

# Self-Directed Employee

# Training Guide

This guide shall be used by participants and support brokers to train employees hired by participants self-directing their services.

Blank page inserted for double-sided printing.

#### Introduction

You have been chosen to be a part of a unique team whose focus is to support Participant name It is important that carefully read all employees handbook. Any policy not understood should be clarified with your employer. will be required to sign acknowledgement form stating you have received this auide training understand its contents.

It is in everybody's best interest to employ the best qualified individuals and to pay employees an equitable wage for their services. As employers, we are committed to provide a work environment that is fair, free from discrimination, and adheres to all applicable employment laws. We wish to be supportive and promote a team-oriented atmosphere.

The purpose of this handbook is to assist the Support Broker and participant in training newly hired employees on concepts and responsibilities that are required in order to provide services.

# **Topic Index**

- Pg 3 Individual Plan of Care
- Pg 3 Self-Direction
- Pg 4 Circle of Support
- Pg 4 Agency with Choice
- Pg 4 Fiscal/Employer Agent
- Pg 5 Employee Termination
- Pg 5 Training
- Pg 5 Conflict Resolution
- Pg 5 Documentation Standards
- Pg 6 Confidentiality
- Pg 6 Reportable Incidents
- Pg 7 Incident Reporting Process
- Pg 8 Universal Precautions
- Pg 8 Workplace Safety

#### Pg 9 Employee Acknowledgement Form

#### **Individual Plan of Care**

All participants on the waiver have an Individual Plan of Care (IPC). The IPC tells you about the participant that you are working with, the things that they like, the things that they do not like, special medical concerns, medications they are receiving, and objectives that they are trying to achieve. The IPC serves as your guide to familiarize yourself with the participant you are working with and gives you the tools to assist you in effectively working with the participant.

As an employee of the participant, you will be a part of the IPC development. Each year participants will have at least two IPC meetings to plan and review progress. The team meetings are facilitated by the participant's case manager. One meeting is the annual meeting where the plan is developed to address particular needs and goals of the participant. The other is the six-month review which serves as an update. The team reviews the progress the participant is making towards reaching their goals and objectives, and makes necessary changes.

It is an expectation that you and all team members participate in the planning process and attend the IPC meetings. This serves as a time for you and the rest of the team to provide valuable input to assist the participant.

## **Self-Direction**

Self-Direction is a belief that emphasizes the ability of people with disabilities and, where appropriate, their families, to make decisions about their own needs and make choices about what services would best meet those needs. They will let you know how you can assist them in their routine, activities and support needs. Self-Directing means that the waiver participant you work for has the authority to plan his/her own schedule, supports, future, and directly negotiate wages for services and supports. The waiver participant can choose who to invite to be on their team and assist in the planning, such as family, friends, and advocates who will take part in the discussions.

## **Circle of Support**

A Circle of Support is a group of people who meet together on a regular basis to help the participant accomplish his/her personal goals in life. The participant decides who to invite into his/her circle of support. The Support Broker's primary responsibility is to develop and maintain the Circle of Support. The Circle of Support helps a participant:

- Make important decisions
- Discuss topics that are important to him/her
- Discuss new information and programs
- Recognize the participant's strengths as a person
- Decide who the participant would like to hire
   Problem-solve when the participant is struggling
- Celebrate success.

The members of the circle of support may include family, friends, neighbors and other community supports. They are involved because they care enough about the participant to give their time and energy to help overcome obstacles and increase the participant's options. An important function of the circle is to keep everybody focused on what the participant really wants to achieve.

# Who is your Employer?

The employer will be different depending on the choice of the Financial Management Service the participant or legal representative has made regarding self-directed services.

# ❖ Fiscal/Employer Agent

If the participant has chosen to become the employer of record, s/he is your employer. The participant or guardian is the person who has hired you and they have the option to fire you as well.

If the participant is Self-Directing through Public Partnerships, LLC (PPL), the employee may complete an online timesheet through PPL's Web Portal system. If the individual does not have access to a computer to complete this documentation, a paper time sheet can be obtained from PPL. It is your responsibility to accurately record the hours you work each day. Your employer will submit your time sheet to PPL for payment. PPL pays bimonthly. All services must be billed for within 60 days of providing the service. PPL will withhold

federal and state taxes, including unemployment, from your wages as required by law. You have the option to be paid by check or by direct deposit.

