** of your check you want deposited into each account. Attach a **voided check** for checking account(s) or a **deposit slip** for a saving account(s). Any change to your account must be submitted immediately!!! *When you resubmit the change, you must notify us if you want the next 1-2 pay periods direct deposited into your old account, or if you want paper checks sent to you in the mail until the new account is authorized.*

Bank of America n/a
1. Financial Institution Name Branch Name and Number
1862 S. Lincoln Ave., Tulsa, OK 74000
Address/City/State/Zip
367892641 52814986 100%
Account Transit Number Account Number % of check to be deposited

2. Financial Institution Name Branch Name and Number
n/a
Address/City/State/Zip
Account Transit Number Account Number % of check to be deposited

This authority is to remain in full force and effect until Company and Financial Institution has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

James Hollingsworth 445-00-0000
Print Name Social Security Number
James Hollingsworth 2/12/07 (918) 567-0000
Signature Date Phone Number

Authorization will take effect not less than 10 days after acceptance by Financial Institution



3785305449

Oklahoma Timesheet

EMPLOYEE NAME _____ EMPLOYEE ID _____

CONSUMER NAME _____ CONSUMER ID _____

I attest that the services received consistent with the Individual Budget Allocation. I understand that Medicaid is the payer of last resort.

Employee Signature _____ Date _____ Consumer/Representative Signature _____ Date _____

If Consumer's or Employee's name is too long to fit on line, just fill in as much as possible.

Employee's Social Security Number Here

Consumer/Employer's Medicaid ID Here

MONTH, DAY, YEAR

| SERVICE | DATE | TIME | SERVICE |
|---------|------|--|---------|
| | | <input type="radio"/> AM <input type="radio"/> PM | |
| | | <input type="radio"/> AM <input type="radio"/> PM | |
| | | <input type="radio"/> AM <input type="radio"/> PM | |
| | | <input type="radio"/> AM <input type="radio"/> PM | |
| | | <input type="radio"/> AM <input type="radio"/> PM | |
| | | <input type="radio"/> AM <input type="radio"/> PM | |

In the "Service" column, write in APSA or PSA depending on services provided.

Fill in the circles for AM or PM. Do not use check marks or "X"s.

Remember that if you pay the same employee different rates for different services provided, you will need to complete separate timesheets for each pay rate.

Use the payroll schedule to find out when to send your employee's timesheets. Contact Acumen at 1-877-299-4568 if you need a copy of the payroll schedule. You can also obtain the schedule on Acumen's website: www.acumenfiscalagent.com.

To submit timesheets, either:
 Fax to Acumen at 877-567-5602
 or
 Mail to Acumen, 4542 E. Inverness Ave., Ste. 210, Mesa, AZ 85206

PAYROLL SCHEDULE

Any timesheets received by Acumen after the Payroll Schedule due date will be paid on the next pay date. Make sure to get verification from the fax machine that your fax was successfully sent.
FAXING THE TIMESHEET WILL HELP ENSURE IT GETS TO OUR OFFICES BY THE DUE DATE.



Fax: 877-567-5602

If you should have any questions or concerns, contact our Customer Call Center 877-299-4568.

| MONTH | Payroll Period End Date | Timecards Due NO Later Than | PAYDATE | PAYDAY |
|-----------|-------------------------|-----------------------------|------------|-----------|
| JULY | 07-15-2007 | 07-16-2007 | 07-25-2007 | Wednesday |
| | 07-31-2007 | 08-01-2007 | 08-10-2007 | Friday |
| AUGUST | 08-15-2007 | 08-16-2007 | 08-24-2007 | Friday |
| | 08-31-2007 | 09-04-2007 | 09-10-2007 | Monday |
| SEPTEMBER | 09-15-2007 | 09-17-2007 | 09-25-2007 | Tuesday |
| | 09-30-2007 | 10-01-2007 | 10-10-2007 | Wednesday |
| OCTOBER | 10-15-2007 | 10-16-2007 | 10-25-2007 | Thursday |
| | 10-31-2007 | 11-01-2007 | 11-09-2007 | Friday |
| NOVEMBER | 11-15-2007 | 11-16-2007 | 11-26-2007 | Monday |
| | 11-30-2007 | 12-03-2007 | 12-10-2007 | Monday |
| DECEMBER | 12-15-2007 | 12-17-2007 | 12-26-2007 | Wednesday |
| | 12-31-2007 | 01-02-2008 | 01-10-2008 | Thursday |
| JANUARY | 01-15-2008 | 01-16-2008 | 01-25-2008 | Friday |
| | 01-31-2008 | 02-01-2008 | 02-11-2008 | Monday |
| FEBRUARY | 02-15-2008 | 02-19-2008 | 02-25-2008 | Monday |
| | 02-29-2008 | 03-03-2008 | 03-10-2008 | Monday |
| MARCH | 03-15-2008 | 03-17-2008 | 03-25-2008 | Tuesday |
| | 03-31-2008 | 04-01-2008 | 04-10-2008 | Thursday |
| APRIL | 04-15-2008 | 04-16-2008 | 04-25-2008 | Friday |
| | 04-30-2008 | 05-01-2008 | 05-09-2008 | Friday |
| MAY | 05-15-2008 | 05-16-2008 | 05-27-2008 | Tuesday |
| | 05-31-2008 | 06-02-2008 | 06-10-2008 | Tuesday |
| JUNE | 06-15-2008 | 06-16-2008 | 06-25-2008 | Wednesday |
| | 06-30-2008 | 07-01-2008 | 07-10-2008 | Thursday |



CD-PASS

Individual Budget Optional Expense Request Form

Date: _____

Member/Employer Name: _____

Module One of your Employer Manual includes a detailed explanation of your Optional Expense Account and completing the Optional Expense Request Form.

