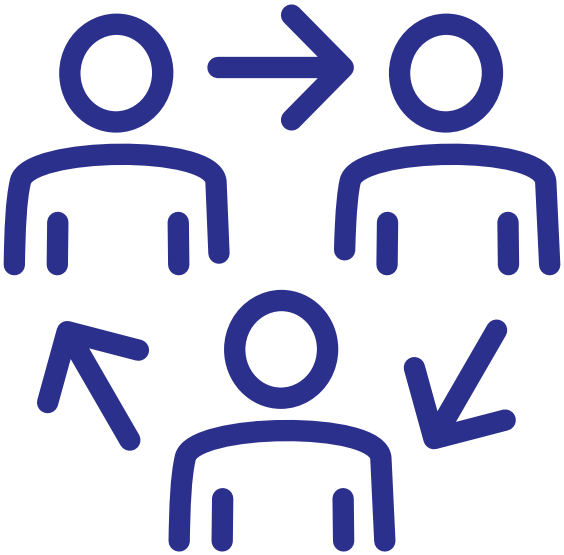
# Basics for Self-Directed Employers

Content created by:

ResilientSD

Part of the AssuranceSD Family



# Introduction

When people choose to self-direct their services, there is often excitement. How can you not be excited to choose your Direct Care Workers? This excitement can come with a bit of anxiety about your role as an employer. Yes, you are the employer of record for any direct care staff you might hire. This guide will support you in this role. Many people who self-direct have learned how to be an employer. You can too.

This Self-Directed Employer Guide provides you with the basics. It gives an overview of self-direction, information to support you in hiring and managing your staff, and some of the rules of the road that help you to stay on course. There are also resources available on our website:

**Resilient-SD.com**

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# Understanding Self-Direction

## *What is Self-Direction?*

Self-direction is a service model that helps people stay independent at home and in their communities. In self-direction, you decide how, when, and who provides your services and supports. It's not like traditional agency services because you get to hire your workers. The focus is on you, the veteran. You have the choice, control, and flexibility to choose supports that best fit your life.

## *Why Choose Self Direction?*

Self-direction is grounded in the belief that people with disabilities know their needs best. And they are in the best position to plan and manage their services. Self-direction promotes personal choice and control over the delivery of services.

# Your Role as an Employer

**THE INDIVIDUAL CHOOSING SELF-DIRECTION HAS RESPONSIBILITIES AS AN EMPLOYER. THEY ARE RESPONSIBLE FOR:**

- Recruiting
- Hiring
- Training (if needed)
- Scheduling
- Managing those who work for them

## *Key Support Roles and Responsibilities*

There are individuals and organizations that support people choosing self-directed programs. The roles and names often vary by state and program, but there are typically two key roles.

### FINANCIAL ADMINISTRATIVE MANAGEMENT

Often called a Fiscal Intermediary, Fiscal Agent, or Financial Management Service. The Fiscal Agent is responsible for paying workers and vendors. The Fiscal Agent assists workers and vendors in completing required paperwork. They also issue payments and file state, local, and federal taxes on your behalf.

### INFORMATION AND ASSISTANCE

Often called Person-Centered Counselor, Service Coordinator, Independent Supports Coordinator, Care Manager, or Care Team. This person supports the individual who is self-directing. They usually assist with program eligibility and developing a Service Plan. They also help identify providers and assist with other employer-related duties. They check in with the individual who is self-directing to ensure they are healthy and safe.

## *Recruitment*

Before you look for a worker, think about what tasks you need help with and what skills the worker should have. Also consider when you need care and how often. Finding the right worker can take time, and even if you're fully staffed, it's helpful to plan for unexpected needs, like a worker being sick or leaving the job. There are many tools and resources available to help with recruiting.

Finding Direct Care Workers can be challenging. Start by using your personal networks—friends, family, or people you know who may be interested. You can also advertise in places like community boards, employment offices, churches, libraries, grocery stores, schools, community colleges, or on social media. Some people even share job posts on their Facebook page.

## *Screening and Interviewing*

A short phone screening is a good first step. It helps you confirm whether someone meets your basic needs, for example, having a car or being able to work evenings or weekends.