With this option, you have the right to negotiate your wage with your employer. Please refer to the Division's website for wage ranges approved by the Division for specific services. Your employer is required to pay you the federal minimum wage, \$7.25/hour, plus the employer responsibility for taxes. You may negotiate a wage with your employer above that wage, for health or medical insurance, and/or retirement investments You would need to make these benefit arrangements on your own. PPL will not withhold money for these benefits on your behalf.

#### Agency with Choice

If the participant has chosen to use the Agency with Choice option, then the participant is a coemployer with the Agency. You will be hired by that agency to provide services to the participant. The Agency determines the wages; the participant cannot negotiate the wage for the employee. The Agency with Choice will withhold taxes and issue your payroll check. You will need to complete the time sheets or schedules used by the Agency with Choice. The Agency will provide training according to the Division's standards and the Agency's policy, but the employee may be requested by the Agency to pay for a portion of the training.

The participant is the managing employer and determines your schedule and job duties. The participant may choose to discontinue your services with him/her at any time. The Agency with Choice may continue your employment if you wish.

With either financial management service, you will be responsible to the participant for your work schedule. Whether as employer or co-employer, the participant will develop a work schedule according to his/her needs. You will need to report for work on time, provide the supports that he/she needs, and accurately record your time. You are responsible to the participant for the quality of your services provided. If for whatever reason you are unable to provide services as scheduled, it is your responsibility to contact the participant and Support

Broker to make other staffing or service arrangements.

#### **Employee Termination**

Wyoming is an "at-will" employment state. This means you do not have a contract that guarantees you a job. An employment relationship exists between you and your employer only as long as you both want it to. With that being said, realize that the participant is depending on you or somebody to provide necessary day-to-day supports. It is traditional to provide a two-week notice prior to terminating your employment. But this is your choice.

# Training

All employees are required to receive the following training prior to working with a participant:

- CPR and First Aid
- Certified physical restraint training (if applicable)
- Medication Assistance (if applicable)
- Incident Reporting (Division requirements)
- Recognizing Abuse, Neglect, Exploitation, and Intimidation
- Confidentiality define elsewhere.
- Complaints and grievance process
- Documentation Standards
- Team Meeting Process
- Person Specific Training as applicable, including:
  - ✓ General overview of the plan of care
  - ✓ Meal time plans
  - ✓ Behavioral needs
  - ✓ Medical protocols
  - ✓ Rights and rights restrictions
  - ✓ Positioning needs, skin integrity needs
  - ✓ Adaptive/specialized equipment

#### **Conflict Resolution**

As with any employment situation, there will be some areas of conflict at times between you and your employer. Sometimes conflict is due to misunderstandings, unclear expectations, and personality differences. If you handle problems constructively in the beginning, you minimize the chance of a problem becoming a conflict. Here are a few suggestions to help solve a problem:

- Keep the lines of communication open. When a conflict arises, do not shut down. Keep talking and try to find out the reason behind the problem.
- Bring in a third person to help settle the conflict, like the Support Broker or a member of the circle of support. A neutral person can often find a solution that both people can accept.
- Look for a compromise in genuine differences of opinion.
- Look to a written description of your job duties or participant specific training.

It is a good idea to have a clearly written agreement between you and your employer. This helps prevent or resolve problems about duties, salary, expectations, time off, and your schedule.

#### **Documentation Standards**

All paid individuals working for a participant are required to document the services they are providing. This documentation serves as verification that appropriate services were provided and paid for. When working with a self-directing participant, the documentation may be completed in two forms, depending on the Financial Management Service (FMS) being used, Agency with Choice or Fiscal/Employer Agent. Whichever FMS is used, documentation must:

- Document each service on separate forms or schedules
- Bill for only one service for a specific period of time.
- Not round up total service time to the next unit.
- Assure that the documentation of services is legible and permanent, and cannot include whiteout, erasable pen, or be in pencil.
- Assure that services being provided meet the service definition and are provided according to the participant's individual plan of care.
- Submit service documentation and billing for each month as required by the Agency.
- Keep accurate records of the units or hours used.

The Support Broker will be contacting you frequently to discuss concerns, progress, and other important information regarding services. You will need to communicate progress, changes, and important notes regarding services. It is important that

you communicate with the Support Broker on a regular basis to ensure the services you are providing are meeting the participant's needs and wants.

## Confidentiality

As an employee of a waiver participant, you must comply with the Health Insurance Portability and Accountability Act (HIPAA) and take measures to protect the participant's health information. The Privacy Rule protects all "individually identifiable health information" held or transmitted by you, in any form or media, whether electronic, paper, or oral. Protected Health Information (PHI) includes any identifiable health information, including demographic data, that relates to the individual's past, present or future physical or mental health or condition, the provision of health care or services to the individual, or the past, present, or future payment for the provision of health care to the individual, and any information that could be used to identify the individual. Individually identifiable health information includes many identifiers (e.g., name, address, birth date, Social Security Number, etc.)