Please issue a payment in the amount of \$ _____ to pay for

You have two options for submitting this form:

- 1. Fax to Acumen at (877) 567-5602**
- 2. Mail to Acumen
4542 E. Inverness Ave., Ste. 210
Mesa, AZ 85206**

than the amount requested due to employee taxes.

- For employees who use direct deposit, checks will be directly deposited if the

**Exception: If you need to place an ad to locate an employee, but cannot afford one, the FMS will reimburse you for the cost of the ad. Attach your receipt to a completed request form and mail to the FMS at
CD-PASS/LTCA
130 N. Greenwood Ave.
Tulsa, OK 74120**

CD-PASS

Individual Budget Optional Expense Request Form

Date: 6-12-07
Member/Employer Name: Harvey Olson
Member ID#: 043100000
Street Address: 1452 N. Largo Ln.
City, State, Zip Tulsa, OK 74000

I have accumulated \$ 230 in my optional expense budget.

Please issue a payment in the amount of \$ 100 to pay for
bonus expense.

Guidelines

- You must have accumulated enough money in your optional expense budget to cover this request. Depending on your request this may include employer taxes.
- Members can only be reimbursed for any out-of-pocket CD-PASS expense if a receipt is attached.
- All payments made to employees will be taxed as wages unless they are to pay for mileage or a reimbursement. This means the amount of the payment may be less than the amount requested due to employee taxes.
- For employees who use direct deposit, checks will be directly deposited if the Optional Expense Request Form is faxed according to the payroll schedule.
- If the Optional Expense Request Form is not faxed according to the payroll schedule, a check will be mailed to the employee.

Payment should be mailed to:

Name James Hollingsworth
Address: 2861 S. Cole Rd.
City, State, Zip Tulsa, OK 74000

Harvey Olson
Member/Employer Signature and Date



EMPLOYEE CHANGE/TERMINATION FORM

UPDATE

Complete

NAME

ADDRESS

CITY/ST/ZIP

PHONE NO. ()

SOCIAL SECURITY NO.

AUTHORIZED SIGNATURE

Use this form when:
Your employee changes his or her name or address
Your employee quits
You fire your employee

If you are reporting a change to employee name or address, employee signs here.

TERMINATION NOTICE

Complete this section when terminating an employee.

EMPLOYEE

TERMINATION DATE

REASON

FORWARD TO

CITY/STATE

INSTRUCTIONS

You have two options for submitting this form:
1. Fax to Acumen at (877) 567-5602
2. Mail to Acumen
4542 E. Inverness Ave., Ste. 210
Mesa, AZ 85206

EMPLOYER NAME (please print)

EMPLOYER SIGNATURE

Employers Sign Here

EMPLOYER IS TO COMPLETE THE NECESSARY SECTION FOR EMPLOYEE. PLEASE FAX OR MAIL COMPLETED AND SIGNED FORM TO:

FAX: 877-567-5602
ACUMEN
4542 E INVERNESS STE 210
MESA, AZ 85206

A1g-07



EMPLOYEE CHANGE/TERMINATION FORM

UPDATE EMPLOYEE INFORMATION

Complete this section when there is any change in your employee's information. For a change in name fax or mail a copy of the social security card with this form.

Check One: Change in Name Address

| | | | |
|-----------------|---------------------|---------------------|-------------|
| NAME | James Hollingsworth | | |
| ADDRESS | 2597 S. Pearl Ln. | | |
| CITY/ST/ZIP | Tulsa, OK 74000 | | |
| PHONE NO. (918) | 567-0000 | SOCIAL SECURITY NO. | 445-00-0000 |

| | | | |
|----------------------|---------------------|------|---------|
| AUTHORIZED SIGNATURE | James Hollingsworth | DATE | 4-16-07 |
|----------------------|---------------------|------|---------|

TERMINATION NOTICE

Complete this section when terminating an employee.

| | | |
|---------------------------------|------------------------------------|--------------------------------------|
| EMPLOYEE | | |
| TERMINATION DATE | CHECK ONE | |
| | VOLUNTARY <input type="checkbox"/> | INVOLUNTARY <input type="checkbox"/> |
| REASON FOR TERMINATION | | |
| FORWARDING ADDRESS | | |
| CITY/ST/ZIP | | |
| INSTRUCTIONS FOR LAST PAY CHECK | | |

| | |
|------------------------------|------|
| EMPLOYER NAME (please print) | |
| EMPLOYER SIGNATURE | DATE |

EMPLOYER IS TO COMPLETE THE NECESSARY SECTION FOR EMPLOYEE. PLEASE FAX OR MAIL COMPLETED AND SIGNED FORM TO:

FAX: 877-567-5602

Sept-05



EMPLOYEE CHANGE/TERMINATION FORM

UPDATE EMPLOYEE INFORMATION

Complete this section when there is any change in your employee's information. For a change in name fax or mail a copy of the social security card with this form.

Check One: Change in Name Address

| | |
|----------------------|---------------------|
| NAME | |
| ADDRESS | |
| CITY/ST/ZIP | |
| PHONE NO. () | SOCIAL SECURITY NO. |
| AUTHORIZED SIGNATURE | DATE |

TERMINATION NOTICE

Complete this section when terminating an employee.

| | | |
|---------------------------------|------------------------------|---|
| EMPLOYEE | James Hollingsworth | |
| TERMINATION DATE | 9-20-07 | CHECK ONE VOLUNTARY <input checked="" type="checkbox"/> INVOLUNTARY <input type="checkbox"/> |
| REASON FOR TERMINATION | He's moving out of Oklahoma. | |
| FORWARDING ADDRESS | 462 E. 28th St. | |
| CITY/ST/ZIP | Austin, TX 73000 | |
| INSTRUCTIONS FOR LAST PAY CHECK | Mail to him. | |

| | | | |
|------------------------------|--------------|------|---------|
| EMPLOYER NAME (please print) | Harvey Olson | DATE | 9/15/07 |
| EMPLOYER SIGNATURE | Harvey Olson | | |

EMPLOYER IS TO COMPLETE THE NECESSARY SECTION FOR EMPLOYEE. PLEASE FAX OR MAIL COMPLETED AND SIGNED FORM TO:

FAX: 877-567-5602

Sept-05



Acumen Fiscal Agent Account Statement

Prepared For

May 2007

You will receive this report each month from Acumen. For more information about this report, see page 25.