An in-person interview gives you the chance to learn more about the applicant and explain the kind of support you need. Remember that some questions are restricted by state and federal employment laws. These are questions about a person's private life or protected rights.

Examples include questions about:

- Age
- Race or ethnicity
- Religion
- Sex or pregnancy
- Marriage or family plans
- Disability or health problems
- Genetic or family medical history
- Citizenship, instead of work authorization

For example, an interviewer should not ask:

- "How old are you?"
- "What religion are you?"
- "Are you married?"
- "Do you have children?"
- "Are you pregnant?"
- "Do you have any medical problems?"
- "Where were you born?"

Instead, the interviewer should ask questions about the job, such as:

- "Are you able to do the main duties of this job?"
- "Are you allowed to work in the United States?"
- "Can you work the hours needed for this job?"

The best interview questions focus on whether the person can do the work, not on personal details.

## *Hiring*

You choose who to hire as your worker. After you make your hiring decision, the worker must complete the forms and other paperwork required by the program. The FMS will review the paperwork to make sure it is complete and follows program rules.

We will help you through this process. This includes support with forms, turning in documents, and required state and federal background checks. A worker cannot start working until the FMS confirms they are approved.

You should also make an agreement with your worker. This agreement should explain their work schedule and what you expect from them. A sample agreement is included in this guide and on our website.

Remember, you cannot schedule your Direct Care Worker (DCW) for more hours than the number of hours that have been approved by your person-centered counselor, care team, or support coordinator.

## *Training Your Direct Care Worker*

Because care is personal, you, as the employer, usually train your worker. You can choose to use the training materials we provide to help teach your worker, but ResilientSD does not provide the training for you.

Some programs may require your worker to have CPR or First Aid certification. Training should focus on your needs, preferences, daily routines, and lifestyle. You should also show your Direct Care Worker around your home and explain any equipment or medical devices they will use.

More training materials are available on the ResilientSD website: **Resilient-SD.com**

## *Managing/Supervising Staff*

Giving feedback is an important part of being an employer. It helps build a good working relationship with your Direct Care Worker.

These talks can be harder if your worker is a friend or family member. It may help to set a regular time to talk about how things are going. You may also want to have a trusted person there to support you during the conversation.

Try to talk in a private place where you will not be interrupted. Speak in a calm and respectful way. Be clear about what your worker is doing well and what may need to change and use simple examples. Focus on the work, not the person, and give your worker a chance to share their thoughts too. If there is a problem, talk about it as soon as you can and work together on a plan to make things better. Before the conversation ends, agree on the next steps and check in later to see how things are going. It may also help to keep notes if the problem continues.

A sample evaluation form is included in this guide.

## *Termination*

Sometimes, a worker may no longer meet your needs, and you may need to end their employment. When this happens, communicate clearly and calmly about the issues and let them know you no longer want them to work for you. Tell your FMS or person-centered counselor right away, as they may need to complete certain documents.

## *Following Employment Laws and Program Rules*

It's important to understand the employment laws that apply to you. You may have friends, family, or your FMS provider who can help. Common issues involve wages, minimum wage, work hours, and overtime. Federal law also protects workers from discrimination based on race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, or disability.

Employment laws can change, so it is important to check for the most current information. Trusted government websites can help you understand the law, find useful forms or posters, and learn about changes that may affect you. Helpful resources include:

- U.S. Department of Labor: **dol.gov**
- EEOC: **eeoc.gov/employers/small-business**
- National Labor Relations Board: **nlrb.gov**
- Your specific state Workforce Development Agency

## *Injuries to Your Direct Care Worker*

Your FMS makes sure your DCWs are covered by Workers' Compensation insurance. If one of your DCWs gets hurt while working for you, tell them to contact the FMS right away. The FMS staff will help them file a report with the insurance company.

## *Backup Plans*

When self-directing your supports, having an emergency backup plan is crucial. Your backup plan makes sure that you do not go without services in case of emergencies. This includes your primary DCW not showing up or leaving unexpectedly. By having a strong backup plan, you can ensure that you have the needed support in place to manage unexpected situations. It also enhances your quality of care and promotes peace of mind for both you and your support network.