In the course of your employment, be aware of the conversations you have about the participant, the notes you write, or other manners in which you support the participant to ensure you are maintaining their privacy in accordance with HIPAA standards. Make sure you have the participant and guardian's written permission to share information on their behalf.

# Incident Reporting

With an Agency with Choice you will need to follow that agency's procedures for filing internal incident reports.

With PPL you will need to work with the participant and the IPC team to develop a process for ensuring documentation of incidents and how that information will be relayed to the case manager, support broker, and guardian.

# Mandatory Reporter of Incidents

Due to state statutes and federal regulations the Developmental Disabilities Division requires that certain types of incidents are reported through the Division's Notification of Incident Reporting Process.

The following includes the types of incidents that are reportable to the Division, and the process for reporting those incidents.

#### **Per the Adult Protective Services Act**

"Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, abandoned or is committing self neglect, shall report the information immediately." (WS 35-20-103)

#### **Per the Child Protection Services Act**

"Any person who knows of or has reasonable cause to believe or suspect a child has been abused or neglected or who observes any child being subjected to conditions or circumstances that would reasonably result in abuse or neglect shall immediately report it to the child protection agency or local law enforcement agency or cause a report to be made." (WS 14-3-205)

#### Categories of Reportable Incidents

Below are the categories of incidents that must be reported along with the definition for each category.

**Suspected Abuse:** The intentional or reckless infliction, by the vulnerable adult's or child's caregiver, family member or other individual of: injury; unreasonable confinement which threatens the welfare and well being of a vulnerable adult or child; intimidation or cruel punishment with resulting physical or emotional harm or pain to a vulnerable individual (W.S. § 35-20-102). This also includes sexual abuse defined as nonconsensual sexual contact including, but not limited to, unwanted touching, all types of sexual assault or battery such as rape, sodomy, sexual exploitation and sexual photographing. Abuse with respect to a child means inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child other than by accidental means, including abandonment, excessive or unreasonable corporal punishment, malnutrition or substantial risk thereof by reason of intentional or unintentional neglect, and the commission or allowing the commission of a sexual offense against a child as defined by law (W.S. § 14-3-202.)

**Suspected Neglect:** The deprivation of, or failure to provide the minimum food, shelter, clothing, supervision, physical and mental health care, and other care necessary to maintain a vulnerable adults life or

health, or which may result in a life-threatening situation (WS § 35-20-102). Neglect with respect to a child means a failure or refusal by those responsible for the child's welfare to provide adequate care, food, clothing, safe shelter, maintenance, supervision, guidance, education or medical, surgical or any other care necessary for the child's well-being (WS § 14-3-202).

**Suspected Exploitation:** The reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship, or guardianship of a vulnerable adult, to obtain control through deception, harassment, intimidation, or undue influence over the vulnerable adult's money, assets, property with the intention of permanently or temporarily depriving the vulnerable adult of the ownership, use, benefit or possession of his money, assets or property (WS§ 35-20-102).

**Suspected Abandonment:** Leaving a vulnerable adult without financial support or the means or ability to obtain food, shelter, clothing or health care (WS § 35-20-102). For a child, abandonment is being left without obvious behavioral, verbal, or written intentions of reclaiming the child (WS § 14-3-202).

**Suspected Self-neglect:** When the vulnerable adult is unable, due to physical or mental disability, or refuses to perform essential self-care tasks, including providing essential food, clothing, shelter or medical care, obtaining goods/services necessary to maintain physical or mental health, emotional well being and general safety, or managing financial affairs (ws § 35-20-102).

**Police Involvement:** Any incident that results in police involvement with participants, including but not limited to arrests of participants, questioning of participants by law enforcement, police calls to participant's home or service delivery site.

**Injury Caused by Restraint:** Any serious injury that occurs as a result of a physical or mechanical restraint. (see definition of serious injury)

**Serious Injury:** An injury, such as suspected fractures, wounds requiring stitches or injuries due to falls, which requires an emergency room visit, hospital visit or non-routine visit to a doctor or clinic.

**Elopement:** The unexpected or unauthorized absence of an individual for more than four hours when that person is receiving waiver services or the unexpected or unauthorized absence of any duration

for a participant whose absence constitutes an immediate danger to himself or others.