If you set aside money in your Optional Expense Account, this box will tell you how much you have available to spend. Keep in mind this money is pre-tax dollars. Read more about Optional Expense Accounts in your manual on page 24.

OPX Optional Employer Expense

| | |
|---------------------------------|------------|
| Starting Balance: | \$1,537.22 |
| Deposits: | \$89.94 |
| Total Spending For This Period: | \$0.00 |
| Amount Available For Spending: | \$1,627.16 |

Deposits

| Date | Reference | Amount |
|----------|-------------|---------|
| 05/15/07 | Transfer In | \$89.94 |
| 05/29/07 | Transfer In | \$89.94 |

PSA Plan ends 06/29/2007

| | |
|--------------------------|--------|
| Starting Hours: | 120.00 |
| Hours Added: | 0.00 |
| Hours Used: | 56.00 |
| Hours Available For Use: | 64.00 |

Your PSA plan end date has the same end date as your Service Plan. You and your CDA/Case Manager will need to renew your plan 14 days before it expires.

Payroll

| Check Date | Check # | Employee | Period Start | Period End | Gross | Hours | Amount |
|------------|----------|--------------|--------------|------------|--|-------|--------|
| 05/29/2007 | 00014605 | | 05/01/2007 | 05/15/2007 | \$192.00 | 24.00 | -24.00 |
| | | Service Date | Hours | Rate Code | Description | | |
| | | 05/02/2007 | 4.00 | 800 PSA | PSA-Paranatal Services Assistant 55125 | | |
| | | 05/03/2007 | 4.00 | 800 PSA | PSA-Paranatal Services Assistant 55125 | | |
| | | 05/04/2007 | 4.00 | 800 PSA | PSA-Paranatal Services Assistant 55125 | | |
| | | 05/09/2007 | 4.00 | 800 PSA | PSA-Paranatal Services Assistant 55125 | | |
| | | 05/10/2007 | 4.00 | 800 PSA | PSA-Paranatal Services Assistant 55125 | | |
| | | 05/11/2007 | 4.00 | 800 PSA | PSA-Paranatal Services Assistant 55125 | | |

Knowing how many hours you have available can help you see if you're budgeting your employees' time correctly. Remember, if you need more hours, discuss this with your CDA/Case Manager.

Compare your records with Acumen's Account Statement. Make sure that your budget was correctly billed for the right amount of service hours and at the correct pay rate. If the Account Statement is wrong, contact Acumen.

Employer Personal Forms

**ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)**

**Personal Services Assistant
Agreement to Terms of Employment**

Employer and Personal Services Assistant

1. This form is completed by you, the employer, and your employee. You do not need to send this form to anyone. You should keep it with your employee files.

2. but
3. is understood that these days and/or hours may change.
4. **Pay Schedule:** Employer agrees to pay employee at the rate of \$_____ per hour.
5. **Employee Duties:** Employee's duties are for the benefit of the employer only, not for other household members (unless otherwise contracted). The employee shall perform the duties listed on a task sheet or job description on a regular basis.
6. **Supervision:** Supervision and direction of employee shall be the sole responsibility of the employer.
7. **Expertise:** It is understood that the employee has no specialized medical training, knowledge or skills unless otherwise stated in advance.
8. **Termination:** Either party may terminate this agreement. Any wages and/or reimbursement due will be on the next regular payday.
9. **Time Off:** Employee will request time off (not to exceed _____ days per year) at least _____ days in advance to allow the employer to arrange coverage. In the event that the employee is sick, he or she will notify employer at least _____ hour(s) prior to the start of the shift, except in the event of an emergency.
10. **PSA/PSA Qualifications:** Medicaid Provider Contract; at least 18 years of age; has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et sq.; has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry; name does not appear on the OKDHS Community Services Workers Registry; demonstrates the ability to understand and carry out assigned tasks; has verifiable work history and/or personal references; has verifiable identification and demonstrates the competence to perform required tasks to employer/participant satisfaction. The Oklahoma Health Care Authority is not obligated to make payment to a CD-PASS employee if all of the qualifications are not met.

Agreement signed on this _____ day of _____, _____.

date month year

Personal Services Assistant Signature _____ Date _____

Employer Signature _____ Date _____

ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)

Personal Services Assistant
Agreement to Terms of Employment

Employer and Personal Services Assistant

1. Parties: The parties to this agreement are James Hollingsworth (Personal Services Assistant) who will be employed by Harvey Olson (Employer). Both parties agree to assume the duties and the responsibilities of the employer-employee relationship as described in this agreement.

2. Place of Employment: Employee's duties shall be primarily carried out at the employer's residence, but may include other locations such as events, Dr.'s offices, or stores.

3. Hours of Employment: Regular days and hours shall be: Mon, Wed, Fri. late mornings/afternoons
It is understood that these days and/or hours may change. Sat.: afternoons

4. Pay Schedule: Employer agrees to pay employee at the rate of \$ 10.50 per hour.

5. Employee Duties: Employee's duties are for the benefit of the employer only, not for other household members (unless otherwise contracted). The employee shall perform the duties listed on a task sheet or job description on a regular basis.