### Key Components of a Backup Plan

1. **Identify Alternative Workers:** Consider both paid DCWs and unpaid natural supports (like friends or family) who can step in when needed. It helps to have multiple options available.
2. **Emergency Contacts:** Keep a list of emergency contacts who can provide immediate support. This could include other DCWs or family members who are familiar with your needs.
3. **Training and Communication:** Make sure that your backup workers are trained. They should be trained the same way you would train your primary workers.

4. **Regular Review and Updates:** Backup plans should be reviewed and updated regularly. This ensures that the plan is accurate and reflects changes.

5. **Documentation:** Keep a written record of your backup plan. The plan should include contact information and specific instructions for each backup worker. The plan should be available to everyone in your support circle. There is a sample plan included in this guide. Many programs will have their own form for you to complete. Ask your person-centered counselor if there is a specific form that you need to use.

# Working Together Effectively

Building a good working relationship with your direct care worker is important. One of the best ways to do this is to address issues as they come up. Many people avoid conflict, but talking about concerns early can actually strengthen your relationship and build trust.

Some conversations may feel difficult, especially when they involve emotions, feedback, or sensitive topics. Preparing ahead of time can make these conversations easier.

**How to prepare:**

1. **Know your goal.** What do you want to talk about, and what outcome are you hoping for?
2. **Check your assumptions.** Focus on what you've seen or experienced rather than guessing the other person's intentions.
3. **Notice your emotions.** Be aware of what you're feeling and why.
4. **Gather facts.** Be ready with clear examples**.**
5. **Consider their perspective.** Think about how the other person might feel or react.

During the conversation:

- **Be honest.** Start by sharing that you want to work together to find a solution.
- **Listen actively.** Ask questions and focus on understanding the other person.
- **Stay calm.** If emotions rise, it's okay to pause and take a break.

Don't be afraid to look for other resources to support you. There is a training called "Caring Across Cultures" that might be helpful. You can find it at: **incontrolwisconsin.org/cac**

# Topics for Training Your Direct Care Workers

The following topics are important for you to understand. It is your responsibility to train your DCW in these areas. A companion guide, Basics for Direct Care Workers, is available to support you in training your DCWs.

## *HIPAA and Confidentiality*

Confidentiality and privacy in support services and health care are important for protecting you, maintaining trust between you and the people on your support team, and ensuring the best quality of care for you.

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a federal law that helps protect your private health information. This includes things like your name, address, Social Security number, and information about the supports and services you receive.

Your information should be treated with care and respect. In most cases, it cannot be shared unless you give permission.

At the same time, some information may be shared with your person-centered counselor, support coordinator, or other members of your care team when it is needed to help plan, provide, or coordinate your care and services.

Confidentiality helps maintain trust between you and your support circle. People in your support network are expected not to share your personal, medical, or support-related information with others. Your Direct Care Workers must understand this.

When using online portals, email, or shared devices, protect privacy by logging out when you are done, using strong passwords, not sharing login information, and keeping screens and printed papers out of view of others. Do not share names, health information, passwords, financial information, or other personal details. Only share information with people who need it to provide or manage services.

## *Fraud, Waste, and Abuse*

Fraud, waste, and abuse are terms often used and seen in the media. Most people who use self-directed programs use their funds responsibly. But some situations can be confusing. If you have questions about fraud, waste, or abuse, contact your FMS provider for help. The information that follows will help you understand the rules and avoid these problems.

## WHAT ARE FRAUD AND ABUSE?

- **Fraud** is when someone lies or tricks others on purpose to take money from the Medicaid long-term care programs. Fraud is always done on purpose.
- **Abuse** is when a provider, caregiver, or vendor does something that causes the program to pay money it should not have to pay. This may not be done on purpose.

## COMMON TYPES OF FRAUD AND ABUSE

Fraud and abuse happen when someone is dishonest about services, time, or money in a program. This can hurt the person receiving services and can also cause serious legal problems.

Common examples include:

- **Billing for services that were not provided**
  Example: A service was scheduled, but the person could not go. The provider still bills for the service even though it did not happen.
- **Billing for hours not worked**
  Example: A direct care worker is scheduled to work but does not show up. Later, the worker puts those hours on their timesheet anyway.
- **Billing for services during a hospital or nursing home stay**
  Example: Most long-term care services cannot be billed while a person is staying in a hospital or nursing home.