#### Death

## Submitting an Incident Report

Employees are required to file incident reports with the Division **immediately** after taking actions to address the participant's health and safety needs. Incident reports can be completed on the Division's website at <a href="http://health.wyo.gov/ddd/">http://health.wyo.gov/ddd/</a> under "File an Incident". Submitting incident reports online allows employees to type in the information, print the report, and submit the report directly to the Division. The form may also be printed and faxed to the Division at 307-777-6047.

Incident reports are official documents that need to accurately and thoroughly reflect the incident being reported. Therefore, when completing an incident report the reporter should not use abbreviations, avoid pronouns (he/she/it), use titles and proper names, avoid using slang or exaggeration, and stick to the facts known.

Employees can also submit supporting documentation, such as emergency room reports, seizure logs, or internal incident reports to provide additional information.

# The incident report must be filled out completely with the following components:

- Information concerning the participant involved in the incident, date of the incident, time of the incident, person reporting, etc.
- Category of the incident
- Events preceding the incident
- Factual description of the incident
- Actions taken immediately following the incident including how the participant is doing

#### Notify these parties of the incident:

- Participant's case manager
- Developmental Disabilities Division (DDD)
- Local Department of Family Services (DFS)
- Protection & Advocacy Systems, Inc. (P&A)
- The guardian, if applicable
- Local law enforcement, if the reporter believes a crime has been committed

When submitting incident reports online, it must be printed and sent to the other required parties. The report

does not automatically go to any other individual or agency other than the Division. Contact the case manager for assistance and contact information for local DFS and P&A personnel.

# Other Reportable Incidents

The Division also requires the following types of incidents to be reported through the Division's Notification of Incident Reporting process, however; they need to be filed within 24 hours of the incident and DFS and P&A do not need to be notified unless it meets one of the other reportable categories.

- Medication Errors: Any medication error must be reported, including the wrong medication given, the wrong dosage (including missed medication), the wrong participant, the wrong route, the wrong time, which is any deviation from accepted standard time frame of one hour before or after the scheduled time.
- Emergency Restraints: A physical hold used only as a time-limited emergency measure until the appropriate law enforcement, safety, or other emergency service providers arrive onsite.

# Division Follow-up on Incidents

Incidents involving suspected abuse, neglect, exploitation, self-neglect or abandonment are reviewed and may be investigated by the Department of Family Services, Adult Protective Services or Child Protective Services, who has the authority to substantiate these reports. The Division has no authority to investigate or substantiate these cases. However, the Division does review each incident to determine if additional information or other follow-up actions are necessary. This review focuses on whether the provider is adhering to current Federal, State and Division rules and regulations.

Follow-up actions may include:

- Contacting the provider for more information
- Completing an on-site visit if significant health or safety concerns may exist
- Completing follow-up during the next provider recertification

 Closing the incident with no follow-up actions if it appears the incident has been resolved sufficiently.

#### **Universal Precautions**

Your employer is concerned with your well being and safety. To promote safety on the job, Universal Precautions is to prevent exposure to blood-borne pathogens. Blood-borne pathogens are microorganisms that can cause disease and be transmitted mainly through needle sticks, body fluids, mucous membranes and cuts. The most common blood-borne pathogens are Hepatitis B and Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS).

Important precautions and actions you should take include:

- Wash hands, avoid hand to mouth/eye contact
- Wear gloves when in contact with body fluids
- Prevent puncture wounds, cuts, and abrasions
- Avoid use of or exposure to sharp objects
- Protect eyes and mouth when splashing is a possibility
- Control surface contamination
- Dispose of contaminated waste and linen safely
- Application of these precautions will vary according to the degree of anticipated contact with blood, body fluids, or tissues. The risk of exposure must be assessed for each procedure and the appropriate action taken.

# Workplace Safety

Before working with your employer/participant, it is your responsibility to be trained on the person's preferences for assistance with transfers, lifts, body mechanics for single person or two-person lifting, and the use of specialized equipment for mobility.

If you are uncertain about the proper use of equipment or the specific way to care or support the person, contact the Support Broker for training and/or work with the participant and his/her family and case manager on obtaining the proper training.

# **Employee Acknowledgement Form**

I acknowledge that this training guide is neither a contract of employment nor legal document. I have received the training guide, and I understand it is my responsibility to read and comply with the policies contained within it and any revisions made to it. It is my responsibility to ask my employer or Support Broker for any clarification needed.

Employee's Name (printed)		
Employee's signature	Date	
Employer's Signature	Date	