6. Supervision: Supervision and direction of employee shall be the sole responsibility of the employer.

7. Expertise: It is understood that the employee has no specialized medical training, knowledge or skills unless otherwise stated in advance.

8. Termination: Either party may terminate this agreement. Any wages and/or reimbursement due will be on the next regular payday.

9. Time Off: Employee will request time off (not to exceed 10 days per year) at least 2 days in advance to allow the employer to arrange coverage. In the event that the employee is sick, he or she will notify employer at least 3 hour(s) prior to the start of the shift, except in the event of an emergency.

10. PSA/PSA Qualifications: Medicaid Provider Contract; at least 18 years of age; has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et seq.; has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry; name does not appear on the OKDHS Community Services Workers Registry; demonstrates the ability to understand and carry out assigned tasks; has verifiable work history and/or personal references; has verifiable identification and demonstrates the competence to perform required tasks to employer/participant satisfaction. The Oklahoma Health Care Authority is not obligated to make payment to a CD-PASS employee if all of the qualifications are not met.

Agreement signed on this 5 day of February, 2007.
date month year

James Hollingsworth
Personal Services Assistant Signature Date 2/5/07

Harvey Olson
Employer Signature Date 2/5/07

ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)

Personal Services Assistant
Scheduling and Backup Plan

NOTE: This form is to be used by the Employer in developing a backup plan in the event the employed PSAs are unavailable to provide services. Use this form to describe essential tasks, expectations, and scheduling requirements as appropriate.

Member Name: _____ Medicaid #: _____

This form is used to list the personal assistance tasks you need completed and who will perform them if your PSA is unavailable. You may want to list several people as backups to make sure you are as safe as possible.

This form is completed at the meeting when you transition from using a home health care agency to being an employer in CD-PASS. Your CDA/Case Manager can help you develop this plan.

Employer signs here

Member Signature

**ADvantage Program
Consumer-Directed Personal Services and Supports (CD-PASS)**

**Personal Services Assistant
Scheduling and Backup Plan**

NOTE: This form is to be used by the Employer in developing a backup plan in the event the employed PSAs are unavailable to provide services. Use this form to describe essential tasks, expectations, and scheduling requirements as appropriate.

Member Name: Harvey Olson **Medicaid #:** 043100000

| Essential Tasks / Backup Plans | Description of Personal Services Assistance Tasks |
|--------------------------------|---|
| Task: | Personal care |
| Backup Plan | |
| Task: | Nancy Giles, Howard Conner |
| Backup Plan | |
| Task: | meal preparation |
| Backup Plan | |
| Task: | Suz Anderson, Rachel Olson |
| Backup Plan | |
| Task: | laundry |
| Backup Plan | |
| Task: | Rachel Olson, Nancy Giles |
| Backup Plan | |
| Task: | |
| Backup Plan | |
| Task: | |
| Backup Plan | |
| Task: | |
| Backup Plan | |

Harvey Olson 2/5/07
Member Signature Date

ADvantage Program
Consumer-Directed Personal Assistance
Services and Supports (CD-PASS)
Confidentiality Agreement

1. Obligation to safeguard information

You are responsible for protecting your Employer's confidential information. Any information about your Employer that you obtained during your employment is confidential. Confidential information is information that is not shared with anyone. You must respect your Employer's right to privacy. And, you will not ask for private or personal information from your Employer unless it is necessary to provide personal assistance.

2. Written consent

You are responsible for protecting the confidentiality of all information gained through your

Ask your employee to review and sign this form. This form does not need to be sent to anyone, but it does need to be kept in your files.

3.

4. Responsibility to inform others

When you are communicating to families, friends, caregivers, or other professional service providers and administrators, you are responsible for telling the people involved that you cannot release confidential information without the consent of your Employer. Even after receiving consent of your Employer, you may release only the minimum amount of information necessary. Each person should be aware of your Employer's right to privacy and his or her obligation to preserve the privacy of the Employer's personal information.

5. Discussion and communication of personal information

You should not discuss confidential information in any setting unless privacy can be ensured. You are responsible for protecting the confidentiality of personal information that you give to other people through the use of computers, electronic mail, facsimile machines, telephones, telephone answering machines, and other electronic or computer technology.

Source: Adapted from The Case Manager's Handbook "Legal and Ethical Responsibilities of the Case Management Profession" pp. 63 and Code of Ethics of NASW – "Social Workers' ethical responsibilities to clients" 1.07 Web site: www.ssc.msu.edu/sw/ethics/nasweth.html

Acknowledgement of Understanding

As a Personal Services Assistant or Advanced Personal Services Assistant who has been given access to an Employer's home and to personal information, I agree to protect the confidentiality of my Employer. I will not provide any health information or any personal information to any other person without the prior written consent of my Employer.

Signature: _____

Date: _____

**ADvantage Program
Consumer-Directed Personal Assistance
Services and Supports (CD-PASS)
Confidentiality Agreement**

1. Obligation to safeguard information

You are responsible for protecting your Employer's confidential information. Any information about your Employer that you obtained during your employment is confidential. Confidential information is information that is not shared with anyone. You must respect your Employer's right to privacy. And, you will not ask for private or personal information from your Employer unless it is necessary to provide personal assistance.

2. Written consent

You are responsible for protecting the confidentiality of all information gained through your employment, which includes personal information. Personal information is: family circumstances, living environment, and lifestyle choices. This information may be shared with others only with your Employer's (or legal guardian's) written consent or in situations where there is clear and immediate danger to the Employer, to others, or to society.

3. Informed consent

If you are being asked to release confidential information because of a legal requirement, you must tell your Employer before you may release his or her personal information.