- **Changing or faking timesheets, invoices, signatures, or hours**

  This can happen in different ways, such as:

  - A worker signs their own timesheet and also signs for you
  - You are asked to sign a blank time sheet
  - A worker adds extra hours after you have already signed or approved the timesheet
  - A worker keeps turning in hours after they no longer work for you, and the FMS was not told

- **Double-billing**
  Example: A direct care worker bills two different people for the same time, even though they do not live in the same home. It can also happen when two workers bill for the same service without approval.

- **Kickbacks**
  This can happen in two main ways:
  - You ask a worker to give you part of their paycheck
  - A provider or vendor offers services in exchange for giving part of the payment back to you

## TIPS TO HELP YOU STAY SAFE

There are simple steps you can take to protect yourself:

- Review timesheets carefully before you sign them.
- Never sign a blank timesheet.
- Make sure the hours listed are correct.

- Keep track of when workers come and go.
- Do not let anyone sign your name for you.
- Report right away if a worker stops working for you.
- Ask questions if something does not look right.
- Keep copies of schedules, timesheets, and other records when possible.
- Do not agree to share paychecks or payments with anyone.
- Speak up if you think fraud or abuse may be happening.

Paying attention and asking questions can help prevent fraud and abuse. If something seems wrong, it is important to report it as soon as possible.

## *Abuse, Neglect, and Exploitation*

It is important to know the signs of abuse, neglect, and exploitation. These situations can put your health, safety, and rights at risk. Knowing what they mean can help you to protect yourself.

## ABUSE

Abuse is when someone hurts a person on purpose or treats them in a cruel, harmful, or threatening way. Abuse can be physical, emotional, verbal, or sexual.

Examples of abuse:

- Hitting, pushing, or hurting someone
- Yelling at someone, insulting them, or calling them names
- Threatening someone to make them do something
- Touching someone in a sexual way without their permission
- Keeping someone scared or under control

## NEGLECT

Neglect is when a person does not get the care or help they need to stay safe and healthy. This can happen when needed care is not given.

Examples of neglect:

- Not giving a person enough food or water
- Not helping with bathing, dressing, or toileting when help is needed
- Not giving medicine as directed
- Leaving a person in an unsafe or dirty home
- Not getting medical help when a person is sick or hurt

## EXPLOITATION

Exploitation is when someone uses a person unfairly for their own benefit. This often involves money, property, or personal belongings.

Examples of exploitation:

- Taking a person's money without permission
- Using a person's bank card or benefits for personal use
- Pressuring a person to give away money or belongings
- Stealing food, clothing, or other personal items
- Tricking a person into signing papers they do not understand

## WHAT TO DO IF YOU SUSPECT IT

If you think abuse, neglect, or exploitation may be happening, take it seriously. Stay calm and make sure you are safe. Share what you are experiencing as clearly as you can. Do not ignore the situation or assume someone else will report it.

- If you are in immediate danger, call 911 right away.
- It is important to report concerns as soon as possible. Speaking up can help keep you from further harm.
- Reports can be made to your care manager, your FMS provider, the police, or to Adult Protective Services.

### WHY THIS MATTERS

Every person has the right to be safe, respected, and treated with dignity. Abuse, neglect, and exploitation are serious, and Direct Care Workers play an important role in helping protect the people they support.

A simple way to remember the difference is:

- Abuse means harming someone
- Neglect means not giving needed care
- Exploitation means taking unfair advantage of someone

## *Restrictive Measures*

Restrictive measures are actions that limit a person's movement or behavior. These measures are closely regulated and are only used when absolutely necessary. The goal is to protect safety and respect individual rights. Proper approvals and documentation must be in place. Direct Care Workers (DCWs) are required to follow these rules. If a restrictive measure is part of someone's support plan, the DCW needs training on it.

1. **Approval Process:** Any restrictive measure must have approval ahead of time. This approval is usually made by the Department of Health Services (DHS). Your person-centered counselor needs to get this approval before using the measure. Using a restrictive measure without approval can violate a person's rights.