4. Responsibility to inform others

When you are communicating to families, friends, caregivers, or other professional service providers and administrators, you are responsible for telling the people involved that you cannot release confidential information without the consent of your Employer. Even after receiving consent of your Employer, you may release only the minimum amount of information necessary. Each person should be aware of your Employer's right to privacy and his or her obligation to preserve the privacy of the Employer's personal information.

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You should not discuss confidential information in any setting unless privacy can be ensured. You are responsible for protecting the confidentiality of personal information that you give to other people through the use of computers, electronic mail, facsimile machines, telephones, telephone answering machines, and other electronic or computer technology.

Source: Adapted from The Case Manager's Handbook "Legal and Ethical Responsibilities of the Case Management Profession" pp. 63 and Code of Ethics of NASW – "Social Workers' ethical responsibilities to clients" 1.07 Web site: www.ssc.msu.edu/sw/ethics/nasweth.html

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Signature: _____

Date: _____

James Hollingsworth *2/15/07*

7.05.07

**ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS) Personal Services Assistant (PSA)**

**Acknowledgement of Understanding and
Practice of Universal Precautions**

Introduction

When you work in healthcare it is important to take precautions to prevent the spread of infection and disease. You need to protect yourself and the people you work for. Many diseases can be passed from one person to another, some more easily than others. One risk that healthcare workers face is exposure to blood borne pathogens. Three common blood

Ask your employee to review and sign this form. This form does not need to be sent to anyone, but it does need to be kept in your files.

with blood borne pathogens. Though the risk of infection is small, universal precautions help protect you from even that minimal chance.

Universal Precautions

Use Universal Precautions with Body Fluids that Could Contain Blood Borne Pathogens

These include:

- Blood (Wet or Dry)
- Semen or Vaginal Secretions
- Any body fluid visibly containing blood (such as saliva from bleeding gums)
- Any body fluid you can't distinguish from other body fluids

Additional body fluids (generally inside the body) that apply are: Cerebrospinal, Pleural, Peritoneal, Pericardial and Amniotic fluid. For example Pleural fluid is found in the lining of the lungs.

Universal Precautions do not apply to the following unless they contain visible blood:

- Feces
- Nasal Secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomit
- Saliva

These substances do not carry the threat of blood borne pathogens unless they contain blood. However some of them do contain microorganisms that can cause other types of infection.

ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS) Personal Services Assistant (PSA)
Acknowledgement of Understanding and
Practice of Universal Precautions

Introduction

When you work in healthcare it is important to take precautions to prevent the spread of infection and disease. You need to protect yourself and the people you work for. Many diseases can be passed from one person to another, some more easily than others. One risk that healthcare workers face is exposure to blood borne pathogens. Three common blood borne pathogens are the Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV). A vaccine is available to provide immunity against Hepatitis B. There is no approved vaccine for HIV or Hepatitis C.

A federal regulation, OSHA's Blood Borne Pathogens Standard, is designed to minimize your risk of exposure to these diseases. Perhaps its most important requirement is what's known as "*Universal Precautions*." These precautions are designed to prevent transmission of blood borne pathogens. It means treating all human blood and other potentially infectious body fluids as if they are definitely infected with blood borne pathogens. **Though the risk of infection is small**, universal precautions help protect you from even that minimal chance.

Universal Precautions

Use Universal Precautions with Body Fluids that Could Contain Blood Borne Pathogens

These include:

- Blood (Wet or Dry)
- Semen or Vaginal Secretions
- Any body fluid visibly containing blood (such as saliva from bleeding gums)
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- Sweat
- Tears
- Urine
- Vomit
- Saliva

These substances do not carry the threat of blood borne pathogens unless they contain blood. However some of them do contain microorganisms that can cause other types of infection.

Always Follow Universal Precautions in Jobs and Tasks with a Risk of Exposure.

These may include:

- Transporting or handling blood and any contaminated or possibly contaminated materials including sharp objects, trash, laundry, etc.
- Cleaning areas that are or could be contaminated
- Working in an area or at a task where it's unclear if there's a risk of exposure to blood borne pathogens
- Contact with non-intact skin or body tissue.

What does it mean to “Use” Universal Precautions?

It is a prevention strategy in which all blood and potentially infectious materials are treated as if they are infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with blood borne pathogens, you treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This means that you should follow the guidelines in situations where exposure may occur.

Probably the first thing to do in any situation where you may be exposed to a blood borne pathogen is to ensure you are wearing the appropriate personal protective equipment (PPE). For example, you may have noticed that emergency medical personnel, doctors, nurses, dentists, dental assistants, and other health care professionals wear protective gloves. This is a simple precaution they take in order to prevent blood or potentially infectious body fluids from coming in contact with their skin. To protect yourself, it is essential to have a barrier between you and the potentially infectious material.

Examples of Using Personal Protective Equipment (PPE) as a Barrier against Infection. Include:

- Wearing gloves when you touch or handle potentially contaminated items or surfaces.
- Bandaging your cuts or broken skin

Additional examples most often seen in a hospital setting are:

- Using masks and eye or face protection with solid side shields to protect mouth, eyes, nose, and face from splashes, sprays, or spatters
- Wearing gowns, aprons, lab coats, and surgical caps when necessary to protect your body from splashes, sprays, and spatters
- Using shoe covers or boots if there's a risk of exposure to large amounts of blood or body fluids or possibly contaminated broken glass

Wear disposable gloves only once and replace them immediately if they're torn or contaminated. Remove all PPE when it's contaminated and before you go into a clean area or touch clean items. Remove contaminated PPE so it doesn't touch your skin.

Other important measures to reduce or prevent exposure to blood borne pathogens are: Practicing Good Hygiene and Eliminating Possible Situations for Exposure.

Examples of these include:

- **Hand washing** – this is one of the most important practices used to prevent the spread of infection!
- Wash with soap and water as soon as possible after removing PPE, contacting potentially infectious materials, or completing a Consumer procedure
- Flush eyes, nose, and mouth with water after body fluid contact
- Don't eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where there's a risk of blood borne pathogens exposure
- Don't store food or drink in such areas
- Keep the workplace clean

Understanding Your Risk

The principal risk to the healthcare provider is in relation to a skin penetrating injury with a sharp object (such as a needle, lancet or broken glass) that has been previously contaminated with infected blood or other qualifying body fluid/material. Another is the splashing of infected fluid onto broken skin (such as a cut on your hand) or the splashing onto mucosa (such as the inside of your mouth, nose or in the eyes). These situations do not mean infection will definitely occur. They only identify the scenarios of greatest risk were infection might occur. It's impossible to know if someone is infected with a blood borne pathogen just by looking at them, so it's important to treat all the body fluids that can carry blood borne pathogens as if they are infected.

What to do if you are exposed?

If you are stuck by a used needle or other sharp object or get blood or other potentially infectious fluid in your eyes, nose, mouth or on broken skin:

1. Immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available.
2. Then report the incident to your employer.

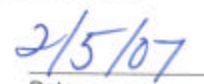
Points to Remember:

- Universal Precautions provide protection against Blood Borne Pathogens.
- To protect yourself, it is essential to have a barrier between you and the potentially infectious material.
- A vaccine is available for Hepatitis B.
- Handwashing is one of the most important means of controlling the spread of infection.

Acknowledgement of Understanding

As a Personal Services Assistant who will provide personal care services to a consumer, I have read this document concerning the Practice of Universal Precautions. I understand its contents and agree to use Universal Precautions when I perform my job duties and to report any violations to the appropriate authorities.


Signature of Personal Services Assistant


Date

**Advantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)**

**Documentation of Qualifications
to Provide Advanced Personal Care Services (APSA)**

Name of Advanced Personal Services Assistant (APSA):

| APSA Demonstrates the Ability to Perform the Following Tasks: | APSA Initials | Employer/ Initials | Date |
|--|------------------|-----------------------|------|
| 1. Routine care for tracheostomies | | | |
| 2. Routine care for gastrostomies | | | |

**Use this form to document that your APSA is
competent to complete any advanced personal
care tasks that you may require.**

**You do not need to send this form to anyone else,
but you must keep it in your employee's file.**

**If you do not use APSA services, you do not need
to complete this form.**

| | | | |
|---|--|--|--|
| 3. <i>Plan of care.</i> | | | |
| 9. Application of non-sterile dressings to superficial skin breaks or abrasions | | | |
| <i>Other competencies</i> | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |

Signature of APSA

Date

Signature of Employer

Date

**ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)
Documentation of Qualifications
to Provide Advanced Personal Care Services (APSA)**

Name of Advanced Personal Services Assistant (APSA):

Judy Smith

| APSA Demonstrates the Ability to Perform the Following Tasks: | APSA Initials | Employer/ Initials | Date |
|---|------------------|-----------------------|------|
| 1. Routine care for tracheostomies | | | |
| 2. Routine care for gastrostomies | <i>JS</i> | <i>BJ</i> | |
| 3. Routine care for colostomies | | | |
| 4. Removal of external catheters, inspect skin and reapply | | | |
| 5. Administer prescribed bowel program including use of suppositories and sphincter stimulation and enemas (prepackaged only) with individuals without contraindicating rectal or intestinal condition. | | | |
| 5. Application of medicated (prescription) lotions or ointments, and dry, non-sterile dressings to unbroken skin | | | |
| 6. Use lift for transfers | <i>JS</i> | <i>BJ</i> | |
| 7. Manually assist with oral medications | | | |
| 8. Provide passive range of motion (non-resistive flexion of joint) delivered in accordance with the plan of care. | <i>JS</i> | <i>BJ</i> | |
| 9. Application of non-sterile dressings to superficial skin breaks or abrasions | | | |
| <i>Other competencies</i> | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |

Judy Smith
Signature APSA

April 12, 2007
Date

Rebecca Johnson
Signature of Employer

4-12-07
Date

CD-PASS 03.27.06

**ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)**

**Documentation of Qualifications
to Provide Personal Assistant Services**

Name of Personal Service Assistant (PSA):

| PSA Demonstrates the Ability to Perform the Following Tasks: | PSA Initials | Employer/ Initials | Date |
|--|--------------|--------------------|------|
| 1. Assistance with mobility <ul style="list-style-type: none"> • Transfer in and out of bed • Wheelchair and/or motor vehicle transfer | | | |
| 2. Bathing and/or personal hygiene | | | |
| 3. Dressing and/or grooming | | | |
| 4. _____ | | | |
| 5. _____ | | | |
| 6. _____ | | | |
| <i>Other competencies</i> | | | |
| 7. _____ | | | |
| 8. _____ | | | |
| 9. _____ | | | |
| 10. _____ | | | |
| _____ | | | |

Use this form to document that your PSA is competent to complete any personal service tasks that you may require.

You do not need to send this form to anyone else, but you must keep it in your employee's file.