2. **Behavior Support Plans (BSP):** If a restrictive measure is needed, your person-centered counselor may be required to create a BSP. This plan explains when and why the restrictive measure can be used. The plan has to be reviewed and approved.

3. **Last Resort:** Restrictive measures are only used after all other, less restrictive options have been tried and have not worked. They are used only for safety purposes and must always be documented and justified.

4. **Prohibited Practices:** Some actions are never allowed because they are dangerous. Examples include chokeholds or any action that restricts a person's breathing.

## *Recordkeeping and Reporting*

As you begin self-directing, it is a good idea to purchase a small file box. If you prefer to keep documents electronically, you can store these documents on your computer or tablet. It will be important to keep records handy so that you have them when you need them. These are some of the records you need to maintain.

- Direct Care Worker documentation and recordkeeping
  - Job descriptions
  - Interview notes
  - Worker agreements
  - Training documentation
  - Worker contact information
  - Performance evaluations
  - Performance notes
  - Approved timesheets
- Other Documentation
  - Your current approved services and the amount of service approved
  - A list of emergency contacts
  - Your backup plan
  - A copy of your plan of care

## *Reporting Incidents and Accidents*

Reporting incidents and accidents is an important part of keeping people safe. It also helps make sure the right people know what happened and can respond in the right way.

- An **accident** is something unplanned that happens, such as a fall, a cut, or another injury.
- An **incident** is an event that may affect your health, safety, or well-being. This can include things like a medication error, missing property, unsafe behavior, or a situation that could have caused harm.

If an incident or accident happens, stay calm and make sure you are safe. Get help right away if needed. If there is a serious injury or emergency, call 911.

After you are safe, report what happened as soon as possible. This report should be made to your person-centered counselor and FMS. Be honest and clear when you share information. Include what happened, when it happened, where it happened, and who was involved. Only report facts. Do not guess or leave out important details.

Reporting incidents and accidents right away can help prevent more harm. It also helps the care team understand what support may be needed next.

*Remember, reporting is not about blame. It is about safety, care, and making sure concerns are taken seriously. Speaking up is important.*

# Monitoring Service Use

You are responsible for keeping track of the services you receive. This means knowing what services you get, how often you get them, and if they are meeting your needs. It also means watching how much you use, so you do not go over the amount your team has approved. If something is not working well, talk with your person-centered counselor.

Your FMS will give you reports to help you stay on track.

# About Us

Our role at ResilientSD is to support Veterans in directing and managing their services.

Our goal is to help Veterans remain in their homes and thriving in their communities. The company is guided by its mission: “To support our neighbors who are aging or have disabilities to live their best lives by self-directing when, where, and how they receive their supports and services.” This mission is personal to our team and is woven into every aspect of our work. We are a national company working with local providers.

Email: info@Resilient-SD.com

Web: Resilient-SD.com

# Resources

In the following pages you will find sample documents that will help you hire and manage your Direct Care Workers.

- Sample Direct Care Worker Job Description
- Sample Interview Approach
- Sample Direct Care Worker Agreement
- Sample Direct Care Worker Evaluation
- Sample Emergency Backup Plan

# Sample Direct Care Worker Job Description

## JOB TITLE

Self-Directed Employee – Home Care

## POSITION SUMMARY

Seeking a home care employee to provide compassionate, in-home support to me where I need assistance with daily living activities. Your role is to help me remain safe, comfortable, and as independent as possible in my home.

## KEY RESPONSIBILITIES

- Assist with personal care tasks such as bathing, dressing, grooming, toileting, and mobility.
- Prepare simple, nutritious meals and assist with feeding if needed.
- Provide light housekeeping services (laundry, dishes, tidying, changing linens) to maintain a safe and clean home environment.
- Offer companionship and emotional support, engaging in conversation and activities I enjoy.
- Assist with mobility, transfers, and safe use of walkers, canes, or wheelchairs.
- Remind me to take medications as directed.
- Monitor well-being and promptly report any changes in condition or concerns to my family or my desired support person.
- Support my independence and respect my privacy, dignity, and choices.
- Follow infection control, health, and safety procedures at all times.