Signature of PSA

Date

Signature of Employer

Date

ADvantage Program
Consumer-Directed Personal Services and Supports
(CD-PASS)
Documentation of Qualifications
to Provide Personal Assistant Services

Name of Personal Service Assistant (PSA):

James Hollingsworth

| PSA Demonstrates the Ability to Perform the Following Tasks: | PSA Initials | Employer/Initials | Date |
|---|--------------|-------------------|------|
| 1. Assistance with mobility • Transfer in and out of bed • Wheelchair and/or motor vehicle transfer | | | |
| 2. Bathing and/or personal hygiene | JH | HO | |
| 3. Dressing and/or grooming | JH | HO | |
| 4. Eating including meal preparation and clean up | JH | HO | |
| 5. Homemaker type task • Shopping • Laundry • Cleaning | JH | HO | |
| 6. Companion service • Letter writing • Reading mail • Transportation | JH | HO | |
| <i>Other competencies</i> | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

James Hollingsworth
Signature of PSA

2/5/07
Date

Harvey Olson
Signature of Employer

2/5/07
Date

CD-PASS 08.29.06

Appendix

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ADvantage Member Rights

As a Member in the ADvantage Program, you have the authority and the right to make decisions based on what works best for you. The ADvantage Program and the Centers for Medicare and Medicaid Services uphold certain rights for Members. You have the right to freedom of choice and action and freedom from coercion and control. You can expect the following rights to be honored by those who provide your services and supports.

As a Member, you have the right to:

- Be treated with respect, dignity, and as competent to make decisions
- Be communicated with effectively, directly, and in a language and format that best meets your needs
- Have accurate, objective, relevant, complete, and culturally appropriate information
- Refuse proposed assistance, equipment, or treatment
- Appeal decisions and register complaints

Sample Newspaper Ads

Help wanted for older adult female. Light housekeeping, meal preparation, personal care, 20 hours a week. Reference required. Call (918) 555-1224 between 10:00 a.m. and 6:00 p.m.

Part-time skilled Personal Services Assistant sought for weekday mornings. Non-smokers only, 15 hours per week. Contact Brad at (918) 555-1532

Personal Services Assistant

Female with disability needs dependable, intelligent female personal services assistant to assist with daily activities. Must be able to drive, perform light housekeeping and prepare simple meals. Twenty hours per week. \$7.00 per hour. References required. Contact Connie at (918) 555-2333.

Equal Opportunity Employer

Mature, responsible female student needed to assist disabled student with self-care activities, transportation, and meal preparation. Weekday mornings. Fifteen hours a week. Pleasant surroundings, must like dogs. Call Maureen at (405) 555-1234.

Assist man with a disability with daily activities. Must be able to drive and cook. Four hours per day. References required. Contact Rudy at (405) 555-2222 weekday evenings.

Writing a Job Description

When writing a description of the tasks for which you require assistance, describe the level of assistance required, skill & physical requirements, frequency, days, and time(s) of days, and approximate length of time for the tasks or activity.

These are examples only.

| Tasks | Level of Assistance | Skill/Physical Requirements Personal Characteristics | Frequency | Length of time |
|---|--|---|------------------|----------------|
| Bathing | Help with reaching area | Reaching, bending | 3 times per week | 30 minutes |
| | Help with washing hair | Stooping | | |
| | Stand-by | | | |
| Dressing | Help with shoes and socks | Stooping, bending | Daily | 15 minutes |
| | Buttoning & fastening | Finger dexterity | | |
| | Getting clothes out | | | |
| | Total assist with both dressing and undressing (Will choose own clothes) | | | |
| Assistance with Bathroom Transfers | Helping in and out of tub | Support 125 pounds | 3 times per week | 5 minutes |
| | Using mechanical lift | Ability to operate lift | 4 times daily | 5 minutes |
| | On and off toilet | | 4 times daily | 5 minutes |

| Tasks | Level of Assistance | Skill/Physical Requirements Personal Characteristics | Frequency | Length of time |
|------------------------------|--|---|----------------------------|----------------|
| Bladder Care | Emptying and cleaning Foley bags | Knowledge and skill in proper techniques | 3 times weekly | 30 minutes |
| | Changing Foley bags | Knowledge and skill in proper techniques | | |
| | Changing pads or briefs | | | |
| | Making sure body areas are clean and dry | | | |
| | Inspecting skin for breakdowns or irritations | | | |
| Bowel Care | Assisting with bowel stimulation program | Knowledge and skill in proper techniques | 2 times weekly | 10 minutes |
| | Inserting suppositories Changing pads or briefs | | as needed 2 times daily | 5 minutes |
| Transfers | In bed from chair – Out of bed to chair | Knowledge and skill in proper techniques | 2 times daily | |
| | In and out of vehicles | | 3 times weekly | |
| | Moving from one place to another | | 4 times daily | |
| Exercises/ROM Program | Following prescription | Ability to follow directions | Once a week | 30 minutes |

| Tasks | Level of Assistance | Skill/Physical Requirements Personal Characteristics | Frequency | Length of time |
|----------------------------------|--|---|-----------------|----------------|
| Meal Preparation | Preparing simple meals – sandwiches, soup, etc. | Knowledge of low-fat, low-salt dietary requirements | 2 times a day | 15 minutes |
| | Preparing special dietary meal plans | Knowledge of diabetic dietary requirements | | 30 minutes |
| Housekeeping/ Laundry | Dusting Sweeping Mopping Vacuum | Stooping, reaching, bending | 1 time a week | 1 hour |
| | Cleaning kitchen | | 4 times a week | 45 minutes |
| | Cleaning bathrooms – scrub tub and sink | | One time a week | 30 minutes |
| | Sorting laundry Washing and drying clothes Folding items Putting items away | | One time a week | 2 hours |
| | | | | |
| Grocery Shopping | Making list | Ability to read and write | 1 time a week | 2 hours |
| | Shopping for items | Ability to count change | | |
| | Paying for items | | | |
| | Bringing items into home Putting items away | | | |

| Tasks | Level of Assistance | Skill/Physical Requirements Personal Characteristics | Frequency | Length of time |
|------------------------------------|------------------------------|---|-----------------|----------------|
| Correspondence/ Finance | Paying bills | | 2 times a month | 30 minutes |
| | Balancing checkbook | Ability to reconcile a checkbook | 1 time a month | 30 minutes |
| | Taking a deposit to the bank | Trustworthy | 1 time a month | 1 hour |
| | Writing letter | Spelling, Grammar | 1 time a week | 30 minutes |
| | Scheduling appointments | | 2 times a month | 15 minutes |
| Transportation | Medical appointments | Has valid OK driver license and insurance | 1 time a month | 1.5 hours |
| | School | | 2 times a week | 30 minutes |
| | Social | | 2 times a week | 1 hour |

Job Description Template

| Tasks | Level of Assistance | Skill/Physical Requirements Personal Characteristics | Frequency | Length of Time |
|-------|---------------------|---|-----------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CD-PASS Employee Qualifications

Anyone who works as a CD-PASS employee, either as a PSA or an APSA, must meet the qualifications listed below.

- Is age 18 or older
- Has a valid Oklahoma driver license and insurance
- Has the ability to perform personal care tasks
- Has a verifiable work history and personal references
- Has verifiable personal identification
- Completes training on “Universal Precautions” and “Confidentiality”
- Demonstrates ability to perform any APSA tasks you require
- Is clear of notations related to abuse, neglect, or exploitation in the Health Nurse Aide Registry
- Is not included on DHS Community Services Worker Registry
- Is not convicted of a crime as listed on the Nurse Aide Registry Tracking Form

Telephone Screening Tool

Screening applicants by phone will save time by eliminating those who do not qualify for the job. When applicants call to inquire about the job or to set up an interview, ask them about their qualifications and give a brief description of your service needs.

Ask the applicant if he/she has about five minutes to answer some questions and, if the screening goes well, set up an interview time.

Brief Description of Job

Work schedule: _____

Sample Questions

Is there anything I described that you cannot or will not do?

- | | | |
|---|------------------------------|-----------------------------|
| Are the hours workable for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you at least 18 years of age? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a Social Security Number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you like and/or are you allergic to animals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you mind working in a smoke-free environment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you mind working in a smoke-filled environment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any reasons you would not be able to travel to my neighborhood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a valid driver license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have experience providing personal assistance services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you mind assisting me in bathing, toileting, and dressing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you are interested:

When can you come in for an interview? Date _____ Time _____

If you are not interested:

Thank you for your time. I appreciate your interest in this job. I'm also telephone interviewing other applicants at this time. If you are one of the applicants chosen for a face to face interview, I'll call you. (Applicant's phone number: _____)

Face to Face Interviewing

Steps:

1. **Prepare** for the interview. Review job description requirements. Write questions.
2. **Tell** the applicant
 - About the job and the hours needed. General information about CD-PASS, wages, and benefits (if any) offered.
 - That you will be asking him/her some interview questions
 - That you will give him/her an opportunity to ask questions afterward
3. **Ask** the interview questions. Start out with general questions.
4. **Ask** the applicant if he/she has any questions.
5. **Tell** the applicant what the next steps will be. (Background & reference checks)

Sample Interview Questions

- What did you like about your last job? (General)
- What do you consider your greatest strengths? (General)
- How has your past work experience provided you with skills that could be applied to this position? (Work history)
- What kind of training do you have that relates to this position?
- Have you had any experience in caring for a person with disabilities, specifically (state your disability)? (Work history)
- This job has some physical requirements such as heavy lifting and bending. Do you need any accommodations in order to meet these requirements? Is there anything on my list of tasks that you cannot provide? (Work Capacity)
- Describe your understanding of how to prevent the spread of germs? (Work knowledge)
- Have you had any formal training on changing Foley bags? (Work knowledge)
- I have a condition that requires me to eat a special diet. Are you familiar with or are you willing to learn how to prepare special meals for me? (Work knowledge)
- Do you smoke or are you opposed to working with someone who does smoke? (Employee Relations)
- Do you have allergies to pets? (Employee Relations)
- Have you ever had a position in which you were entrusted with handling cash?
- What would your former supervisor say about entrusting you with cash? (Honesty)

- What would you consider to be good reasons to be absent/late for work?
(Employee Relations)
- If you are selected for this position, when could you start work? (Employment)
- Are you willing to work a flexible schedule? If I had an emergency, would you be able or willing to come over to my house?

Reference Checking

Applicant Name _____ Date _____
Reference Name _____

Tell the reference: "I am considering hiring _____ as a Personal Services Assistant to work in my home. He/She has listed you as a reference. Do you have a few minutes to answer some questions?"

1. In what capacity do you know the applicant/how long have you known him/her?

2. What are his/her strengths and limitations?

3. How does she/he handle stress?

4. Do you think he/she is honest?

5. Would you trust him/her to have keys to your house and car? Yes No

6. Would you trust him/her to handle cash? Yes No

7. Do you think he/she is reliable? Yes No

8. Do you think he/she would be good at this type of work? Yes No

9. If this is a former employer ask:

A. How long did he/she work for you? _____

B. Was he/she dependable? Yes No

C. Was he/she on time for work? Yes No

D. Was he/she able to work independently? Yes No

E. How often was he/she absent without notice? _____

F. How did he/she deal with handling money on the job? _____

10. Knowing what you know about the person, is there any reason that this person should not work in my home as a Personal Service Assistant? Yes No

EMPLOYEE EVALUATION FORM

Name: _____

Date of Hire: _____

Date of Review: _____

Date of Last Review: _____

Rating System: 1 = Unsatisfactory; 2 = Needs Improvement

3 = Satisfactory; 4 = Exceeds expectations

5 = Significantly exceeds expectations

1. Quality of Employee's work _____

Comments _____

2. Attendance _____

Comments _____

3. Takes initiative to complete assignments _____

Comments _____

4. Responsive to changing work requirements _____

Comments _____

5. Overall performance rating _____

Comments _____

Areas of Strength:

Areas for Improvement:

Employee's Comments:

Date: _____

Employee's Signature

Date: _____

Employer's Signature