## QUALIFICATIONS

- High school diploma or equivalent (preferred)
- Complete family and program directed training
- Current CPR Certification (preferred)
- First Aid certification (required)
- Compassion, patience, and reliability are essential
- Strong communication skills and ability to follow care instructions
- Physical ability to assist with mobility and transfers
- Experience in home care or caregiving (preferred but not required)

## WORK ENVIRONMENT

- One-on-one care in my home
- May involve flexible hours, including evenings, weekends, or holidays depending on my needs
- Physical activity required (standing, lifting, assisting with transfers)

# Sample Interview Approach

## SAFETY AND INTERVIEWING TIPS

- Screen the candidate over the phone before agreeing to meet in person.
- Always meet the candidate in a public location.
- Always tell someone where you are going or bring a friend with you. Bonus, they can share candidate feedback with you!
- Take notes so you can refer back to them later.
- Don't feel rushed to decide on the spot.
- Don't be shy about sharing your needs and preferences.
- Role play the interview with a friend or family member.

## INTERVIEW FORMAT

1. **Introductions and Interview Information**
    a. Welcome the candidate and explain the role.
    b. Briefly describe your home care setting, needs, and expectations.
    c. Outline the flow of the interview. What can the candidate expect?

2. **Background and Experience Questions**
    a. Tell me a little about yourself and why you're interested in being a Direct Care Worker.
    b. What previous experience do you have in caregiving, either formal or informal?
    c. Have you ever worked in someone's home providing care? If so, what was that like?
    d. Do you have CPR/First Aid or PCA certification? If not, are you willing to get them?

3. **Skills and Situational Questions**
    a. How would you safely assist someone who needs help getting from a chair to a bed?
    b. Have you ever assisted someone with managing their hygiene? I might need help with bathing; do you have experience with that?
    c. If you noticed a sudden change in condition (like confusion, trouble walking, or shortness of breath), what would you do?
    d. How do you balance being respectful of their independence while still helping them with daily tasks?
    e. Can you walk me through how you'd prepare a simple, nutritious meal for me?

4. **Personality and Compassion Questions**
    a. What do you enjoy most about caring for others?
    b. Tell me about a time you helped someone feel comfortable or cared for.
    c. How do you handle stressful situations or difficult behaviors from someone you cared for?
    d. How do you make sure someone you care for feels respected and heard in their own home?

5. **Logistics and Availability Questions**
    a. What hours or shifts are you available for?
    b. Are you comfortable working evenings, weekends, or holidays if needed?
    c. Do you have reliable transportation?
    d. Are you comfortable with pets in the home (if applicable)?

6. **Closing the Interview**
    a. Give the candidate a chance to ask questions.
    b. Explain next steps in the hiring process.
    c. Thank them for their time and interest.

# Sample Direct Care Worker Agreement

This agreement is made on _____ (Date) between the following

people: _____ (Name of the employer)

and _____ (Name of the Direct Care Worker)

## Start Date

This agreement begins on _____ (Date) and may be ended by either person with reasonable notice to the other person. As the Direct Care Worker, I am aware and agree that my employment is conditioned on my Employer's participation in the Self-Directed Program. I am also aware that if my Employer ends participation in the Self-Directed Program, my employment may end.

## Purpose

The purpose of this Agreement is to:

- To set clear expectations for the support that is needed.
- To ensure both parties understand what is expected and when
- To avoid misunderstandings

## Services to be provided by DCW

During the term of this Agreement, as the Direct Care Worker, I shall provide support to my Employer by performing the duties outlined in this agreement and any attachments to it.

**Check All That Apply**

- [ ] **Transportation**: Driving the Veteran to medical, dental, day programs, and other appointments or activities.

  *Notes:*

- [ ] **Supportive Home Care:** Providing **personal assistance** services. Personal assistance includes hands-on help with activities of daily living – bathing, dressing, eating, toileting, and mobility. This also includes direct assistance with instrumental activities of daily living – meal preparation, medication management, housekeeping, laundry, etc.
  *Notes:*

- [ ] **Supportive Home Care:** Providing **household/chore** services. This includes direct assistance with instrumental activities of daily living – meal preparation, medication management, housekeeping, laundry, etc. Also included are tasks that may need to be done seasonally or after an event – window washing, cleaning carpets, rugs, drapery, etc.

  *Notes:*

**Sample Direct Care Worker Agreement Continued**

## Schedule and Compensation

The employer sets the rate of pay, hours, and schedule. This rate is before taxes. A W-2 statement will be provided to you.

**Pay Schedule:** Bi-monthly paid on the 15th and 30th of each month. Timesheets must be submitted according to a set schedule.

**Work Schedule**

I understand that my employer may request adjustments to my schedule due to personal needs, a change in level of care, a change in other scheduled activities, etc.

I understand that I may request a schedule adjustment or time off due to a holiday or other circumstances, such as illness. My employer will communicate expectations to me regarding expected notice.

## Direct Care Worker Acknowledgements (Direct Care Worker to initial each statement)

_____ I agree to assist my Employer in maintaining the documentation and records required by my Employer and/or Program Administrator/Agencies.

_____ I agree to complete all necessary paperwork for required payroll deductions.

_____ I agree to participate in any meetings if requested to do so by my Employer.

_____ I understand that this is an employment "at will" relationship. This means that my employer or I can terminate my employment at any time. My Employer cannot terminate my employment on the basis of my race, religion, sex, disability, or other protected status under federal or state law. I agree to give as much written notice as possible to my Employer if I terminate my employment.

_____ I understand and acknowledge that the person listed above is my Employer. I understand that I am not an employee of PAS. PAS is the Fiscal Employer Agent of the Self-Directed Program funds used to pay me.

_____ I understand that I may not begin providing services or submitting time until I receive a start date. I understand that any time worked before my official start date will not be paid.

_____ I understand that I can only be paid for budgeted and authorized weekly hours.

_____ I understand that I will not be paid for hours not submitted, not approved by my employer, or hours that are unauthorized.

By signing below (next page), the Direct Care Worker acknowledges an understanding of each of the statements above.

**Sample Direct Care Worker Agreement Continued**

## Employer Acknowledgements (Employer to initial each statement)

_____ I will provide the Fiscal Employer Agent with the required documentation to make sure my employee is paid on time.

_____ I will provide performance feedback to my Employee. This feedback is focused on ensuring that I am receiving quality support.

_____ I understand that I am responsible for scheduling my employee.

_____ I understand that I cannot schedule my employee for more hours than my approved budget supports.

_____ I agree to review and sign time sheets in a timely manner.

_____ I agree to provide on-the-job training and provide feedback to my employee.

By signing below, the employer acknowledges an understanding of each of the statements above.

Veteran/Employer

Date

Direct Care Worker/Employee

Date

# Sample Direct Care Worker Evaluation

**Direct Care Worker Name:** _____

**Person Completing Review:** _____

**INSTRUCTIONS:** Check one box for each area.

Rating Scale: 1 = Needs Improvement 2 = Doing

| REVIEW AREA |
|---|
| Comes to work on time |
| Is dependable and ready to work |
| Follows directions and job duties |
| Treats people with respect and kindness |
| Communicates clearly and politely |
| Helps keep the person safe and healthy |
| Fills out timesheets correctly |
| Uses only approved service hours |
| Reports problems or changes right away |
| **STRENGTHS** |
| |

**OVERALL RATING:** ☐ Needs Improvement ☐ Doing

Direct Care Worker Signature: _____

Reviewer Signature: _____

| | |
|---|---|
| _____ | **Review Date:** _____ |
| _____ | **Review Period:** _____ **to:** _____ |

g Okay 3 = Doing Well 4 = Excellent

| | 1 | 2 | 3 | 4 |
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| | ☐ | ☐ | ☐ | ☐ |
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| **AREAS TO IMPROVE** |
|---|
| |

Okay ☐ Doing Well ☐ Excellent

_____ Date: _____

_____ Date: _____

## Sample Emergency Back-Up Plan

Person Supported: _____ Date: _____

Person-Centered Counselor: _____ Phone: _____

Primary Residence/Program: _____

Preferred Hospital/Clinic: _____

**Briefly describe your emergency back-up plan**
Include what should happen if a paid Direct Care Worker or unpaid support is unavailable, if another Direct Care Worker is needed right away, and any disability-specific support instructions.

| Who to Contact | | Phone Number | Type | How this Person Helps |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

| | | | | |
|---|---|---|---|---|
| | | | | |

**Backup Worker Availability:** List Direct Care Workers available for providing backup and the hours they are available.

| Contact Name | Hours Available |
|---|---|
| | |
| | |
| | |

**Other plans if a support person does not show up**
**Examples:** medication support, transfers, communication needs, behavior supports, transportation, service animals, or who else should be called.

| |
|---|
| |

**Keep this page somewhere easy to find and share it with the people in your emergency support circle.**

**Emergency Backup Plan Continued**

## Weather and Emergency / Disaster Contacts

**Contact List for Bad Weather or Utility Emergencies**
**Examples:** tornado, snowstorm, extreme heat, high wind, loss of power, loss of heat, or loss of water.

| | Who to Contact | Phone Number | Contact Address / Location | Decision Support Role |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**Special Instructions in the Event of an Emergency**
**Examples:** where to shelter, backup power needs, evacuation support, communication methods, or what to bring during a rapid departure.

**Contact List in Case of Emergency/Disasters**

Use this section for fire, flooding, evacuation, police / fire response, building emergencies, or community shelter needs.

| Who to Contact | | Phone Number | Address | When to Call |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

**Emergency Backup Plan Continued**

# Emergency / Disaster Preparedness

| **Other Plans for Emergency and Disaster Preparedness**<br>Use this page for supplies, backups, and what the person needs to stay safe if routines are disrupted. | |
|---|---|
| **Water** | At least 3 days of water; consider extra water for medication, tube feeding, or medical equipment cleaning. |
| **Food** | At least 3 days of shelf-stable food, snacks, adaptive utensils, and items for special diets. |
| **Medication** | Current medication list, extra doses if allowed, pharmacy contact, and over-the-counter items used regularly. |
| **First Aid** | Gloves, bandages, thermometer, wound care items, and any supplies linked to the person's support needs. |
| **Medical / Adaptive Equipment** | Chargers, batteries, mobility devices, communication devices, oxygen or other needed equipment instructions. |
| **Tools and Supplies** | Flashlight, extra batteries, radio, can opener, backup phone charger, and basic emergency tools. |
| **Hygiene and Clothing** | Toiletries, incontinence supplies if needed, wipes, extra clothes, rain gear, and blankets. |
| **Important Documents** | ID, insurance cards, emergency contacts, care instructions, guardianship paperwork, and service plan details. |
| **Pets / Service Animals** | Food, medications, leash, carrier, waste supplies, and who can assist with care or transport. |

| **Where Emergency Supplies are Kept**<br>List where medications, chargers, water, food, go-bag items, and important papers are stored. |
| --- |
| |

**Emergency Backup Plan Continued**

# Fire Safety and Home Exit Planning

## Tips for exiting your home in case of a fire

1. Leave the home as soon as the alarm sounds. Focus on getting out safely rather than gathering belongings.
2. Do not open a door if you see smoke under it or if it feels hot. Use another exit if one is available.
3. Stay low to reduce smoke inhalation. Cover your nose and mouth if needed while moving to safety.
4. If clothing catches fire: stop, drop, and roll, and protect your face with your hands.
5. If you cannot get out, close the door, block smoke if possible, and call or signal for help from a window.
6. If the home has an upper floor, note the safest exit route and any evacuation device or escape ladder that may be used.

| **How to Exit Your Home in Case of Fire**<br>Write the main exit, second exit, where to meet outside, and any assistance needed for stairs, transfers, or equipment. |
| --- |
| |

**Emergency Backup Plan Continued**

## Emergency Conditions and Support Instructions

| |
|---|
| **Emergency Conditions**<br>Describe any condition, event, or change in health/behavior that Direct Care Workers or unpaid supports should understand in order to help safely. |
| **What Does the Emergency Look Like?**<br>**Example:** seizures, choking risk, aspiration concerns, diabetes-related symptoms, panic response, elopement risk, or communication changes. |
| |
| **What Should Supports Do?**<br>List step-by-step help, preferred calming strategies, positioning, emergency medications, devices, and when to call 911. |
| |

**Review this plan regularly and update it whenever contacts, medications, equipment, or support needs change.**

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